Public Health Wales Board, Extra-Ordinary Board Meeting / Bwrdd Iechud Cyhoeddus Cymru, Cyfarfod Anghyffredin y Bwrdd

Thu 25 June 2026, 10:00 - 10:30

CQ2 - 3.7

Agenda

10:00 - 10:05
5 min

1. Welcome and Apologies / Croeso ac Ymddiheuriadau

Pippa Britton

Chair / Cadeirydd

10:05 - 10:05
0 min

2. Declarations of Interest / Datgan Buddiannau

Pippa Britton

Chair / Cadeirydd

10:05 - 10:30
25 min

3. Year End Reporting : Annual Report 2025/26 / Adroddiadau Diwedd Blwyddyn : Adroddiad Blynyddol 2025/26

Zoe Pietrzak
Executive Director of Strategy, Finance and Performance / Cyfarwyddwr Gweithredol Strategaeth, Cyllid a Pherfformiad

Paul Veysey
Board Secretary and Head of Board Business Unit / Ysgrifennydd y Bwrdd a Phennaeth Uned Fusnes y Bwrdd

- **Performance Overview / Trosolwg o Berfformiad**
- **Accountability Report / Adroddiad Atebolrwydd**
- **Financial Accounts and Audit Wales Annual Opinion (ISA 260) / Cyfrifon Ariannol a Barn Flynyddol Archwilio Cymru (SRA 260)**

Draft Annual Report 2025-26.pdf (276 pages)

10:30 - 10:30
0 min

4. Closing Administration / Materion Gweinyddol i Gloi

- Any Other Business
- Date of Next Formal Meeting of the Board 30 July 2026 / Dyddiad y Cyfarfod Ffurfiol Nesaf o'r Bwrdd 30 Gorffennaf 2026

GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

Annual Report 2025/26

1/276

Foreword

It is our pleasure to introduce the Public Health Wales Annual Report for 2025/2026. This year's report reflects the continued breadth and depth of our work across our six strategic priorities, underpinned by our long-term strategy, *Working Together for a Healthier Wales 2023–2035*. It highlights both the progress we have made and the challenges we continue to face as we work to improve health and reduce inequalities across Wales.

The past year has been another exceptionally busy and demanding period. We have made significant progress in delivering our strategic plan, achieving over 80 per cent of our planned milestones and continuing to mature as an organisation in how we deliver impact at scale.

This progress has been delivered against a complex and evolving backdrop, including persistent health inequalities, increasing demand across health and care services, the long-term impacts of the COVID-19 pandemic and growing global and national challenges such as climate change, economic uncertainty and the spread of misinformation.

Despite these challenges, we have remained steadfast in our focus on improving population health and narrowing inequalities. Our work has continued to address the wider determinants of health, including child poverty, housing, employment and the environments in which people live, while supporting partners across Wales to take evidence-informed action.

We have strengthened our efforts to promote mental and social wellbeing, recognising its fundamental importance to long-term health outcomes. Through programmes such as Happy Mind and the expansion of early years and whole-school approaches, we have supported individuals, families and communities to improve wellbeing and resilience.

Our work to promote healthy behaviours has continued at scale, reaching hundreds of thousands of people across Wales and demonstrating measurable improvements in areas such as smoking cessation, healthy weight and physical activity. At the same time, we have strengthened our contribution to the development of a sustainable health and care system, embedding prevention and early intervention through national frameworks and programmes, including cardiovascular disease prevention and diabetes prevention at scale.

Delivering excellent public health services remains at the core of our work. Over the past year, our health protection services, screening programmes and clinical services have continued to operate at scale, while also responding to areas of performance challenge. We have taken clear and targeted action to address these issues, strengthen quality and governance, and maintain safe and effective services for the people of Wales.

We have also continued to take action to address the public health effects of climate change, recognising its significant and growing impact on health and inequalities. Through research, policy development and system leadership, we are helping to build a more resilient and sustainable future for Wales.

Across all of this work, our enabling functions—our people, data and digital capabilities, governance systems and financial stewardship—have played a critical role in supporting delivery and ensuring we remain a well-governed and high-performing organisation.

As we look ahead, we remain firmly focused on increasing healthy life expectancy and narrowing the gap between the most and least deprived communities. Achieving this ambition will require continued collaboration, innovation and a relentless focus on prevention, equity and long-term change.

We would like to personally thank all of our partners who have worked with us through the year, and all of the members of the public and people who use our services who have contributed and informed the work that we do.

Finally, we would like to give a special thanks to 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. It is through all of their commitment, professionalism and dedication that we have been able to deliver our work and make a difference to the health and wellbeing of the people of Wales.

Pippa Britton OBE PLY

Chair of the Board

Public Health Wales

Tracey Cooper OBE

Chief Executive

Public Health Wales

3/276

Annual Report 2025/26

Section 1: Performance Report

Performance Report

Contents

1. Introduction 3
2. Our Strategic Plan 5
3. Strategic Priority One: Influencing the wid deter inants health 8
4. Strategic Priority Two: Promoting mental a l well-bein 1
5. Strategic Priority Three: Promoting healthy urs 14
6. Strategic Priority Four: Supporting the developme a sustainable health and care system focused on pr tion and e intervention 17
7. Strategic Priority Five: Delivering ellen lic health ices to protect the public and maximis opulati h outcomes 20
8. Strategic Priority Six: Tackling the pu health cts of climate change 28
9. Enabling the successful ivery of o Plan 33
10. Well-Being of Futu erations Act (ct (Wales) 2015 45
11. Concluding remarks 50

1. Introduction

The past year has been another exceptionally busy year for our organisation. The progress we have made to deliver our key strategic priorities 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.

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 missing in our communities.

We know there are serious public health challenges facing us from a national and global perspective. Geopolitical tensions are causing huge uncertainty and present big risks to our supply chains and to our economy. In addition, the rise of misinformation and disinformation risks damaging social cohesion and progress made in recent years in relation to core public health improvements, particularly vaccine uptake, which in turn risks exacerbating existing health inequalities.

We recognise climate change as a major threat to health globally, with impacts that span population, societal, economic and environmental wellbeing. The World Economic Forum ranks extreme weather events as the most severe global risk over the next 10 years ahead of political and technological risks.

Our projections for non-communicable diseases and cancer incidence show that if nothing changes, incidences of these will continue to increase over the next 10 years. This projection, along with unprecedented challenges following the COVID-19 pandemic, impact on our long-term health and wellbeing, along with causing many immediate and direct consequences, including increasing pressure on the health and social care system. These issues have wider socio-economic consequences that have been felt unequally across our society and disproportionately affect those who already have the greatest health and social care needs.

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 in 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. Our intention is to deliver benefits across the short, medium and long term, including transforming health outcomes for our population, 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.

During 2025/2026, we delivered prevention at scale, reaching hundreds of thousands of people across Wales. This included supporting over 33,000 smokers, engaging over 300,000 people in healthy weight programmes, and reaching tens of thousands of children and families through early-years and school-based interventions. Across these programmes, we are demonstrating measurable impact on behaviour change, health outcomes and system sustainability.

Our national population-based screening programmes have continued to detect disease early, reduce health inequalities and improve outcomes for people in Wales. Over 500,000 people have been invited to take part in our bowel screening programme, over 170,000 breast screening invitations have been issued and over 111,000 diabetic eye screening appointments have been delivered.

We have however faced a challenge in relation to our Sexual Health Test and Post service, relating to information governance, patient safety and safeguarding issues. We have worked with partners to resolve the failings experienced and to ensure we can maintain a safe and effective service.

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 approach focused on involving the public and collaborating with our partners to develop 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.

This document captures a summary of the work of the organisation over the last year, and we recognise that it does not capture the entirety of what has been achieved by our extremely dedicated people across all the functions and activities of the organisation.

7/276

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 2025-2028 (also known as the Integrated Medium Term Plan), set out how we planned to deliver our key strategic priorities, including our four statutory functions and core public health clinical services. This included delivery of our national screening programmes, infection service, health protection, data, knowledge and research, as well as how we would continue to respond to the UK Covid-19 Public Inquiry, including implementing relevant findings as they relate to us.

Our Strategic Plan 2025-2028 was submitted to the Welsh Government at the end of March 2025. On 30 June 2025, we received confirmation that the Cabinet Secretary for Health and Social Care had approved our Strategic Plan for 2025-2028. Our plan aimed to build on the progress that we have made since we launched our Long Term Strategy in 2023, which addresses the key public health challenges facing Wales.

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

Our Priorities 2023-2035

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

9/276

2.1 Progress against delivering our plan

The end of March 2026 saw the conclusion of our Strategic Plan for 2025/2026 and we ended the year with over 82% of our delivery milestones completed against our baseline plan agreed in March 2025. This equates to 202 milestones delivered from the total of 244 milestones.

Of the remaining 42 (17%) milestones reported as incomplete in 2025/2026, four milestones were closed given that they were no longer required due to re-planning, and 38 milestones were suspended or not completed within the timescales, with the majority of these milestones having their planned delivery dates moved into the next financial year and will form part of our 2026/27 plan. Delays in delivery were often due to factors outside our control including dependencies on actions to be undertaken by other organisations.

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

Progress against our plan was 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 the control process for managing changes in relation to milestone delivery with a projected year-end milestone status reporting the level of completion. Ongoing assurance was also provided to the Welsh Government through our regular Integrated Quality, Planning and Delivery meetings and our Public Accountability Meeting with the Cabinet Secretary in February 2026.

Further information on our priority and enabling areas, including examples of what we delivered in 2025/2026, alongside key challenges and opportunities for learning, are set out in the following section.

Public Accountability Meeting

On 26 February 2026, we participated in the first round of the newly introduced national model for public accountability meetings with Welsh Government, marking a significant shift in performance scrutiny following recommendations from the External Ministerial Advisory Group on NHS Performance and Productivity.

In advance, we submitted an information and assurance pack covering service delivery, health protection, health improvement, organisational strengthening and key local issues. The session provided focused scrutiny on performance, assurance and delivery, with substantial attention given to our sexual health test and post incident which occurred during 2025/2026 and our national screening services.

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 necessary for good health. These building blocks include education and skills, a warm safe home, fair work, money and resources, affordable and sustainable transport and healthy physical environments. Getting things right from the start for children in Wales creates a solid foundation for the future. We want babies, children and young people and their families to have longer healthier lives irrespective of background.

The *Well-being of Future Generations (Wales) Act 2015* provides the legislative framework for us to work with partners across the third sector and wider public sector to improve the economic, social, environmental, and cultural wellbeing of Wales.

Our work on the wider determinants of health is fundamental for improving health and tackling health inequalities. We work to strengthen the building blocks of health so the people of Wales can have more equal chance of living a fulfilling life, free from preventable ill health. We build support for strong building blocks of health, create better public policy through informing and advocating for evidence-based change, mobilise joined up action with partners for better system-wide outcomes and build capability and alignment of action and information flows to enable positive ch

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

3. What we delivered

Over the last 12 months (April 2025 – March 2026), we advocated for, informed and mobilised action to strengthen the building blocks of health and wellbeing, especially for children and families, working across our organisation and with local and national partners. Our actions are across our four areas of work so people across Wales have a fair chance of a long and healthy life.

To contribute to healthier decisions across major policy areas:

- **Health in all policies**: We are supporting implementation of Health Impact Assessment (HIA) regulations in a consistent, proportionate and evidence-based way. We developed statutory and voluntary guides and are delivering training to upskill those in public bodies who will need to carry out HIAs.
- We have described five policy priorities which can make the biggest difference to health and wellbeing in Wales, including best start in life, financial wellbeing and healthier everyday places. We are developing our wellbeing economics

function to support a shift towards an economic system that places people and the planet at the centre of policy and investment decisions.

To make the places we live healthier:

- **Healthy homes**: We engaged with the voluntary sector, health boards, local and national government, social landlords and people with lived experience on system needs for healthy homes. We are developing practical, cross-policy solutions for health and wellbeing of children and families to inform the forthcoming housing and regeneration strategy.
- **Healthier places:** We have informed spatial planning to support healthier places and spaces including through our annual planning and health assessment. We have published a Planning Healthy Places Guide, in response to requests from health boards and planners. We have advised on local development plan health impact assessment, shaping local development plans.

To improve people's daily life chances:

- **Child poverty:** We made recommendations on improving collaboration to tackle child poverty under the Child Poverty Strategy for Wales and mapped our contributions against the strategy, so our priorities are informed by lived experience and data-driven insights. Our early years framework for action describes the building blocks of health needed for the best start in life, and who needs to take action.
- **Healthy, safe and fair work:** We developed our [Healthy Working Wales employer](#) offer including 1-1 Workplace Advisor Support, employer peer-mentoring and website. Research is underway into employer support for 16–24-year-old employees with a mental health focus. We informed deployment of the first Department for Work and Pensions (DWP) trailblazer sites' actions by identifying evidence-based ways to improve access to employment for those in poor health. We are working with DWP, Welsh Government and others by supporting evidence informed action across Wales.

To strengthen the conditions for long term action:

- **Building capability:** We have built capability in Public Services Boards to take integrated action on wider determinants through applying systems thinking approaches as part of the Health Foundation funded Shaping Places for Wellbeing in Wales Programme. Programme findings have mobilised a Strengthening PSB Group and Action Plan with Welsh Government and partners.
- We have strengthened workforce capability, with over 1,560 practitioners actively participating in Public Health Network Cymru events and learning activity focused on reducing inequalities.
- Our work with the World Health Organisation supports knowledge and policy through the Welsh Health Equity Solutions Platform and delivered high-level

Policy Dialogue exchanges to support a Wellbeing Economy with international partners.

Case Study 1 - Celebrating 10 years of the Wellbeing of Future Generations (WFG) Act

With 2025 marking the ten-year anniversary of the Wellbeing of Future Generations (WFG) Act, we hosted a week of activities from 31 March to 4 April 2025, led by the Health and Sustainability Hub and the Communications team with support from the WFG Act Champions Group.

Each day of the week focused on the five Ways of working for sustainable development principles: collaboration, long-term, involvement, prevention and integration, sharing resources, stories and case studies reflecting on progress and insight for further improvements.

Over that week, the series of blog posts attracted more than 1,000 views. This engagement has contributed to a rise in colleagues enrolling on systems-thinking training and an increase in requests for support from the Engagement and Involvement Team, demonstrating ongoing interest across the organisation in applying the WFG Act to everyday work.

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

Mental and social wellbeing form the foundations of lifelong health, shaping people's ability to thrive, maintain healthy relationships, participate in their communities and manage life's challenges. Decades of evidence show that positive mental wellbeing is strongly linked to improved physical health outcomes, mental health outcomes, lower engagement in health-harming behaviours and better resilience in the face of adversity.

Wellbeing is not created by services alone; it arises from the conditions in which people live, including supportive relationships, cohesive communities and environments that nurture belonging, safety and trust. Early experiences – especially nurturing relationships in infancy and childhood – have profound effects on mental development, emotional regulation and later life outcomes.

Conversely, adversity without counterbalancing protective experiences significantly increases the risk of poor mental health across the life course. Adverse childhood experiences (ACEs) can have lasting impacts in adulthood, particularly where wider positive experiences and social support are lacking.

One in three adults in Wales experience low mental wellbeing and over one in five experience mental health problems. The cost of mental ill-health problems in Wales is estimated to be at least £[illegible]. Improving mental and social wellbeing improves quality of life and health outcomes. Better wellbeing is associated with a lower risk of mental health conditions, such as depression and anxiety and physical health conditions such as disease and stroke.

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.

Over the past year, we have delivered a broad programme of work supporting the new Mental Health and Wellbeing Strategy Delivery Plan. We strengthened early years wellbeing by co-producing a national Best Start in Life: An Early Years Framework for Action and fostered strong system engagement to embed action at national, regional and local levels. We have launched a national breastfeeding welcome scheme and delivered partnership projects in priority areas to improve access to breastfeeding support and breastfeeding rates, supporting early parent-child bonding as well as nutrition.

We have brought together data, evidence and the voices of young people to improve our understanding of the mental health needs of babies, children and young people and the factors influencing rising levels of distress among children and young people. This work and our engagement with NHS partners and the wider

voluntary and community sector is helping to shape new approaches and pathways to support.

We supported schools across Wales to embed a Whole School Approach to Emotional and Mental Wellbeing, with 100% of secondary schools and 97% of all schools implementing actions plans, ensuring wellbeing is embedded as a foundation for learning.

The Hapus programme works through a growing network of over 100 partner organisations and is demonstrating behavioural impact, with 42% of people engaging with Hapus content reporting actions to improve their wellbeing.

In addition, workforce engagement programmes reached wider audiences, including webinars with 90 employer representatives, of whom 94% intended to take action in their organisations.

We have expanded support for employers to advance workplace wellbeing. We launched a new Healthy Working Wales website, employer survey tool, workplace adviser support service, peer-mentoring programme and workplace wellbeing starter pack. We also completed an evidence review and engagement with 16-24 year old employees to understand their needs and experiences to inform future work practices.

We have progressed work with partners on primary prevention, adversity and trauma-informed approaches, recognising the profound impact these have on mental and social wellbeing (see Case Study 2).

Community connection remained a central theme, with work to understand and strengthen social connectedness, increase engagement in arts, culture, nature, movement and volunteering through the Hapus programme and improve links between public services and community assets (see Case Study 3).

This collective action is building the enabling conditions for stronger mental and social wellbeing and highlights where deeper community-centred approaches are required.

Case study 2 - Developing a Public Narrative for a Trauma- informed Wales

A primary goal of the delivery of the Trauma-informed Wales Framework, co-lead by our ACE Hub Wales, is that it is an all of society approach, inclusive of the experiences of people in all of our communities in Wales. Most importantly, it aims to inspire collective action to prevent distress. The implementation of the Framework is driven by a partnership approach of co-delivery with partners and communities across Wales. It is evidence-led with a focus this year on understanding how racism, stigma and shame, labelling and being treated differently can be traumatic at systemic, organisational, community, and individual levels. People and organi tions a ss Wales have gifted us their stories and shared their aspirations for what a Traum inf d les means to them. As a result, our resources and training have been strength d to en that this knowledge is mobilised into practical action.

As part of this work, we co-developed a public narrative to further en ament how we can become a kinder, empathetic and more compassionate ety, and a cal n to think about what that means for all our communities. In Februar 6, following a programme of engagement events, workshops and creative events with peo with living experience, we published our public narrative and 'Time To Be campaign 'Kindness – Everyone's Department.' The film aims to inspire kindness co ssion, bu elonging, and counter harmful narratives, responding to the rise in mi ormati harmful toric across society. It was streamed across ITVX and S4C and ex eded t get and with powerfully positive feedback. This will inform further work to help us to rds the d goal of a trauma-informed nation in Wales.

Case Study 3 – Hapus Programm

To strengthen system action on promo mental and social wellbeing, we established Hapus. This programme brin Wales t ther with 10 national partners across the community, physical activi rts, heritag d enviro t sectors. In addition, the last year has seen the growth of apus Supporte etwork, over 100 organisations working with and in commun to support wellbei We have delivered training to evaluate impacts on mental wellbeing, ivered guidance o est practice in delivering inclusive wellbeing-promoting community ac ies and supporte e voluntary and community sector to bid for external funding to grow their o in Wales. Earl valuation shows clear impact: 42% of people engaging with Hapus content re d taking ion to improve their wellbeing; of those 59% discussed their wellbeing with othe d 55 e-engaged in activities which support their mental health. This clearly demonstrates th amme's ability to influence wellbeing behaviours at scale

Through sharing evidence, best practice and developing collaborative action, Hapus is building capacity, capability and opportunities across Wales.

Additionally, the 'Hapus National Conversation' provides public information to inform and inspire individual and community action and engages the public to understand changes in perceptions, action and outcomes. Early evaluation of the 'Hapus National Conversation' shows people engaging with Hapus content, such as social media posts or 'wellbeing tools' have taken action for their wellbeing. Work continues to increase the reach of the campaign across Wales and with priority populations.

Furthermore, Hapus is influencing change in the system of support for mental health and wellbeing, with a shift towards community-orientated models of care and embedding action on wellbeing in early intervention and recovery pathways.

16/276

5. Strategic Priority Three: Promoting healthy behaviours

Health-related behaviours – such as smoking, physical activity, diet, alcohol use and substance use – are among the most significant contributors to preventable illness, disability and early mortality in Wales. Behavioural risks account for a quarter of the overall disease burden, driving conditions such as cancer, cardiovascular disease and respiratory illness. However, these behaviours do not occ in isolation: they are shaped by people's social and economic circumstanc thei wellbeing, and the commercial environments that promote unhea y comm s.

Our approach recognises the strong socio-econon gra t in he behaviours, with higher levels of smoking, inactivity and unh weight co trate communities facing financial pressure, insecure h and limited to supportive environments. Promoting healthy behaviours refore requires action across systems and communities – not only supporting viduals but shaping environments, reducing commercial infl addressi inequalities and strengthening mental wellbeing.

We work with partners to create co itions whic althy choices are easy, supported and socially reinforced. Communit entred aches are a core part of this work, mobilising local ass , reducin arriers t articipation and tailoring interventions to cultural, lingui c and socia ntexts.

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

5.1 Wha sed

In the year, we deliv preventi rogrammes at national scale, working with loc artners. We reach undreds of thousands of people across Wales and ac ng measurable beha ur change.

- Ove 000 people ac sed Help Me Quit services, contributing to smoking preva falling to und 10-11.4%, the lowest on record. Last year the program worked n more than 17,000 smokers and delivered over 8,000 quits, supp g 1 every 31 smokers in Wales to quit.
- We supported r 300,000 people through Healthy Weight Healthy You, with 130,000 completing assessments and 63% reporting it helped them manage their weight.
- Our National Exercise Referral Scheme received 32,079 referrals, with 17,477 people starting programmes and 9,332 completing, demonstrating sustained engagement in supported behaviour change.

In the last year, we increased referrals to cessation services, improved hospital-based programmes and launching new campaigns to support smokers and vapers to quit. The Help Me Quit in Hospital programme has increasing referrals

more than threefold, from 3,330 to 10,574 in two years, by embedding smoking identification and referral into routine hospital care and reaching the vast majority of admitted patients and also reaching pregnant smokers. 89% of hospital admissions now recording smoking status, enabling action to help people quit smoking and improve their health.

We deliver impact through a coordinated national–local model, providing leadership, co-ordination hubs, pathways, evidence, national programmes and often funding via Welsh Government while local authorities, he[illegible] boa[illegible] and partners deliver services on the ground, combining national co[illegible]iste[illegible] locally tailored delivery at scale. Successes include Healthy adv[illegible]sing in C[illegible]ff and the Vale of Glamorgan, bringing together local authorities, t[illegible] NHS a[illegible]d reg[illegible]l partnerships to reshape the food and advertising environment[illegible]lin[illegible]ith nati[illegible] preventi[illegible]n and inequalities policy.

We advanced *Healthy Weight, Healthy Wales* delivery t[illegible]gh food environment improvements, breastfeeding promotion, early years nutriti[illegible]nd local restrictions on unhealthy food advertising. We also exp[illegible]ork to pro[illegible]e physical activity through school-based interventions, [illegible]ationa[illegible]ovement[illegible]mpaigns and place-based models that integrate loca[illegible]rastru[illegible]anges.

Our digital and community-based healthy we[illegible]t progr[illegible]s are delivering both reach and measurable impact[illegible]e Health[illegible] Weight [illegible]ealthy You platform has reached over 300,000 users, [illegible]h 80% eng[illegible]ement[illegible]xceeding our 75% target. Community-based PIPYN ([illegible]u Iach Plant Yn[illegible]ru:Healthy Children Healthy Weight in Wales) early yea[illegible]lots reached over 5,000 families, with measurable improvements: in Cardiff, 35%[illegible] adult family member participants reduced BMI, and in Me[illegible]ieved BM[illegible]duction post-intervention, alongside sustained increas[illegible] physical ac[illegible]y.

Br[illegible]tfeeding rates contin[illegible]to improve, with 64% of babies breastfed at birth, 44% at [illegible]eks and 32% at 6 mo[illegible]ns, representing sustained increases over five years.

With 48[illegible]f adults engag[illegible]g in gambling, including 4.2% experiencing problem gambling a[illegible]6% at mode[illegible]e risk, gambling harm in Wales in significant, informing developmen[illegible] a na[illegible]al prevention system. Our national gambling harm prevention pro[illegible]made substantial progress, with dedicated resources for schools, populati[illegible]vel insights and digital support tools. We procured software which will enable every person in Wales who seeks help for gambling harm to block (free of charge) gambling websites and apps as part of their recovery journey. This is now being rolled out by treatment support services.

Oral health programmes continue to deliver population-level prevention, through the Designed to Smile programme with over 60,000 children participating in supervised toothbrushing programmes, contributing to a long-term reduction in dental decay in Wales from 47.6% to 32.4% in Year 1 children.

Taken together, these programmes demonstrate sustained population reach, measurable behaviour change and equitable outcomes, with quit rates and service access comparable across deprivation and demographic groups.

Case study 4 – Smoking Prevention Campaign Launched

Smoking is the leading cause of preventable death in Wales, causing around 3,845 deaths each year, with over one in ten deaths among people aged 35+ and significant health inequalities, with mortality rates three times higher in the most deprived areas. Sustained public health work has reduced smoking rates with a fall in prevalence to 10% in the most recent National Survey. This work has contributed to Wales now having the lowest smoking prevalence on record, reflecting sustained, system-wide progress in reducing tobacco use across the population.

Building on this work, we launched a new smoking prevention campaign targeting 16-year-olds with messaging developed using research insights with this age group and then tested with focus groups. Data indicates that the most risky period for smoking initiation and establishing lifelong smoking habits is between the ages of 25 and 34 years. This campaign had the aim of targeting young people before they reach 25 years to prevent this from happening.

It has involved working closely with social media influencers to convey authentic messaging, in their own voices and words, on relevant channels for this age group including TikTok, Snapchat, Meta/Instagram and YouTube. Both influencers have a large following in Wales with Roseanne providing bilingual content on healthy living and the value of spending time in nature and Lloyd capitalising on the importance of looking after your body to perform sport at your best, in his case as a rugby player.

The campaign, which launched on the 12th January 2026, provided links to the Help Me Quit website and was supported by paid and key channels. In the first two weeks of the campaign:

The campaign generated 3.9 million social media impressions and 6,183 clicks to the Help Me Quit website.

- It accounted for 23% of all Help Me Quit website visits during the campaign period.
- Among engaged visitors, 43% viewed the “How to quit vaping” page, indicating strong interest in vaping support.
- TikTok and Snapchat delivered the highest engagement (4,728 clicks), while Meta generated the most reach (almost 2 million impressions).
- Organic influencer content performed well: Roseanne’s posts achieved 30,000+ views and 1,300 likes, generating stronger campaign-relevant conversations, while Lloyd’s content reached 34,000+ views with around 3,000 likes.

The campaign is being continued this year to support joint work planned with the Further Education and Higher Education sectors to prevent smoking – and support quitting vaping - among this age group.

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

A sustainable health and care system is one that prevents illness wherever possible, identifies risk early, intervenes quickly, and supports people to live well with long-term conditions. Prevention and early intervention are therefore essential not only to population health but also to system sustainability, reducing avoidable demand and ensuring the NHS can meet current and future needs. Primary care sits at the centre of this ambition, providing the first point of contact for most people and the greatest opportunity to prevent disease and reduce inequalities.

Wales faces increasing pressure from an ageing population, rising levels of chronic disease, persistent health inequalities and the long-term effects of the pandemic. These challenges require a coordinated system shift, embedding prevention into clinical pathways, strengthening community-based models of care and supporting multidisciplinary teams to deliver equitable, personalised services.

We play a national role in shaping this transformation – providing evidence, tools, frameworks, data, evaluation and leadership to ensure prevention is systematically embedded across the NHS and aligned with community-centred approaches. Our aim is to create a health and care system that is proactive, equitable, environmentally sustainable and rooted in the needs and strengths of communities.

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

6.1 What we delivered

This year we made significant progress in embedding prevention and strengthening system capability.

Across prevention programmes, we are delivering measurable system impact.

We launched the national Cardiovascular Disease (CVD) Prevention Plan, ACBD+, demonstrating the potential to prevent over 1,000 heart attacks and strokes through improved risk management. Through this we have already supported General Medical Services (GMS) contractors treat an additional 30,687 patients to target blood pressure levels and expanding access to prevention interventions across communities in Wales and an increase of 30,085 patients on the national hypertension register. This will prevent heart attacks, strokes and deaths, and will free up hospital time.

We produced and disseminated key tools for the national architecture required for prevention and action to reduce inequalities, including The Healthcare Public Health Framework for Wales, the Prevention Based Health and Care Framework and Teg I

Bawb: Fair Action for All, giving the NHS a unified approach for population level planning, earlier risk identification, and equity focused decision making.

The All Wales Diabetes Prevention Programme is now delivering at scale, already reaching over 20,000 people across 51 of 60 primary care clusters, with modelling suggesting the potential to prevent around 4,600 cases of Type 2 diabetes. Our Evaluation of the Programme confirmed its effectiveness in reducing progression to type 2 diabetes by nearly a quarter (23%) making it a high impact prevention programme.

We have both supported and helped lay foundations for the national Community by Design Programme, reshaping how health and care services are delivered across Wales to help people stay well in their communities, access care more easily, and only go to hospital when it's truly necessary. Over the year, we have developed strong foundations by publishing national prevention frameworks and supporting population health management approaches, informing the Community by Design programme's prevention workstream and supporting clusters and Health Boards to use evidence and data to redesign pathways and tackle inequalities.

We published A Public Health Approach to Primary and Community Care by 2035 which sets out a vision for primary and community care in Wales by 2035. Embedding principles such as prevention, equity, sustainability and data-driven decision-making, to build on what's already working well and create a fairer, greener, and healthier Wales.

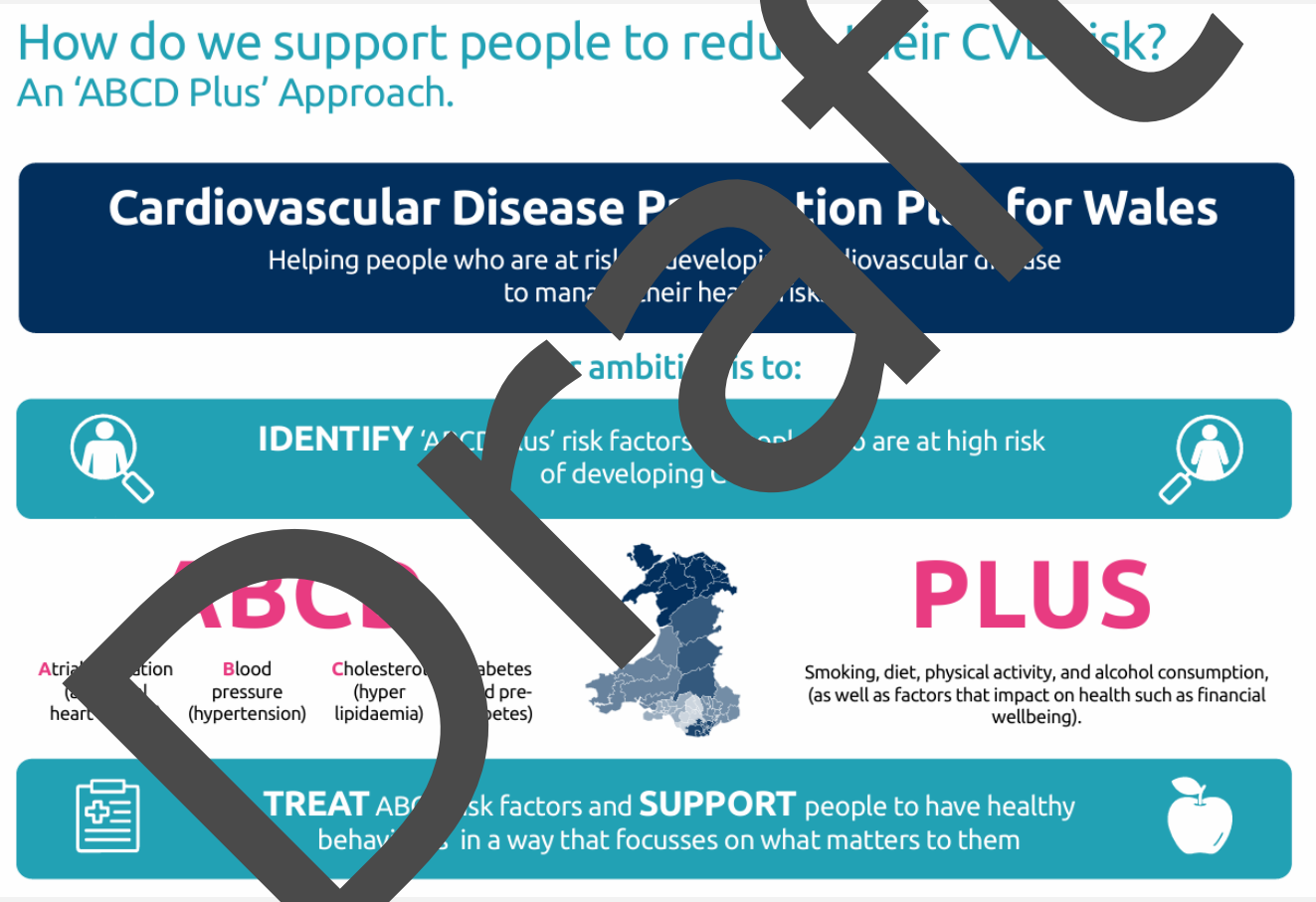
We led the national evaluation of the Primary Care Model for Wales (PCMW) which includes Cluster Self-reflection, Cluster Peer Review, Focus Groups and system leadership surveys, PCMW KPI indicators. The findings of which have been incorporated into a PCMW Evaluation Triangulation report which is now being used by the system alongside our 2035 report to strengthen cluster working and implementation of the PCMW and to inform the Community by Design Transformation Programme.

We advanced work on women's health, publishing a contraception after pregnancy e-learning module for healthcare workers, musculoskeletal health, social prescribing, financial wellbeing and health inequalities and supported primary care through new training programmes, population health tools and integrated data systems. We also contributed to dental system reform, environmental sustainability and greener primary care initiatives and the development of wellbeing-economics approaches to guide investment decisions.

This combined work has strengthened the foundations for a prevention-led, equitable and sustainable health and care system.

Case Study 5 - New Cardiovascular Disease Prevention Plan

Our new Cardiovascular Disease (CVD) Prevention Plan was launched in September 2025. If fully implemented this plan could prevent people from having more than 1,000 heart attacks and strokes, making a significant impact patient on outcome and quality of life and also saving £18m for the NHS and Social Care sectors in Wales across three years. The new plan called an ABCD Plus Approach seeks to bring successful experience from other countries to Wales. This builds on wider system improvements, including over 30 additional people treated to target blood pressure levels in 2025–26, demonstrating real-world delivery of prevention at scale.



Case study 6 – Putting people at the heart of diabetes care: citizen engagement in the Tackling Diabetes Together Programme

Across Wales, more than 220,000 people are living with diabetes, highlighting the scale of impact this work is designed to influence and numbers are rising.

Every person with diabetes spends over 8,700 hours each year managing their condition outside of clinical settings. This can disrupt lives and employment with people making around 180 health-related decisions every day. Education and early empowerment the single most powerful tool for driving better self-management and outcomes. Delivering the step-change needed to [illegible] that trend and improve lives requires more than clinical expertise - it requires genuinely listening to the people the system is designed to serve. This year, the Tackling Diabetes Together Programme (TDTP) has done exactly that, embedding patient and citizen engagement at every stage of its work in a way that is genuinely distinctive within the diabetes system in Wales.

The programme established a model of ongoing, structured engagement with people living with diabetes - not as a one-off consultation, but as a continuous feedback loop that informs, directs and helps evaluate our work in real time. This began with face-to-face visits to peer support groups across Wales, building trust and relationships with communities before asking anything of them. From this foundation, the programme developed a series of innovation events - hackathons - bringing together people living with diabetes, clinicians and system partners to identify problems and find solutions together. The award-winning events were delivered in both North and South Wales, collectively bringing together more than 140 people to help shape better care for all. Deliberate efforts were made to include voices that are too often missing from service design, with the engagement team investing significant one-to-one time supporting participants from disadvantaged backgrounds to attend and contribute, recognising that meaningful engagement must actively remove barriers, not just open a door.

Alongside these events, the programme has maintained a regular newsletter to keep participants informed of the changes their contributions have driven, closing the feedback loop and building genuine accountability to the communities involved. This is complemented by wider public insight through our Time to Talk Public Health panel, which has provided population-level data on attitudes to Type 2 Diabetes to inform programme direction.

This commitment to listening has produced tangible, system-level outputs. Patient surveys involving 57 people living with Type 2 Diabetes, focus groups with 23 participants, and consultation with 32 clinicians directly shaped the design of the new Point of Diagnosis (POD) packs - two complementary resources for healthcare professionals and newly diagnosed patients, developed and tested with the people who will use them. Patients told us clearly what they needed: 90% wanted practical food guidance, 88% wanted to understand their appointments and health checks and 67% described feelings of shame or guilt at diagnosis. Every one of those insights is now embedded in how the packs look, feel and communicate.

Our engagement activities already involved hundreds of participants directly. But the outputs are designed to influence care and outcomes for over 220,000 people living with diabetes in Wales.

The patient engagement has also informed the redesign of NHS Wales diabetes webpages, behavioural research into barriers to self-management and the development of a behaviourally informed communications framework to guide all future diabetes communications in Wales.

This approach directly supports our strategic priority of supporting a sustainable health and care system focused on prevention and early intervention. By investing in early, high-quality engagement at the point of diagnosis and beyond, the programme is helping to build the foundations for better self-management, reduced complications and a system that people trust and choose to engage with. In a diabetes landscape where patient engagement of this depth and consistency is rare, TDTP has demonstrated what it looks like to genuinely put citizens at the centre of change.

23/276

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 our organisation. 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 issues, and wider determinants influencing health.

To achieve this, we provide a range of core public health functions and clinical services to the public and our partners, including NHS Wales. We deliver, monitor and evaluate seven population-based screening programmes and coordinate the all-Wales managed clinical network for antenatal screening. This means nearly 175,000 women were invited to be screened by Breast Test Wales in 2025, 105,000 cervical samples were processed, approximately 12,000 screening appointments offered by Diabetic Eye Screening Wales and more than 1 million people invited to take part in our Bowel Screening Programme.

We deliver our accredited clinical microbiology laboratory network by managing 15 laboratories across Wales and deliver a full range of standard infection diagnostics, with additional speciality tests in many areas. Through our network approximately 2.1 million samples each year are processed by our diagnostic service and almost 15,000 samples sequenced for the Genomic Programme.

We provide health protection and clinical services that enable specialist proactive and reactive response, handling over 12,800 notifications of communicable disease in 2025.

The delivery of these clinical services is core to our operational work. While the full breadth of this sits outside the scope of our Strategic Plan, we recognise that significant performance pressures have emerged over the past year, particularly in our Breast, Bowel, Diabetic Eye Screening programmes and our Sexual Health Services. In response, we are prioritising a targeted programme of performance improvement. This includes establishing clear strategic milestones to drive measurable gains in service delivery, strengthening our quality and assurance functions and enhancing our Clinical Governance and Board oversight arrangements. These actions are designed to accelerate recovery, improve consistency, and sustain high-quality outcomes for the population we serve.

In November 2025, concerns emerged regarding our Sexual Health Test and Post service, relating to information governance, patient safety and safeguarding. The

management of the incident is ongoing and improvements have been made to the service to mitigate against the failures that occurred.

Alongside these focused improvements, we will continue to embed excellence across all services, enabling us to support the wider NHS system and deliver on Welsh Government policy priorities.

We continue to 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 continue to support the UK COVID-19 Inquiry by producing witness evidence, documentary evidence and oral evidence at Public Hearings against the 10 module areas. 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.

We deliver national population-based screening programmes that aim to detect disease early, reduce health inequalities, and improve outcomes for people in Wales. Together with our NHS partners in Wales, we are responsible for the safe, effective and equitable delivery of screening for conditions such as breast, bowel and cervical cancers, newborn and antenatal conditions as well as adult health risks such as abdominal aortic aneurism and diabetic eye screening. We ensure our programmes are evidence-based and quality assured.

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. Protecting the health of Wales' population from infections and environmental threats is crucial for achieving a healthier Wales. The COVID-19 pandemic highlighted the importance of health protection and health security, emphasising the role of health inequalities in exposure risks and health outcomes.

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. We aim 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. Ensuring equal access to services, including screening, vaccination, diagnostic, and treatment services, is essential for excellent service quality.

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

7.1 What we delivered

Over the last twelve months, we have delivered a coordinated, system-wide programme of improvement which has significantly strengthened the national health protection function. This progress reflects the Digital, Quality, Workforce, Evidence and Innovation and Delivery themes within our approved strategic route maps, ensuring our achievements are not isolated actions but sequenced steps towards our long term 2035 goals.

Key figures illustrate our service delivery in 2025/202

- Approximately 2.1 million samples a year test by our di ic service.
- Almost 15,000 samples sequenced by our Gen rs gramme
- 12,800 notifiable com able diseases
- More than 500,000 people invited to take part ur Bowel Screening Programme with 328,800 tests returned (64% uptake).
- 100% of screening FIT samples were t the BSW y standard.
- 171,136 women invited to screeni y Brea Vales with 118,197 women screened (69% uptake).
- 92,433 cervical screening sa s proce d.
- 111,240 screening appoint nts offere Diab Eye Screening Wales with 90,677 participants at g (82% uptak

The uptake for breast screen as 69%, just below the standard 70%. We have been wor the year mprove the three-week waits for assessment, and thi improved ugh the with the latest compliance of 46% in March 202

W e continued to work th Health Boards, as service providers commissioned by us improve the wait nes for screening colonoscopy, which are below the standa 90% below fou eeks. The position has improved throughout the year, but this s to be a lerated. We have established a national Screening Colonoscopy rover t Programme in conjunction with Health Boards to address critical cluding workforce and training.

We have made substantial progress in developing Wales' first national lung cancer screening programme, due to launch in 2028. Following Welsh Government's decision to introduce targeted screening for high-risk individuals, we rapidly advanced programme design, secured approval of the full business case, and established the foundations for a high-quality, safe, and equitable screening service. This demonstrates our ability to translate strategic commitments into deliverable, population-impacting services.

We played a central role in Exercise Pegasus, the UK's largest pandemic simulation in nearly a decade. As a Category 1 responder, we coordinated across partners to

test readiness, strengthen response protocols and ensure that learning is systematically embedded into revised emergency preparedness plans. This work strengthens resilience and aligns with our Delivery and Quality themes.

All of our 15 laboratories in Infection Services achieved network-wide accreditation under ISO 15189:2022, demonstrating high standards of quality management, clinical governance and evidence-based practice. This achievement followed extensive preparation, including the submission of over 300 quality documents and an 18-day UKAS assessment. The accreditation strengthe the r bility, safety, and national consistency of Wales' diagnostic service

Innovation has further advanced clinical microbiol y and infe ti iagnostics:

- Rapid molecular testing now enables diagnoses hours rath an da
- Multiplex assays for Mpox and other pathoge ure equitable s to timely diagnostics across Wales.
- Robotics and multi-professional workfo odels hav hanced efficiency and resilience.
- Advanced molecular tools, such **M**ulti ariable-Number Tandem-Repeat **A**nalysis (MLVA) typing f Cryp poridi parvum and assays for invasive aspergillosis, improv utbreak nagemer clinical outcomes.

These developments reflect t Evidence a Innov on, Quality and Workforce themes of our route maps

Our Screenin Division La tory successfully renewed ISO 15189:2022 accreditati he Bow creening and symptomatic FIT elements, under ng safe and quality ostic support. Accreditation for the cervical scre g element was pended owing review in March with work now u way to address UKA commendations and achieve reaccreditation as soon as p ible. Workforce and gital improvements continue to support sustainable delive

The Healt e Associat Infection, Antimicrobial Resistance and Prescribing Programme (P) tea eveloped a national prescribing indicator for respiratory tract infection a s, aligned with national clinical standards. With a 75% target agreed until Ma 2028, this work improves prescribing quality, reduces antimicrobial resistance risk, and provides a clear roadmap for improvement across Wales.

Cross-directorate engagement approaches have been developed to strengthen co-production and ensure more consistent, community-centred design of public information and service support. The transition to digital-first information materials enhances accessibility, sustainability, and user experience.

Our genomics team has been at the forefront of innovative pathogen detection and outbreak investigation. The implementation of metagenomic sequencing enabled

27/276

the first rapid identification of Clade 1b Mpox in Wales in October 2025, demonstrating real-world application of novel diagnostics.

The Vaccine Preventable Disease Programme (VPDP) successfully supported the introduction of a targeted gonorrhoea vaccination programme for GBMSM (Gay, Bisexual, and other Men who have Sex with Men) at highest risk. Through co-designed information materials, clinical training, community insight gathering, and the development of surveillance tools, VPDP ensured a safe, person-centred, and effective launch. This work reflects our Quality, Delivery and User-centred Coproduction themes.

Across surveillance, digital transformation, laboratory capability, incident management and clinical pathways, we have advanced a single connected programme of modernisation. These developments improve our ability to detect, respond to and mitigate infectious diseases and environmental hazards while delivered through distinct projects, they collectively strengthen Wales' resilience and readiness and are aligned to our long-term strategic roadmap.

Case Study 7 - New Lung Cancer Screening Programme Announced

On 28 June 2025, Jeremy Miles MS, Cabinet Secretary for Health and Social Care, announced that Wales would introduce a national lung cancer screening programme. This followed a scoping report submitted by us in March 2025 which outlined a recommended pathway, expected benefits and estimated costs. His statement confirmed that we had been asked to begin implementation planning right away.

Soon after the announcement, Welsh Government issued formal confirmation of the commitment and began immediately on setting up programme governance, recruiting key staff and preparing detailed implementation plans. Engagement was a major focus, with a wide range of stakeholders identified to help shape the service.

The new lung cancer screening programme is expected to be launched in 2028.

The introduction of lung cancer screening in Wales offered a major opportunity to improve early detection and save lives, marking an important step in strengthening prevention and improving health outcomes for people across Wales.

Case Study 8 - First UK Vaccine for Gonorrhoea Administered in Wales

We were proud to work with Cardiff and Vale University Health Board to deliver the first gonorrhoea vaccine in the UK on the 21 July 2025 at Cardiff Royal Infirmary. This followed the Joint Committee on Vaccination and Immunisation's 2023 recommendation for a targeted programme and the Welsh Government's decision in June 2025 to introduce the vaccine from the summer. The vaccine was offered through specialist sexual health services to people at higher risk.

Mark, from Cardiff, became the first person in the UK to receive the meningococcal type B (4cMenB) vaccine for gonorrhoea after hearing about the programme through social media and charities such as the Terence Higgins Trust. He was invited to receive earlier than expected as part of his routine care. Mark said he took the vaccine because he hoped it would help reduce the spread of gonorrhoea in the same way PrEP (Pre-Exposure Prophylaxis) had reduced HIV (Human Immunodeficiency Virus) transmission. His vaccination was administered by Sam Buckley, Nurse Practitioner, Cardiff Royal Infirmary.

The launch of this programme marked an important step forward in prevention and public health innovation in Wales. This is a tremendous accomplishment which has strengthened the vaccination offer for people in GBMSM (Gay, Bisexual, and other Men who have Sex with Men) networks and reflected ongoing commitment to improving health outcomes. Public Health Wales thanked everyone involved for helping deliver this milestone in protecting communities.

Case Study 9 - New figures show how Respiratory Syncytial Virus (RSV) vaccine cuts hospital stays for older adults and infants

Working with our partners across the UK, we have studied the effectiveness of RSV vaccination in preventing hospitalisation with RSV in adults aged 75-79 years during the winter of 2024-25.

We found that the RSV vaccine lowers the risk of hospit ation f the virus by 75%, not only benefitting individuals but easing pressure on th HS in W he findings arrive as the offer of RSV vaccination – first introduced in 202 r pe e age -79 - is extended to those aged over 80 in Wales.

The study, published in the Lancet Regional Health Eu pe urnal, provides e of the first real-world evidence of the vaccine's effectiveness in olde lts. It found that between October 2024 and April 2025, RSV vaccine reduced the risk of b hospitalised with RSV by 75% in adults aged 75 to 79 years.

We have also used modelling approaches t nderst t opulation-level impact of RSV vaccination on hospital admissions in bab s and der ad during the 2024-25 winter. These studies found that hospitalisat s fell by ound 13 ent among the eligible 75-79 age group and by around 34 r cent in b ies in th first 6 months, despite the programme being in its early stage

RSV is a common virus which can d to serious health problems - such as bronchiolitis and pneumonia - in b d older pe e. It is estimated to lead to between 700 and 1,000 hospital admi s an er-75s e year. Up to 9,000 GP appointments are caused by RSV annua

Dr Ch pher Johnson, Head the Vaccine Preventable Disease Programme (VDVP) at Public h Wales, said: "Th early results are very encouraging and show that the vaccine is iding strong pr ction for older adults and infants in Wales. More than 130,000 peop ave already t n up the offer of RSV vaccination."

"We know that va ation e best way to protect ourselves and others against illnesses like RSV and COVID the expansion of the programme to people aged 80 and older gives even more peopl o opportunity to benefit from it. I would encourage everyone who is invited to take up the offer of vaccination this spring."

A catch-up programme will see people aged 80 and over, and residents in care homes for older adults, offered the RSV vaccine between April and June this year. Where possible, the COVID-19 spring vaccination will be offered at the same time.

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 wellbeing. It threatens all areas of life that impact our ability to achieve and maintain good health. In 2019 the Welsh Government declared a climate emergency for Wales and in October 2021 the World Health Organization declared climate change to be the single biggest health threat facing humanity.

The earth has already warmed by 1.1C above pre-industrial levels as a result of human activity. Urgent action is needed to limit global temperature rise to 1.5C to prevent devastating harm to health. Reducing emissions of greenhouse gases through better transport, food and energy-use choices results in improved health – particularly through reduced air pollution.

The impacts of climate change are multifaceted, impacting the social and environmental determinants of health (clean air and water, 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 reduce these effects. For example, lower income households in areas that are prone to flooding, and those living with disabilities and/or chronic conditions and their carers. As such, the effects of climate change are likely to 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 a role in supporting the climate change and sustainability agenda, including developing, understanding and interpreting the evidence to inform action; providing evidence-based interventions; and providing integrated technical advice to partners. This includes key functions such as policy advice, behavioural change, communication, surveillance, and guidance.

Climate change affects many areas of public health and therefore work to tackle the public health effects of climate change is also incorporated in other Strategic Priorities – particularly Delivering Excellent Public Health Services and Supporting a Sustainable Health and Care System.

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

8.1 What we delivered

We have established new structures to deliver our short, medium and long-term climate priorities recognising that climate change disproportionately affects those already experiencing the greatest health inequalities and emphasising the need for a fair and equitable transition.

8.1.1 Climate-Resilient and Environmentally Sustainable Public Health

Over the past 12 months, we have made significant progress in tackling the public health effects of climate change and embedding environmental sustainability across our organisation. Our work this year has focused on building robust evidence, supporting system-wide action, and accelerating organisational progress towards net zero.

8.1.2 Enabling Active and Sustainable Travel

A key component of a climate-resilient Wales is ensuring that everyone has access to sustainable modes of transport, particularly those that support active travel such as walking, cycling and wheeling.

During the year, Healthy Travel Charter became fully established across all regions of Wales, providing a consistent national framework to support active and sustainable travel in workplaces and communities.

Building on this success, we expanded the programme through the introduction of a Business Charter and a Level 2 Charter, enabling organisations to develop their commitments over time at their own pace. This offer supports a wider range of organisations to go beyond policy-level actions and embed healthy, low-carbon travel more systematically, delivering co-benefits for health, wellbeing and environmental sustainability. Case study 10 provides further information on the Healthy Travel Charter.

In June 2025, a Public Health Wales Business Travel Policy was launched, providing staff with clear guidance on making sustainable travel choices. The Health and Sustainability Hub undertook a staff travel survey and focus groups to evaluate and embed the policy. Our work on Active and Sustainable Travel is included in Strategic Priority 6.

8.1.3 Building System-Wide Collaboration and Research Capability

In 2025 we launched the Climate and Health Research Network for Wales, creating a dedicated platform to coordinate research partnerships, share evidence and support collaborative funding bids. The network enhances Wales' research capability in this critical area and helps accelerate action to address the public health impacts of climate change.

8.1.4 Strengthening Evidence on Climate, Health and Biodiversity

Throughout the year we strengthened the evidence base on climate-related health and ecological risks affecting Wales. We published the Heat Morbidity Annual

Report 2024, which provided detailed analysis of heat-associated mortality during periods of extreme heat and identified a small but statistically significant increase in heat-related deaths. This evidence reinforces the urgency of action to protect vulnerable populations as climate risks intensify. Case Study 11 provides further information on Heat Morbidity and Mortality in Wales.

Alongside this, we published our Biodiversity Plan and Biodiversity and Resilience of Ecosystems Duty Report, setting out how we are meeting our statutory responsibilities and strengthening organisational resilience to the combined impacts of climate change and biodiversity loss. Together, these publications demonstrate our commitment to evidence-informed action and long-term environmental stewardship. All these elements supported our collaborative work with local and regional partners on climate risk assessment to ensure Wales-specific risks are identified, understood and addressed consistently across the system. Our Biodiversity Action Plan was shortlisted at the 2025 Wales Sustainability Awards, reflecting the breadth of sustainability activity across the organisation.

In response to growing climate impacts, the Health and Sustainability Hub has worked with staff across the organisation to develop a Climate Risk Assessment and plan, identifying short and long-term actions to strengthen organisational resilience. Priority adaptation actions are included in Public Health Wales' Climate Response Plan (2026–28), published on 1 April 2026, which aligns work on decarbonisation and climate risk to support progress towards Net Zero.

8.1.5 Accelerating Progress Towards Net Zero

We completed a comprehensive evaluation of our Decarbonisation and Sustainability Plan (2021–26), assessing implementation progress, organisational impact and delivery against our net zero ambitions.

The evaluation concluded that even with full delivery of the current plan, additional and more ambitious action would be required to meet NHS Wales net zero targets by 2030. Seven recommendations were identified and have directly informed the development and publication of our Climate Response Plan. This new plan sets out a clearer, more targeted programme of action aligned to IMTP milestones and our ambition of becoming a carbon neutral organisation and ultimately a carbon-negative organisation by 2035. We are also building a Climate Smart public health workforce through a new learning and action framework.

One example of action to reduce our carbon emissions is the work our Infection Services staff, who have formed a Green Lab Champions Group and are working to reduce single-use plastics and waste across our laboratories. With over 90 members the group is embedding sustainable practices and already delivering significant reductions. Key actions include switching to electronic test requesting in the Bowel Screening laboratory, saving 84,000 sheets of paper annually and replacing plastic non-sharps containers with cardboard alternatives, expected to remove over 20,000 plastic jars from waste. Additional progress includes energy-saving initiatives,

reusable scalpels, trialling tablets for training portfolios and collecting data to scale successful actions across the network.

8.1.6 Improving Carbon Measurement and Decision-Making

We have improved our approach to carbon measurement and now routinely measure our carbon footprint across direct emissions, indirect energy-related emissions and wider value-chain emissions. This enables us to have a more comprehensive understanding of where our carbon impacts arise.

To support this, we developed new carbon-emis[illegible]s da[illegible]rds that enable real-time monitoring throughout the year. The[illegible] tools i[illegible]e transparency, support informed decision-making, and help prior[illegible]e acti[illegible] whe[illegible] will have the greatest impact, embedding carbon awareness [illegible]or consistent[illegible] across [illegible]e organisation.

Case Study 10 - Healthy Travel Charters

The Healthy Travel Charters provide a nation[illegible]am[illegible]rk to help[illegible]anisations in Wales promote healthier, more sustainable and l[illegible] carbon[illegible]l. By signi[illegible] up, employers can support staff wellbeing, reduce sickness ab[illegible]nce an[illegible]t ca[illegible]n emissions, while employees benefit from increased physical activity, reduced s[illegible]ss and i[illegible]ved overall health.

Healthy Travel Charters are now [illegible]ablished [illegible]oss all [illegible]lsh regions. Building on this success, we developed new Hea[illegible]th [illegible]ravel Chart[illegible]tan[illegible]s for Wales in partnership with Welsh Government and Transp[illegible]or Wales. This [illegible] was guided by a national steering group aimed at strengthening [illegible]orkplace sustainable travel and identify funding opportunities.

The Stand[illegible]s introduce [illegible]er, more[illegible]cific actions, three achievement levels, and greater[illegible]ibility for multi-sit[illegible]ganisation[illegible]. These changes are designed to ensure a more consis[illegible]and impactful appro[illegible] to improving workplace travel across Wales.

The Health[illegible] Sustainability H[illegible]led the service design of the Standards and will oversee delivery, mon[illegible]ng and evalu[illegible]on, with Transport for Wales supporting communications and engagemen[illegible]e have a[illegible]eved Level 1 status under the Cardiff and Vale Charter and will sign up to the [illegible] Sta[illegible]rds, committing to Level 1 achievement by 2028.

Case Study 11 - Heat Morbidity and Mortality in Wales

In Wales, the ten hottest years on record have all occurred since the early 2000s, with temperatures continuing to rise due to climate change. Projections indicate that this warming trend will persist, leading to hotter and more frequent heat events in the coming decades. While the global burden of heat-related morbidity and mortality is increasingly recognised, the specific health impacts in Wales have historically been under-explored. The UK Climate Change Risk Assessment 2022 identified temperature-related health effects as a growing concern, particularly in relation to heat-related mortality and the resilience of health and social care systems. Until recently, however, there lacked tailored evidence and consistent surveillance systems to fully understand these risks.

To address this gap, we published the *Heat Morbidity and Mortality Annual Report 2024*, alongside a comprehensive literature review on heat-related morbidity and mortality. The report provides robust, Wales-specific analysis of deaths associated with periods of extreme heat. During heat events in 2024, an estimated 557 deaths occurred, with an average of nine additional deaths per day compared to non-heat periods, representing a statistically significant increase. Across the summer months, mortality was higher than the long-term seasonal average, highlighting the growing health risks posed by increasing temperatures, particularly for older adults and those with cardiovascular and respiratory conditions.

This work represents a step change in how heat-related health risks are monitored and understood in Wales. The findings have informed climate risk assessments, supported adaptation planning, and strengthened alignment with national heat-health preparedness arrangements.

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 Using behavioural science and international partnerships to drive quality and collaboration

As a World Health Organization (WHO) Collaborating Centre on Investment for Health and Well-being, our work focuses on how best to invest in better health, reduce inequalities, build stronger communities and resilient systems in Wales, Europe and worldwide. We advocate for more sustainable policies, embracing the principles of human rights, equity and evidence-based interventions and help address the health and well-being needs of current and future generations.

Working with our partners, we provide evidence and advice as well as direct support for stakeholders to improve the impact of public health activities across Wales and further afield. We aim to ensure that local, national and international learning from policies, research and practice are brought together to support our partners in Wales.

Our work is underpinned by our *International Health Strategy* which supports our national role and strategic priorities, ensuring Wales remains a global leader in public health by fostering partnerships and driving impact across borders. Our international health vision is to be a globally connected and inspiring national public health organisation, working towards a healthier and fairer Wales to address worldwide challenges and shared goals. This learning can improve population health and well-being and reduce inequalities for the people of Wales.

Over the year, we have continued to strengthen our international partnerships, collaboration and joint working, contributing to the global health agenda through expertise, evidence and dialogue. We have worked across the organisation and with our partners to support the delivery of the Public Health Wales International Health Strategy and maximise the impact of the International Health Coordination Centre (IHCC) across the NHS, developing and sharing opportunities, tools and resources, such as the Global Citizenship modules, toolkits, internships, study visits and others.

Our Behavioural Science Unit plays a key role in developing the routine and systematic use of behavioural tools, frameworks and theory to drive innovation and impact. Through the provision of technical advice and assistance; rapid feedback on policy, services and communications; building capability for deploying behavioural science; and advocacy and engagement the Unit enables continuous improvement in quality across the public health system. Over the past year, our Behavioural

Science Unit has published a comprehensive enabling plan and undertaken activity to build specialist expertise, wider capabilities, and enable activity in this field, to improve health and well-being and tackle health inequalities. For example, we have been supporting more impactful health communications through a Behaviourally Informed Communications Initiative (BICI) to improve the impact of letters and texts from our screening, vaccination, and tobacco control services.

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

Insights from population data are essential to impro the nd wellbeing of Wales and to reduce inequalities. We draw on data om acro ltiple sources to improve health. These data sources include the se ces we provi he NHS, public sector (e.g. schools), government, research data ar ati l survey owever, the NHS in Wales does not systematically collect the sary data to ure t services are delivered equitably and improve outco all populatio t is proficient in using data and analysis from other sources t port this function. We cannot effectively monitor health outcomes, progress re ing inequalities, or service user complaints, and our ability to b e evidenc e on what works to reduce health inequalities is weak.

In 2023, we published our *Digital and Data Str gy* tha out our alignment with our organisational strategy and ey exter strateg r digital and health, including from NHS Wales and W h Gover ent.

Our Research and Evaluat rategy contin pport as we strengthen the generation, use and sharing ublic health research across Wales. It helps us to produce evid to contribu to a national, system-wide effort to improve decision- g, t equaliti d deliver better outcomes.

Wit e diversity in pro mmes of rk within our Research, Data and Digital D orate, we have delive d many key achievements across the organisation and in c oration with key pa ers.

During t ast year, we h continued to strengthen our approach internally and with the o isations w work with to ensuring we have the data, analysis and insights need inf action to improve health, wellbeing and equity in Wales.

We have progresse he five key workstreams set our digital and data route map:

- Data, Analysis, Registers and Cloud (DARC) Programme: this programme will deliver migration of our analytical capability into the National Data Resource's National Data and Analysis Platform (NDAP) over the next two years. It also supports the development of cloud enabled front-line services, initially for the Digital Health Protection Programme. The DARC Programme is also responsible for managing the changes to systems that will be required as Digital Health and Care Wales (DHCW) replace the audit + (primary care data) software.

- Digital Systems: which set out our priorities for modernisation of our service delivery. This has been updated in 2025/2026 to reflect the growing demands and the need to move into Digital Health Improvement. This included delivery of a replatform of our newborn screening system; the start of the Digital Health Protection system to ensure we can deliver day-to-day and in a pandemic and the start of the digital enablement around the new lung cancer screening programme.
- Cyber Security: to ensure we maintain and develop our cyber posture in line with NIS and our Cyber Resilience Unit Audits.
- Artificial Intelligence (AI) and Automation: in August 2025, we established the AI Design Authority, whose purpose is to assure the use of AI in our organisation, to develop guidance and good practice to support the safe, effective and legal use of AI, to establish a programme of work to scale and securely adopt AI where it adds value and is safe to do so and use automation to deliver efficiencies.
- People, Infrastructure and Tools: to develop common technology ways of working and job families to support our ambitions.

We continue to understand and monitor the impact of stresses on health such as the cost-of-living crisis, gambling harms, obesity and climate change, across all aspects of population health.

We have continued to publish our rapid overview dashboard, which provides real-time monitoring across the organisations' six corporate priorities. This will move us closer to real-time monitoring of public health priorities.

We have supported the development of research within our organisation aligned to our strengths and capacity to influence the wider research landscape and funders to address evidence gaps and priority areas for health in Wales.

Designation as World Health Organization (WHO) Collaborating Centre on Digital Health Equity

In May 2024, we were invited by WHO Europe to become the world's first WHO Collaborating Centre for Digital Health Equity, recognising its growing work and partnerships on digital health equity. After further discussions in Wales and negotiations with WHO, the designation was approved in principle in July 2025. A full application was then submitted with Welsh Government support, and on 11 September 2025, WHO Europe confirmed that the application had been successful. This achievement added to Wales' existing status as a WHO Collaborating Centre on Investment for Health and Wellbeing, first granted in 2018.

The new Collaborating Centre was set up to support WHO Europe's efforts to ensure fairness in digital health transformation, both in Wales and internationally. Its work focused on strengthening digital health equity, shaping WHO technical guidance and supporting cooperation across the region. The designation highlighted the expertise of our Research, Data and Digital Directorate. Plans were also put in place with WHO to organise communications and a launch event, with hopes that the Minister for Mental Health and Wellbeing would join the official launch.

9.3 Workforce – Our People

We face a future of increasing demands and evolving public health challenges. To deliver our Long-Term Strategy, we must develop an engaged and high-performing workforce. The fast-moving external environment and evolving expectations of individuals demand a workplace that prioritises wellbeing, flexibility, inclusion and growth. We need to adapt to attract and retain top talent.

In 2025, we published our *People Strategy for 2025-2035* to ensure it remains fully aligned with our organisational strategy and future workforce needs. The refreshed Strategy was approved by the Board in May 2025. It has been developed by extensive engagement with our people, our staff networks and our Trade Union partners, which has been vital in ensuring the Strategy reflects the lived experiences, aspirations and challenges of our workforce. It sets a clear priority to attract, retain, develop and support a flexible, sustainable and thriving workforce that is central to our ability to deliver our long-term strategic priorities and improve organisational health and performance.

In response to the current and emerging operational context, our immediate focus is centred on strengthening organisational foundations as critical enablers of stability and performance: our desired organisational culture, organisational design and learning and development for our organisational leaders and people managers. By investing strategically in these areas, we will be well-positioned to meet future challenges, deliver our Long-Term Strategy and achieve our vision of a healthier Wales for all.

9.3.1 Culture and Experience

Our cultural narrative and commitment to compassionate leadership underpin our People Strategy. Focusing on our cultural priorities is key to mitigating our strategic risk on organisation health. We have invested in developing a community of Cultural Advocates across the organisation, a group dedicated to championing positive change and playing a key role in sharing local best practice, particularly from directorates who have shown most progress.

Over the last 18 months, we have taken significant steps to strengthen and embed a positive organisational culture. Our work has focused on the principle that culture is shaped by everyday behaviours, the decisions we make and the systems we use. Our refreshed cultural narrative, within the People Strategy, alongside delivering internal engagement session and events reinforces our values and expectations. These internal engagement sessions bring together staff from across the organisation, including our staff conferences as well as 'Time with Tracey' live (and recorded) open questions and answers session and 'Spotlight on' different areas and topics across the organisation. The Being Our Best Behavioural Framework, which emphasises trust, respect and speaking up, is being embedded into various organisational processes, including My Contribution meetings and objective setting discussions.

Leadership capability has been strengthened through the Transforming Leadership Programme, the "Just One Thing" campaign to emphasise that everyone to culture

through daily actions and nearly 50 accredited Cultural Advocates supporting directorates and senior teams. We have developed an organisation-wide Integrated Engagement Action Plan, informed by staff surveys and cultural assessments, alongside tailored Directorate and Divisional plans.

Nursing and Midwifery Leadership Development Programme

We delivered our first Nursing and Midwifery Leadership Development Programme in partnership with the Royal College of Nursing, concluding in 202[illegible]. Fifteen nurses and midwives completed the bespoke six-month programme, which was designed specifically for the public health context and aligned with Agore Cymru [illegible] learning outcomes. Participants undertook a service-improvement proje[illegible]nd a written [illegible]ership assignment, while also benefiting from peer support, professiona[illegible]pment and [illegible] opportunity to gain a Level 7 leadership qualification. The final day ce[illegible]ted their achie[illegible]through poster presentations and featured contributions from [illegible]ursing and midwifery leaders across Wales.

The programme's aim was to build leadersh[illegible] and dev[illegible]a new generation of confident, compassionate and strategi[illegible]nursing [illegible] midwifer[illegible]leaders within our organisation. Following the success of t[illegible]inaugu[illegible] co[illegible], plans are in place to run the programme again.

In addition, all nurses and midw[illegible]s from a[illegible]ss our [illegible]anisation now have access to Restorative Clinical Supervision (RCS) delivere[illegible]rou[illegible]he Professional Nurse Advocate (PNA) model to support wel[illegible]g, professiona[illegible]opment, and quality improvement. This is to comply with the Chief [illegible]sing Officer mandate that all Nurses and Midwives have access to RCS.

9.3 [illegible]Equality, Diversity an[illegible]nclusion

We co[illegible]ue to strengthen[illegible]r approach to Equality, Diversity and Inclusion, with clear pro[illegible]s across sev[illegible] indicators. We have maintained strong engagement with our s[illegible] staff n[illegible]works and in addition to the networks we have a Neurodiversity [illegible]p-gr[illegible], Menopause Café and Moon Café. Between August and December 2025, [illegible]rk membership grew by 110, to 907 staff members actively involved, from 30% to 34% of our workforce.

We hold Gold level with Distinction in Diverse Cymru's Cultural Competence Scheme. This is the highest level of the scheme, which is independently assessed by UK Investors in Equality and Diversity (UKIED). We have improved our Disability Confident Leader accreditation and sustained high levels of ESR data reporting. We are a proud supporter of the Armed Forces Covenant, and our Employer Recognition Scheme Gold Renewal Application was successful and will be valid for another five years from December 2025.

Whilst our gender pay gap has continued to narrow, we recognise widening gaps for some groups and have committed targeted actions through the Workforce Race Equality Standard to address inequitable progression, recruitment outcomes and disproportionate use of formal processes.

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.

9.3.3 Partnership Working

We are committed to a strong and constructive partnership with recognised Trade Unions: General, Municipal, Boilermakers and Allied Trade Unions (GMB), Managers in Partnership (MiP), Royal College of Nursing, Society of Radiographers, UNISON (The Public Service Union), Unite the Union, and the British Medical Association (BMA). Trade Union representatives attend the Board and all Committees, providing valued input into discussions and decision-making. Our Local Partnership Forum (LPF), a key component of our governance framework, acts as the formal mechanism for consultation, negotiation and communication on strategic workforce matters. Together, management and Trade Union colleagues work collaboratively on areas, such as policy development, organisational change, workforce modernisation, and cultural improvement.

Our Joint Medical and Dental Negotiating Committee (JMDNC) provides structured partnership working with medical and dental colleagues and the BMA. This approach ensures open dialogue, supports staff wellbeing, promotes early resolution and strengthens shared ownership of organisational priorities, including effective use of facility time and continued commitment to meaningful partnership working.

9.4 Staff Wellbeing

The rolling 12-month sickness absence FTE% has fluctuated around 4% over the past three years, with a peak of 4.7%. For December 2025, the rolling 12-month absence FTE% was 4.94% (1.78% short-term and 3.16% long-term absence), excluding NHS Wales Performance and Improvement, compared with 4.23% (1.57% short-term and 3.47% long-term absence) for the same period last year. Long-term sickness absence continues to be the main driver of overall performance, accounting for around 80% of FTE days lost across the year.

An Internal Audit of the effectiveness of arrangements in place to monitor, support, and respond to mental health-related sickness absence has recently examined compliance with aspects of the all-Wales Managing Attendance at Work Policy and concluded 'Reasonable Assurance' overall. An action plan is now in place to address the audit findings and make further improvements.

Anxiety, stress, depression and other psychiatric illnesses remain the leading causes of long-term absence across the organisation. Work is underway to improve the

coding of absence reasons and strengthen managers' confidence in applying the All-Wales Managing Attendance at Work Policy. The organisation has increased proactive wellbeing activity, including communications which highlight the full suite of wellbeing support, resilience resources, and routes for staff to seek help.

9.3.5 Recruitment, Retention and Workforce Planning Challenges

We continue to experience recruitment and retention pressures, particularly in specialist, technical and hard-to-fill roles. These challenges are driven by national workforce shortages, the geographical availability of skills, labour-market competition and short-term funding constraints, with the greatest impact felt across medical, digital, data, scientific and programme-based administrative functions.

Our refreshed People Strategy recognises these system-wide constraints and commits to strengthening talent pipelines, widening access into public health careers and developing future-ready skills within the existing workforce. In response, workforce planning is embedded within Directorate plans, supporting clearer forecasting of skills gaps, succession planning and early identification of roles at greatest risk. Targeted recruitment campaigns, early-career pathways, apprenticeships, structured development programmes and improved internal mobility are being used to strengthen resilience and reduce reliance on scarce external expertise.

Welsh Public Health Conference

On the 22 October around 200 delegates attended the Welsh Public Health Conference at Glamorgan Cricket Ground, the first since 2019. The theme, "Action today, for a healthier nation tomorrow", was introduced through a creative performance by Duke Al and Dr Gwrsoi. Key speakers included Monika Kosinska from the World Health Organization (WHO) and Sarah Murphy MS, Minister for Mental Health and Wellbeing, who emphasised the importance of prevention. A youth panel also highlighted why young people must be involved in shaping public health.

Workshops and training talks explored health inequalities, wider determinants of health, wellbeing and climate change. The event had a positive, energetic atmosphere and marked a strong comeback for the flagship conference. Thanks were given to the Communications Team, partners, contributors and the Minister for helping deliver a successful and inspiring day.

9.4 Organisational Quality, Improvement and Risk Management

We aspire to be an exemplar in quality and aim to deliver excellent public health services. We have continued to develop 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.

9.4.1 Quality and Improvement

We have strengthened our infrastructure and gove ce a uality Planning, Quality Control, Quality Improvement and Quality surance e committed to growing our Quality Management System which is signe for ex ant outcomes and driven by the needs of the population we ser Th n turn en s a qua culture and learning environment which supports staff to deli st services and provides a great place to work. pproach supp the achievement of our Long-Term Strategy and strategic p ties, and our cultural ambition as an organisation.

Our pursuit of an organisation-wide ap ach to aging qua enables us to implement the Duties of Quality and ndour Health and Social Care (Quality and Engagement) (Wales) Act 020). so ena us to focus more clearly on the needs of the system and p ose of t organisa The twelve Health and Care Quality Standards are fra d around domai of quality and six quality enablers (as shown below), to scribe what d qu y care looks like.

Our Quality Management System is structured around quality control, planning, improvement, and assurance, supported by resources such as the Quality Oversight Dashboard, Health and Care Quality Standards assessments, Quality Impact

Assessment and the Improvement and Innovation Hub. Our Quality Oversight Group provides operational oversight for the Duty of Quality, leads self-assessment against Health and Care Quality Standards, analyses results via a comprehensive dashboard, and oversees the development and piloting of the new digital Quality Impact Assessment tool. For the Health and Care Quality Standards, we have co-developed standards, implemented baseline self-assessments focused on the quality domains, created dashboards, and introduced a peer review process.

Following the introduction of the Duty of Quality and the Duty of Candour, we continue to work 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 and functions.

In 2025/2026 there were a total of:

- 2,091 incidents, with 70% of incidents closed within 30 days (March 2026 data).
- 154 Early Resolution and formal complaints received. 73% were managed as Early Resolution and 27% of these were escalated as formal complaints.
- 231 Freedom of Information Requests received. 19% of these exceeded the 20-day compliance due to the complexity of the request. Significant performance management has improved compliance with the turnaround time since 2024-25.
- 44 Subject Access Requests received. Four of these exceeded the one month compliance period, primarily due to the complexity of the request.

Compliance for all Safeguarding Level 1 and 2 remains above the 85% national target. Compliance against Safeguarding Level 3 is just below the 85% target, with remedial training planned. Overall we prioritise the performance management of Safeguarding Training, based on role specific competency requirements.

9.4.2 Infection Prevention and Control

In 2025/2026, a Respiratory Infections Risk Assessment Tool was developed following discussions with the national Infection Prevention and Control (IPC) Leads, with the intention of standardising the assessment process. The IPC Quality Statement was published in 2025 with significant leadership from us. The Cleaning Standards and Code of Practice have also been produced and approved nationally, with all of these national pieces having been led by us. The introduction of new IPC environmental cleaning audits has given greater assurance and oversight of areas requiring improvement.

9.4.3 National Safeguarding Service

The National Safeguarding Service has led the development of a national safeguarding quality statement and aligned metrics for NHS Wales, establishing a consistent, outcomes-focused approach to measuring safeguarding effectiveness and strengthening system-wide assurance and oversight. A comprehensive programme of national improvement has also been delivered.

National Safeguarding Service – delivering a programme of national improvement

- *Strengthened recognition, morale and system identity across the safeguarding workforce* through delivery of the first NHS Wales Safeguarding Celebration Event, bringing together multi-agency partners to acknowledge the complexity and impact of safeguarding practice
- *Enhanced multi-agency learning and practice improvement* via a highly evaluated national learning event on the Child Practice Review *'Child Brave – Brought Justice'*, increasing practitioner understanding of perpetrator behaviour and strengthening safeguarding decision-making across NHS Wales.
- *Improved consistency, fairness and defensibility in managing Position of Trust concerns* through the launch of a national NHS Wales approach supporting organisations to apply proportionate, transparent and legally robust processes when responding to allegations.
- *Established a standardised, all-Wales approach to 'Was Not Brought' and 'No Access Gained'* for both children and adults, reducing variation in practice and strengthening early identification of risk, escalation pathways and accountability—ultimately improving protection for individuals who may be overlooked or unheard.
- *Strengthened safeguarding responses for children at highest risk* through development of All-Wales guidance on pregnancy in under 13s, ensuring a trauma-informed, multi-agency approach that prioritises safety, dignity and wellbeing, and supports practitioners to respond confidently and consistently to highly complex situations.
- *Increased capability and consistency in safeguarding training delivery across Wales* through the national launch of bespoke video training resources (Train-the-Trainer event, October 2025), providing eight scenario-based learning videos, three awareness-raising presentations, and comprehensive training packs to support local delivery.

9.4.4 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 2025/2026, we completed the implementation of our Risk Management Development Plan. Significant work was undertaken to rearticulate and strengthen understanding of the organisation's strategic risks and their relationship to our Strategic Plan (IMTP). A rolling programme of Executive led strategic risk deep, including with Board and Committees, supports improved assessment, interdependency mapping and Executive ownership of each strategic risk. During

2025/2026 we rearticulated all of our Strategic Risks and amended our Risk Appetite Framework. We have also strengthened the management and impact of our Corporate Risk Register.

9.5 Leadership and Governance

We are committed to strong leadership at all levels, good governance and the delivery of excellent and impactful public health services and functions. Our Board Assurance Framework describes the functions, enablers, assurance framework, integrated governance system and operating guidance that we have in place to support good governance. It is a living document and is regularly reviewed and updated to ensure that it remains ft for purpose. Following our cultural survey, we are undertaking a range of actions aimed at developing our organisational culture and strengthening leadership across the organisation.

The 2025 Structured Assessment concluded that we have maintained strong and effective corporate governance, with the Board and its committees operating transparently and using clear, high-quality information to support scrutiny and decision-making. We have continued to strengthen corporate assurance arrangements, refining its strategic and corporate risk registers, improving performance reporting, and maintaining robust tracking of internal and external audit recommendations. The development of detailed roadmaps for each strategic priority, alongside a collaborative and evidence-based Integrated Medium Term Planning process, demonstrated a coherent approach to long-term planning.

The Assessment highlighted our commitment to listening to staff and service users, with expanded feedback mechanisms, strengthened staff networks, and greater triangulation across committees. Financial governance remains a major strength, reflecting the ability to achieve all financial duties, achieved planned savings, maintained strong controls and demonstrated disciplined financial planning aligned to strategic priorities.

9.6 Financial Performance

We entered 2025/2026 with a financially balanced and Board approved Strategic Plan (also known as the Integrated Medium Term Plan). This was subsequently approved by the Cabinet Secretary for Health and Social Care and continues our record of successfully developing and delivering our Strategic Plan and returning a breakeven position every year.

We have a history of strong financial performance and stewardship, having received an unqualified audit opinion, including delivery of all statutory financial duties every year since inception in 2009. We rely on funding from a variety of sources, including the Welsh Government core income, non-core Welsh Government grants, Health Board Service Level Agreement income and other non-NHS income. We work closely with those organisations to secure and maximise funding to deliver our front line clinical, public health and prevention services, which together account for around two-thirds of our organisation and 67% of our total spend.

We have submitted a breakeven financial plan for the three years commencing 2026/2027 as part of our Strategic Plan (IMTP) 2026-2029 submission to Welsh Government at the end of March 2026. Within this plan, we are managing a number of cost pressures and financial risks including an estimated significant inflationary cost pressure of circa £1.5m mainly linked to infection and screening delivery services and digital contracts.

Our 2025/2026 financial statements provide a detailed overview of our financial performance over the past year are contained within the Annual Accounts Report.

9.7 Sustainability

Our Decarbonisation and Sustainability Plan 2024-2026 details the actions we are taking to be a carbon-negative organisation (remove more carbon dioxide from the atmosphere than we release). The plan builds on our previous plans 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 overlap 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 align 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 towards Net Zero emissions. We have continued to work in coordination 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.

Further examples on our sustainability actions undertaken in 2025/2026 with the aim of reducing our environmental impact that contribute to the organisation's decarbonisation, circular and foundational economy agenda are included in our updated Strategic Priorities and Well-being of Future Generations Act. In line with Welsh Government guidance, we will also be publishing a separate Sustainability Report covering sustainability data and our carbon footprint for 2025/2026 on our website once finalised data is available in September 2026.

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

10.1 Opportunities to do things differently

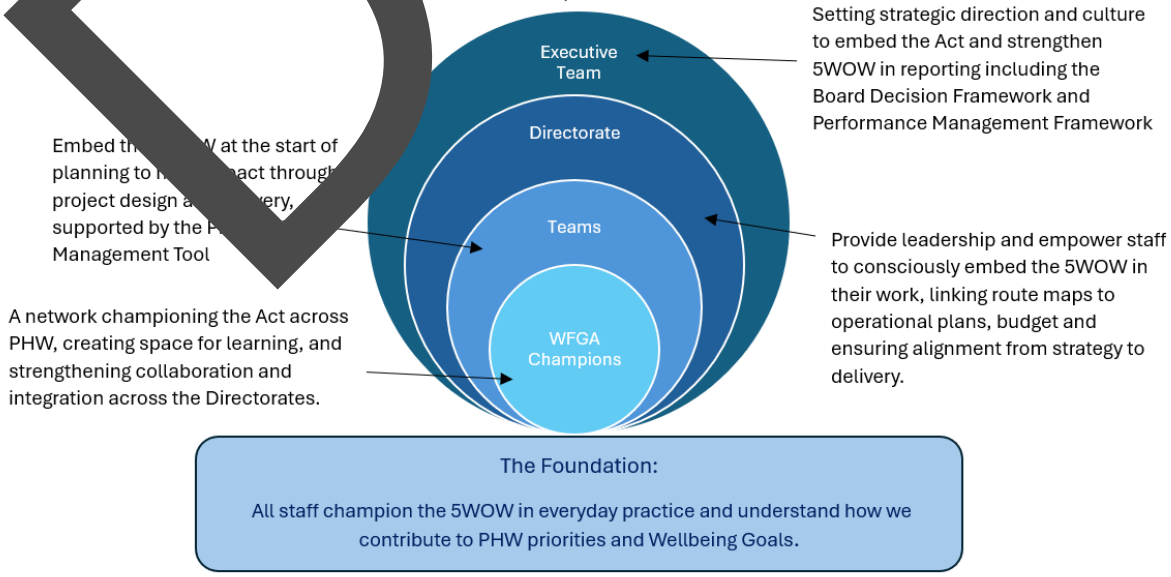
Wales has unique opportunities to do things differently and drive meaningful change. The Well-being of Future Generations Act (WFGA), together with the Equality Act, including the Socio-economic Duty and Du[illegible]f O[illegible]ty ensure we consider the long-term impacts of our decisions on [illegible]ple's [illegible]and well-being. Health Impact Assessments further strengthen ou[illegible]ocus on [illegible]ilding blocks of health.

Our well-being objectives take a long-term, systems [illegible]roach to impr[illegible]ic health and tackling inequalities - an area central to o[illegible]k. By working d[illegible]ently and in collaboration with partners, we can ensure more p[illegible]e in Wales have a fair chance to live longer, healthier lives, increasing healthy life [illegible]ectancy, improving well-being and reducing inequalities for cu[illegible] future gen[illegible]ions.

This chapter outlines how we are stre[illegible]hening[illegible]r [illegible]lementation of the Act to drive positive change.

10.2 Maximising our impact

We are maximising our impa[illegible] supporting ind[illegible]als, teams and the organisation to adopt, learn and embed [illegible] sustainable development principle (5 Ways of Working (5W[illegible]e consist[illegible] to deliver meaningful contributions.



Examples of how we have embedded the 5WOW are outlined below.

We published a report Investing in a Healthier Wales: prioritising prevention which reinforced the importance of investing in the building blocks of good health to improve well-being outcomes and reduce inequalities in Wales. The report emphasised that prioritising prevention lowers the financial burden of illness on both the health and care system and wider society. Since its launch, the report has received significant media attention, been widely referenced and has informed our policy and advocacy messages on the value of prevention. It was referenced in the Audit Wales report 2025 No **time** to lose: Lessons from o[illegible]nder the Well-being of Future Generations Act. We continue to collabo[illegible] with partners to strengthen the case for preventative action and support syst[illegible]e change.

PIPYN (Pwysau Iach Plant Yng Nghymru: Healthy C[illegible] Healthy W[illegible]t in Wal[illegible]) aims to increase the proportion of children leavi[illegible]e Foundation [illegible] a healthy weight and reduce population-level inequal[illegible]ie[illegible] rough a whole systems approach, in three distinct communities across Wales. Usi[illegible]e 5WOW, the Health Improvement Division worked with the thre[illegible]s to revie[illegible]d refine the pilot model, building on the learning, incre[illegible]g sy[illegible]m change[illegible]t will increase opportunities at community level for f[illegible]ies to [illegible]ll and bui[illegible] movement and play into their family habits.

Most recently the Health Improv[illegible]nt Team[illegible]ave co-de[illegible]ped a new approach to the weight management pathw[illegible]n Wales u[illegible]g the 5W[illegible]W, leading to a successful UK-wide innovation grant fo[illegible]obesity pre[illegible]d wider collaborations to progress a national, digitall[illegible]bled, communit[illegible] healthy-weight pathway.

Across Wal[illegible]y familie[illegible]ntinue to live in housing which is cold, damp, insecure[illegible]rcrowd[illegible] unaffor[illegible]le. These conditions can have profound and lasti[illegible]pacts on childr[illegible]physical [illegible]mental health, educational outcomes, and lo[illegible]erm life chances. T[illegible]Policy team have published two reports informed by fu[illegible] methods to guid[illegible]discussion. Exploring how the future may unfold diffe[illegible]ly for different p[illegible]le is necessary to ensure no one if left behind in policies[illegible]king to achieve [illegible]ealthier and more equal Wales. The recent publication, Creating h[illegible]hier homes[illegible] children and families in poverty across Wales brings together the[illegible]es of f[illegible]ies living in unhealthy homes with evidence and insights from stakehol[illegible]t[illegible]form policy, build a shared and holistic understanding of "healthy homes,[illegible]highlight practical examples and solutions that demonstrate how housing can promote health and well-being for all people in Wales.

The Wales Health Impact Assessment Support Unit (WHIASU) supported the development of the Health Impact Assessment (Wales) Regulations, passed by the Senedd in November 2025. These regulations require relevant public bodies to assess the health impacts of strategic decisions. Over the next 12-month ahead of the commencement on 7 April 2027, the team will support organisations with guidance, training and advice. This work reinforces the value of prevention, collaboration and long-term planning to improve health and well-being across Wales.

10.3 Creating the right space

Our *People Strategy (2025-2035)* sets out our vision for our workforce and underpins delivery of our Long-Term Strategy by ensuring our people are engaged, valued and supported to reach their full potential. It promotes collaboration, diversity and continuous development, enabling teams to learn, innovate and deliver effectively. As we work to embed the 5WoW, our people and culture are central to its success, shaping the behaviours and ways of working that bring the framework to life. Through our People Strategy and improving our culture, we're creating the conditions for everyone to perform at their best as we work together for a healthier Wales.

As we work to create the conditions that enable our people to thrive and deliver for the population of Wales, culture has become a shared priority across our organisation. There is strong commitment at every level to continue making progress. Findings from our recent Culture Pulse survey showed that leaders tend to view our culture more positively than other colleagues. This insight has informed our current approach, which focuses on staying closely connected to staff experiences through initiatives such as cultural conversations, helping to strengthen collaboration at all levels. There is a collective understanding that meaningful cultural change takes time, and the Integrated Engagement Action Plan, launched in 2025, has set a clear direction and is beginning to shape new ways of working.

The Engagement and Collaboration Team is developing a framework for how we engage and involve people and communities. Since October 2024, the team has carried out a baseline assessment to understand current engagement activity across the organisation, how well it is embedded in our work, and what the organisation needs to do to engage and involve others effectively.

We take great pride in being a bilingual organisation, and championing the Welsh language at every level. Our Welsh Language team ensures compliance, provides guidance and templates, delivers high-quality content and offers awareness training. The *Ymlaen* staff network supports cultural learning and practice and is one of our largest networks. We have streamlined translation processes and expanded training, including Welsh Language for Managers and *Defnyddio eich Cymraeg yn Effeithiol*. We continue to work closely with the Learn Welsh Centre, offering *Croeso* and *Building Confidence* sessions, and have joined the NHS Wales-wide Cynllun Siarad to pair learners with fluent speakers, with plans to expand this over the coming year.

10.4 Implementing the Act towards Healthier Wales: Route Maps

To support delivery of our Long-Term Strategy (2023–35), we used futures thinking to develop route maps for each of our six strategic priorities. These outline the steps needed to achieve our objectives and identify what we need to start, stop or do differently to increase healthy life expectancy in Wales. This approach helps us embed long-term thinking into our everyday decisions, ensuring we stay focused on

50/276

the future health and well-being of the population while navigating present day challenges.

Approved by the Executive Team in October 2025, the route maps help staff understand how their work contributes to improving health, supported by an animation that shows how they align with wider organisational plans.

The route maps underpin our new Strategic Plan (2026–2029), with their incremental steps translated into milestones, developed collaboratively across Directorates using back-casting techniques. Because the six strategic priorities are integrated, many areas of work span multiple priorities. Priority leads meet monthly to ensure alignment, manage cross-cutting issues and maintain a coherent single approach.

10.5 Addressing Health Inequalities towards an Equal Wales

Our *Approach to Health Inequalities* is a cross-organisational programme embedding action on health inequalities across the six strategic priorities of our long-term strategy. A framework with case studies, a health equity narrative and a supplementary resource pack have been developed to support staff, particularly those involved in planning and decision-making. A co-testing workshop with colleagues from Public Health Wales, Llais, the Behavioural Science Unit and the Engagement Team helped refine these materials. Practical examples include the:

- Health Protection Inequalities Best Practice Sheets out practical actions the organisation can take to reduce inequities arising from health threats. It provides strategies and recommendations for our staff and supports collaboration with partners to better protect vulnerable communities.
- Screening Division has a health equity strategy supported by programme-level equity champions. They routinely monitor screening inequities using data, ongoing engagement through a network and close collaboration with local public health teams, primary care clusters and the voluntary sector to share learning and strengthen collective action.

10.6 Partnership with the Future Generations Commissioner's Team

We continue to collaborate with the Future Generations Commissioner's team, to work on shared priority areas. Examples of achievements include:

- Behavioural Science Unit contribution to the Future Generations Report 2025, providing expert insight on incorporating behavioural science into its approach.
- Shaping Places for Well-being programme applying complex systems thinking and futures thinking tools with Public Services Boards.
- The Principles of Community Engagement for Empowerment tool to support partners to involve and empower communities.

- National and international sharing of futures and foresight work increasing capability and understanding.
- Gathering insights to understand the barriers and opportunities in implementing the Act across the public sector.

10.7 Embedding the Well-being of Future Generations Act

The Health and Sustainability Hub continue to identify opportunities to strengthen the Act strategically and operationally and support staff to recognise their contribution to the Well-being Goals. Recently we have delivered a session as part of the Public Health Wales Leadership and Management Academy focusing on how we to effectively enact the 5WoW effectively in our day-to-day work, exploring practical ways to translate the framework from policy into meaningful change. We also coordinate the WFGA Champions group and explore ways for staff access training to increase understanding of the Act. We are leading an approach to further support the 7 Corporate Areas to address the Commissioner's recommendation. We are developing a holistic approach to align other enabling functions to maximise opportunities across corporate and statutory duties. The aim is that this will lead to strong engagement, aligned objectives with enhanced monitoring and reporting.

Together, these examples of our actions demonstrate our continued commitment to the Well-being of Future Generations Act and our ambition to create long-term, sustainable improvements for the people of Wales. By doing things differently, strengthening our systems, culture and partnerships, we are building the foundations for a healthier, more equal future, ensuring that our work today delivers lasting benefits for generations to come.

11. Concluding remarks

The progress we have made during the past year is a considerable achievement for the organisation and reflects the exceptional work and dedication of our people alongside our partners, during an extremely busy and challenging time in Wales.

As we look forward, we have developed our new Strategic Plan for 2026-2029 which sets out how we will deliver a healthier Wales for the people of Wales, focussing on our six strategic priorities set out in our Strategy *Working Together for a Healthier Wales (2023-2035)* and our overarching outcomes, which are to increase healthy life expectancy and narrow the gap in healthy life expectancy between the least and most deprived areas in Wales.

We will do this by delivering a range of core clinical public health services to the public and our partners, working in partnership across the public health system and with partners across all sectors, to advise on key public health data and evidence, advocate for evidence-based action to improve and protect health and mobilise the translation of evidence into practice. We will support the strategic direction set out by Welsh Government and is reflected in our Remit Letter for 2026/2027.

This plan also sets out how we will address specific service and quality improvements issues identified within our Breast, Bowel and Diabetic Eye Screening Programmes, and our Sexual Health Test and Post Service. We have set out the specific actions that will address these issues, along with how we will further strengthen our quality assurance arrangements across all services and functions.

Our strategic route map shows 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 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 also must ensure that as an organisation we are delivering at pace and demonstrating agility to respond dynamically to emerging challenges and stakeholder needs. This includes ensuring that we have robust quality assurance arrangements in place and that we rapidly address any emerging service performance issues.

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

Contents

Accountability Report Introduction

Part A: Corporate Governance Report

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

Part B: Remuneration and Staff Report

Part C: Parliamentary Accountability and Audit Report

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

56/276

Introduction

The Accountability Report is part of a collection of reports that form Public Health Wales' 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 the 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, whether there were any exit payments or other significant awards to current or former senior managers. In addition, it contains staff information regarding numbers, composition, and sickness absence, together with expenditure on consultants 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

58/276

Public Health Wales Directors' Report 2025/26

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.	
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 2025/26
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 loss of confidentiality breaches and details of how the risk of information are managed and controlled.	See Section 8.2 of the Annual Governance Statement.
Information on environmental, social and community issues	See Section 10.3 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 are fair, balanced, and understandable and that they take personal responsibility for the annual report and accounts and the judgements required for determining that they are fair, balanced and understandable.

The Accountable Officer is responsible for authorising the issue of the financial statements on the date they are 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 2026

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 policies laid down by the Welsh Ministers with the approval of the Treasury.
- Make judgements and estimates which are reasonable and prudent.
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

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 of the Welsh Ministers.

By Order of the Board

Signed:

Chair: 25 June 2026

Chief Executive: 25 June 2026

Director of Finance: 25 June 2026

Annual Governance Statement

Table of Contents

1. Introduction 61
2. Scope of Responsibility....61
3. Governance Framework....62
   - 3.1 The Board 65
     - 3.1.1 Variations to the Standing ers 66
   - 3.2 Board Activity 68
     - 3.2.1 Private Board Sessions 74
     - 3.2.2 Board Development 7
     - 3.2.3 Board Briefings 78
   - 3.3 Committees and Sub-Groups of the Boa 79
     - 3.3.1 Audit and Corporate Governance C mittee 83
     - 3.3.2 Quality, Safety and ment Co ittee 86
     - 3.3.3 People and Organ tional elopment mmittee . 90
     - 3.3.4 Knowledge, Res rch an ation Board Committee 93
     - 3.3.5 Remunera and Te s of Se Committee.... 96
     - 3.3.6 UK COVI 19 Public uiry P aredness Sub-Group96
     - 3.3.7 Young A bassadors 99
   - 3.3 Executive Go nance 100
     - 3.3.1 Busines ecutive Team 101
   - 3. Execut Team Membership 103
     - 3.4.1 D ture an ppointment of Non-Executive Directors 103
     - 3.4.2 Board uccession Planning 104
     - 3.4.3 Senio taff Appointments and Departures....104
     - 3.4.4 Staff presentation at Board and Committee Meetings 104
     - 4.5 Bo Diversity and Inclusion....105
4. Improv nt the Governance Framework.... 106
   - 4.1 Rev f the Board Committee Terms of Reference 106
   - 4.2 Perfo nance and Effectiveness Cycle 106
   - 4.3 Protocol for Reserving Matters to Private Session 109
5. Hosted Bodies – NHS Performance and Improvement.... 110
   - 5.1 Hosted Bodies: Board Level Assurance 111
6. The Purpose of the System of Internal Control 112
   - 6.1 Capacity to Handle Risk 113
7. Quality Governance Arrangements.... 122
   - 7.1 Quality Governance....122
   - 7.2 Duty of Quality 123
   - 7.3 Health and Care Standards....126

7.4 Duty of Candour 127
7.5 Health and Safety 128
7.6 Handling Complaints and Concerns 129
8. Information Governance 130
8.1 Freedom of Information Requests 131
8.2 Data Breaches 131
8.3 Subject Access Requests 132
9. People Governance 133
9.1 Staff Engagement 133
9.2 NHS Pensions Scheme 134
9.3 Equality, Diversity and Human R[illegible]ts 134
9.4 Welsh Language ..... 1[illegible]5
10. Strategy and Plans ..... [illegible]7
10.1 Long Term Strategy: Working to A[illegible]a Healthier F[illegible]e for Wales (2030) 137
10.2 Our Strategic Plan (Integrated Medium Te[illegible]Plan) 138
10.3 Sustainability and Climate [illegible]sp[illegible]e Plan 139
10.4 Emergency Planning/Ci[illegible]Contin[illegible]es and Bu[illegible]ness Continuity 142
11. Corporate Governance 145
11.1 UK Corporate Go[illegible]ance C[illegible]e 145
11.2 Ministerial Direc[illegible]ns 145
11.3 Welsh Healt[illegible]C[illegible]ulars 147
12. Review of Effectiven[illegible] 153
12.1 Internal Audit 153
12.2 [illegible]Fraud 154
12.3 External [illegible]it – Aud[illegible]Wales 155
13. Conclusion 156

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 2025/26.

This Annual Governance Statement is intended to demonstrate to the Welsh Government how we managed and controlled resources in 2025/26 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 been used to help shape the final Statement.

The Audit and Corporate Governance Committee considered the draft for submission at its meeting on the 7 May 2026. This final version was presented to the Committee on the 23 June 2026 for recommendation to the Board for approval on the 25 June 2026. The Board approved this Statement for submission to Welsh Government at a Board meeting on the 25 June 2026.

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 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 effective governance during this time, in the context of the 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 developm
- Steering the risk appetite and overseeing strat isks
- Developing strong relationships with key stak s and partners
- The successful delivery of Public Health Wales' aims objectives.

The Board functions as a corporate decisi g body, w Executive Directors and Non-Executive Directors being full equa mbers an aring corporate responsibility for all the decisions of th oard a y Board. In addition to their role as Board Members, Executive Di tors a have onsibility for discharging Public Health Wales' corporate an public he functio

Other Directors within the Exe tive team a lso in endance at Board meetings, as is the Board Secretary ead of the B siness Unit who supports the Board, and other staff as req d.

The Boar Board Et tte, which sets out the behaviours and conduct expec or all Board m bers and ndees; as the Board/Committees enact their ste ship role and take e lead in p moting the values and standards of conduct fo e organisation and its ff.

The Bo is committed to erating in as transparent, open, and accountable way as is possib he Protocol f Reserving Matters to a Private Board (or Committee)[1] , identifies t ifferent r nales that apply to material to be considered in private sessions. (See ion 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 updated our 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

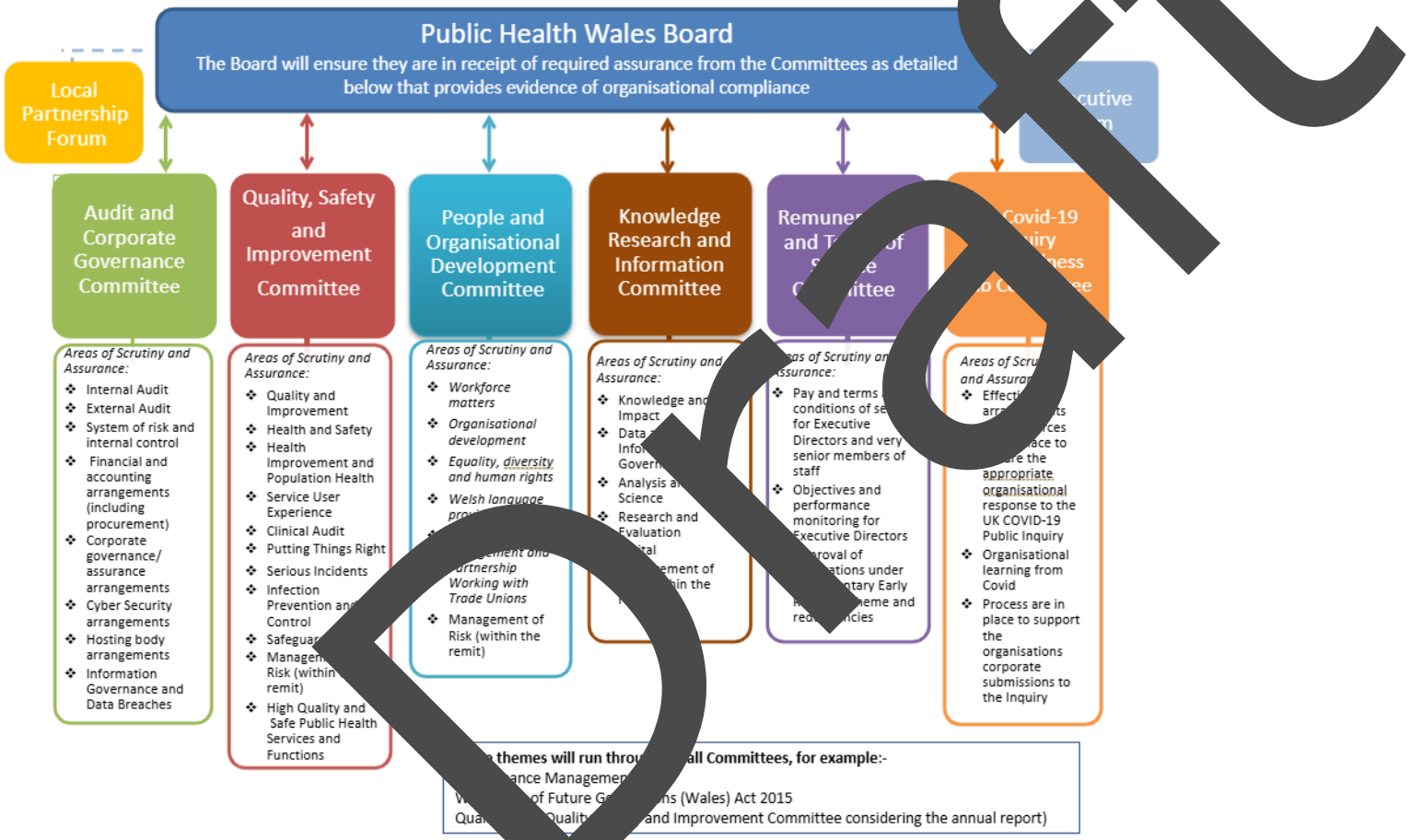
[1] Approved by the Board in May 2021, and further updated in September 2022 and September 2023.

65/276

population health and address health inequalities, while delivering safe, effective and high quality public health services. (See Section 10.1 for further details).

66/276

Figure 1: Board and Committee structure approved by Board in July 2018 and o[illegible] 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 2025/26 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 2025/26.

All the meetings of the Board in 2025/26 were appropriately constituted and quorate. Escalation arrangements are in place to ensure that in the event of a Committee not being quorate, any matters of significant concern are brought to the attention of the Chair of the Board.

The Board held its Annual General Meeting on Wednesday 17 September 2025. 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 at least 5 clear days before the meeting on the website.
- Public Health Wales has continued to livestream all Board meetings during 2025/26. A 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 meeting.
- 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 Summary Chairs Report.

Board meetings were a blend of in-person attendance and virtual attendance (hybrid meetings) during 2025/26.

Meetings of the Committees of the Board have met during 2025/26 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.

68/276

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 Orde

In accordance with regulation 12 of the Regulations ublic Health Wa must ag Standing Orders (SOs) for the regulation of proce s and busine We ve adopted the model Standing Orders and Reservation elegation of P s for the regulation of proceedings and business. They are d ned to translate the statutory requirements set out in the *Public Health Wales Trust (Membership and Procedures) Regulations 2009* (as ame day-to-da erating practice. Together with the adoption of a sche of dec s reserved r the Board, a scheme of delegations to officers an hers, a Standing Financial Instructions, they provide the regulatory framework for the siness c uct of the organisation. These documents, together with e range corporat icies set by the Board, contribute to the Governance F mework.

In March 2025, the Welsh nment issued Standing Orders, which were fully adopted by Public Healt les at the Board meeting on 29 May 2025, with the exception of

- ference to In ndent bers. Public Health Wales' membership regulations define r Board members as Executive Directors and Non-Executive Directors.

A summ of the change ade are available within the covering report on the Board Me g agenda pa

Figure 2: Board and Committee Meetings 2025/26

Board meetings:						
29 May	25 Jun	31 July	25 Sept	27 No	29 Jan	6 Mar
Quality, Safety and Improvement:						
2 Jun	26 Aug	29 Sept	25 Nov			
Audit and Corporate Governance:						
8 May	23 Jun	30 Sept	16 Dec	Mar		
People and Organisational Development						
29 Apr	15 July	22 Sept	Oct			
Remuneration and Terms of Service:						
7 Aug	24 Sep		29	12 Feb	17 Mar	26 Mar
Knowledge, Research and In mation						
17 Jun	23 S	9 Dec	17 Mar			
COVID-19 Public Inquiry P redness Sub-Gro						
None						

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: ❖ Key engagement with Welsh Government, including meetings with the Cabinet Secretary, Chief Medical Officer and officials, and updates on priority areas for Public Health Wales. ❖ Organisational and workforce updates including leadership and governance developments as well as the successful completion of the first cohort of the Empowered Nurses, Midwives and Excellence programme. ❖ Updates on the UK COVID-19 Public Inquiry, including module timetable, organisational preparedness and review of published reports and recommendations. ❖ Updates on Executive Team changes. Corporate reports and highlights, summarising delivery across portfolios and emerging issues.
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 highlights the latest available performance in an interactive format. The presentation at Board meetings included updates from Executive Leads to highlight any specific issues including Workforce, Finance, Operational Planning, Service Delivery and Quality. Key themes focused on Workforce pressures and sickness absence, Screening Service performance, delivery of the Integrated Medium

	Term Plan (IMTP), clinical governance, including and complaints, and information governance and statutory compliance. The Financial Report outlined the revenue and capital position for Public Health Wales on a monthly basis together with year end forecasts as appropriate; discussion focused on the financial performance and year cost pressures.
Integrated Performance Report	The Board also considered a year-end performance report summarising performance for 2024/25 to provide assurance on the organisation's performance and governance arrangements during 2024/25, noting strong financial stewardship and continued delivery of core services. The Board scrutinised areas of ongoing challenge, particularly workforce sickness absence, screening service timeliness and dependencies on system partners, and the maturity of information governance and performance data. Improvements across statutory compliance, training and appraisal completion were noted alongside the need for continued focus on data quality, recovery trajectories and mitigation impact. The Board emphasised the importance of strengthening outcome-focused reporting and system support to ensure assurance and decision-making, and concluded that appropriate actions and governance mechanisms were in place to address the risks identified.
Public Health Dashboard	The Board considered the Public Health Overview Dashboard at each meeting, providing a range of public health data and insight to support understanding of population trends and inequalities. During 2025/26, the Board used the Rapid Overview Dashboard to support oversight of organisational performance, emerging risks and system pressures. The Board scrutinised population-level indicators, including vaccination uptake, screening performance and public health incidents, and consistently challenged the quality, clarity and interpretation of data supporting assurance. Discussion highlighted the need to strengthen outcome-focused insight,

	better reflect inequalities and improve the dashboard's ability to support forward-looking assessment.
Board Assurance Framework	The Board received and considered the Board Assurance Framework, which provides 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 Committee's in-depth consideration of risks within their remit. In addition, the Board undertook deep dives into specific Strategic Risks during the year. This included a deep dive in January into Strategic Risk 3 (delivering excellent public health services, particularly Health Protection and Screening Services), where the Board considered the revised risk articulation, score and action plan and approved updates following detailed Executive review. The Board also considered and approved updates to the Strategic Risk Register and associated changes to risk articulation, in line with the ongoing development of the organisation's risk management arrangements, including consideration of cyber security risk in private session where appropriate.
Corporate Policies	The Board considered key corporate policies brought forward for approval and assurance, and received updates on progress to review and refresh policies in line with review cycles.
Board and Committee Governance	
Chair's Action and Affixing of the Common Seal	Where applicable, the Board received reports advising of agreements requiring the affixing of the Public Health Wales seal, and any Chair's Actions taken 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 3.3 for further details)
Board and Committee Governance	At each meeting the Board approved the minutes and reviewed the action log to ensure appropriate follow-up and oversight. It also approved updates to key governance documents within remit, including Standing Orders, Standing Financial Instructions and Committee Terms of Reference. The Board received regular assurance on committee activity, including

	routine updates from committee chairs, th 025, mittee annual report and the annual review of committee effectiveness, with reed im ment actions.
NHS Performance and Improvement (formerly NHS Executive) Hosting Agreement	Considered and approved a revised Hos g Agr ment ecting the change of name from the NHS Executive to NHS Wales Perfo an and Im ement, larification of senior accountability arrangements, and upda governance calculations. Following further review with Welsh Government Director Ge l, the Board approved an updated Hosting Agreement and hosting fee e ve from April 2026.
Plans and Strategies	
Annual Report and Accounts	Approved the Annual Repo 2024/2 submissi to Welsh Government, following consideration by the Audit Corpo e G nance Committee and completion of the Audit Wales process.
Integrated Medium Term Plan (IMTP) - Annual Plan 2026/27	Approved the Integra edium m Plan (I TP) 2026–29, including the Annual Plan, financial strategy and capital ogramme, ing as nce on the clear line of sight from strategy to delivery. The B crutinised t on, affordability and deliverability of the Plan, including feasibil orkforce capacity, business change capability and alignment with the Strategic Risk Regis Particular focus was placed on quality and service delivery, financial inequali and system alignment with Welsh Government priorities.
People Strategy	Considered a pprove evised People Strategy. The Strategy linked with our Long Term Strategy and cl y set out vision for the next 10 years in relation to our people.
Capital Plan 2025/26	Considered and a roved the 2025-26 Capital Plan.
Duty of Quality Annu Report	Noted and took a rance that the Quality, Safety and Improvement Committee approved the nal draft Annua uality Report 2024 -2025 (for publication in line with the requirements of Duty of Qua).
Climate Response Plan	Th ard re ed and approved the Public Health Wales Climate Response Plan 2026–2028 and t panying Adaptation Work Programme. The Plan represents the organisation's third de onisation action plan and integrates both decarbonisation and climate adaptation in line with Welsh Government guidance, aligned to the Integrated Medium Term Plan. Board

	discussion focused on the need to strengthen measurement of impact, particularly in relation to procurement-related emissions, and to ensure future reporting provides clearer insight into delivery of outcomes and population and system resilience.
Topical / emerging issues	
Screening Services	The Board heard a patient story from **Screening Services**, highlighting the life-saving impact of the seven national screening programmes delivered across Wales. The presentation demonstrated a strong system-wide commitment to quality improvement, supported by patient and service-user feedback, and showcased tangible improvements across safety, timeliness, effectiveness, efficiency, equity and person-centred care.
Screening Services - Challenges and Opportunities	Considered a presentation providing assurance on the effectiveness, quality and sustainability of Screening Programmes in Wales through a comprehensive overview of programme performance, governance arrangements, and the impact of screening on population health outcomes. The Board was appraised of key risks and system pressures—particularly workforce and pathway capacity—alongside the quality improvement activity and future planning in place to maintain safe, effective delivery and respond to national screening recommendations. The Board considered the sustainability of Screening Services in the context of rising demand, workforce constraints and increasing complexity of delivery, with particular focus on capacity modelling, efficiency and the clinical impact of delays. Assurance was sought on the use of innovation, technology and evidence-based pathway design to improve resilience, alongside the need for realistic workforce planning and resource-based reviews. The discussion reinforced the importance of strong system leadership by Public Health Wales and alignment with national evidence and decision-making processes for future screening developments.
Sexual Health - Deep Dive	Considered a deep dive into Sexual Health for assurance, key areas of focus included increasing STI diagnosis, reduced uptake of long-acting contraception, higher abortion rates, and integration of sexual health with broader health programmes. The Board discussed digital and

	community service delivery, partnership w…, an… bial resistance monitoring, and future priorities such as expanding PrEP access …d impro… ntraception pathways.
Sexual Health Test and Post Service Incident	Considered an update on the Sexual …alth T…st an… …ace Service incident, which arose following concerns raised in November r… …g the hand… of safe…arding information and information governance arrangements. Th… …ard noted the… …had been escalated and was being managed under enhanced go… …ce arrangements, reflecting the scale and complexity of the issues identified. A comprehen… look-back exercise was underway to review safeguarding information and to … …te actions …n by Health Boards following referrals, with completion expected in A… The Board was informed … an i…epe…nt external review had been commissioned, alongside the establishment of a be… practice …sory group to define what good looks like for the service in the medi… …o long t… …n. In para…, a Sexual Health Improvement Group had been established to ove… …e immedi… servi… improvements and ensure safe transitional arrangements w… …nger term so… …e developed.
Breast Test Wales	…sider… …mmissi… …r a systematic evaluation of the Breast Test Wales programme that highlighted a… …for perf… …nce and business improvement. The review aimed to ensure the programme is e… …ient, effe…ive and meets quality standards, using the STEEP (Safe, Timely, Effective, Efficie… Equitable, Person-Centred) framework.
UK COVID-19 Inquiry Module 2 Report	…onsidered the …mary of the UK COVID-19 Inquiry Modules 2, 2A, 2B, 2C: Core decision-…ing and po…al governance, which examined government decision-making during the pa…mic and … relevance for Public Health Wales.
Annual Review of Estates	Cons… …d… Annual Estates report to the Board, which provided a high level overview of the organis… …'s estate, including sites not directly managed by Public Health Wales. The report

	set out the composition and condition of the e[illegible] and was intended to give the Board assurance on how the estate is being ma[illegible]ged and [illegible]tored.
Public Mental Health Focus	Discussed Public Mental Health as part of [illegible]trate[illegible] Prio[illegible] Two and heard an overview of Public Health Wales' work across prevention, a[illegible]s[illegible] services, [illegible]very, ar[illegible] research/evaluation. It highlights initiatives such as preventing a[illegible]se childhood [illegible]ri[illegible]es, developing national frameworks and new service models, inte[illegible] the Hapus prog[illegible]me into recovery colleges, and improving suicide surveillance and data. [illegible]d members also discussed how impact is measured, the need to maintain an advisory (not o[illegible]y delivery-focused) role, and gaps such as support for older adults, coordi[illegible]ss teams/p[illegible]ners, and addressing inequalities, with an emphasis on growing post-[illegible]demic [illegible]and among[illegible]ildren and young people.
Strategic Partnerships and Joint working	
Strategic partners	The Board considere[illegible]trategic pa[illegible]ership[illegible]d engagement, including sessions to strengthen joint working an[illegible]laboration t[illegible] delivery of Public Health Wales priorities. This included welcom[illegible]artners to Board [illegible]eetings, including Sport Wales and the Wales Council for Voluntary Actio[illegible](CVA), to support shared understanding of priorities and opportunities f[illegible]king.
Local Partnership Forum	[illegible]onsidered [illegible]pprove[illegible] Local Partnership Forum Terms of Reference.

3.2.1 Private Boar[illegible]ssions

The Board held a Private B[illegible]d session a[illegible]gside every public session in 2025/26 to consider business of a confidential nature, considering [illegible]pects of [illegible]gnificant issues including:

Topic	[illegible]se

77/276

Procurement	To approve the awarding of procurement contracts in line with Standing Financial Instructions 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 Six / Seven (Cyber Security)	To provide updates and allow for consideration of Strategic Risk Six / Seven (Cyber Security) in private session due to the sensitive nature of the risk.
Emergency Response Plan	Approved an updated Emergency Response Plan following an internal annual review and minor amendments.
Local Partnership Forum Update	To update the Board on current trade union matters
Staff Flu Vaccination Programme Update	Considered updates on the Staff Flu vaccination programme and the plans on the approach for the coming year.
Audit Wales Digital Self-Assessment	**Approved** the Audit Wales Digital Self-Assessment for submission to Audit Wales.
Digital Health Protection Update	Considered regular updates on the Health Protection digital system business case.
WHO Collaborating Centre for Digital Health Equity	**Approved** the designation of a WHO Collaborating Centre for Digital Health Equity with Public Health Wales, subject to a formal invitation from WHO Europe.
Lung Cancer Screening	This is an update on the Lung Cancer Screening Programme's status, following the Welsh Government's formal announcement of a 2027 implementation timeline. The paper outlines progress, next steps for implementation planning, PHW's internal approval process, and the planned submission of a business case for capital funding to the Welsh Government.
Business Cases	Received for information any business cases that had been approved by the Business Executive Team
Sexual Health Assurance	Considered updates on the Sexual Health Incident for assurance from the actions being led through the IMT, and approved the terms of reference for an external review to be undertaken.

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.

79/276

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 2025/26.

During 2025/26, Board Development Sessions were used to strengthen Board effectiveness and assurance by providing structured space for deeper exploration of strategic risks, system pressures and organisational capabilities, sessions focused on enhancing the Board's understanding and oversight of digital maturity and cyber resilience, sharpening performance insight and impact through a "high performing Board" lens, and supporting strategic planning through iterative development of the IMTP. The programme also enabled informed discussion on major public health priorities (including tobacco/vaping, infant feeding and early years) and supported Board preparedness through horizon scanning, political context and consideration of emerging issues.

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

Audit Wales Digital Self-Assessment	Board feedback on the draft assessment, including strengthening narrative, partnerships, context (legacy/inherited systems), critical risk links, workforce and HEIW planning considerations, benefits realisation, innovation, and benchmarking challenges.
NHS Consideration session: Political landscape in Wales	Added election context, scenario planning, clear/accessible messaging, development of one-page briefings/explainers, cross-portfolio messaging, and principles for political engagement and alliance-building.
High Performing Board	Review of High Performing Board journey and survey actions; Board discussion focused on engagement (definition and strategic use), a Board skills matrix, and improving performance monitoring from reporting to insight/impact (including use of the Integrated Performance Report more strategically), plus continued improvement in Board papers.
Cyber Security	Cyber threat landscape, attack vectors (including targeted phishing), legacy/supply chain risks, business continuity considerations, and the Board's role in oversight and incident response (including agreement to scenario planning and clearer Board-level involvement).
Smoking / Vaping in Wales	Public health burden and inequalities, smoke-free ambition, legislative developments (tobacco/vapes), rising youth vaping concerns, cessation service performance and system integration, and multi-layered prevention/cessation strategy.

Infant Feeding Plan	Breastfeeding as a public health priority, barriers (including commercial/cultural drivers), progress and deprivation gap, strategic interventions (including Baby Friendly), measurement/indicator gaps, workforce and consistent advice, and embedding infant feeding across strategic priorities.
IMTP – Part 1 (strategic look-back)	Reflection on external/global risks, healthy life expectancy and inequalities, prevention priorities, organisational value/impact, and learning from achievements/challenges.
IMTP – Part 2 (strategic look-forward / planning context)	NHS Wales planning context, financial uncertainty and scenario planning, approach to refreshing the IMTP, feasibility and pragmatism, and risks/opportunities/threats to delivery.
Early Years	Evidence on early child development as a determinant of long-term outcomes, data/measurement gaps in Wales, frameworks for action and policy advocacy, universal parent information offer and digital inclusion, and system leadership to strengthen early years support.
High Performing Board (Assurance focus)	Strengthening the assurance model (committee assurance → Board assurance), use of risk and risk appetite to drive assurance, "dynamic assurance" where issues are not improving, and improving committee reporting and cross-committee working.

3.2.3 Board Briefings

The Board has convened briefings to address both emerging and urgent matters, ensuring members are promptly updated.

This year, the Board received briefings on significant emerging issues, including a serious incident within the Sexual Health Test and Post service. These briefings focused on safeguarding, patient safety, and information governance, as well as detailing immediate actions taken to mitigate risk.

3.3 Committees and Sub-Groups 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. 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 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/committees-and-sub-groups/terms-of-reference/

During 2025/26 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, 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. The unconfirmed minutes are then published on the website.

Committees operate in accordance with 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 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 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.

83/276

Public Health Wales has the following Committees in operation during 2025/26:

Audit and Corporate Governance Committee	
Chairperson	Nick Elliott, Non-Executive Director, to 30 June 2025
	Kate Young, Non-Executive Director, from 1 July 2025
Committee Members	Huw David, Non-Executive Director, from 1 June 2025 to 31 Dec 2025
	Nick Elliott, Non-Executive Director, from 1 July 2025
	Tamsin Ramasut, Non-Executive Director, until 30 June 2025
Executive Leads	Angela Williams, Interim Executive Director of Operations and Finance
	Paul Veysey, Board Secretary and Head of Board Business Unit

Quality, Safety and Improvement Committee	
Chairperson	Clare Jenkins, Vice Chair of the Board, Non-Executive Director
Committee Members	Sian Griffiths, Non-Executive Director
	Nick Elliott, Non-Executive Director, from 1 July 2025
	Kate Young, Non-Executive Director, until 30 June 2025
Executive Leads	Claire Birchall, Executive Director of Nursing, Quality and Integrated Governance
	Meng Khaw, National Director Health Protection and Screening, Executive Medical Director

Knowledge, Research and Information Committee	
Chairperson	Sian Griffiths, Non-Executive Director
Committee Members	Nick Elliott, Non-Executive Director, to 30 June 2025
	Clare Jenkins, Non-Executive Director and Vice Chair of the Board from 1 July 2025
	Tamsin Ramasut, Non-Executive Director, from 1 July 2025
	Catherine Purcell, Non-Executive Director (University) from 9 December 2025
Executive Lead	Iain Bell, National Director for Public Health Knowledge and Research

People and Organisational Development Committee	
Chairperson	Kate Young, Non-Executive Director, to 30 June 2025
	Tamsin Ramasut, Non-Executive Director, from 1 July 2025
Committee Members	Tamsin Ramasut, Non-Executive Director
	Kate Young, Non-Executive Director
	Huw David, Non-Executive Director, from 1 July 2025 to 31 December 2025.
	Clare Jenkins, Non-Executive Director and Vice Chair of the Board
Executive Lead	Neil Lewis, Director of People and Organisational Development

Remuneration and Terms of Service Committee	
Chairperson	Pippa Britton, Board Chair
Committee Members	All Non-Executive Directors
	Tracey Cooper, Chief Executive

COVID Inquiry Preparedness Sub-Group	
Chairperson	Pippa Britton, Board Chair
Committee Members	Chair of Audit and Corporate Governance Committee (refer list above)
	Clare Jenkins, Vice Chair of the Board
	Tracey Cooper, Chief Executive

(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)

3.3.1 Audit and Corporate Governance Committee

During 2025/26, 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 (includi[illegible]ocure[illegible])
- Corporate governance and assurance arrange[illegible]ts
- Cyber Security arrangements
- Hosting body arrangements
- Information Governance and Data Breaches

The Committee provides advice and assurance to the B[illegible]d on the systems of internal control, governance, and efficient[illegible] effective[illegible] of resources by overseeing and monitoring a programm[illegible]nal and e[illegible]nal audit. The Committee provides an essential eleme[illegible]of the [illegible] governan[illegible] framework for the organisation and has operated wi[illegible] its Te[illegible]s of [illegible]erence and in accordance with the Standing Orders.

The Committee considered the [illegible]lowing ite[illegible]:

Topic	Purp[illegible]
Internal Audit	❖ [illegible] assurance from the Head of Internal Audit Op[illegible] for 2025/26 and Annual Report for 2025/26, noting[illegible]e organisation had received an overall reasonab[illegible]ssurance. ❖ [illegible]nsidered regular Internal Audit Progress Reports ❖ [illegible]nsidered the Final Internal Audit workplan for [illegible]25/26 and subsequently a draft for approval for the [illegible]26/27 work plan. Considered xx (TO BE ADDED FOLLOWING ACGC IN May) completed Internal Audit Reports. ❖ The Committee noted that no reports had been received with limited assurance this year. ❖
External Audit	❖ Considered the Audit Wales Audit of Accounts report for 2024/25 and financial statements, noting the unqualified audit opinion. ❖ Considered the Draft External Audit Work Plan for 2026/27 which outlined areas of audit investigation and considered regular progress reports during the year. ❖ Considered 3 external audit report into: ❖ Annual Audit Report for 2024-2025 ❖ Improving Quality Governance

	❖ Structured Assessment report for 2025.
Audit Recommendations	❖ 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.
Financial and Accounting Arrangements (including procurement	**Accounts** ❖ Considered a presentation on the draft 2024/25 accounts which outlined key performance targets, statutory and administrative duties and commitment on 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 and losses made in accordance with the requirements of the Standing Financial Instructions. ❖ To seek 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 Maturity 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 2 **policies** within its remit during 2025-26. ❖ Considered bi-annual Governance updates, taking assurance on: • The implementation of Standards of Behaviour Policy (Board and Staff Declaration of Interests and Gifts and Hospitality). • The management the process for ensuring the Organisation's compl with Welsh Health Circulars. • Prioritisation an gress bei made review corporate p s and proced in the remit of the Co m
Hosting Body Arrangements	❖ Took assurance that the Performance and Improvement b mplied wit nding orders and financial inst lici and cedures during 2024/25. ❖ Took as ance the sting arrangement for 2024/25.
Cyber Security Arrangements	❖ Re ly took urance the management of the C r Security ted St egic Risk within the anisation, co these updates at each vate meeting. ❖ idered the Cyber Security Assurance report, Cyb ecurity Assessment and reported findings from l al Health Care Wales in the Private meeting.
C ter Fraud A gements	❖ Regularly took assurance on the management of the ounter Fraud arrangements within the Organisation, onsidering these updates at each Private meeting.

3.3.2 Quality, Safety and Improvement Committee

The Quality, Safety, and Improvement Committee met five times during 2025/26 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 (when it was possible to do so) to allow for appropriate and timely activity. An increased frequency has been maintained 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 2025/26:

Quality and Improvement (Including Clinical Governance, Putting Things Right, Serious Incidents)	❖ Approved the **Duty of Quality Annual Report 2025** which celebrated the Organisation's achievements within healthcare standards and identified areas requiring further improvement. ❖ Took assurance via the **Duty of Candour Annual Report 2025** that Duty of Candour cases were being managed in accordance with regulatory guidance and the relevant policies and procedures, including organisational learning and the reasonable assurance received from the Internal Audit report. ❖ Took assurance via the **Putting Things Right Annual Report 2025** on the organisation's effective

	management of the Putting Things Right Regulations (2011). ❖ Considered a **Complaints and Incidents deep dive** and patient story which focused on service user engagement, and improvement work around processes, investigation and shared learning. ❖ Took assurance on the **NHS Performance and Improvement Unit Quarterly Governance Compliance** report, on areas including health and safety, safeguarding, 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** (in private session). ❖ The Committee considered the Quality Governance Performance Report which continued to refine the approach to quality reporting, aligned to the Health and Care Quality Standards. ❖ The Committee noted the performance standards being achieved and areas for improvement, and took assurance that appropriate governance was in place to ensure Safe, Timely, Effective, Efficient, Equitable and Person-Centred care.
Safeguarding	❖ Took assurance on the arrangements in place for the Organisation to meet its **Safeguarding** responsibilities through the: ❖ **NHS Safeguarding Network for Wales Annual Report** 2024-25 Quarterly Safeguarding updates via the Quality Governance Performance Reports. The Safeguarding Group Terms of Reference
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: ❖ **Staff Influenza Vaccination Campaign Annual Report** for 2024-25 and the programme for 2025-26. ❖ Quarterly IPC updates via the Quality Governance Performance Reports. ❖ The IPC Group Terms of Reference
Risk	❖ Took assurance on the management of both **strategic and corporate risks** within remit of the Committee. ❖ Noted the change from Strategic Risk 5 to Strategic Risk 3.
Clinical Audit	❖ Took assurance on the **Quality and Clinical Audit Annual Report** for 2024-25 and approved the plan for 2025-26.

	❖ Took assurance against the plan via the quarterly updates in the Quality Governance Performance Reports.
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 2025-26.
Service User Experience (Engagement)	❖ Took assurance on the arrangements in place to monitor the voice of the **service** being central to improving the quality and effectiveness of services, functions and programmes. ❖ Considered a presentation on the activities being undertaken to support **engagement with the** in support of the long-term strategy.
High Quality and Safe Public Health Services and Functions	❖ Took assurance that there was a focus on working to deliver quality **screening programmes** in line with delivery of excellent public health services to the population in Wales. ❖ Considered the challenges and mitigating actions within **Bowel Screening Wales** with a focus on colonoscopy waiting times, including escalation and joint meetings with Health Board Chief Executives. ❖ Considered a **deep dive** of screening services, which included an in-depth assurance and improvement report on Breast, Bowel and Diabetic screening services alongside a focus on performance and key improvements. ❖ Considered an update on the **Breast Test Wales** Healthcare Inspectorate Wales re-inspection and Breast Test Wales Review. ❖ Took assurance on the progress of actions to strengthen governance around **Medicines Management** within the organisation. ❖ Took assurance on the 2025-26 **winter/seasonal planning** approach and implementation for Health Protection and Infection Services, via planning, implementation and post implementation update reports. ❖ 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 Business Continuity Strategy.** The Committee approved the **Health Emergency Planning Annual Report.**

	❖ Considered a **deep dive** into the **Infection Division,** which provided an overview of the service and scope across Wales, and the impact of improvement works on patient care, service efficiency and alignment with quality principles.
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. Data reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reporting and supported by appropriate policies and procedures and the areas identified for improvement were addressed. ❖ Considered a **deep dive** into Organisation's Health and Safety management and wellbeing arrangements, noting the work to ensure safe environments. ❖ Took assurance on the **Health and Safety Annual Report** for 2024/25, the workplan for 2025-26, and the Health and Safety Group Terms of Reference.
Health Improvement and Population Health	❖ Considered a high-level overview of the **Population Health Programme** delivered by the Health and Wellbeing Directorate and the associated governance arrangements and system wide improvement aims. ❖ Considered an update on the **Oral Health** programme and took assurance that the dental public health team was working effectively to deliver its national strategic leadership role for population oral health improvement, oral health intelligence and other dental public health functions.

92/276

3.3.3 People and Organisational Development Committee

The People and Organisational Development Committee met four times during 2025/26 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 2025/26:

Workforce Matters	❖ Considered the progress with the implementation of action 59 resulting from the Audit Wales report into the Review of Workforce Planning Arrangements with Public Health Wales ❖ Took assurance on the work into **Organisational Change Management** 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. ❖ Took assurance on the **Annual Registration Audit 2024-25**, which provided assurance that all registrants across Public Health Wales were appropriately registered with the relevant body. ❖ Took assurance on **sickness absence** and management of sickness absence updates following the deep dive. ❖ Considered an update on the refreshed **People Strategy** ❖ Took assurance on the **NHS Performance and Improvement Report**, which detailed report which covered the work towards addressing Equality, Diversity and Inclusion and Welsh language reported concerns and grievances, and plans around workforce planning.

	❖ Approved the revised **Disclosure and Barring Service (DBS) Policy**, emphasising its role as a significant mitigator of Corporate Risk 1541. ❖ Noted the approved **Nursing and Midwifery Objectives** for 2025-26
Organisational Development	❖ Took assurance on the progress to realise the vision within the People Strategy ❖ Took assurance that the implementation of the **Job Family Approach** was progressing in line with the People Strategy implementation and associated IMTP commitment. ❖ Took assurance on the work towards the **IMTP commitment** to create an exceptional employee experience, including the development of the Employee Experience Action.
Staff Engagement and Partnership Working with Trade Unions	❖ Took assurance on the progress of the **Culture Action Plan** as part of the actions associated with Strategic Risk 1541 to deliver desired culture through a high-level action plan. ❖ Considered regular updates from the **Local Partnership Forum** and took assurance on the annual report which has focused on strategic issues, and had been crucial in delivering the organisation's work into culture and employee proposition. ❖ Took assurance on the progress made with **Trade Union partnership** working arrangements. ❖ Considered an update on the **Staff Networks** and took assurance on the progress with actions and requests made to the Board by the Staff Diversity Networks to date. ❖ Considered an overview of the results of the 2024 **staff survey.**
Risk	❖ Regularly considered and took assurance on the management of both strategic and corporate risks within remit of the Committee.
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 progress made towards the organisation's **Strategic Equality Plan** 2024-2028 objectives. ❖ Considered the findings and approved the **Annual Equalities Report 2024-25**.

	❖ Considered the findings and approved the **Gender Pay Gap** Annual Report 2024-25.
Welsh Language Provision	❖ Took assurance on the Organisation's efforts to embed the requirement for the provision of **Welsh Language** in its work throughout the Organisation via regular Welsh Language compliance updates. These included a focus on areas of progress such as the work underway improve the Welsh translation system, the work to embed a **Welsh Language Culture** within the Organisation, and the identification and plan to address areas of weakness. ❖ Took assurance on the **Welsh Language Annual Report 2024-25, More than Words Annual Report** and the introduction of the Welsh Translation
Deep-Dives	❖ People and OD IMTP commitments for 2025-26 ❖ Culture and Engagement (Including the 2024 Staff Survey Results) ❖ People Strategy ❖ Sickness Absence (including data quality improvements) ❖ Sickness Absence
Speaking Up Safely and Raising Concerns	❖ Considered the **Speaking Up Safely Annual Report** (previously Raising Concerns Annual Report) and took **assurance** on the management of speaking up safely within the organisation.

3.3.4 Knowledge, Research and Information Board Committee

The Knowledge, Research, and Information Board Committee met four times during 2025/26 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 2025/26:

Research and Evaluation	❖ Considered regular updates on implementation of the Research and Evaluation Strategy, which aimed to make measurable improvements to the health of the population in Wales by developing and supporting population-level health research and evaluation. It also highlighted areas of research which would be crucial to the Organisations role to deliver on its Long-Term Strategy. The updates included the following areas: ❖ Academic Public Health research: the vision and subsequent identification of relevant strategic partners. Academic Institutions: including efforts to develop strong strategic partnerships including Cardiff and Bangor Universities, as well as other Universities. ❖ Regularly considered and took assurance on the development of an Outcomes Framework to measure the impact of Public Health Wales's work.
Knowledge and Impact	❖ Considered and supported the work undertaken to deliver and improve Public Health Wales screening programmes as part of **Strategic Priority 5**. ❖ Considered and took assurance the progress to date against **Strategic Priority 1** (Influencing the Wider Determinants of Health) and the planned next steps. ❖ Considered and took assurance on the progress to date of the **International Health Strategy**, which included

	Public Health Wales becoming a WHO Collaborating Centre in Digital Health Equity. ❖ Took assurance that research, data, evidence and evaluation activity is progressing to support **Strategic Priority 2** (Promoting Mental and Social Wellbeing). ❖ Took assurance on the **Pathogen Genomics Delivery Plan** for 2026-2029. ❖ Took assurance on progress to date and plans for future of the Our Approach to **...alth ...qualities** programme. ❖ Took assurance that re...arch, da...dence and evaluation activity is c...inuin...o sup... **Strategic Priority 3**: Promoting H... ...behaviours
Analysis and Data Science	❖ Considered and took ass...e on the imple...n of the findings of the an...al **...nitoring Impact Report**, noting the areas ident...d for improvement and the plans to fo...late detail...ctions plans to take forward th...
Digital	❖ Consid...d upda... the imple...entation of the **Digital an...ata St...egy**, ...ing progress in delivering the stra...gy throu...e agreed Roadmap and t...obust g...ernance ...n place for managing digi...and data w...k, inclu...g through linked ...ammes. ❖ ...idered the deve...ment on the use of **artificial int...gence (AI)** within the organisation.
Ri...	❖ Regu... considered and took assurance on the manage...t of both **strategic and corporate risks** ...ithin rem... the Committee. ❖ ...nsidered **Strategic Risks 1, 4 and 5** under the remit ...the Committee.
...licies	❖ ...nsidered bi-annual reports on the status of policies, ...ocedures and other written control documents ...ithin 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: • Priority 4 (Supporting the development of a sustainable health and care system focused on prevention and early intervention) • Primary Care • Innovation within Infection Services
	❖ Considered the following updates to deep dive items from previous meetings. ❖ Inequalities – Inclusion

	❖ Priority 5 (Protecting Public from infection and environmental threats to health) - National Population Screening Programmes ❖ Priority 1 (Influencing the wider determinants of health)

3.3.5 Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee met 6 times during 2025/26 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 relevant Welsh Government guidance.

In order to monitor progress and any necessary follow up actions 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 2025/26.

3.3.6 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 organisation's corporate submissions to the Inquiry, including 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 has not been required to meet in 2025/26 and assurance has been provided to the Board via each Chief Executive report as well as upon the publication of a Module Report by the Inquiry.

The Inquiry

In December 2021, Rt Hon Baroness Heather Hall[illegible] DBE, [illegible]ppointed as the Chair of the UK Covid-19 Public Inquiry. Followi[illegible] the app[illegible]of the Inquiry's Terms of Reference by the Prime Minister in Jun[illegible]2022, [illegible]e Inq[illegible]was formally opened.

Public Hearings for the 10 Modules of the Inquiry hav[illegible]oncluded. Pub[illegible]ealth Wales was a Core Participant in 5 of the 10 Modules, and p[illegible]ided oral evidence in Modules 1 (Resilience and preparedness), 2B (Decision[illegible]king and Political Governance – Wales), 3 (Impact on [illegible] Systems), [illegible](Vaccines and Therapeutics), 5 (Procurement), 6 (Care [illegible]tor) an[illegible]Test, Trace [illegible]d Isolate).

The Inquiry published its reports [illegible]nd recom[illegible]ndations [illegible]Module 1 (July 2024), Module 2 (November 2025), Mo[illegible]e 3 (Marc[illegible]026) an[illegible]Module 4 (April 2026). The Board receives a full update [illegible] the repo[illegible]ecom[illegible]ndations and, with Health Protection and Screening S[illegible]s as the lead d[illegible]te, the Board is provided with assurance on the actions take[illegible] support the recommendations.

The Boa[illegible]ill be [illegible]er updat[illegible]as the balance of the module reports are produ[illegible]. Reports for [illegible]ules 6 an[illegible]are planned for publication later in 2026. Th[illegible]reports will consi[illegible]the Care Sector and Test, Trace and Isolate. The re[illegible]ing 3 reports cover[illegible] Modules 8 to 10 on Children and Young People, Econ[illegible]Response and th[illegible]mpact on Society will be published in the first half of 2027.

Wales COVID-[illegible]y Special Purpose Committee

The Wales COVID-19 Inquiry Special Purpose Committee was initially 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.

This role was passed to the Public Accounts and Public Administration Committee, which heard evidence on potential gaps in Wales arising from the Module 1 Report (Resilience and Preparedness). The Committee was supported by oral evidence from

Public Health Wales, provided on 12th November 2025 (Tracey Cooper OBE, Chief Executive; Professor Meng Khaw, National Director of Health Protection and Screening Services; and Dr Christopher Williams, Consultant Epidemiologist).

It is anticipated the Committee will consider further reports from the Public Inquiry in the next session of the Senedd.

3.3.7 Young Ambassadors

Following the success of our previous Young Ambassadors (YA) programme, we undertook an evaluation to capture learning and identify requirements for a future model. Findings were presented in Autumn 2024 and recommended building on the YA legacy while strengthening impact and sustainability.

Building on these recommendations, we held a workshop in February 2025 with youth partner organisations. The workshop prioritised a smaller advisory panel to ensure direct input from young people and regular engagement with the Board. With partners' support, the engagement model was co-designed with a focus on embedding young people's voices and the United Nations Convention on the Rights of the Child (UNCRC 1989). A literature review and site visits helped to ensure diverse input, and semi-structured questions were used to capture young people's views. These insights, alongside the literature, informed the final young people's engagement model.

Between October 2025 and March 2026, further structured review was undertaken to gather qualitative insights from existing youth groups across Wales. This work helped to refine the proposed model for how Public Health Wales can meaningfully embed young voices and the United Nations Convention on the Rights of the Child (UNCRC 1989) into its values, strategic direction, workforce, and organisational identity.

New Proposed Model*

A small group of young people have been working with the team as a 'shadow forum', helping shape how a future young people's engagement structure could operate within Public Health Wales. In February 2026, members of this group met with the Director of Nursing, Quality and Integrated Governance and the Chief Executive to share their views on how an effective model could work in practice. They offered to support Public Health Wales by drawing on their existing networks and contacts across Wales to help secure diverse and representative participation going forward.

The group strongly emphasised that young people's engagement would work best through a networked model, connecting with existing youth groups across Wales. This will build on existing youth groups and forums where young people already feel safe and supported, with safeguarding remaining the responsibility of local group leaders. This model will be supported by a core team of young people, acting as collaborators and consultants for Public Health Wales, enabling the organisation to reach a broader range of young people while allowing them to contribute from within environments where they already feel comfortable and supported.

This core team of young people will be made up of 12 young consultants from across different communities in Wales, between the ages 18-25, who will contribute across key areas of Public Health Wales, including planning, communications, and workforce development. Supported and mentored by Public Health Wales, young

102/276

consultants could contribute to recruitment processes, participate in strategic meetings and decision-making, support staff training on young people's voice and children's rights, and co-produce communications to better reach young audiences. Young consultants will receive development opportunities and, as is best practice, financial remuneration proportionate to their level of involvement.

This model reflects established practice in organisations such as NHS England youth forums, the World Health Organization Youth Council, and UNICEF youth advisory groups.

An initial round of recruitment will take place in A[illegible]t 2026, [illegible]he view to have young consultants in post from May / June 2026. [illegible]s will [illegible]llow [illegible]n opportunity for the young consultants to attend a Board Devel[illegible]ne[illegible]ession in [illegible] summer of 2026, giving them a chance to share their ideas, influ[illegible] Public Health [illegible]les' [illegible]s for the future, and help shape its long-term strate[illegible]speaking up a[illegible]what matters most to young people across Wales.

*Note: This proposed model is subject t[illegible]s Executi[illegible]eam review and approval in May 2026.

3.3 Executive Governance

With the exception of power[illegible]eserved f[illegible]the Bo[illegible] and its Committees (as outlined in the Scheme [illegible]f [illegible]elegation), [illegible] delegates authority for operational delivery and op[illegible]onal decisions t[illegible]Chief Executive.

The Chief E[illegible]s establis[illegible]and recognises the Executive Team as the key executi[illegible]eadership[illegible]am for *collective* execution of the delegated respo[illegible]bility in addit[illegible] to the [illegible]egated individual accountabilities and re[illegible]sibilities that each [illegible]ector in the Executive Team has with their respective po[illegible]lios.

The Exe[illegible]ve Team comp[illegible]s the Chief Executive, Directors (some of whom are Executive [illegible]ectors) an[illegible]he Board Secretary and has responsibility for the leadership a[illegible]peratio[illegible] management of the organisation. The Executive Team meets weekly. [illegible] month these meetings are Business Executive Team meetings, as the [illegible] 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 2025/26.

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 Direct[illegible], and [illegible]tifying remedial actions as appropriate in relation to the succe[illegible]ul imple[illegible]tion of the Long Term Strategy (through the three-year Strate[illegible] Plan [illegible]d ann[illegible]lans) and the effective performance and delivery of the [illegible]s[illegible]ted mea[illegible]ment a[illegible]d outcomes framework.
- Embedding a culture of openness and transpar[illegible]c[illegible]quality and dive[illegible]y and innovation and curiosity across the breadth of the or[illegible]isation.
- Receiving assurance from Directors in relation to [illegible] compliance with statutory requirements and relevant [illegible]
- Ensuring the appropriate collec[illegible] mana[illegible]ent and [illegible]isation of all resources across the organisatio[illegible]
- Looking forward and horizon scanning [illegible] future[illegible]elopments, innovation and technologies relevant t[illegible]e organi[illegible]ion and [illegible]c health more broadly
- Identifying and managing [illegible]porate an[illegible]trategic[illegible]sks within the Board's risk appetite
- Establishing relevant [illegible]rational decisi[illegible]king groups and delegating responsibilities to them [illegible]ppropriate

In additi[illegible]he Chie[illegible]utive has [illegible]ablished a Strategic Executive Team meeting dedic[illegible] specifically to [illegible]tegic an[illegible]n-organisational items.

Figure 3: Executive Team and Directorate Structure in operation during 2025/2

3.4 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 who, together, with Executive Directors, are members of the Executive Team. They have a standing invitation to Board meetings where they can contribute to discussions, but do not have voting rights.

3.4.1 Departure and appointment of Non-Executive Directors

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 October 2024, there was a vacancy on 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. As of 6 May 2025, Huw David was appointed to this position.

Huw David stepped back from his role as Non-Executive Director from 1 January 2025 temporarily due to the election period. Arrangements were put in place to manage and ensure Board and committee business continued to discharge statutory responsibilities effectively during this time.

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 was a vacancy on the Public Health Wales Board for this position. A public recruitment process was undertaken in 2025/26 to fill this position. Dr Catherine Purcell was appointed as Non-Executive Director (University) with effect from 27 October 2025.

3.4.2 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.

3.4.3 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 Operations and Finance

Angela Williams was appointed Interim Executive Director of Operations and Finance with effect from March 2025, initially two days per week before moving to full-time from 1 April 2025, following the departure of Huw George in March 2025.

A public recruitment process was undertaken in October 2025 to fill the reconfigured substantive post of Executive Director of Strategy, Finance and Performance, reflecting a change in directorate focus. Zoe Pietrzak was appointed to this substantive role to commence in post in May 2026.

Angela Williams left Public Health Wales as of 31 March 2026, returning on a retire-and-return basis from 2 April 2026 for a temporary period, working part-time to support financial close-down and transition to the incoming Executive Director.

The Board, through the Remuneration and Terms of Service Committee, approved formal interim and deputising arrangements to ensure continuity of Chief Finance Officer functions during the transition period between 1 April 2026 and the commencement of the substantive post-holder in May 2026.

3.4.4 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.

3.4.5 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 2026, the Board had a gender balance of 75% female, 25% (3) male, 25% (3) members were from a Black and Ethnic Minority background, 8.3% (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 2026/27.

108/276

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 c pliance Standing Orders. A review of the Terms of Reference took pla in M 202 d suggested amendments were presented to the Board for app al

- Audit and Corporate Governance Committee
- Quality, Safety and Improvement Committee
- People and Organisational Development Committee
- Knowledge, Research and Informati ittee
- Standard Terms of Reference and erating cedures
- Remuneration and Terms of Ser e Comm te

The Board considered a review of he Terms Referen the Committees and approved revised versions in M 025

4.2 Performan nd Effecti ss Cycle

The Board mprehen approach to reviewing performance and effecti s within a nual cyc e following elements of the cycle have been in pla his year:

a) xternal and Interna ssurances to the Board

During ear we have u rtaken, or engaged in, a number of assessments that provide i al and ex nal sources of assurances to support the Board in undertaking nual e ctiveness assessment, the main reviews that relate to the Board are outli b w:

- Audit Wales has completed the **Structured Assessment Review in 2025**, 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 2026 who took **assurance** of our compliance with the Corporate Governance

in Central Government Departments – Code of Practice 2017. *(Further information is provided in Section 11.1 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 Arrangement
- Committee Effectiveness Questionnaire
- Committee Effectiveness Workshop
- Annual Committees Report of Activity to the Board
- Feedback session at the end of each meeting.

In January 2026, 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.

Workshops were held in February 2026, with Committee Members 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 2026.

Relevant learning from the overall review of effectiveness will be fed into the Board performance review in 2026/27. A summary of the Committees' considerations and outcomes will be reported to the Board in quarter 1 of 2026/27 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 insight to further developments.

A full Board review of performance and effectiveness will take place in 2026/27 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) 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.

f) Non-Executive Director appraisal with 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.

g) 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.

h) Accountability Review with Welsh Government

In February, Public Health Wales participated in its annual Accountability Meeting, providing formal assurance to Welsh Government on organisational performance, governance and stewardship. The meeting focused on reviewing delivery against strategic priorities, financial management, risk and control arrangements, and progress against agreed actions and commitments. It also provided an opportunity to discuss emerging risks, system pressures and forward priorities, and to confirm the organisation's readiness to continue discharging its statutory functions effectively. The meeting formed a key part of the accountability and sponsorship framework, supporting transparency, constructive challenge and shared understanding between Public Health Wales and Welsh Government.

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 document is reviewed annually in May each year.

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

From January 2022, a report was presented through open Board session concerning the matters considered in the previous Board's private meeting. 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 2025/26 period. This review will be presented to the Board in May 2026.

5. Hosted Bodies – NHS Performance and Improvement

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

The NHS Executive for Wales ('the NHS Executive') was established under a Mandate from the Welsh Ministers as a 'hybrid' model, comprising a s[illegible]ior te[illegible] within Welsh Government, supported by the bringing together of [illegible]fine[illegible]al bodies in the NHS in Wales into a single delivery and accountabili[illegible]structu[illegible]

The Welsh Government decision to establish an e[illegible]utiv[illegible]nction[illegible] set out in *A Healthier Wales and* based on the findings and reco[illegible]dations of b[illegible]the O[illegible] Quality Review and the Parliamentary Review of the l[illegible]erm Future o[illegible]nd Social Care. Both set out the need for a stronger centre, a[illegible]ional transformational capacity and streamlining of current structures.

The original agreement between Public[illegible]alth [illegible]s and We[illegible]Government to host the NHS Executive was approve[illegible]by the [illegible]on 26 January 2023. The agreement sets out appropriate gove[illegible]ance a[illegible] repo[illegible]g arrangements for the NHS Executive (NHS based) to e[illegible]sure that [illegible]osting ar[illegible]ements are clear and transparent and that the rights [illegible]obligati[illegible]s of all p[illegible]ies to this agreement are documented and agreed.

Phases 1 and 2 of the NHS E[illegible]tive hosting arrangement were implemented within 2023-24 in accordance with th[illegible]sting Agreement.

From 1[illegible]l 2024, the[illegible]wing fu[illegible]ns moved into the NHS Executive;

- The NHS Wales Hea[illegible]Collaborative
- [illegible]he NHS Wales Deliv[illegible] Unit
- [illegible] NHS Wales Finan[illegible] Delivery Unit
- In[illegible]vement Cymru
- Digi[illegible]d data;
- Innova[illegible]and v[illegible]e;
- Workforc[illegible]y;
- Emergency p[illegible]nning;
- 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.

In year, the name of the NHS Executive has changed to NHS Performance and Improvement.

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

In September 2025, the Board approved the updated Hosting Agreement for NHS Wales Performance and Improvement for 2025/26 onwards, subject to agreement of the hosting fee. In March 2026, the Board subsequently approved a further revised Hosting Agreement for 2026/27 onwards, including the updated hosting fee and strengthened governance and assurance arrangements.

5.1 Hosted Bodies: Board Level Assurance

Public Health Wales is the host for the NHS Performance and Improvement (P and I) (formerly named NHS Executive) in Wales. During the year, the Committees have considered assurance reports from NHS P and I 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 appropriate governance arrangements are in place within NHS P and I to comply with the arrangements in place within Public Health Wales.

Assurance Reporting to Committee

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 2024/25 was considered by the Audit and Corporate Governance Committee in May 2025. The Annual Assurance statement for 2025/26 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 In[illegible]on ([illegible]ually) ❖ Welsh Language (Bi-An[illegible]lly)

6. The Purpose of the System of Int[illegible]al Control

The system of internal control is design[illegible] to m[illegible]ge risk to [illegible]asonable level rather than eliminate all risks. It can t[illegible]efore [illegible]rovide rea[illegible]onable and not absolute assurances of effectiveness.

The system of internal contr[illegible] based [illegible] an ong[illegible]ng process designed to identify and prioritise the ris[illegible] to the ac[illegible]vemen[illegible]f the policies, aims and objectives, to evaluate t[illegible]kelihood of t[illegible]ks being realised and the impact should they be re[illegible]d, and to manage them efficiently, effectively and economically. The syst[illegible]of internal control has been in place for the year end[illegible] 2026 a[illegible]up to the date of approval of the annual report[illegible]d accounts.

W[illegible]se a Strategic Risk [illegible]gister (SRR) system and process to monitor, seek assu[illegible]e, and ensure shor[illegible]lls are addressed through the scrutiny of the Board and its [illegible]mittees.

Key control[illegible] defined [illegible]hose controls and systems in place to assist in securing the delivery o[illegible] Bo[illegible]s strategic objectives. Examples of key controls include:

- Schemes of de[illegible]egation
- 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.

6.1 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 the Executive Team, Board and Committees of the Board.

The Leadership Team, Business Executive Team, Committees of the Board have received maturing iterations of the Strategic and Corporate risk reports (in line with Terms of Reference) and significant development work in the strategic risks and alignment with the refreshed IMTP and route map has been undertaken with Executives and the Board, throughout 2025-26. In connection with this and to further underpin the alignment between Corporate and Strategic risks, Leadership Team has undertaken a number of sessions of deep dives in relation to corporate level risks, in line with its Terms of Reference and delegated authority from Business Executive Team.

During 2025/26, a renewed and refreshed version of the Risk Management Policy and associated procedure was developed and consulted on, in line with organisational due diligence. This was consequently approved and adopted by Public Health Wales during Q2 2025/26 through Audit and Corporate Governance Committee. This has enabled refreshed approach to training and development of Enterprise Risk Management principles and standards. We plan to build on this further as we move from a Risk Management Development Plan to the recently approved Risk Management Maturity Plan.

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 Strategic Risk Register (SRR) three times a year and the Corporate Risk Register (CRR) twice a year, for oversight and assurance.

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 and to provide appropriate support and challenge in the management actions of each Strategic risk.

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. During the 2025/26 year, an updated reporting template for Strategic risk was developed and implemented. This allowed for gaps in assurance to be highlighted and addressed with full transparency and enabled more focussed discussions at Leadership Team, Business Executive Team, Committees and the Board, in taking assurance on the risk. The revised template also highlighted where the risk was

116/276

being managed outside of risk appetite tolerance levels, again empowering colleagues to really hold each other to account when discussing organisational risk.

The SRR and 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 revised the strategic risk descriptors and approved additional risks for inclusion in the register, during 2025/26. This was formally approved by the Board in July 2025.

117/276

Figure 4: Revised Public Health Wales Key Strategic Risks as approved in July 2025

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**: 1. Poor alignment of PHW specialist resources, capabilities and programmes with our long-term strategy 2. Failure to generate the quality of evidence and supporting data to shape our influencing and delivery 3. Insufficient/Ineffective public health advice, evidence and action *within our remit* 4. Ineffective engagement with and communication to partners, the public and policymakers 5. Insufficient system leadership and coordination with stakeholders and partners 6. Programmes which do not support 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:** 1. Ineffective organisational leadership and governance 2. Lack of progress towards ideal organisational culture 3. Inability to appropriately engage, develop and enable our people to deliver our Long-Term Strategy

	4. Lack of adequate capacity or capability to deliver BAU/IMTP/SP re[illegible]s and flexibility/ adaptability/ readiness for change. This includes capacity and capability for chan[illegible]manage[illegible]t and benefits realisation in light of the significant change agenda particularly in the digital and [illegible]ta space. 5. Lack of integrated and strategic workforce planning **Resulting in:** diminished ability to deliver strategic priorities, reduce[illegible]aptability and innovation, poor attraction, engagement and retention, and erosion of stakeholder confidence.

Risk Reference (new)	New Risk Descriptor
SRR3	**There is a risk that**: We fail to deliver our contribution to excellent public health serv[illegible]n population h[illegible]eening, infection, health protection and emergency response. **Caused by**: 1. Weakness in clinical governance, clinical and admi[illegible]rative [illegible]tems and c[illegible]al processes, service planning and operational delivery. 2. Inability to maintain capacity and capability of t[illegible] speci[illegible]t wor[illegible]ce. 3. Absence of innovation and continuous qua[illegible]y improv[illegible]ent. 4. Exceedance in unplanned activities arisi[illegible]rom unex[illegible]cted acu[illegible]threats to health. **Resulting in:** Poor quality and unsafe se[illegible]s, sub-optimal population health outcomes for population screening and health threats, and a breach [illegible]f legal duties [illegible]Civil Contingencies and Duty of Quality.
SRR4	**There is a risk that** [illegible]ail to eff[illegible]ly mitig[illegible]he public health impacts of climate change on the Welsh population **Caused by**: 1. Failure t[illegible]ntify and monitor c[illegible]ate change threats to health 2. Failure to e[illegible]ively inform acti[illegible] of partner organisations and policymakers so that health is considered as part of their c[illegible]e action 3. Failure to effecti[illegible]engage[illegible]h our population, partner organisations and policymakers 4. Failure to prioritise [illegible]ur[illegible]o actions that make a measurable difference to the health of our population 5. Insufficient leadership [illegible]les to achieve a joined up and aligned system response to climate change. 6. 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 po lation a lt of climate change, resulting in worse health outcomes and widening of health inequalities.
SRR5	**There is a risk that:** we fail to fully exploit digital and data to i public hea n Wales **Caused by:** 1. capacity and capability within PHW and externa th 2. lack of digital and data literacy within PHW a whole 3. lack of business change capability across Pu Healt Vale 4. dependency on other organisations **Resulting in:** Poorer public health outcomes for the pe e of Wales
SRR6	**There is a risk that:** The tion suffe s of sensitive information and/or disruption to services. **Caused by:** 1. Cyber in nts 2. other ex al factors, 3. weaknesse digital resilience, 4. silo working a ck of strategi ersight of digital and data outputs. **Resulting in**: Poorer Public lth utcomes, disrupted services and loss of trust in Public Health Wales.

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 31st March 2026.

Figure Public Health Wales Key Corporate Risks 2025/26

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 organisations to carry out renewal disclosure and barring service 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 lose access to Primary Care data due to Audit+ being discontinued	12
Public Health Wales may lose ability to monitor our impact due to declining survey response rates across many sources of official statistics	12

including the National Survey for Wales, the Annual Population Survey and the Labour Force Survey	
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 implement a suitable Datix Web replacement that matches the current risk maturity when the system is decommissioned in November 2027	12
Failure to deliver an effective long-term sustainable and ex[tended] Environmental Public Health service to the popula[tion] of Wa[les]	12
Failure to achieve our net zero target by 2030 and[/or] the carbon neg[ative] target by 2035 as set out in the Public Health Wal[es] [Long]-term Stra[tegy]	12
Service disruption due to excessive dust damaging t[he] detectors of th[e] mammography units on the MBSU's. 1 mobile unit is [currently] out of service due to this issue. 9 other units could potentially b[e at] risk	[12]
Service users may have a clinical procedure undertaken or m[ake] decisions on planned care without being fully inform[ed]. All-Wales c[onsent] process is not adhered to. This could be [from] dire[ct] vice delive[red] PHW or as a result of national advice a[nd] guidan[ce] be[ing] published by PHW without taking consent and decision ma[king] into c[onsi]deration	9
Failure to meet the legal duties [set] out in th[e] Equality A[ct] 2010/Public Sector Equality Duty and respo[nd] to the nee[ds] of the [pop]ulation. It may be unable to enable and de[mon]strate full co[mpliance] with the newly published Accessible inform[ation] standards	9

*Public He[alth] tilises a [risk] five matrix to calculate the risk score. This metho[d] widely use[d] hin the [UK] Likelihood and Impact of the risk occurring are a[sse]ssed on a scale [of] ne to fiv[e] nd then the two scores are multiplied to ar[rive] at the final risk score [be]tween one and 25 with one being the lowest). Further inf[orma]tion can be found in [the] Public Health Wales Risk Management Procedure.

There ar[e] w in excess of [200] Risk Handlers trained across the organisation whose role is to s[upp]rt Executi[ve] irectors and other Risk Owners, and training is offered to all senior [man]agers [who] o are expected to take on the responsibilities of risk owners. Guidan[ce] ments 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.
A public recruitment process was undertaken in January 2026 to fill the reconfigured substantive post of Executive Director of Strategy, Finance and

Performance, reflecting a change in directorate focus. Zoe Pietrzak was appointed to this substantive role, due to commence in post in May 2026.

Risk Management Policy and Procedure

The Board approved the Risk Management Policy and the supporting Risk Management Procedure in September 2025, which includes the requirement for an Annual Statement of Risk Appetite. The basis of a risk appetite framework and approach has been approved by the Board at its meeting in July 2025, however, full operational roll-out of the framework has been delayed due to the anticipated procurement of a new electronic risk management system. Datix Cymru will be decommissioning Datix Web in November 2027, therefore a replacement system needs to be identified and procured, either as part of a national procurement or as a single procurement exercise.

Risk Appetite

Board development sessions took place in April to agree a revised risk appetite framework. The revised framework was developed in collaboration and in consultation with colleagues from across the organisation and reflects most recent best practice and Risk Management Standards such as ISO 31000.

Objectives related to the revised risk appetite framework are described within the Risk Management Maturity Plan and monitored periodically through the Leadership Team and Audit Corporate Governance Committee.

124/276

7. Quality Governance Arrangements

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

7.1 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 / National Director, Technical governance.

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

- Quality and Clinical Governance including Data and Clinical Audit
- Duty of Quality Infrastructure including the Health and Care Quality Standards – Introduced to the organisation in 2023 as part of the Duty of Quality requirement.
- Duty of Candour
- Integrated Governance
- Listening to People for Learning - Putting Things Right (incidents, complaints and Redress)
- 'Quality Approach' 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

The 2024/25 Annual Quality Report was published during 2025/26, 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. The Annual Quality report was first published in 2024/25 and will continue to be developed and published every year as part of our [illegible] under the Duty of Quality.

It is important to acknowledge that the quality age[illegible]a is int[illegible]nt with Public Health Wales' corporate governance, information g[illegible] and ri[illegible] arrangements and so the organisation is contin[illegible] mature it[illegible] governance systems, processes, and culture within t[illegible]

7.2 Duty of Quality

The Duty of Quality is part of the Healt[illegible] Soci[illegible] (Quality [illegible]) Act (Wales) 2020 and came into force in W[illegible] on 1 [illegible]. Implementation of the duty has taken place in Public Health W[illegible] w[illegible] the em[illegible] moving to continued delivery and improvement.

The Duty of Quality means [illegible] organisatio[illegible] Welsh Ministers have a duty to exercise their functions in [illegible] that considers [illegible] they will improve quality and outcomes on an ongoing ba[illegible] and actively monitor and report progress on the improveme[illegible] services [illegible] outcomes and routinely share this information with th[illegible] popula[illegible] an org[illegible]ation focused on quality, we take every oppo[illegible]ity to ensure a [illegible]tem-wide [illegible]roach to quality through all our decision ma[illegible]g and implementati[illegible]f work. Public Health Wales will continue to work with ou[illegible]ff and key stakehold[illegible] to ensure we meet the requirements of the duty, with the u[illegible]te aim of deliveri[illegible] excellent public health services.

There is r[illegible]ar reportin[illegible] the continued delivery of the Act to the Business Executive T[illegible] and [illegible] the Quality, Safety and Improvement Committee. In addition, the D[illegible] of [illegible]uality and all key actions are noted on the Corporate Risk Register which is [illegible]itored through the Business Executive Team and the Quality, Safety and Improvement Committee (See Section 3.3.2).

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 workforce 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 work during 2024/25 PHW, as part of its commitment to the Duty of Quality, continued to develop its QMS as an approach to be a quality-driven organisation at its heart. We have developed our approach to quality and continuous improvement utilising a QMS to effectively describe organisation design and participate in system transformation and continuous quality improvement. We are committed to operating this Quality Management Syste[illegible] which [illegible] designed for excellent outcomes and driven by the needs of the p[illegible]latio[illegible]erve. This in turn enables a quality culture and learning environme[illegible] which s[illegible]ts our staff and provides a great place to work and flourish. This[illegible]gethe[illegible] with [illegible] Improvement and Innovation Hub, supports work identified f[illegible]m[illegible]vement [illegible] innovati[illegible]n priorities at strategic, directorate and team level. A[illegible]roach which [illegible]ort[illegible]e achievement of our strategy and strategic prioriti[illegible]our ambition [illegible] the culture we want as an organisation.

The information below summarises the ke[illegible]s undertak[illegible]and outlines the core elements that collectively underpi[illegible]ach as[illegible]of the Qu[illegible] Management System. All elements are interconnect[illegible]and evo[illegible]g[illegible] are detailed below.

127/276

Quality Planning	Quality Control
• Service User Experience (feedback, surveys and compliments) via CIVICA digital platform identifying the needs of service users • Strategic planning process through the IMTP • Annual Business planning to support the IMTP • Integrated Planning Group • Performance and Assurance dashboard, and Integrated Performance report at Board level • Strategic Improvement Priorities identified through the Business Executive Team • Quality Impact Assessment digital tool • Health and Care Quality Standards self-assessment digital tool • Contracting, Service Level agreements and Memorandums of Understanding. • Engagement activities to understand the needs of the population/service users to plan or redesign services • Service	• Power BI Quality dashboard, including: o Quality metrics o Health and Care Quality Standards o Incidents and complaints o Service User Experience • Visual Performance and Assurance dashboard • Time series data visualisation • Health and Care Quality Standards self-assessment • 'Always' reporting • Patient Safety Incidents/Concerns reporting and management with escalation • Weekly to incident management meetings
Quality Improvement	**Quality Assurance**
• Model for Improvement methodology • Standardised and simulated training offer to build capacity and capability in improvement. • Improvement and innovation coaching support • Tailored support and training available where service needs require based on risk and quality issues • Online tools to support the workforce • Streamlined process for requesting improvement and innovation support	• Quality Governance Report presenting data for consistent quality measure at Quality, Safety and Improvement Committee • Digital audit platforms (AMaT and iPassport) • Annual audit plan and monitoring/Action tracking • Mature incident and risk management via Datix Web • Health and Care Quality Standards self-assessment digital tool • Health and Care Quality Standards self-assessment peer review • Quality Impact Assessment process and governance • External Audits and Inspections

• Library of learning from improvement and innovation work and SharePoint resources • Data analysis support and coaching	• Quality Walks

The key QMS deliverables outlined above demonstrate the progress made to date in establishing the essential foundations required to further advance Public Health Wales' QMS Framework. Work is ongoing to support the systematic and consistent application of the QMS Framework across the organisation.

Further Information on our approach to ensure compliance with the Duty of Quality can be found in the Duty of Quality Annual Report 2024/25 (Annual Quality Report).

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.

7.3 Health and Care Standards

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 again utilised the previously developed Health and Care Quality Standards self-assessment tool and scoring matrix. In addition, a peer review process for the Health and Care Quality Standards self-assessment tool and scoring matrix for Directorates and Divisions has been developed and implemented. Allowing different areas from across the organisation to act as critical friends to each other as part of the process to review performance against the Standards. It also strengthened the identification of improvement areas, capture the focus of future improvement activity, and prompt discussion and reflection of the self-assessment process. This key information has been used to inform the Annual Quality Report.

7.4 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' and now the Listening to People Process. 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 arises 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.

7.5 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 quarter Health and Safety report covering estates compliance, risks, incidents and health and safety issues. This enables the group to concentrate on key issues, 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 noncompliance, outstanding actions from relevant health and safety action plans and controls and mitigations are in place.

The Head of Health and Safety and Health and Safety Advisor meet on a regular basis with health and safety representatives from Health Protection and Screening Services in between each formal meeting and provide ongoing proactive and reactive support to teams across the organisation to support the the safe delivery of their activities. 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 2025 /26, these included:

- 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 polici and ocedures and development of new processes and procedures ere en required.
- Taking action to implement alerts and noti tions a opriate for the organisation. All health and safety alerts and otifica ons re ed within the reporting period have been reviewed and ad se with appr iate actio s taken where required.
- Increasing compliance to meet the organisati get of 85% of who have completed dedicated online training to suppor e home working.

The Health and Safety Group receives this e via the terly Health and Safety Report and exception r rts ived fro the various Directorates/Divisions through the res tive H th Safety leads.

Executive oversight is the respon ility of th Executive ctor Operations and Finance. At an operational level e Head o tates an Health and Safety Division, and the Health and Sa ty Team co ues t uild a positive health and safety framework and cult

7.6 Handl Compl ts and Concerns

W ve arrangements in ce to enable us to manage and respond to complaints an ncerns in order to m the requirements of the The National Health Service (Con Complaints a Redress Arrangements) (Wales) (Amendment) Regulat 2025 and the Wales Listening to People: NHS Wales Complaints, Incidents a edress pro s. The Quality, Safety and Improvement Committee has oversight of plaints d concerns.

In 2025/26, 40 f l complaints were received. 90% (36) were acknowledged within the target five working days and 79% (27) were responded to within the 30-working day timeframe, with 7 formal complaints still within the 30 working day response timeframe. In addition, 110 early resolution (Informal) complaints were received during the reporting period.

In 2025/26 2091 incidents were reported. Of these incidents, three were Nationally Reportable Incidents reported to the NHS Wales Performance and Improvement and four Early Warning (No Surprises) were reported to the Welsh Government.

8. 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 the Information Risk management system 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 and Digital. Responsibility for Information Governance sits with the Executive Director of Quality, Nursing and Integrated Governance.

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 duties of the role, as set out above, to be fulfilled. Deputies have been identified and are required, along with the CG, to have undertaken the agreed externally provided training on an annual basis, as a part of the role.

The Development of NHS Wales Performance and Improvement (formerly known as 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 have 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 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 the Information Governance Service also holds the statutory 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 Information Risk Management System that underpins Public Health Wales Information Governance requirements, and for monitoring, 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 has improved the location of 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 find 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.

The benefits of the implementation of the EDRMS are presented to the Audit and Corporate Governance Committee going forward.

8.1 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 2025/26, we received 231 requests for information which were handled under the FOIA.

217 of the total number received (94%) were compliant with the FOI Act, with 10 being non-compliant with the FOI Act. 3 requests were received in quarter four and are still being processed.

8.2 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.

134/276

During 2025/26, 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.

8.3 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 2025/26, a total of 44 Subject Access Requests (SARs) were received during the reporting period. This represents a significant increase compared with the previous financial year, when 23 requests were received, equating to a 91.3% increase.

We are also seeing an increase in the complexity of the requests submitted and this year 91% (40) were sent within the timescale to respond but 4 were not compliant, primarily due to the complexities of handling them.

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

9. People Governance

9.1 Staff Engagement

We engage with our staff in a number of ways as 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 2025/26 and considered the following matters:

- Strengthened partnership governance: Updated Local Partnership Forum Terms of Reference, reflected on partnership effectiveness and behaviours, agreed actions to improve trust, engagement, collaboration, and shared ownership of outcomes.
- Strategic organisational change and workforce planning: Ongoing partnership dialogue on organisational change proposals, early engagement expectations, escalation routes and alignment with IMTP and workforce planning priorities.
- People Strategy development: Active engagement on the refreshed People Strategy (2025-2035) and implementation plan, with a focus on leadership and management, performance, culture and employee experience.
- Policies, wellbeing and staff experience: Development of the Integrated Employee Engagement Action Plan; and endorsement of key People and OD policies informed by staff survey insights, exit data, sickness trends, and wellbeing initiatives, with Trade Union challenge and input throughout.

The Forum has endorsed several new and updated policies for approval. In addition to the 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 (JMDNC). The JMDNC 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.

We have set up a MS Teams Consultant Network Channel which allows us to share information with consultants and for them to comment and respond. Consultants –

both medical and multidisciplinary – are also able to share information amongst themselves via this route.

We participated in the All-Wales NHS Staff Survey 2025, achieving a response rate of 51%, compared with the overall NHS Wales response rate of 30.0%.

In 2023, Public Health Wales used the Organisational Culture Inventory (OCI®), a leading evidence-based assessment tool, to measure our current operating culture and identify our ideal culture. All staff were invited to take part. We subsequently undertook a Culture Pulse Survey over a six-week period in 2024 designed to help us understand where we have made progress in moving towards the culture that colleagues told us we want and need. We achieved a double the response rate of the original OCI® survey, showing growing engagement with culture remaining a shared priority across Public Health Wales.

We are using the results from these latest surveys to refresh our organisational Integrated Engagement Action Plan (IEAP), which we developed in response to insights from previous surveys (including the national staff surveys, Medical Engagement Scale and Nursing Retention Survey). It will include identifying cultural priorities, strengthening flexible and equitable ways of working and fostering a psychologically safe workplace where every colleague can thrive.

Importantly, the organisational IEAP is supplemented by Directorate/Divisional IEAPs – recognising that different parts of the organisation are at different starting points and may need to give particular focus to particular areas of work

9.2 NHS Pensions Scheme

Public Health Wales staff are entitled to membership of the NHS Pension Scheme, and 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.

9.3 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 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.

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

In line with the Public Sector Equality Duties, we hav cent ished our Annual Equality Report for 2024-25 https://phw.nhs.wales/publications/publicati s1/ph -ge -pay-gap-report-2024/.
We have also published a separate report on o ender Pay G 5 https://phw.nhs.wales/publications/publicatio /w-gender-pay p-report-2024/which has been reported on the Governm portal. We have also reported on our employment, training, and equality data.

We recognise that we need to continue ensur the servi we deliver are inclusive and our workforce is diverse r organ tio d directorates and teams are encouraged to consider the impact of thei rk to e it is inclusive and links with our strategic equality priori Work c inues to ce inequalities, and we have engaged with people rom un -repres ed and disadvantaged communities to inform this n adopting is tice, we develop strong partnerships with people f iverse commun nd learn from and understand their needs. We renewed o isability Confident Leader Level 3 status, which is valid for th and ac d accredited Living Wage employer status, demons ng our c itment to uring colleagues receive a wage that reflects the t cost of living.

By lementing our actio n line with the Strategic Equality Plan, this work will make gnificant contribu to delivering our vision for Wales.

9.4 lsh L guage

Responsibility for e 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 quarterly Welsh Language Group, and this is the vehicle by which information is disseminated. Annual reporting templates are 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 assurance to the People and Organisational Development Committee, via the Executive Team. This includes reporting against the Welsh Language Standards, as informed by the annual reporting templates from members of the Welsh Language Group and proactive monitoring undertaken by the Welsh Language Team within the People and Organisational Development Directorate. In addition, the Welsh Language team provides annual reports to Welsh Government against the More Than Just Words initiative and the Health and Social Care Standards and an Annual Welsh Language Standards Report is published on the Public Health Wales website by the end of September, in accordance with Standard 170 of the Regulations.

Our Welsh Language Network, Yr Aden, was established in March 2023. So far, over 120 members of staff have joined the network. Yr Aden promotes 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 end of February 2026 with colleagues from across the NHS in Wales invited to join the online events. The last event, a face-to-face celebration at the office in CQ2, Cardiff was held at the end of March.

10. Strategy and Plans

10.1 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 2025/26, to support the delivery of our Strategy, we approved a set of strategic priority route maps for the six strategic priorities. The route maps 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 political 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;
- measures that help us understand our impact and where we need to adjust.

They have been developed using futures thinking methodology and by drawing in feedback from our stakeholders and partners that we gathered during the development of our strategy.

10.2 Our Strategic Plan (Integrated Medium Term Plan)

On 26 March 2025, the Board approved our financially balanced Strategic Plan for 2025-2028, which was subsequently approved by the Cabinet Secretary for Health and Social Care on 30 June 2025.

Our Plan for 2025-28 sets out the actions we will undertake over the next three years to deliver our Strategy, Welsh Government priorities for NHS Wales and the Public Health Wales Remit Letter for 2025-26.

The Plan has been developed in line with Welsh Government planning requirements and is underpinned by a more detailed minimum data and Ministerial template. Our approach was informed by year two of delivering our strategy, 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, namely overall plan feasibility, the identification of key change programmes and improving our measurement system.

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.

141/276

10.3 Sustainability and Climate Response Plan

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

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 the most significant global threat to human health. Consequences of climate change will and are impacting all aspects 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 public health effects of climate change as a Strategic Priority, and this is reflected in the organisation's long-term strategy.

To support these strategic documents, our Climate Response Plan for 2026-2028 replaces the organisation's previous Decarbonisation and Sustainability Action plans (2022-2024 and 2024-2026). This plan combines actions for decarbonisation and climate resilience planning into one cohesive plan, which was approved in March 2026. 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.

Despite achieving significant carbon savings in our fleet, homeworking, and waste categories, overall reported emissions increased by 17.96% between 2023/24 and 2024-25 (10,547,[illegible]1 to 12,4[illegible]377 kgCO2e). The table below provides more detail on reported emissions by category.

Table 1: Emissions reported in kgCO2e (Kilograms of Carbon dioxide equivalent)

	2023-24 kgCO2e	2024-25 kgCO2e	% of total emissions
Buildings & Stationary Assets	416,380	489,211	3.9
Business Travel	274,677	384,782	3.1
Fleet	265,681	180,434	1.5
Homeworking	560,682.31	327,210	2.6
Supply Chain	8,949,281	10,987,401	88.3

142/276

Waste	80,734	72,839	0.6
Total	10,547,435.31	12,441,877	100

The increase in carbon emissions is attributed to several factors including a return to pre-covid working, and the inclusion of flight and rail in our emissions for the first time. Welsh Government's revised methodology also applies higher carbon values per unit of activity which has significantly increased reported emissions within the supply chain category, which contributes 88% of our total emissions. Our Climate Response Plan 2026-2028 includes further details our carbon footprint position for 2024/25. The data for submission 2025/26 will be available in September 2026 and published on our website.

We are understandably concerned of our position and recognise the risk of missing the 2030 net zero target. Our Climate Response Plan 2026-28, therefore places a stronger focus on our supply chain. We are already working closely with NHS Wales Shared Services Partnership and will take recommendations from their planned supply chain route map. This is reflective of a targeted approach to tackle our largest emissions source.

This plan also contains actions which 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 overlap between them and to ensure that we have one plan that demonstrates our commitment to reducing our carbon footprint.

The actions are organised into six different activity streams which set out the actions that will be taken to reduce our carbon footprint, support our foundational and circular economy agendas, and embed our climate resilience planning:

- Workforce and Governance
- Buildings, Estates and Facilities Planning (incl. Waste)
- Transport and travel
- Procurement and Supply Chain
- Approaches to delivering our services
- Climate Change Adaptation Actions

Taking lessons learned from our previous Decarbonisation Action Plans, we have modified action streams to more closely align with the NHS Wales Strategic Delivery Plan and adapted our governance arrangements to ensure we are contributing to and supporting 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

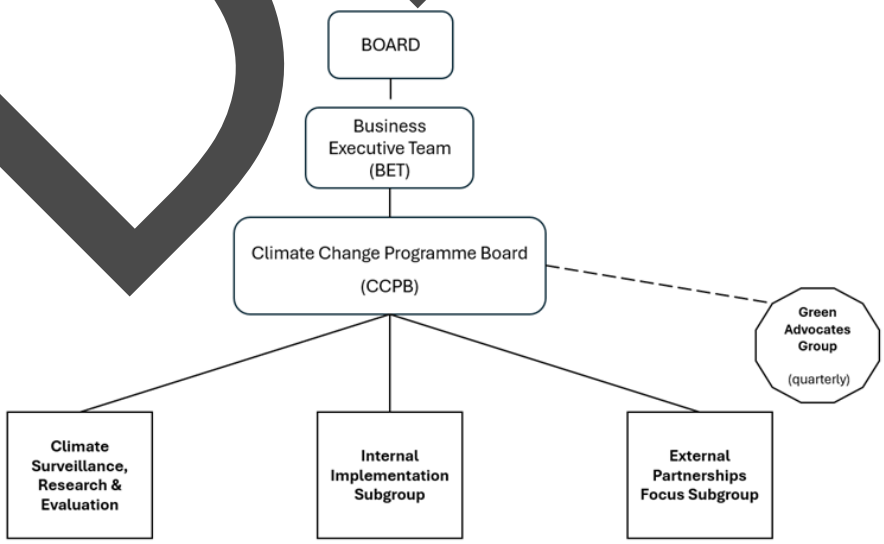
A Climate Change Programme Board (CCPB) was established in 2022 to oversee all action related to climate change and decarbonisation, as well as manage the 'Tackling the effects of Climate Change' strategic priority in our Long Term Strategy 2023-2035. Taking the lessons learned from the implementation of our 2024-2026 plan we have reviewed the governance structure for climate action implementation. The new structure is designed to help us work more effectively together, harness collective expertise, and continue driving meaningful progress towards our sustainability goals. Details of the new structure are provided below.

CCPB will continue to oversee Route Map implementation, [illegible] strategic risks, and ensure robust governance and reporting, supported by the [illegible] subgroups:

1. **Climate Surveillance, Research and Evaluation:** The sub-group will oversee the delivery of actions on climate and health surveillance, research and evaluation related to climate change. The group will be multidisciplinary, involving relevant colleagues with responsibility to contribute, develop and deliver the operational plan relating to this.

2. **Internal implementation focus:** The sub-group will oversee the delivery of our organisational commitments, progress Climate Response Plan, Net Zero actions, climate adaptation and mitigation, biodiversity and capacity building. This group will be responsible for communicating progress across the organisation and help to embed sustainable behaviours within Public Health Wales.

3. **External implementation focus:** This sub-group will oversee external partnership working, focussing on supporting and mobilising actions on climate mitigation and adaptation, adverse weather, environmental public health, health inequalities and health co- benefits.



This group meets bi-monthly and includes identified leads for each of the six activity streams set out in the plan.

Informal staff groups have also been established such as the Green Advocates Network, and the green labs group. These are informal staff networks that continue to grow and meet regularly to discuss a range of sustainability issues, share knowledge and inspire/action positive change.

Monitoring Implementation

Progress against the Climate Response 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 2025 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.

10.4 Emergency Planning/Civil Contingencies and Business Continuity

Public Health Wales continues to fulfil its statutory duties under the Civil Contingencies Act (2004) as a Category One Responder, working with partners across Wales, the UK and internationally to anticipate emerging threats, strengthen preparedness, ensure an effective response to emergencies affecting population health.

Governance and Assurance

The Emergency Preparedness Resilience and Response Group (EPRR) Group met quarterly throughout 2025/26, steering delivery of the organisational EPRR work plan and maintaining oversight of preparedness and business continuity activity. Membership and Terms of Reference were refreshed to ensure resilient governance.

Assurance to the Public Health Wales Board and NHS Executive was provided through the annual Health Emergency Planning Report, evidencing compliance with statutory duties and NHS Wales Emergency Planning Core Guidance (2015).

Excellent Public Health Services

Public Health Wales, coordinated via the EPRR team provided specialist leadership and coordination across the six domains of emergency management; anticipation, risk assessment, prevention/mitigation, preparedness, response and recovery.

This included providing scientific and technical advice, maintaining organisational readiness, and supporting multi-agency command, risk communication and public health decision-making.

Key Achievements 2025/26

1. **Exercise Delivery and Preparedness**

A comprehensive exercise programme strengthened Public Health Wales' operational and strategic readiness:

- **SOLARIS;** Wales-wide pandemic prepar[illegible]ess [illegible]ise enhancing multi-agency coordination.
- **PEGASUS;** UK-wide Tier 1 national pandem[illegible] respons[illegible] exe[illegible]e designed to test and strengthen multi-agency prepared[illegible]s a[illegible] coordina[illegible] across t[illegible]e Four Nations.
- **ERIS series;** Digital disruption exercises vali[illegible] organisational [illegible]ence during system outages.
- **BITE BACK;** Vector-borne disease response exerci[illegible]with CDSC, testing environmental and epidemiological [illegible]capability.
- **ANADL;** Major Incident and [illegible]demic [illegible]sponse s[illegible]casing event, strengthening PHW's command [illegible]d comm[illegible]ic[illegible]n model.
- **CLYWED;** Joint PHW/Welsh G[illegible]vernm[illegible]t crisis [illegible]mmunications exercise improving strategic messa[illegible]g.
- **Control of Major Accide[illegible]Hazards ([illegible]MAH) e[illegible]agement;** Participation in high-hazard site exerci[illegible]s (Ventus, [illegible]a, S[illegible]tof), supporting statutory duties under major [illegible]nt hazard regu[illegible].
- **Internal capability-b[illegible]ing;** Delivery of strategic, tactical, loggist and watch[illegible]training to [illegible]nce organisational response capacity.

2. **Inc[illegible]nt Response [illegible]Learning**

[illegible]blic Health Wales su[illegible]orted mor[illegible]than **118 incidents** across Wales, including [illegible]s, flooding, storms, [illegible]evere utility disruption (including multiple DCWW e[illegible]s), carbon mono[illegible]e cases, communicable disease alerts, transport coll[illegible]s, cyber-related [illegible]eries and unexploded ordnance events.

Key learn[illegible]activitie[illegible]cluded:

- Debriefs [illegible]Sa[illegible]nella (Llanelli) and Clostridium Perfringens (Crickhowell).
- System-le[illegible]debriefs for Hepatitis A (Swansea) and Salmonella (Aberystwyth).
- Participation in multi-agency debriefs for Exercise PEGASUS, peat fires and COMAH-related incidents.

Public Health Wales contributed to incident management across Wales, participating in Strategic, Tactical and Operational Coordination Groups and specialist advisory cells including scientific and technical advice (STAC), air quality (AQC) and cyber (CTAC).

146/276

The breadth of incidents - from storms and flooding to industrial fires, utility failures and major collisions demonstrated the value of a well-resourced, flexible EPRR function.

3. **Strategic Preparedness and Policy Development**
Major strategic outputs included:
   - Publication of the Emergency Response Plan (V4) and Pandemic Response Arrangements (V1).
   - Release of the COVID Learning Series to embed org[illegible]tio[illegible]essons.
   - Public Health Wales contribution to drafts of [illegible] UK [illegible]atory Pandemic Guidance, strengthening UK-wide alignment.

4. **National and International Collaboration**
PHW strengthened its presence in multi-nation[illegible]ience structu[illegible]thr[illegible]h active participation in UK-wide EPRR forums [illegible]oss-border co[illegible]tion groups. Internationally, PHW delivered a public health [illegible]ergency preparedness workshop in Maputo, Mozambique, contributing to th[illegible]NPHI/PHAC global programme.

5. **Workforce and Capability Develo[illegible]ent**
   - Completion of the Executive On-[illegible]all Ha[illegible]over Pr[illegible]s, improving leadership continuity.
   - Delivery of talks and wor[illegible]ops at int[illegible]al PHW [illegible]nferences.
   - Expansion of internal a[illegible]areness ses[illegible]s fo[illegible]AC, AQC and lead officer roles.

6. **Commun[illegible]ystem En[illegible]ement**
   - D[illegible]ommuni[illegible]orkshops through the Inequalities in EPRR [illegible]ject, embedd[illegible]quity-fo[illegible]d readiness.
   - [illegible]elivery of Mass[illegible]sualty A[illegible]areness Events to raise awareness for [illegible]Arrangements acros[illegible]ales.

Busine[illegible]ontinuity
The orga[illegible]ion progress[illegible]ts Business Continuity Strategy with updated Business Impact Ana[illegible] and re[illegible]ned service-level plans. EPRR provided support during live incidents i[illegible]din[illegible]gital outages, utility failures, severe weather, key service disruptions and s[illegible]curity events.

Forward Look 2026/27
Key priorities include strengthening organisational Business Continuity Plans; delivering the Wales HMP Outbreak Exercise; concluding the Inequalities in EPRR project; supporting a Four Nations CBRN event; completing Exercise PEGASUS; progressing international work on IANPHI Good Practice Principles; and maintaining readiness for emerging hazards and major incidents.

11. Corporate Governance

11.1 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 and they apply 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 covered 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 in March 2026 outlining how the organisation has complied with the code, the report noted that there have been no reported departures from the Corporate Governance Code.

11.2 Ministerial Directions

Whilst Ministerial Directions are received by NHS Wales organisations, these are not always applicable to Public Health Wales. Ministerial Directions issued throughout the year are listed on the Welsh Government website. The Ministerial Directions (Non-Statutory Instruments) issued by the Welsh Government were reviewed, none required action from Public Health Wales during 2025/26:

The Primary Medical Services (People Living with Severe Frailty in their own Homes) (Contracted Supplementary Service) (Wales) (Amendment) Directions 2026	19 March 2026
The Directions to Local Health Boards and NHS Trusts in Wales on Quality Assurance and Performance Management, Escalating Concerns, and Closure of Regulated Care and Support Services 2026 (NWSI 2026 No.17)	13 March 2026
Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2026	11 March 2026
The Wales Infected Blood Support Scheme (Amendment) Directions 2026	26 February 2026
The Primary Care (Contracted Services: Immunisations) (RSV) Directions 2024 (revoked)	23 February 2026

The Primary Care (Contracted Services: Immunisations) (RSV) Directions 2026 (NWSI 2026 No. 18)	5 February 2026
Code of Practice Quality Assurance and Performance Management, Escalating Concerns, and Closure of Regulated Care and Support Services 2026	4 February 2026
Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2026	16 January 2026
The Nursery Milk Scheme (Wales) Directions 2026	14 January 2026
The Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Wales) (Amendment) (No 5) Directions 2025	December 2025
The Directions to Local Health Boards as to the General Dental Services Statement of Financial Entitlements (Wales) (Amendment) (No 5) Directions 2025	December 2025
The Primary Medical Services (Minor Surgery) (Directed Supplementary Services (Wales) Directions 2025	22 December 2025
Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2025	3 December 2025
Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2025	December 2025
Statement of general ophthalmic services remuneration and fee directions: 2025	11 November 2025
The Primary Care (Contracted Services: Outpatient Waiting Lists First Appointment Scheme) Directions and Specification 2025	14 October 2025
The directed supplementary services directions and specification for people living with severe frailty in their own homes 2025	30 September 2025
The Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Wales) (Amendment) (No 4) Directions 2025	4 September 2025
The Directions to Local Health Boards as to the General Dental Services Statement of Financial Entitlements (Wales) (Amendment) (No 4) Directions 2025	4 September 2025
The Primary Medical Services (Type 2 Diabetes Mellitus Care Scheme for Adults) (Directed Supplementary Service) (Wales) Directions 2024	13 August 2025
The Primary Medical Services (Type 2 Diabetes Mellitus Care Scheme for Adults (Directed Supplementary Service) (Wales) (Amendment) Directions 2025	13 August 2025
Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 5) Directions 2025	13 August 2025
Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 4) Directions 2025	23 July 2025
Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2025	9 June 2025

The Primary Care (Contracted Services: Immunisations) (Influenza) Directions 2025	30 May 2025
The Primary Medical Services (Intra-Periarticular Injections) (Directed Supplementary Services (Wales) Directions 2025	19 May 2025
Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2025	22 April 2025

11.3 Welsh Health Circulars

Welsh Health Circulars (WHCs) issued by Welsh Government are reviewed 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 2025/26 is available at: https://gov.wales/health-circulars

We have acted upon, and responded to Welsh Health Circulars (WHCs) issued during 2025/26 which were applicable to Public Health Wales.

Of the 44 issued:

- 20 of these were applicable to Public Health Wales
  - 13 were for action.
  - 2 were for information only and
  - 3 were for compliance only.
- 24 were not applicable to Public Health Wales.

The following 20 WHCs were applicable to Public Health Wales:

WHC No.	Title	Status	Co liance
WHC 2025/8	Part 4 of the Public Health (Wales) Act 2017: Introduction of a National Mandatory Licensing Scheme for Special Procedures in Wales	Action, Informa tion	This has been enac he WHC has be lated to key health professionals in PHW T i.e., the health protection team. The HARP e co- auth f this document in collaboration with Welsh G rnme The legisla document has been placed on the HARP IPC w page a rce for organisations within Wales. Hyperlink: Infec n Prev tion a Control - Public Health Wales = https://phw s.wales/ es-and-teams/antibiotics-and-fections/ ection-p ention-control/
WHC 2025/11	Introduction of The NHS Wales Digital Health Identity Standard for Primary Care (NHS Login) Date of Revi September 2	Infor tion	This has been e ed. Relevant action has been incorporated in to the planning for the Digital and Data Portfolio.
WHC 2025/12	Interim Amend ts to the Model Stan g Financial Instructio apter 11 for Local Health ds and NHS Trusts in Wales, Chapter 12 for Health Edu n and Improvement Wales W) and Digital Health and Wales (DHCW)	Com a n	This has been enacted. It was Approved by Board on 31 July 2025.

WHC No.	Title	Status	Compliance
WHC 2025/13	2025/26 NHS Wales Financial Monitoring Return Guidance	Compliance	This has been enacted at PHW, it is applicable to all NHS organisations and therefore confirm was enacted PHW adhered to for Month 1 reporting timescales a well-rehearsed process that we will follow for 25/26 financial reporting
WHC 2025/19	Changes to the routine childhood vaccination schedule and to the selective hepatitis B vaccination programme from 01 July 2025	Action	This has been enacted. PHW will be fully compliant when the programme launches on the 2025.
WHC 2025/20	The National Influenza Immunisation Programme 2025-26	Compliance, Action	This has been enacted and our actions have been delivered. Public Health Wales produced the enabling materials and appropriate surveillance to support Local Health Boards in their delivery of the programme it was incorporated work planning and delivered before the programme formally launched in September 2025.
WHC 2025/21	Introduction of routine vaccination programme for the prevention of mpox and gonorrhoea	tion	has been enacted and the programme commenced. Enabling materials, appropriate surveillance produced by Public Health Wales to support Local alth Boards in their delivery of the programme was developed.
WHC 2025/22	The national COVID-19 vaccination programme autumn 2	Compliance Act	This has been enacted and the programme commenced. Enabling materials, and appropriate surveillance produced by Public Health Wales to support Local Health Boards in their delivery of the programme was developed. The programme formally launched in October 2025.
WHC 2025/23	PPE stockpile volumes Wales	Information	This has been enacted. Relevant actions have been incorporated in to the planning for PPE for business as usual and pandemic: • It is applicable to purchasing for PHW Trust corporate services for screening services and microbiology etc.

WHC No.	Title	Status	Compliance
			• The WHC has been circulated to key health professionals in PHW Trust who are responsible for ordering and managing PPE and cleaning products in the services and do not change the current ordering process for business as usual products. • PHW corporate services will adhere to national IPC guidance for PPE and consumables as advised by HARP team, PHW. The specification of PPE ensembles is detailed in NIPCM Wales for transmission based precautions
WHC 2025/28	Expansion of the shingles immunisation programme for severely immunosuppressed individuals aged 18-49	Action	This has been enacted. The delivery of the enabling materials, and appropriate surveillance produced by Public Health Wales to support Local Health Boards in their delivery of the programme was incorporated into our work plans and delivered prior to the start of the campaign. The programme was launched in August 2025
WHC 2025/38	All-Wales NHS Accessible Communication and Information Standards	Compliance	This is in progress. Leadership Team were undertaking a PHW wide assessment of the requirements for compliance.
WHC 2025/39	AMR and HCAI IMPROVEMENT GOALS FOR 2027	Action Information	This has been enacted. This is primarily directed at Health Boards and Trusts who provide direct healthcare. The HARP programme provides advice to Welsh Government in the development of the Circular and provide the surveillance data that underpins the improvement goals. In that respect we have incorporated reporting against these improvement goals as part of our HCAI/AMU and AMR surveillance outputs. We also provide support to the Health Boards and Trusts in Wales in relation to IPC and Antimicrobial Stewardship activities that may assist them to meet these improvement goals.

WHC No.	Title	Status	Compliance
			In those terms a[illegible] th[illegible]fore, t[illegible]tions relevant to PHW from this WHC have been enacte[illegible]we remain i[illegible]e co[illegible]t with colleagues in Welsh Government in re[illegible] the monitor[illegible]he Health Boards and Trusts against this WHC.
WHC 2025/46	The introduction of a routine NHS varicella (chickenpox) vaccination programme for young children in Wales from 1 January 2026	Action	This has[illegible]cted. O[illegible]tions were completed in time for the progra[illegible]e laun[illegible]1 January [illegible]26.
WHC 2025/49	Welsh Health Circular in respect of development and implementation of a Patient Travel Policy	Complia nce, Poli[illegible]	[illegible]his is in pr[illegible]ress. C[illegible]D-19 spring vaccination programme 2026
WHC 2025/52	COVID-19 spring vaccination programme 20[illegible]	Actio Complia [illegible]nce	This has been enacted. Relevant action has been incorporated in to the [illegible]nning for the COVID-19 spring vaccination programme 2026.
WHC 2025/53	Expansion of R[illegible]vaccine eligibility to [illegible]ts aged 80+ and reside[illegible]a care home for old[illegible]dults	A[illegible]n, Co[illegible]a nc[illegible]	Thi[illegible]s been enacted. Relevant action has been incorporated in to the plann[illegible]g and delivery of the expansion of RSV vaccine eligibility to adults aged 80+ and residents in a care home for older adults ready to go live in April 2026.
WHC 2025/54	A change of vac[illegible]product for the routine[illegible]lt pneumococcal vacci[illegible]n programme, and those certain clinical risk conditio[illegible]	A[illegible]on	This has been enacted. Relevant action has been incorporated into the planning and delivery of the change of vaccine product for the routine adult pneumococcal vaccination programme, and those with certain clinical risk conditions. This programme went live at the end of January 2026

WHC No.	Title	Status	Compliance
WHC 2026/4	Refreshed Intellectual Property (IP) guidance and policies for NHS Wales organisations.	Action, Compliance	This is in progress.
WHC 2026/6	The new NHS Wales complaints policy, called Listening To People	Information, Compliance	This WHC has been enacted. The new regulations are being implemented across Public Bodies in Wales by the Nursing, Quality and Integrated Governance Directorate .
WHC 2026/8	NHS Research and Development Finance Policy 2026	Action, Compliance, Policy	This is in progress

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 a 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 2025/26 via Committee Effectiveness questionnaire, and a workshop session to discuss the findings and outcomes of the survey. The outcomes of these discussions will be fed into the wider review of Board effectiveness scheduled for Quarter 1 2026.

(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 2025/26 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 2025/26

Substantial Assurance	• Policies and procedures management • NHS Performance and Improvement Hosting Arrangements • Financial management • Welsh Risk Pool • Cyber Security – Governance and Risk Management
Reasonable Assurance	• Non-core funding – Health [illegible]ent • Speaking up Safely ([illegible]) • Patient pathways: [illegible]betic E[illegible]reening Wales (DESW) and Wale[illegible]bdomina[illegible] Aneurysm Screening Progra[illegible]e ([illegible]AASP) • Workforce – Menta[illegible]h support • Corporate risk regi[illegible]ectiveness • Digital – Audit logging
Limited Assurance	None
Unsatisfactory	None
Advisory/Non-Opinion	None

The audit work undertaken during 2025/26, wa[illegible]reporte[illegible] the Audit and Corporate Governance Committee. These detai[illegible]results h[illegible]e been a[illegible]gated to build a picture of assurance across the organisation.

The Head of Internal Audit is sa[illegible]d that there has [illegible] sufficient internal audit coverage during the reporting period in ord[illegible] provide the Head of Internal Audit Annual Opinion. In forming the Op[illegible]ad of Int[illegible]l Audit has considered the impact of the audits that have not be[illegible]ally compl[illegible]

There h[illegible]e been no Limited As[illegible]ance Internal Audits reported in 2025/26.

12.2 [illegible]unter Frau[illegible]

Public Health Wa[illegible]receiv[illegible]ts Counter Fraud Provision from Cardiff and Vale University Health Board (CAVU[illegible]s provision is operated under a Service Level Agreement. Public Health Wales pay for a [illegible]unter 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 new referrals have been received and investigated by the team. 2 of these have been promoted to formal investigation. One of these remains open awaiting financial recovery following a disciplinary outcome. The other investigation was closed with no offence proven.

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 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 is completed and for 2025 Audit Wales reported:

"…The Trust has good corporate governance arrangements that enable the Board and its committees to run effectively and transparently. High-quality information continues to support scrutiny. There is a continued commitment to hear from staff and service users with continuing improvement arrangements to support this."

" ..The Trust continues to strengthen its corporate systems of assurance, with good oversight and scrutiny of risk and performance provided by the Board and its committees."

"…The Board and its committees continue to work transparently and effectively, supported by good information and with a strong commitment to continuous improvement."

"…The Trust has a sound approach to developing and monitoring the delivery of Integrated Medium-Term Plans, and is demonstrating the impact of its corporate strategies and plans."

" …The Trust continues to have good financial controls in place, and good arrangements to monitor and report its financial position.."

There were no additional recommendations in this year's assessment.

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 ha[illegible] responsibility for the development and maintenance of the internal control fram[illegible]ork, and comments made by external auditors in their audit letter and other repo[illegible]

This Annual Governance Statement confirms that P[illegible]ic He[illegible]h Wa[illegible] has continued to mature as an organisation and no significant internal co[illegible] governanc[illegible]ues ha[illegible] been identified. The organisation will continue to address key [illegible] and embed g[illegible]nance and appropriate controls throughout the organisation.

This Annual Governance Statement provides a s[illegible]ary of the [illegible]ps the organisation is taking to demonstrate that we operate in acco[illegible]ce [illegible] the gover[illegible]e standards and the wider standards framework. This report de[illegible]nstrat[illegible] evidence [illegible]at we comply with these standards.

I can confirm that the Board and the [illegible]cutive T[illegible]m has ha[illegible]n place a sound and effective system of internal control, which p[illegible]vides regu[illegible]assuran[illegible], aligned to the organisation's strategic objectives and strateg[illegible]r[illegible]s.

Signed: Date: 25 June 2026

Dr Trace[illegible]oper OBE
Chief Exec[illegible] and Accounta[illegible] Officer, Public Health Wales

159/276

Annex 1: Board and Committee Membership/Attendance 2025/26

NAME	POSITION	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2025/26***
Sumina Azam	Executive Director of Policy and International Health	• Board • Knowledge, Research and Information Committee**	6/7 3/4
Iain Bell	National Director of Public Health Knowledge and Research	• Board • Knowledge, Research and Information Committee **	7/7 4/4
Claire Birchall	Executive Director Nursing, Quality and Integrated Governance	• Board • Quality, Safety and Improvement Committee**	6/7 4/5
Pippa Britton	Chair	• Board • 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. Attended: • Audit and Corporate Governance Committee • Quality, Safety and Improvement Committee • Knowledge, Research and Information Committee • People and Organisational Development Committee	5/7 6/7 1/5 1/5 1/4 1/5

160/276

NAME	POSITION	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2025/26***
Dr Tracey Cooper	Chief Executive	• Board • Remuneration and Terms of S[illegible]ommittee Note: the Chief Executive (CE) has a st[illegible]vite to all Commit[illegible]s of the Board but is only a regular attendee of the R[illegible]eration and Terms of Service Committee. The CE has to attend one [illegible]ting [illegible] Audit and C[illegible]rate Governance Committee per year. • Audit and Co[illegible]ate Gov[illegible]ance [illegible]mittee** • People and Organisati[illegible] Develop[illegible] Committee** • Quality[illegible]fety and In[illegible]ovement C[illegible]ttee** • Know[illegible]ge, Researc[illegible]d Informa[illegible]n Committee **	7/7 7/7 1/5 0/4 1/5 1/4
Huw David	Non-Executive Director (Local Authority) From 6 May to 31 D[illegible]er 2025	• • R[illegible]eration and Terms of Service Committee • Aud[illegible]d Corporate Governance Committee • People[illegible] Organisational Development Committee	3/5 2/3 2/3 2/3
Nick Elliott	Non- Executiv[illegible]ector (Data and D[illegible])	• [illegible]ard • [illegible]ir until 31 July) Audit and Corporate Governance • R[illegible]uneration and Terms of Service Committee • K[illegible]wledge, Research and Information Committee • [illegible]lity, Safety and Improvement Committee	7/7 4/5 5/7 0/1 4/4
Professor Sian Griffiths	Non-Executive Directo[illegible] (Public Health)	• [illegible]ard Remuneration and Terms of Service Committee Quality, Safety and Improvement Committee • (Chair) Knowledge, Research and Information Committee	7/7 4/7 2/5 4/4

NAME	POSITION	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2025/26***
Clare Jenkins	Vice Chair of the Board	• Board • (Chair) Quality, Safety and Im ent Committe • Remuneration and Terms of Se Committee • People and Organisational Dev t Committee • Knowledge, Research and Informatio mittee	7/7 5/5 7/7 3/5 2/3
Dr Fu-Meng Khaw	National Director Health Protection Services and Screening, Executive Medical Director	• Board • Quality, Safety and nt Committ • Knowledge, Res n and In tion Comm **	6/7 4/5 2/4
Neil Lewis	Director of People and Organisational Development	• Board* • People and Organisat l Develop Committee** • Remu on and T s of Servic mittee**	4/7 4/5 4/7
Jim McManus	National Director Health and Wellbeing	• Boar • , Safety and Im ommittee**	7/7 4/5
Tamsin Ramasut	Non-Executive Director (Equality and Diversi	• Boa • Remu ion and Terms of Service Committee • Audit an porate Governance Committee • eople and nisational Development Committee • owledge, R arch and Information Committee	6/7 5/7 1/2 5/5 3/3
Catherine Purcell	Non-Execut rector (University)	• rd • uneration and Terms of Service Committee • wledge, Research and Information Committee • it and Corporate Governance Committee	2/2 0/4 1/2 1/2
Paul Veysey	Board Secretary and H f the Board Business Unit	• ard* Quality, Safety and Improvement Committee** Remuneration and Terms of Service Committee** • Audit and Corporate Governance Committee** • People and Organisational Development Committee**	7/7 5/5 7/7 5/5 5/5

162/276

NAME	POSITION	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2025/26***
		• Knowledge, Research and In mati ommitte	2/4
Angela Williams	Interim Executive Director Operations and Finance	• Board • Remuneration and Terms of S ommittee** • Audit and Corporate Governance C ittee**	7/7 6/7 5/5
Kate Young	Non-Executive Director (Third Sector)	• Board • Remuneration and Te f Service Com e • People and Organi lopment C ttee (Chair until 30 June 2025) • Audit and Cor ate Gove nc mmittee (Chair from 1 July 2025) • Quality, Safet nd Imp ement c ittee	3/7 5/7 4/5 3/3 1/1

** Attend Board meetings, but are not members of the Board and th e do not h voting rig .*
*** Attend Committee meetings, but are not members of the Comm e and theref o not h oting rights.*

The actual number of meetings attended/the number of me which it was possib tend. This varies from individual to individual as some joined the Committee partway through the year.

+ The allocation of champion roles is un g confirma from Welsh Government.

Note – Executive Team Members m ttend other Comm on request

163/276

Board Champions

Role	Exec / Non-Exec	Reason for maintaining	S	PHW Champ
Fire Safety	Exec	The role is considered essential (WHC/054/2002)		**Angela Williams** (Interim Executive Director Operations and Finance)
Emergency Planning	Exec	NHS organisations have a duty under the Civil Contingency Act 2004	Y	**Khaw** (National Director Health Protection and Screening Service, Executive Medical Director)
Caldicott	Exec	Ongoing activity. (WHC (99) 92)		**Meng K** (National Director Health Protection and Screening Service, Executive Medical Director)
Violence and Aggression	Exec	Provides leadership to the roll out of the 'Obligatory Responses to Violence in Healthcare' 2		**Claire Birchall** (Executive Director Nursing, Quality and Integrated Governance)
Infection prevention and control	Non Exec	Continued need for the role to en infection preve and control is embedded in the ation and reflecte by policy and procedures.		**Sian Griffiths** (Non Executive Director – Public Health)
Armed Forces and Veterans	Non Exec	Advocate for vet d service pe el to ensure their needs al service		**Pippa Britton** (Chair)
Mental Health	Vice Chair	Continui ed and a spec sponsibil Vice Chairs utine meetings bet Vice Chair Min		**Clare Jenkins** (Vice Chair of the Board)
Equality	Non Exec	Co ng need for the role		**Tamsin Ramasut** (Non Executive Director – Equality and Diversity)
Children and Young People	Exec & NE	Specifie hapter 31 of The Ch en's Act 2004	Y	**Kate Young** (Non Executive Director – Third Sector) **Claire Birchall** (Executive Director Nursing, Quality and Integrated Governance)

Role	Exec / Non-Exec	Reason for maintaining	Sta[illegible]ry P[illegible]mpion
Putting Things Right	Exec & NE	Specified by the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011	**Cla[illegible]ns** [illegible]ce Cha[illegible]he Board) **Claire Birchat[illegible]** (Executive Direct[illegible]ng, Quality and Integrated [illegible]vernance)
Speaking Up Safely (Staff)	Exec or NE	Bullying and harassment identified as a particular issue across all NHS organisations. Leadership necessary to enable a safe route for staff to raise concerns. (Pro[illegible]e for NHS Staff to Raise Concerns (Whistleblowing[illegible]17)	**[illegible]in Ramasut** (N[illegible]ecutive Director – Equality and Diversity) **Paul Ve[illegible]y** (Board Secretary and Head of the Board Business Unit)
Welsh Language	Exec	Leadership necessary to ensure Welsh language is promoted and mainstreamed into the wo[illegible] of the Heal[illegible] Board and Trusts. (WHC (2008) 002 an[illegible]e Than Ju[illegible] Words 2016)	**[illegible]eil Lewis** [illegible]ector of People and Organisational Development)
Older Persons	NE	Under further consideration	**Pippa Britton** (Board Chair)

Part B: Remuneration and Staff Report 2025/26

166/276

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 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 2025/26 the Public Health Wales Remuneration and Terms of Service Committee consisted of the following Members:

- Pippa Britton (Chair)
- Dr Tracey Cooper (Chief Executive)
- Claire Jenkins (Vice Chair and Non-Executive Director)
- Professor Sian Griffiths (Non-Executive Director)
- Nick Elliott (Non-Executive Director)
- Kate Young (Non-Executive Director)

167/276

- Tamsin Ramasut (Non-Executive Director)
- Huw David (Non-Executive Director) until 31 December 2025
- Catherine Purcell (Non-Executive Director) from 27 October 2025

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[illegible]nual [illegible]rom the Chief Executive of NHS Wales on this matter. The S[illegible]or Mana[illegible]o receive pay-awards have been those remunerated on 'Me[illegible]l and [illegible]ental[illegible] 'Agenda for Change' pay scales and those in 'Executive and S[illegible]or [illegible]sts'.

2.7 During 2025/26, the Remuneration and Terms of [illegible] Committee a[illegible]ved the following (in consultation with Welsh Government w[illegible]e appropriate):

- 07 August 2025 - Approved the c[illegible]ge in r[illegible]eration fo[illegible]eil Lewis, Director of People and Organi[illegible]onal D[illegible]lop[illegible]t
- 07 August 2025 - Approved the chang[illegible] remune[illegible]n for Paul Veysey, Board Secretary and Hea[illegible] Board B[illegible]ness Uni[illegible]
- 25 September 2025 - Ap[illegible]oved the c[illegible]inuati[illegible]f the Acting Executive Director of Operati[illegible]nd Finance arr[illegible]nts for Angela Williams beyond six months, u[illegible]he substantive appointment was made
- 30 O[illegible]25 – Appr[illegible]l the appointment of Zoe Pietrzak to the role [illegible]ecutive D[illegible]or of Str[illegible]y, Finance and Performance
- [illegible]9 January 2026 [illegible]proved t[illegible]tire and return for Angela Williams, Acting Executive Di[illegible]tor of Operations and Finance for April 2026
- [illegible]2 February 2026 – A[illegible]proved the change to working hours for Iain Bell, [illegible]ctor of Researc[illegible]ata and Digital
- [illegible]ch 2026 - Ap[illegible]oved the acting updating arrangements for Neil Stoo[illegible]as Acti[illegible]hief Finance Officer

Voluntary Earl[illegible]ease/Redundancy/Settlement payments:

Approval of:

- 14 voluntary early releases, totalling £380,653
- 2 redundancies, totalling £76,481.

3. Salary and Pension Disclosures

3.1 Details of salaries and pension benefits for Senior Managers captured within

168/276

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 after 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 for the 2025/26 figure is 1.7% as set out in the Greenbook.

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. 2025/26 Staff Report

5.1 Number of Senior Managers

As of 31 March 2026, there were 9 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

169/276

Executive and Senior Posts pay scale: 8
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	[illegible] FTE	Collaborative Bank Staff FTE	[illegible] FTE	2024/25 Total FTE
Administrative, clerical and board members	1,418	32	17	3	1	1,471	1,425
Ambulance Staff	0		0	0	0	0	0
Medical and Dental	79	25			0	119	133
Nursing, Midwifery registered	92	6	0	0	0	98	104
Professional, scientific and technical staff	26	3	0	0	0	29	29
Additional Clinical Services	369	0	0	0	0	369	365
Allied Health Profession			0	0	0	65	69
Healthc Scient	366	0	0	0	0	366	372
Estates Ancillary	2	0	0	0	0	2	2
Students	0	0	0	0	0	0	0
Total	**2,4**	**66**	**19**	**16**	**1**	**2,519**	**2,499**

5.3 Staff Composition

The gender breakdown of the Senior Managers and other employees as of 31 March 2026 was as follows:

	Male	Female
Senior Managers	56%	44%
Other employees	26%	74%

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.

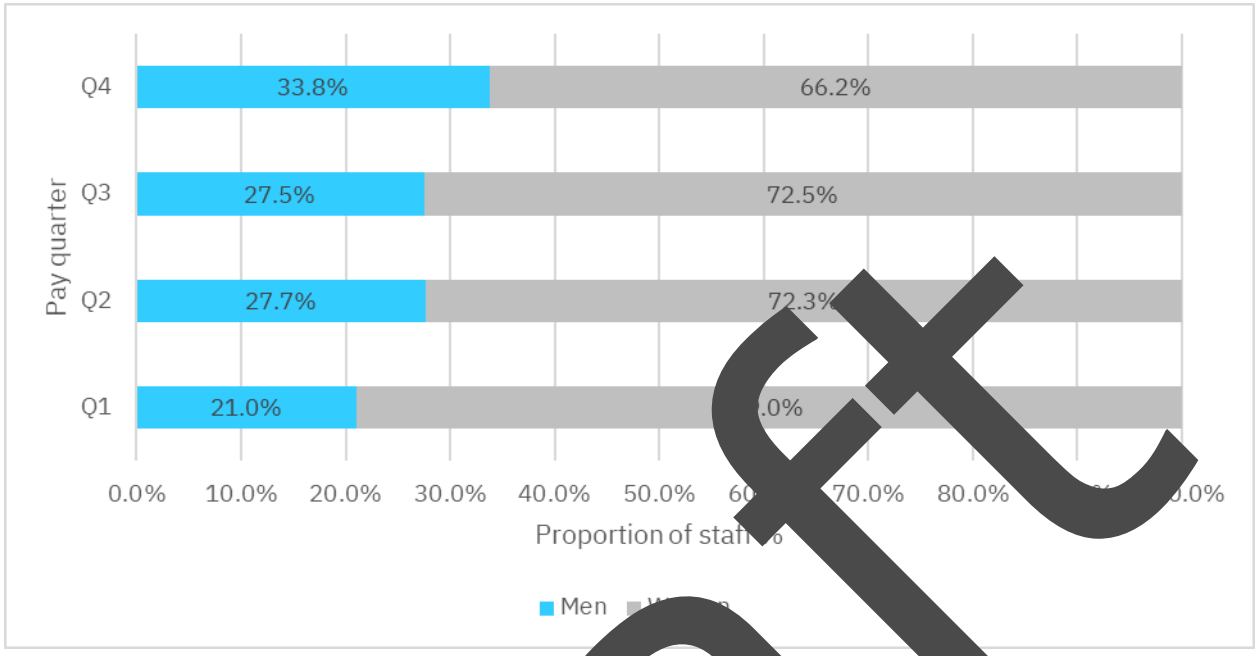
- mean gender pay gap in hourly pay;
- median gender pay gap in hourly pay;
- proportion of males and females in each pay quartile

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	07	58
Female		19.92
Difference	3.6	3.66
Pay Gap %	13.6%	15.5%

These figures highlight a gap between the pay of men and women in the organisation and has reduced from a mean pay gap of 14.5% and median gap of 17% last year. Analysis of the staff data shows that across most bands, the gender pay gaps are either zero or very small, and in some cases even favour women. Noticeable gaps only appear at senior levels in bands 8 and 9, and in band 8 this appears only in the median measure.

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



5.4 Sickness Absence data

The following table prov nformation on mber of days lost due to sickness during 2024/25 an 25/26

	2025-2026 Number	2024-2025 Number
lost (long term)	28,781	24,168
Days (short term)	12,660	12,175
Total day	41,441	36,343
Total staff yea	2,437	2,347
Average working days lost **per FTE**	17.00	15.50
Total staff employed in period (headcount)	2,710	2,617
Total staff employed in period with no absence (headcount)	1,215	1,094
Percentage staff with no sick leave	45%	42%

There has been an increase in headcount from 2024/2025 (92 additional staff).

172/276

The 2025/2026 sickness absence rate was 4.87% at the end of March 2026, and the 12-month rolling absence figure was 4.66%. When comparing this with 2024/25, the March 2025 figure was 4.20% and the 12-month rolling absence figure was 4.25%.

Sickness absence rates across Public Health Wales over 2025/2026 have seen an increase with number of days lost due to sickness absence up by 5,098 days from 2024/2025.

The percentage of staff recording no sickness ab ce has eased from 42% to 45%.

We have seen an increase in the number of days due to long t sickn absence, up by 4,613 days. All long-term sickness nce cases are d by a People and OD Advisor and are managed in e with the Managing Attendance at Work Policy (MAAW). Line Managers also able to access support for absence management by booki 0-minute R Clinic with one of the People and OD Advisors.

Training on the MAAW policy has be updat and inues to be delivered to managers throughout the organisation. W are still ing release of the e-Learning module for MAAW. e availab this will mandatory learning for all those staff within the org sation wh ve res sibility for line managing others.

5.5 Staff po d during financial year

Th ganisation has edule o iew for all of its workforce policies. We undertaken sever olicy development workshops in conjunction with Union colleagues, se have included the Family Leave Policy, Wellbeing Pol nd Managing the iry of Fixed Term Contracts Procedure.

When de ping our cies, we look to strike a balance between providing clear guida and a ing for flexibility. This reflects the culture we want to develop, one person-centred, inclusive and empowers managers to use discretion in ho ey use policies, recognising that one size does not fit all. The policies are designed to reinforce key aims of the People Strategy, cultural narrative, and language and content of Being Our Best and our People Promise.

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.

Annual Report 2025/26
Public Health Wales

173/276

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 201[illegible]. Public [illegible]ealth Wales operates a guaranteed interview scheme whereby d[illegible]e [illegible]pplicants are guaranteed an interview if they meet the essenti[illegible]equire[illegible]s of the person specification for the post they are applying fo[illegible]When inv[illegible] interview, all applicants are asked if any adjustments are requ[illegible]d to [illegible]able th[illegible] to attend.

Where a disabled candidate is appointed, Public H[illegible] Wales is respe[illegible]or carrying out any reasonable adaptations to the wor[illegible]r supplying additional equipment to assist the new employee in their rol[illegible]his usually follows assessment, advice and support from th[illegible]nisation's [illegible]upational Health providers.

In September 2025, we were rea[illegible]ssed [illegible] aw[illegible]d Disability Confident Leader Status. A lot of work was put into [illegible]viewing [illegible]improving processes, awareness and our environm[illegible]o get us[illegible] this sta[illegible] and the feedback from disabled staff has been positi[illegible]. This also l[illegible]ds on o[illegible]reputation as an inclusive employer, building confi[illegible]n[illegible] for staff and [illegible]ve job applicants.

In October 2024, we were[illegible]rded Gold level with Distinction which is the highest l[illegible]ultural Co[illegible]tence Scheme which is run by Diverse Cymru. The C[illegible]ral Compe[illegible]e award [illegible]des an assessment in the following areas – En[illegible]nment, Manage[illegible]t Comm[illegible]ent, Communication, Consultation and [illegible]agement, Cultural U[illegible]rstanding, Wider Equality Understanding, Monitoring [illegible]mes and Policies a[illegible] Procedures. We continue to lead within the NHS to rec[illegible] this level of awar[illegible]

The All Wa[illegible]Man[illegible]g Attendance at Work Policy has a focus on managers knowing and u[illegible]tanding their staff, and working in partnership to support individuals in the [illegible]orkplace. 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.

174/276

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 concerns 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 for doing so. Any matters 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 Conversation' process, supported by a rolling programme of training opportunities and continuous 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 redeployment Policy and Voluntary Early Release Scheme. During 2023, additional guidance has been developed for staff managing organisational change and signposting support for colleagues experiencing change.

5.6 Other Employee Matters

Our Staff Diversity Networks continue to grow and embed themselves within the organisation and offer support and a sense of belonging to network members.

Our network members have been involved with the development and updates to several organisational policies, processes and initiatives.

In January 2026, 34% of our staff are part of one or more of our networks. We have staff networks for Women, Carers, LGBTQ+, Disabled, Neurodiverse, Ethic Minority and Welsh speakers and staff wanting to learn the language. In 2025,

175/276

we relaunched our Men's Network and our Women's Network set up a Moon Cafe to support staff across the organisation.

In 2025, our networks have held a range of speaking and awareness raising events, promoted celebratory days through intranet articles as well as attended Pride Cymru in Cardiff which has provided opportunities for staff to celebrate their identities and cultural heritage.

5.7 Expenditure on Consultancy and Temporary st

For the purposes of the statutory accounts, nsult y is d ed as time limited/ad-hoc assignments that are not consider be related t e day-t day activities of the Trust. This can include expend on services su

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

During 2025/26, Public H Wales' expe consultancy was £1.477m compared to £1.355m in /25.

Expendi porary f during 2025/26 amounted to £1.645m com d to £2.88 2024/25

5.8 Assurance for Off-P roll Engagements

The T is required to d lose any arrangements it has whereby individuals are paid thr their ow mpanies or off-payroll. Where off-payroll payments have been le, the ust has sought assurance from all relevant parties that the appropr arrangements are in place. Full details of these arrangements 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 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. £52,967 of these exit packages relate to NHS Performance and Improvement.

Table 1	2025-26	2025-26	2025-26	2025-26	2024-25
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	1	3	**4**	0	**2**
£10,000 to £25,000	0	4	**4**	0	**1**
£25,000 to £50,000	0	6	**6**	0	**0**
£50,000 to £100,000	1	1	**2**	0	**2**
£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**	**14**	**16**	**0**	**5**
	2025-26	**2025-26**	**2025-26**	**2025-26**	**2024-25**
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	5,251	22,013	**27,264**	0	**14,875**
£10,000 to £25,000	0	68,635	**68,635**	0	**10,000**
£25,000 to £50,000	0	221,540	**221,540**	0	**0**
£50,000 to £100,000	71,230	68,465	**139,695**	0	**170,257**
£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	**76,481**	**380,653**	**457,134**	**0**	**195,132**

177/276

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: Da[illegible]une 2026

Dr Tracey Cooper
Chief Executive and Accountable Officer, Pub[illegible] Wales

178/276

Annex 1a – Single Figure of Remuneration 2025 - 26

Name and Title	Salary (bands of £5,000) £000	Bonus payments (bands of £5,000) £000	Ben[illegible]s in kind ([illegible]rest £1[illegible] £	Pension ben[illegible] (ba[illegible] of £2,500) £000	Total (bands of £5,000) £000
Dr Tracey Cooper, Chief Executive	190 - 195	0	0	60 – 62.5	250 - 255
Angela Williams Executive Director of Operations and Finance [1, 2, 10]	130 - 135		[illegible]00	292.5 - 295	425 - 430
Claire Birchall, Executive Director of, Nursing, Quality & Integrated Governance	125 - 130	0	[illegible]	65 – 67.5	190 - 195
Dr Sumina Azam, National Director of Policy and International Health, World Health Organisation Collaborating Centre [3]	130 - 135	0	1500	50 – 52.5	185 - 190
Neil Lewis, Director of People and Organisational Development [4, 7]	[illegible]30	0	2400	70 – 72.5	200 - 205
Dr Fu-Meng Khaw, National Director Health Protection and Screening S[illegible]ices and Medical Director	190 - 195	0	0	75 – 77.5	265 - 270
Iain Bell, Director of Research, Data a[illegible] Digital [5]	150 - 155	0	0	0	150 - 155
Jim McManus, National Director of Health and Wellbeing	145 - 1[illegible]	0	0	35 – 37.5	180 - 185
Paul Veysey, Board Secretary and Head of Board Business Unit [6]	[illegible]145	0	0	27.5 - 30	165 - 170
Non Executive Directors:					

179/276

Pippa Britton OBE	40 – 45	0	0	0	40 – 45
Claire Jenkins	20 – 25	0	0	0	20 – 25
Professor Sian Griffiths CBE	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	5 - 10	0	0	0	5 – 10
Huw David [8]	5 - 10	0	0	0	5 – 10
Catherine Purcell [9]	0 - 5	0	0	0	0 - 5

Due to a clarification in reporting requirements within the NHS Wales Manual for Accounts, the presentation of salary contributions changed between years. In 2024–25, salaries were reported gross, before any deductions in respect of car lease salary sacrifice arrangements. In 2025–26, salaries are reported net of car lease salary sacrifice deductions. This change in presentation should be considered when making year-on-year comparisons.

The pension benefit is not an amount which has been paid to an individual by the trust during the year, it is a calculation which uses information from the pension benefit table. These figures can be influenced by many factors e.g. changes in a persons salary, whether or not they choose to make additional contributions to the pension scheme from their pay and other valuation factors affecting the pension scheme as a whole.

Notes:

1. With effect from 1 April 2025, Huw George was seconded to WJCC, and Angela Williams was appointed Interim Director of Operations and Finance in his place; Angela Williams held this role for the full financial year.
2. The salary value shown excludes a salary sacrifice of £6,383.68 in respect of a personal lease car (AW). Including this amount the salary band would be £140,000-£145,000.
3. The salary value shown excludes a salary sacrifice of £7,864.69 in respect of a personal lease car (). Including this amount the salary band would be £140,000-£145,000.
4. The salary value shown excludes a salary sacrifice of £9,335.82 in respect of a personal lease car (NL). Including this amount the salary band would be £135,000-£140,000.
5. On 1st March 2026, Iain Bell changed his working hours to 34 per week. The salary figure shown also reflects a reduction for the purchase of additional annual leave. Excluding the period of unpaid annual leave and reduction of hours, the applicable FYE salary band would be £155,000–£160,000.
6. On 7 August, the Remuneration and Terms & Conditions of Service Committee approved a change to Paul Veysey's salary to reflect changes to the role and responsibilities of the Board Secretary and Head of the Board Business Unit. The salary figure disclosed includes a one-off payment in respect of back pay from 14 June 2023, arising from this change in grade. The salary figure shown also reflects a reduction for the purchase of additional annual leave. Excluding this back-pay element and annual leave purchase the applicable FYE salary band would be £115,000–£120,000.
7. On 7 August, the Remuneration and Terms & Conditions of the Committee approved a change to Neil Lewis's salary to reflect changes to the role and responsibilities of the Director of People and Organisational Development. The salary figure disclosed includes a one-off payment in respect of back pay from 1 April 2023, arising from this change in grade. Excluding this one-off payment, the applicable salary band would be £115,000-£120,000.
8. On 6th May 2025, Huw David was appointed as a Non-Executive Director and stepped down on 31st December 2025.
9. On 27th October 2025, Catherine Purcell was appointed as a Non-Executive Director.

180/276

10. Angela Williams retired on 31 March 2026 and returned on 1 April 2026 as Acting Executive Director of Operations a[illegible]nance, [illegible]e commencement of the new permanent Director in May 2026. A provision has been recognised for an estimated NHS Pension Final Pay Control charge arising from th[illegible]irement o[illegible]rch 2026. The charge is subject to assessment and confirmation by NHS Pensions, and the provision represents management's best estimate based on information [illegible]able at the [illegible]ate.

181/276

Annex 1b - Single Figure of Remuneration (2024/25) (Audited)

Name and Title	Salary (bands of £5,000) £000	Bonus payments (bands of £5,000) £000	Benefits in kind (to nearest £100) £	Pension benefits (bands of £2,500) £000	Total (bands of £5,000) £000
Dr Tracey Cooper, Chief Executive	185 - 190	0	0	60 – 62.5	245 - 250
Huw George, Deputy Chief Executive and Executive Director of Operations and Finance[1, 2, 3]	150 - 155		0	27.5 - 30	175 - 180
Claire Birchall, Executive Director of, Nursing, Quality & Integrated Governance [4]	120 - 125	0	0	117.5 - 120	240 - 245
Dr Sumina Azam, National Director of Policy and International Health, World Health Organisation Collaborating Centre [5]	135 - 140	0	1100	50 – 52.5	185 - 190
Neil Lewis, Director of People and Organisational Development [6]	115 - 120	0	1700	37.5 - 40	155 - 160
Dr Fu-Meng Khaw, National Director Health Protection and Screening Service and Medical Director	185 - 190	0	0	80 – 82.5	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 – 37.5	175 - 180

182/276

Paul Veysey, Board Secretary and Head of Board Business Unit	85 - 90	0	0	22.5 - 25	110 - 115
Non Executive Directors:					
Jan Williams OBE[7]	5 - 10	0		0	5 - 10
Pippa Britton OBE [8]	10 - 15	0	0	0	10 - 15
Clare Jenkins [9]	20 - 25	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	5 - 10
Nick Elliott [11]	25 - 30			0	25 - 30
Tamsin Ramasut	5 - 10	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 salary 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 perso
4. Claire Birchall was permanently appointed to Executive Director of Nursing and Allied Health Professionals with effect from 12th August 2024
5. Salary includes £7,960.20 sacrificed in respect of personal lease car
6. Salary includes £8,046.48 sacrificed in respect of 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 December 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

183/276

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 2026	Lump sum at pension age related to accrued pension at 31 Mar 202	Cash Equivalent Transfer Value at 31/03/26	Cash Equivalent Transfer Value at 31/03/25	Real increase in Cash Equivalent Transfer Value	Employer contribution to partnership pension account
	(bands of £2,500)	(bands o £2,5	(bands o £5,000)	(ban of 00)				To nearest £100
Name and Title	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Dr Tracey Cooper, Chief Executive		– 2.5	70 - 75	70 - 75	1,398	1,287	65	0
Angela Williams, Executive Director of Operations and Finance[3]	12.5 - 15	32.5	60 - 65	160 - 165	0	1,122	0	0
Claire Birchall, Executive Director of, Nursing, Quality & Integrated Governance	- 5	2.5	50 - 55	125 - 130	1,147	1,042	71	0
Dr Sumina Azam, National Director of Policy and International Health, World Health Organisation Collaborating Centre	2.5 - 5	0 – 2.5	45 - 50	105 -110	948	869	47	0

184/276

Neil Lewis, Director of People and Organisational Development	2.5 - 5	0	60 - 65	[illegible]	[illegible]88	846	62	0
Dr Fu-Meng Khaw, National Director for Health Protection and Screening Services and Medical Director	5 – 7.5	5 – 7.5	90 - 95	230 [illegible]	222	[illegible]1	27	0
Iain Bell, Director of Research, Data and Digital [1]	0	0	0	0	0	0	0	0
Jim McManus, National Director for Health and Wellbeing[2]	2.5 - 5	0	10 [illegible]5	[illegible]	115	190	0	0
Paul Veysey, Board Secretary and Head of Board Business Unit	0 – 2.5	0	10 - 15	0	140	108	12	0

Notes

1. Iain Bell is not a member of the NHS Pension Scheme
2. This member is over the Normal Retirement Ag[illegible]e. No CETV ([illegible]quivalent Transfer Value) is reported for this element of the pension.
3. The member retired on 31 March 2026; the[illegible]a CETV is not [illegible]d at year en[illegible]

185/276

Annex 3 – Pay Policy Statement 2025/26

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 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 Executive 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

The "lowest-paid employees" within Public Health Wales are paid £25,313 per annum (£12.98 per hour) in accordance with the nationally set Pay Bands and pay points in Wales.

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 01 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;
- 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 management is to share all vacancies and opportunities internally to encourage career mobility and development of our employees. In addition, through our workforce planning processes 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.

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 - £127,523

Lowest point - £25,313

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 arrangements 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 sta

Public Health Wales, in keeping with the w er NHS, s that all of its employees are paid the living wage.

190/276

Part C
Senedd Cymru/Welsh Parliamentary Accountability and Audit Report

191/276

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 £**38,000** claims for alleged medical or employer negligence against us have b assess ving a possible chance of succeeding. If the claims were to succe agai us, £**8,000** of this figure would be recoverable from the Welsh Risk Po efore, the liabilit Public Health Wales NHS Trust is **£130,000.**

192/276

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 2026 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 2026 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 thereunder 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 entities 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 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 parts 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;
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

Responsibilities of the Directors and the Chief Executive for the financial statements

As explained more fully in the Statement of Directors' and Chief Executive's Responsibilities, 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 instances of non-compliance;
    - detecting and responding to the risks of fraud and whether they have knowledge of 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 Name 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 Trust;
- 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, the Audit Committee and legal advisors about actual and potential litigation and claims;

- reading minutes of meetings of those charged with governance and the Board;
- 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 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 sufficient evidence 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

Date: 26 June 2026

1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

Annual Report 2025/26

Section 3: Financial Statements and Notes

198/276

Public Health Wales NHS Trust

Foreword

These accounts for the period ended 31 March 2026 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, [illegible] community level.

Public Health Wales NHS Trust originally incorporated the functions [illegible] services previously provided by the National Public Health Service (NPHS), Wales Centre for Health (WCH), Welsh Cancer Intelligence Surveillance Unit (WCISU), Congenital Anomaly Register and Information Service (CARIS), [illegible] 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). In response due to a system wide public health challenge around the long-term impact on population health and to subsequently support 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 from 2016 until 2023 and the Finance Delivery Unit until 2023. 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, the Finance Delivery Unit, and the Delivery Unit which transferred from Swansea Bay University Health Board (SBUHB).

Additional programmes 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. On 1 April 2024, the Value Centre transferred from Cwm Taf Morgannwg University Health Board (CTMUHB). The Six Goals for Urgent and Emergency Care National Programme and the Strategic Programme for Primary Care transferred from Aneurin Bevan University Health Board (ABUHB). On 1 September 2024, Technology Enabled Care Cymru transferred from ABUHB.

From 1 June 2025 the NHS Executive changed its name to NHS Performance and Improvement (NHS P&I) following a recommendation in the Ministerial Advisory Group report that was published in April 2025.

Performance Management and Financial Results

Welsh Health Circular WHC/2015/014 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 2025-26. 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.

199/276

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2026

	Note	2025-26 £000	2024-25 £000
Revenue from patient care activities	3	241,264	230,309
Other operating revenue	4	35,594	33,591
Operating expenses	5.1	(277,266)	(264,592)
Operating (deficit)/surplus		(408)	(692)
Investment revenue	6	640	917
Other gains and losses	7	6	124
Finance costs	8	(150)	(154)
Retained surplus	2.1.1	[illegible]	195
Other Comprehensive Income			
Items that will not be reclassified to net operating costs:			
Net gain/(loss) on revaluation of property, plant and equipment		657	
Net gain / (loss) on revaluation of right of use assets		0	0
Net gain/(loss) on revaluation of intangible assets		0	0
Net gain/(loss) on revaluation of financial assets			0
Net gain/(loss) on revaluation of PPE and Intangible assets h[illegible]or sale		0	0
Impairments and reversals		(75)	0
Movements in other reserves		59	42
Transfers between reserves		0	0
Reclassification adjustment on disposal of [illegible] for sale financial a[illegible]		0	0
Reserves eliminated on dissolution		0	0
Sub total		641	138
Items tha[illegible] be reclassified subseq[illegible] to net oper[illegible]g costs			
Net ga[illegible] on revaluation of financial as[illegible] held for sale		0	0
Sub total		0	0
Total other comp[illegible]sive income for [illegible]year		641	138
Total comprehensive inc[illegible] year		729	333

The notes on pages 6 to 76 form part of these accounts.

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2026

		Note	31 March 2026	31 March 2025
			£000	£000
Non-current assets	Property, plant and equipment	**13**	**19,705**	21,254
	Right of Use Assets	**13.3**	**6,999**	7,921
	Intangible assets	**14**	**2,721**	1,359
	Trade and other receivables	**17.1**	**348**	981
	Other financial assets	**18**	**213**	378
	Total non-current assets		**29,986**	31,893
Current assets	Inventories	**16.1**	**1,325**	1,263
	Trade and other receivables	**17**	**19**	22,557
	Other financial assets	**18**	**182**	182
	Cash and cash equivalents	**19**	**8,392**	10,722
			0,018	34,724
	Non-current assets held for sale		**0**	0
	Total current assets		**3**	34
Total assets			**60,0**	17
Current liabilities	Trade and other payables		**(20,109)**	(27,896)
	Borrowings	**21**	**(2,167)**	(2,099)
	Other financial liabilities	**22**	**0**	0
	Provisions	**23**	**(4,984)**	(1,774)
	Total current liabilities		**(27,260)**	(31,769)
Net current assets/(liabilities)			**2,758**	2,955
Total assets less current liabilities			**32,744**	34,848
Non-current liabilities	Trade and other payable	**20**	**0**	0
	Borrowings	**21**	**(3,248)**	(4,337)
	Other financial lia	**22**	**0**	0
	Provisions	**23**	**(2,944)**	(3,553)
	-current liabi		**(6,192)**	(7,890)
Total assets yed			**26,552**	26,958
Financ Taxpayers' equity:				
	Public dividend ca		**20,103**	21,238
	Retained earnings		**4,611**	4,464
	Revaluation reser		**1,838**	1,256
	Other reserves		**0**	0
	taxp equity		**26,552**	26,958

The financial statements were approved by the Board on xx xxxx 2026 and signed on behalf of the Board by:

Dr Tracey Cooper, Chief Executive and Accountable Officer

Date: xx xx 2026

The notes on pages 6 to 76 form part of these accounts.

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

2025-26	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Total £000
Changes in taxpayers' equity for 2025-26				
Balance as at 31 March 2025	**21,238**	**4,464**	**1,256**	**26,958**
NHS Wales Transfer	**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 2025	**21,238**	**4,464**	**1,256**	**26,958**
Retained surplus/(deficit) for the year		**88**		**88**
Net gain/(loss) on revaluation of property, plant and equipment				**6**
Net gain/(loss) on revaluation of right of use assets			**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 PPE and Intangible assets held for sale			**0**	**0**
Net gain/(loss) on revaluation of financial assets held for sale			**0**	**0**
Impairments and reversals		**0**	**(75)**	**(75)**
Gain/(Loss) on other reserve move		**59**	**0**	**59**
Transfers between reserves		**0**	**0**	**0**
Reclassification adjustment on disposal o available for sal		**0**	**0**	**0**
Reserves e ated on dissolu	**0**	**0**	**0**	**0**
Total in movement	**0**	**147**	**582**	**729**
New Dividend Capital received	**0**			**0**
Public D Capital repaid in year	**(1,135)**			**(1,135)**
Public Divid apital extinguished/ ten off	**0**			**0**
PDC Cash Due bu issued	**0**			**0**
Other movements in	**0**			**0**
Balance at 31 March 2026	**20,103**	**4,611**	**1,838**	**26,552**

The notes on pages 6 to 76 form part of these accounts.

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

2024-25	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Total £000
Changes in taxpayers' equity for 2024-25				
Balance 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
Balance at 1 April 2024	22,077	4	,166	27,464
Retained surplus/(deficit) for the year		95		195
Net gain/(loss) on revaluation of property, plant and equipment			9	
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
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale		0	0	0
Net gain/(loss) on revaluation of financial assets held for sale			0	0
Impairments and reversals			0	0
Net Gain/(loss) on Other Reserve		42	0	42
Transfers between reserves		6	(6)	0
Reclassification posal of available for inancial asse		0	0	0
Reserves inated on dissolution	0	0	0	0
Total r movement	0	243	90	333
New Pu ividend Capital received	0			0
Public Divi Capital repaid in year	(839)			(839)
Public Divide ital extinguished/writ ff	0			0
PDC Cash Due but sued	0			0
Other movements in PL	0			0
Balance at 31 March 2025	21,238	4,464	1,256	26,958

The notes on pages 6 to 76 form part of these accounts.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2026

	Note	2025-26 £000	2024-25 £000
Operating surplus/(deficit)	SOCI	(408)	(692)
Movements in working capital	30	(2,894)	(3,662)
Other cash flow adjustments	31	10,976	7,815
Provisions utilised		(713)	(1,352)
Interest paid		(124)	(127)
Net cash inflow (outflow) from operating activities		**6,837**	1,982
Cash flows from investing activities			
Interest received		640	893
(Payments) for property, plant and equipment		(3,689)	(2,577)
Proceeds from disposal of property, plant and equipment		34	71
(Payments) for intangible assets		(1,958)	(525)
Proceeds from disposal of intangible assets		0	0
Payments for investments with Welsh Government		0	0
Proceeds from disposals with Welsh Government			0
(Payments) for financial assets.		0	0
Proceeds from disposal of financial assets.		165	0
Net cash inflow (outflow) from investing activities		**(4,808)**	(2,138)
Net cash inflow (outflow) before financing		**2,029**	(156)
Cash flows from financing activities			
Public Dividend Capital received		**0**	0
Public Dividend Capital repaid		**(1,135)**	(839)
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 element [illegible] on-SOFP		**0**	0
Capital elem[illegible] payments in resp[illegible] on-SoFP		**0**	0
Capital e[illegible]nt of payments in respec[illegible]ight of Use A[illegible]ets		**(3,224)**	(2,188)
Cash[illegible]erred (to)/from other NHS W[illegible]bodies		**0**	0
Net cash[illegible]w (outflow) from financi[illegible]ctivities		**(4,359)**	(3,027)
Net increase[illegible]ase) in cash and c[illegible]equivalents		**(2,330)**	(3,183)
Cash [and] cash e[illegible]lents at the beginning [illegible] finan[illegible]year	**19**	**10,722**	13,905
Cash [and] cash equivalen[illegible] at the end of the financial year	**19**	**8,392**	10,722

The notes on pages 6 to 76 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 2025-26 Manual for Accounts. The accounting policies contained in that manual follow the 2025-26 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 the NHST 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 2018-2019, 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 IFRIC and 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 accounts for it if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is recognised 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 2025-26. From 1 April 2024 an employer rate of 23.78% (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 the monthly payroll 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 the full 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 Other Note 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 ser potentia e 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 le 0 and individ have a cost of more than £250, where the assets are functionally interd dent, had broadly ltaneous purchase dates, are anticipated to have simultaneous disp dates an der single managerial control;

or

● items form part of the initial equip and setti up cost of new building, vehicle or unit, irrespective of their individual or collect cost.

Where a large asset, for examp uilding, includes a er of components with significantly different asset lives, the component treated as separate assets and depreciated over their own useful economic li

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 local requirements of the service being provided, an alternative site can be valued. Public Health Wales NHS Trust applies 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 individual 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 fair 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 valued 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 practicable 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, 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 is 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 is 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 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 effect 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 Trust has applied the practical expedient offered in the standard per paragraph C3 to apply IFRS 16 to contracts 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, Public Health Wales NHS Trust has measured the right of use assets for leases previously classified as operating leases under 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 in accordance with C10 (e) of IFRS 16.

Due to the 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 no other expedients or elections 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 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. Where 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. Public Health Wales 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 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.[illegible]% has been applied to the liabilities recognised at the date of initial application of IFRS 16.

Where changes in future payments result from a change in an index or rate or rent review, the lease liability is remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset the entity applies a revised rate to the remaining lease liability.

Where existing leases are modified, Public Health Wales 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 assets 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 Public Health Wales NHS Trust net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the 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 [illegible] the lower [illegible] and net realisable value using the weighted average or "first-in first-out" cost fo[illegible]ula, it s[illegible]uld be [illegible]gnised that the NHS is a special case in that inventories are not generally he[illegible]r th[illegible]tention of [illegible]e and inde[illegible] there is no market readily available where such items could be s[illegible]entories are va[illegible]t cos[illegible] this is considered to be a reasonable approximation to fair valu[illegible] the high turnov[illegible]ks. Work-in-progress comprises goods in intermediate stages of productio[illegible]artially 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 finan[illegible] institutio[illegible]able without penalty on notice of not more than 24 hours. Cash equivalents are [illegible]estment[illegible]at m[illegible] in 3 months or less from the date of acquisition and that are readily convertible to kno[illegible] amounts[illegible]sh with insignificant risk of change in value. In the Statement of Cas[illegible]ws (SoCF[illegible] ash and c[illegible] quivalents are shown net of bank overdrafts that are repayable on d[illegible]nd and that[illegible]m an inte[illegible] part of the cash management.

1.14 Provisions

Provisions are recognised when Pu[illegible]ealth Wales NHS Trust has a present legal or constructive obligation as a re[illegible] f a past even[illegible]s probable that Public Health Wales NHS Trust will be required to s[illegible] and a rel[illegible] estimate can be made of the amount of the obligation. The amo[illegible]ecognised as [illegible]vision is th[illegible]st estimate of the expenditure required to settle the obligati[illegible]t the end of the rep[illegible] period, ta[illegible]into account the risks and uncertainties. Where a pro[illegible] is measured using the c[illegible] flows estimated to settle the obligation, its carrying amount is the pres[illegible]lue of those cash flows [illegible]g the discount rate supplied by HM Treasury.

When so[illegible] all of the economic[illegible]efits required to settle a provision are expected to be recovered from a third[illegible] the receivable [illegible]ecognised as an asset if it is virtually certain that reimbursements will be receive[illegible] the amount[illegible]he receivable can be measured reliably.

Present obligations[illegible]g[illegible]r onerous contracts are recognised and measured as a provision. An onerous contract is [illegible]ered to exist where the NHS Trust has a contract under which the unavoidable costs of m[illegible]eting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the 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 2025-26. 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 statutory legislation, The NHS (Clinical Negligence Scheme) (Wales) Regulations 2019 which came into force on 1 April 2019.

1.15 Financial Instruments

From 2018-2019 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 the 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 have 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 securities are included in the balance sheet at mid-market price, and where holdings are subject to bid offer pricing the 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 NHS Wales organisations 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 general 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 the 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 this 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 Trust has not entered into pooled budgets with Local Authorities. Under the arrangements funds are pooled in accordance with section 33 of the NHS (Wales) Act 2006 for specific activities defined in the Pooled budget Note.

The pool budget is hosted by one NHS Wales's organisations. Payments for services provided are accounted for as miscellaneous income. The NHS Wales organisation accounts for its share of the assets, liabilities, income and expenditure from the activities of the pooled budget, in accordance with the pooled budget arrangement.

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 the NHS Trust, the full cost is recognised in year and recorded 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	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 Department actuarial tables (Ogden tables) and Personal Injury Discount Rate (PIDR).

Future liabilities for certain & probable cases with a probability of 95%-100% and 50%-94% respectively are recognised 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 discounting 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

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 a whose existence will be confirmed by the occurrence or non-occurrence of one or more ertai events not wholly within the control of Public Health Wales NHS Trust. A continge sset is d ed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are dis d their present e.

Remote contingent liabilities are those that are disclosed under P ntary reporting re nts and not under IAS 37 and, where practical, an estimate of their financial t is required.

1.29 Absorption accounting

Transfers of function are accounted for as either by ger or absorption a ting, dependent upon the treatment prescribed in the FReM. Abs on acco quires that entities account for their transactions in the period in which they took ce with estate t of performance required.

For transfers of functions involving NHS W s Trusts in eipt of Pu idend Capital (PDC) the double entry for the fixed asset NBV valu the net m ment in as s is PDC.

1.30 Accounting standards that h en issued but adopted

The following accounting standards h been issued and or amended by the IASB and IFRIC but have not been adopt because they are yet required to be adopted by the FReM:

IFRS14 Re ry Defer ounts -No endorsed. Applies to first time adopters of IFRS after 1 Ja y 2016. Therefore pplicable.

IFRS resentation and Disclos in Financial Statements - Application required for accounting periods nning on or after 1 Janu 2027. Standard is not yet UK endorsed and not yet adopted by the FReM adoption is not perm d.

IFRS 19 Sub ries without blic Accountability: Disclosures - Application required for accounting period inning on after 1 January 2027. Standard is not yet UK endorsed and not yet adopted by the FRe rly a ion is not permitted.

1.31 Accounting standards issued that have been adopted early

During 2025-26 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.

The determination of control is an accounting standard test of control and there has been no change to the operation of the Public Health Wales NHS Trust Charitable Funds which is independence in its management of charitable funds.

However the organisation has with the agreement of the Welsh Government adopted the IAS 27(10) exemption to consolidate. Welsh Government as the ultimate parent of the NHS Wales organisations will disclose the Charitable Accounts in the Welsh Government Consolidated Accounts. Details of transactions with the charity are included in the related parties note.

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 when 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 perfor			2023-24 to 2025-26
	2023-24	2024-2	5-26	Financial
	£000	£	00	duty
				£000
Retained surplus	51	5	8	334
Less Donated asset / grant funded revenue adjustment	0		0	(34)
Adjusted surplus/ (Deficit)	51	16	88	300

Public Health Wales NHS Trust has met its financial duty to break even over the 3 years 2023-24 to 2025-26.

2.1.2 Integrated Medium Term Plan (IMTP)

The NHS Wales Planning Framework for the period 2025-2028 issued to Trusts placed a requirement upon them to prepare Integrated Medium Term Plans to the Welsh Government.

The Trust submitted an Integrated Medium Term Plan for the period 2025-2028 in accordance with NHS Wales Planning Framework. This was approved by the Minister for Health and Social Services on 30th June 2025.

The Minister for Health and Social Services approval status.

Status	**Approved**
Date	30/06/2025

Public Health Wales NHS Trust has therefore met its statutory duty to have an approved financial plan.

2. Financial Performance (cont)

2.2.1. Capital Resource Limit

Capital Resource Limit	31 March 2026 £000
Gross capital expenditure	6,180
Less: Disposals	(29)
Less: Donated and Government granted additions	0
Less: Peppercorn leased capital additions	0
Charge against Capital Resource Limit	
Capital Resource Limit	
(Over) / Underspend against Capital Resource Allocation	

Public Health Wales NHS Trust has met its financial duty to break[illegible]ainst its Capital Re[illegible] limit for 2025-26

2.3. Creditor payment

The Trust is required to pay 95% of the numbe[illegible] non-NHS [illegible] within 30 d[illegible] receipt of goods or a valid invoice (whichever is the later). The T[illegible] has achiev[illegible]e followin[illegible]esults:

	2025-26	2024-25
Total number of non-NHS bills paid	21,413	23,181
Total number of non-NHS bills paid within[illegible]t	20,833	22,738
Percentage of non[illegible]d within targ[illegible]	97.3%	98.1%

The Trust has[illegible]he targ[illegible]

3. Revenue from patient care activities	2025-26 £000	2024-25 £000
Local health boards	0	0
NHSW Joint Commissioning Committee	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	186,053	177,683
Welsh Government - Hosted Bodies	55,211	52,626
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	241,264	230,309

Injury Cost Recovery (ICR) Scheme income:

	2025-26 %	2024-25 %
To reflect expected rates of collection ICR income is subject to a provision for impairment of:	0.00	0.00

4. Other operating revenue	2025-26 £000	2024-25 £000
Income generation	670	672
Patient transport services	0	0
Education, training and research	2,501	2,555
Charitable and other contributions to expenditure	0	0
Receipt of Covid Items free of charge from other NHS ales Organisation	0	0
Receipt of Covid Items free of charge from oth sations	0	0
Receipt of donations for capital acquisitions	0	34
Receipt of government grants for capital acquisition	0	0
Right of Use Grant (Pe	0	0
Non-patient care s	0	0
Right of Use A ub-leasing rental in	245	209
Rental reve om finance leases	0	0
Rental r e from operating leases	0	0
Other re		
Provisi thology/microbiology service	25,133	24,571
Accommo nd catering charges	0	0
Mortuary fees	0	0
Staff payments fo f cars	0	0
Business unit	0	0
Scheme Pays Reimburs N	0	0
Other	7,045	5,550
Total	35,594	33,591
Total Patient Care and Operating Revenue	276,858	263,900
Other revenue comprises:		
Grants - LA	0	0
Grants - Other	1,299	488
LHB & Trusts - Non Core Income	2,040	1,505
WG - Non Core Income	0	0
Staff Recharge	3,641	3,538
Other	65	19
Total	7,045	5,550

The £245k 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 Quarter.

5. Operating expenses	2025-26	2024-25
5.1 Operating expenses	**£000**	£000
Local Health Boards	**31,257**	29,218
Welsh NHS Trusts	**3,411**	3,233
Welsh Special Health Authorities	**2,179**	1,517
Goods and services from other NHS bodies	**0**	0
Goods and services from NHSW JCC	**884**	634
Local Authorities	**4,509**	4,299
Purchase of healthcare from non-NHS bodies	**0**	0
Welsh Government	**0**	0
Other NHS Trusts	**37**	100
Directors' costs	**2,139**	1,824
Operational Staff costs	**174,165**	161,147
Single lead employer Staff Trainee Cost	**1,540**	1,036
Collaborative Bank Staff Cost	**57**	71
Supplies and services - clinical	**2**	27
Supplies and services - general	**1,7**	41
Consultancy Services	**1,477**	1,355
Establishment	**9,466**	10,450
Transport	**901**	887
Premises	**9,321**	9,328
Impairments and Reversals of Receivables	**0**	0
Depreciation	**4,747**	4,874
Depreciation (RoU Asset)	**2,433**	2,149
Amortisation	**399**	319
Impairments and reversals of property, plant and equipment	**316**	(4)
Fixed asset impairments and reversals (RoU Asse	**0**	0
Impairments and reversals of intangible assets	**0**	0
Impairments and reversals of financial assets	**0**	0
Impairments and reversals of non current held for sale	**0**	0
Audit fees	**208**	197
Other auditors' remuneration	**0**	0
Losses, special payments and irrecoverable de	**256**	199
Research and de	**0**	0
Expense relat short-term leas	**6**	14
Expense re to low-value asset le excluding sh m leases)	**14**	2
Other o g expenses	**1,438**	1,844
Total	**277,266**	264,592

5. Operating expenses (continued)
5.2 Losses, special payments and irrecoverable debts:

Charges to operating expenses **Increase/(decrease) in provision for future payments:**	**2025-26** **£000**	2024-25 £000
Clinical negligence;-		
Secondary care	**2,264**	1,116
Primary care	**0**	0
Redress Secondary Care		0
Redress Primary Care	**0**	0
Personal injury	**58**	153
All other losses and special payments	**0**	0
Defence legal fees and other administrative costs		27[illegible]
Structured Settlements Welsh Risk Pool	**0**	
Gross increase/(decrease) in provision for future payments	**2,516**	[illegible]489
Contribution to Welsh Risk Pool	**0**	0
Premium for other insurance arrangements	**0**	0
Irrecoverable debts	**(11)**	6
Less: income received/ due from Welsh Risk Pool	**(2,249)**	(1,296)
Total charge	**256**	199

	2025-26 **£**	2024-25 £
Permanent injury included within personal injury:	**17,907**	118,351

6. Investment revenue	2025-26	2024-25
Rental revenue :	**£000**	£000
PFI/MIM finance lease revenue:		
Planned	**0**	0
Contingent	**0**	0
Other finance lease revenue	**0**	0
Interest revenue:		
Bank accounts	**621**	893
Other loans and receivables	**0**	0
Impaired financial assets	**0**	0
Other financial assets	**19**	24
Total	**640**	917

7. Other gains and losses	025-26	202
	£000	£0
Gain/(loss) on disposal of property, plant and equipment	**27**	(18)
Gain/(loss) on disposal other than by sale of right of use assets	**5)**	142
Gain/(loss) on disposal of intangible assets		0
Gain/(loss) on disposal of assets held for sale		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 me state	**0**	0
Change in fair value of financial liabilities at fair value through income ment	**0**	0
Recycling of gain/(loss) from equity on disposal of fi l assets he r sale	**0**	0
Total	**6**	124

8. Finance co	2025-26	2024-25
	£000	£000
Interest ans and overdrafts	**0**	0
Interest igations under finance leases	**0**	0
Interest on ions under Right of Use Le s	**127**	131
Interest on obli s under PFI/MIM contra		
ain finance cost	**0**	0
ingent finan st	**0**	0
Impact of IFRS 16 on PF MIM acts	**0**	0
Interest on late payment of debt	**0**	0
Other interest expense	**0**	0
Total interest expense	**127**	131
Provisions unwinding of discount	**23**	23
Periodical Payment Order unwinding of discount	**0**	0
Other finance costs	**0**	0
Total	**150**	**154**

9. Future change to SoCI/Operating Leases

9.1 Trust as lessee

As at 31st March 2026 the Trust had 25 leases agreements in place; 24 arrangements in respect of equipment and 1 in respect of the short term lease of property.

The periods in which the remaining agreements will expire are shown below:

	2025-26 Low Value & Short Term	2025-26 Other	2025-26 Total	2024-25 Total
Payments recognised as an expense				
	£000	**£000**	**£000**	£000
Minimum lease payments	**20**	**0**	**20**	16
Contingent rents	**0**		**0**	0
Sub-lease payments	**0**		**0**	0
Total	**20**	**0**	**20**	16

Total future minimum lease payments	**2025-26**	**-26**	**2**	-25
Payable:	**£000**	**£000**	**£**	£000
Not later than one year	**6**	**0**	**6**	8
Between one and five years	**5**		**5**	11
After 5 years	**0**		**0**	0
Total		**0**	**11**	19
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	**2025-26**	2024-25
	£000	£000
Rent	**0**	0
Contingent rent	**0**	0
Other	**0**	0
Total rental revenue	**0**	0

Total future minimum lease payments Receivable:	**2025-26**	2024-25
	£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)	Collaborative Bank Staff	Other Staff	2025-26 £000	2024-25 £000
	£000	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	123,272	7,810	1,645	1,172	42	0	133,941	125,745
Social security costs	16,095	0	0	161	5	0	16,261	12,490
Employer contributions to NHS Pensions Scheme	27,405	0	0	206	10	0	27,621	25,530
Other pension costs	277	0	0	0	0	0	277	0
Other post-employment benefits	0	0	0	0	0	0	0	0
Termination benefits	457	0	0	0	0	0	457	195
Total	167,506	7,810	1,645	1,539	57	0	178,557	163,960

Of the total above:		
Charged to capital	327	0
Charged to revenue	178,230	163,960
Total	178,557	163,960

Net movement in accrued employee benefits (untaken staff leave)	63	65

Included within Other pension costs is £269k (2024-25 £0k) of final pay control charges relating to ...iduals.

10.2 Average number of employees

	Permanently Employed	Staff ... Inward Secon...	Agency Staff	...list	Collaborative Bank Staff	Other Staff	2025-26 Total	2024-25 Total
	Number	...Number	Nu...	Numb...	...umber	Number	Number	Number
Administrative, clerical and board members	1,418	32	17		1	0	1,471	1,425
Medical and dental	79	25	2		0	0	119	133
Nursing, midwifery registered	9	6		0	0	0	98	104
Professional, scientific and technical staff		3		0	0	0	29	29
Additional Clinical Services		0	0	0	0	0	369	365
Allied Health Professions		0	0	0	0	0	65	69
Healthcare scientists	366	0	0	0	0	0	366	372
Estates and Ancillary	2	0	0	0	0	0	2	2
Students	0	0	0	0	0	0	0	0
Total	...2,417		19	16	1	0	2,519	2,499

The av... number is calculated using the full time ...alent (FTE) of employees.

10.3. Retirements du... ...ealth

	2025-26	2024-25
Number	3	3
Estimated additional pe... ...sts £	335,390	99,063

This note discloses the number ... pension costs for individuals who retired early on ill-health grounds during the year. These additional pension costs have been calculated on an averag... ...nd will be 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)	2025-26 Number of compulsory redundancies Whole numbers only	2025-26 Number of other departures Whole numbers only	2025-26 Total number of exit packages Whole numbers only	2025-26 Number of departures where special payments have been made Whole numbers only	2024-25 Total number of exit packages Whole numbers only
less than £10,000	1	3	4	0	2
£10,000 to £25,000	0	4	4	0	1
£25,000 to £50,000	0	6	6	0	0
£50,000 to £100,000	1	1	2	0	2
£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	14	16	0	5

Exit packages cost band (including any special payment element)	2025-26 Cost of compulsory redundancies £	2025-26 Cost of other departures	2025-26 Total cost of exit packages	2025-26 Cost of special payment element included in exit packages	2024-25 Total cost of exit packages £
less than £10,000	5,251	13			14,875
£10,000 to £25,000	0	3,635	68,	0	10,000
£25,000 to £50,000	0	221,540	221,54	0	0
£50,000 to £100,000	71,230	68,465	139,695	0	170,257
£100,000 to £150,000			0	0	0
£150,000 to £200,000				0	0
more than £200,000	0			0	0
Total	481	380,653		0	195,132

Total Exit Costs Pai	Total paid in year 2025-26 £	Total paid in year 2024-25 £
Exit co in year	153,362	122,697
Tot	153,362	122,697

This disclosure re number and value of ackages agreed in the year. Note: the expense associated with these departures may have ecognised in part ull in a previous period.

Redundancy and other de costs ha n paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS).

Where the Trust has agreed early ents, the additional costs are met by the Trust and not by the NHS Pensions Scheme. Ill-health retirement costs are met by th NHS Pensions Scheme and are not included in the table.

The exit packages reported in the above table relates to 16 employees.

10.5 Reporting of other compensation schemes - exit packages continued

10.5.2 Analysis of other departures	2025-26 Agreements Number	2025-26 Total value of agreements £
Type of other departures		
Voluntary redundancies including early retirement contractual costs	14	325,772
Contractual payments in lieu of notice	12	54,881
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring Welsh Government Approval	0	0
Other please specify	0	0
Total	26	380,653

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.

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			**£'000**			**£'000**
Chief Executive Total pay and benefits range			**190-195**			**185-190**
Highest paid Director Total pay and benefits range			**190-195**			
	2025-26	**2025-26**	**2025-26**	2024-25	2024-25	2024-25
	£	**£**		£	£	
Total pay and benefits mid-point	**Chief Executive**	**Employee**	**Ratio**	Chief Executive	Employee	Ratio
25th percentile pay ratio	**192,500**	**31,516**	**6.11**	187,500	30,420	6.27
Median pay	**192,500**	**47,529**	**4.05**	187,500	45,290	4.18
75th percentile pay ratio	**192,500**	**59,358**	**3.24**	187,500	57,295	3.30
Salary component of total pay and benefits						
25th percentile pay ratio	**192,500**	**30,615**		187,500	29,551	
Median pay	**192,500**	**47,280**		187,500	45,[illegible]	
75th percentile pay ratio	**192,500**	**59,358**		187,500	[illegible]	
Total pay and benefits mid-point	**Highest Paid Director**	**Employee**	**Ratio**	Highest Paid Director	[illegible]loyee	[illegible]tio
25th percentile pay ratio	**192,500**	**31,516**	**6.11**	0	[illegible]	0.00
Median pay	**192,500**	**47,529**	**4.05**	0	[illegible]	0.00
75th percentile pay ratio	**192,500**	**59,358**	**3.24**	0	[illegible]	0.00
Salary component of total pay and benefits						
25th percentile pay ratio	**192,500**	**30,615**		0	0	
Median pay	**192,500**	**47,280**		0	0	
75th percentile pay ratio	**192,500**	**59,358**		[illegible]	0	

In 2025-26, 6 (2024-25, 7) employees received remuneration in excess of the highest-pa[illegible]

Remuneration for all staff ranged from £23,875 to £319,229 (2024-25, £17,369 to £[illegible]), with the lo[illegible] relating to apprentices.

The all staff range includes directors (including the highest paid director) and exc[illegible]s pension b[illegible] of all empl[illegible]

Financial year summary

The median pay ratio is consistent with the pay, reward a[illegible]ion policies for the Trust's e[illegible]as a whole. All pay is in accordance with Welsh Government and NHS [illegible]s including Agenda for Change, [illegible]s a fair and transparent pay system.

10.6.2 Percentage Cha[illegible]	**2024-25 to 2025-26**	2023-24 to 2024-25
% Change fr[illegible]ous financial year in respect of Chi[illegible]tive	**%**	%
Sala[illegible]llowances	**2.7**	5.6
Perfo[illegible]ay and bonuses	**0.0**	0.0
% Change fro[illegible]s financial year in respect of highest [illegible]rector		
Salary and [illegible]s	**2.7**	0.0
Performance p[illegible]nuses	**0.0**	0.0
Average % Change fro[illegible]s financial year in respect[illegible]ployees takes as a whole		
Salary and allowance[illegible]	**3.7**	4.8
Performance pay and bo[illegible]	**0.0**	0.0

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 full actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years".

As 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 2026, is based on valuation data as at 31 March 2024, updated to 31 March 2026 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 minim[illegible] level [illegible]ntributions is 8% of a jobholder's qualifying earnings, for employers whose legal d[illegible]ies [illegible]ta[illegible]. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions unde[illegible]isting le[illegible]islation[illegible]alled qualifying earnings. Qualifying earnings are currently those between £6,240 [illegible] £50[illegible] for the [illegible]26 tax year (2024-25 £6,240 and £50,270).

Restrictions on the annual contribution limits were removed on 1st Ap[illegible] 2[illegible]

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.

	2025-26 Number	**2025-26 £000**	2024-25 Number	2024-25 £000
NHS				
Total bills paid in year	**3,457**	**58,396**	2,993	51,177
Total bills paid within target	**3,284**	**55,875**	[illegible]	48,092
Percentage of bills paid within target	**95.0%**	**[illegible]7%**	[illegible].3%	94.0%
Non-NHS				
Total bills paid in year	**21,413**	**10,10[illegible]**	[illegible]	107,142
Total bills paid within target	**20,833**	**[illegible]**	22,7[illegible]	104[illegible]
Percentage of bills paid within target	**97.3%**	**[illegible]%**	98.1%	[illegible]4%
Total				
Total bills paid in year	**24[illegible]**	**168,497**	[illegible]6,174	158,319
Total bills paid within target	**[illegible]17**	**[illegible],162**	[illegible]00	152,451
Percentage of bills paid within target	**97.0%**	**[illegible]%**	97.4%	96.3%

12.2 The Late Payment of Commercial [illegible]ts (Interest [illegible]ct 1998	**2025-26 £**	2024-25 £
Amounts included within finance cost[illegible] claims made unde[illegible]ation	**0**	0
Compensation pa[illegible]t recovery [illegible] under legislation	**0**	0
Total	**0**	0

13. Property, plant and equipment :

2025-26	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 2025	334	9,015	0	0	23,538	3,978	10,204	2,019	49,088
Indexation	2	866	0	0	0	0	0	0	868
Additions - purchased	0	378	0	0	883	375	1,231	72	2,939
Additions - donated	0	0	0	0	0	0	0	0	0
Additions - government granted	0	0	0	0	0	0	0	0	0
Additions - Initial recognition of MIMs funded ass	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	7	0	0	0	0	0	0	0	7
Impairments	0	(557)	0	0	0	0	0	0	(557)
Reclassified as held for sale	0	0	0	0	0	0	0		0
Disposals other than by sale	0	0	0	0	(431)	(200)	(		(1,885)
At 31 March 2026	343	9,702	0	0	23,990			91	50,460
Depreciation									
At 1 April 2025	0	3,736	0	0	14,20	1,569	,779	1,	27,834
Indexation	0	214	0	0	0		0		214
Transfers from/(into) other NHS bodies	0	0	0	0	0		0	0	0
Reclassifications	0	0	0	0	0		0	0	
Revaluation	0	0	0	0	0		0	0	
Reversal of impairments	0	0	0	0	0		0	0	0
Impairments	0	(159)	0	0	0	0	0	0	(159)
Reclassified as held for sale	0	0	0	0	0	0		0	0
Disposals other than by sale	0	0	0	0		(199)	(	0	(1,881)
Charged during the year	0	404	0			332	1,1	122	4,747
At 31 March 2026	0	4,195	0		16,5	,702	6,672		30,755
Net book value									
At 1 April 2025	334	5,279	0	0		2,	3,425	469	21,254
Net book value									
At 31 March 2026	343	5,507	0	0	,476	2,45	09	419	19,705
Net book value at 31 March 2026 comprises :									
Purchased	343		0	0		,451	3,509	419	18,878
Donated	0		0	0	827	0	0	0	827
Government Granted	0		0	0	0	0	0	0	0
At 31 March 2026	343	5,507	0	0	7,476	2,451	3,509	419	19,705
Asset Financing:									
Owned	343	07	0	0	7,476	2,451	3,509	419	19,705
On-SoFP MI	d PPP contracts	0	0	0	0	0	0	0	0
On-SoFP	contracts	0	0	0	0	0	0	0	0
PFI residua		0	0	0	0	0	0	0	0
At 31 March 20		343	0	0	7,476	2,451	3,509	419	19,705

The net book value o dings and dwellings at 31 Mar comprises :

	£000
Freehold	5,850
Long Leasehold	0
Short Leasehold	0
Total	5,850

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 1st 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 :

2024-25	Land	Buildings, excluding dwellings	Dwellings	Assets under construtction 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
Additions - Initial recognition of MIMs funded ass	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	4
Reclassified as held for sale	0	0	0	0	0			0	0
Disposals other than by sale	0	0	0	0	(1,5	(168)		(99)	(3,222)
At 31 March 2025	334	9,015	0	0	23	3,978		2,019	49,088
Depreciation									
At 1 April 2024	0	3,370	0	0	1	1	6,847	7	26,119
Indexation	0	25	0	0		0	0		25
Transfers from/(into) other NHS bodies	0	0	0	0		0	0		0
Reclassifications	0	0	0	0		0	0	0	0
Revaluation	0	0	0	0			0	0	0
Reversal of impairments	0	0	0	0	0		0	0	0
Impairments	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		9)	(168)		(96)	(3,184)
Charged during the year	0	341	0	0		346		129	4,874
At 31 March 2025	0	3,736	0	0	1	1,569	6,7	1,550	27,834
Net book value									
At 1 April 2024	330	5,332	0	0	10,507		3,650	512	23,064
Net book value									
At 31 March 2025	334	5,27	0		9,338	09	3,425	469	21,254
Net book value at 31 March 2025 comprises :									
Purchased	334		0	0	8,366	2,409	3,425	469	20,282
Donated	0		0	0	972	0	0	0	972
Government Granted	0		0	0	0	0	0	0	0
At 31 March 2025	4	5,279	0	0	9,338	2,409	3,425	469	21,254
Asset Finan									
Owned	334	279	0	0	9,338	2,409	3,425	469	21,254
On-SoFP I ded PPP contracts	0	0	0	0	0	0	0	0	0
On-SoFP PPP acts	0	0	0	0	0	0	0	0	0
PFI residual intere	0	0	0	0	0	0	0	0	0
At 31 March 2025	334	279	0	0	9,338	2,409	3,425	469	21,254

The net book value of land s and dwellings at ch 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 1st 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 not received any donated assets during the year.

ii) Valuations
The NHS Trust land and buildings were revalued by the Valuation Office Agency with an effective date of 1st 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 on a straight line basis over their useful lives as follows:

- Land is not depreciated.
- Assets under construction are not depreciated.
- Buildings useful lives are determined by the Valuation Office Agency.
- Equipment lives range from 5- 15 years.

iv) Compensation
There has not been any compensation received from third parties for asse[illegible]d, lost or given up, [illegible] included in the income statement.

v) Write Downs
Due to in year revaluation exercise carried out by the Valuation [illegible]ncy, five asse[illegible]e been written down to £0, creating an impairment of £397,840.

vi) Open Market Value
Public Health Wales NHS Trust does not hold any pro[illegible]y where t[illegible]alue is [illegible]rially different from its open market value.

vii) Assets Held for Sale or sold in the peri[illegible]
The following assets were sold during the pe[illegible]n line with the [illegible]sts Financi[illegible]rocedures.
Eleven Diabetic Eye Screening Wales vans [illegible]e sold via auctio[illegible]lting i[illegible]ceipt of £22,060
Four ultrasound machines were sold v[illegible]n resulting in a rece[illegible]4
Three Affirm Lateral Arm were sold at a[illegible]esulting in a receipt of £380

viii) IFRS 13 Fair v[illegible]rement
There are no a[illegible]value measu[illegible]t under IFRS 13.

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 2025	**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**
Less assets no longer classified as held for sale for reasons other than disposal by sale	**0**	**0**	**0**		**0**	**0**
Balance c/f 31 March 2026	**0**	**0**	**0**	**0**	**0**	**0**
Balance b/f 1 April 2024	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
Plus reversal of impairments	0	0	0		0	0
Less impairment for assets held for sale	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
Balance c/f 31 March 2025	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, eleven are significant in their own right: with a net book value at 31st March 2026 of £200,000 or more.

Land and buildings

Three leases for Trust headquarters with a combined net book value of £1,281,641

Four leases for various land and buildings around Wales with a combined net book value of £1,457,583

Plant and machinery

Three leases for laboratory testing equipment with a combined net book value of £1,187,389

One lease for Radiology Information System equipment with a net book value of £740,114

2025-26	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 2025	**0**	**9,275**	**0**	**0**	**3,812**	**0**	**0**	**0**	**13,087**
Additions	0	384	0	0	961	0	0	0	1,345
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	(143)	0	0	(613)	0	0	0	(756)
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	207	0	0	0	0	0	0	207
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 2026	**0**	**9,723**	**0**	**0**	**4,1**	**0**	**0**	**0**	**13,883**
Depreciation at 1 April 2025	**0**	**3,809**	**0**	**0**		**0**	**0**	**0**	**5,166**
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	(105)	0	0	(0)	0	0	0	(715)
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	0	0	0	0	0	0	0	0
Provided during the year	0	1,584	0	0	8	0	0	0	2,433
At 31 March 2026	**0**	**5,288**	**0**	**0**	**1,596**	**0**	**0**	**0**	**6,884**
Net book value at 1 April 2025	**0**	**5,466**	**0**	**0**	**2,455**		**0**	**0**	**7,921**
Net book value at 31 March 2026	**0**	**4,435**	**0**		**564**	**0**	**0**	**0**	**6,999**

RoU Asset Total Value Split by Lessor	Land £000	Land & buildings £000	Build	Dwellings £000	Plan	Transport ipment £000	Informa technology £000	Furniture & fittings £000	Total £000
NHS Wales Peppercorn Leases	0	498	0		0	0	0	0	498
NHS Wales Market Value Leases	0	0	0		0	0	0	0	0
Other Public Sector Peppercorn Leases	0	1	0		0	0	0	0	173
Other Public Sector Market Value Leases	0		0		0	0	0	0	71
Private Sector Peppercorn Leases	0		0		0	0	0	0	476
Private Sector Market Value Leases	0		0		2,56	0	0	0	5,781
Total	0	5	0			0	0	0	6,999

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 Number 2 Capital Quarter 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**	**3,8**	**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	0
Disposals other than by sale	0	0	0	0	(5)	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	7	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**	**1,455**	**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	1	0	0	0	0	0	0	178
Other Public Sector Market Value Leases	0	0	0	0	0	0	0	0	98
Private Sector Peppercorn Leases	0	0	0	0	0	0	0	0	489
Private Sector Market Value Leases	0	0	0	0	2,45	0	0	0	6,479
Total	**0**	**5**	**0**	**0**	**1,455**	**0**	**0**	**0**	**7,921**

13.3 Right of Use Assets continued
Quantitative disclosures

Maturity analysis	2025-26 LAND	2025-26 BUILDINGS	2025-26 OTHER	2025-26 TOTAL	2024-25 Total
Contractual undiscounted cash flows relating to lease liabilities	**£000**	**£000**	**£000**	**£000**	**£000**
Less than 1 year	0	1,558	732	**2,290**	2,210
2-5 years	0	1,848	1,251	**3,099**	4,273
> 5 years	0	320	27	**347**	205
Less finance charges allocated to future periods	0	(177)	(144)	**(321)**	(252)
Total	**0**	**3,549**	**1,866**	**5,415**	**6,436**

Lease Liabilities (net of irrecoverable VAT)	**£000**	**£000**
Current	**2,167**	2,099
Non-Current	**3,248**	4,337
Total	**5,415**	**6,436**

Amounts Recognised in Statement of Comprehensive Net Expenditure	**£000**	**£000**
Depreciation	**2,433**	2,149
Impairment	**0**	0
Variable lease payments not included in lease liabilities - Interest expense	**127**	131
Sub-leasing income	**19**	24
Expense related to short-term leases	**6**	14
Expense related to low-value asset leases (excluding short-term leases)	**14**	2

Amounts Recognised in Statement of Cashflows (net of irrecoverable VAT)	**£000**	**£000**
Interest expense	**(124)**	(127)
Repayments of principal on leases	**(3,224)**	(2,188)
Total	**(3,348)**	**(2,315)**

Interest expense recognised in the Statement of Comprehensive Income amounted to £127k, of which £12[illegible]k wa[illegible] cash during the year and £3k was included within payables at the reporting date.

14. Intangible assets

2025-26	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 2025	1,257	1,298	903	0	0	0	3,458
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	171	30	64	0	0	0	265
- internally generated	0	0	0	0		1,502	1,502
- donated	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
Transfers from/(into) other NHS bodies	0	0	0			0	0
Disposals other than by sale	(107)	0	(129)		0	0	(236)
At 31 March 2026	1,321	1,328	838	0	0		4,989
Amortisation							
At 1 April 2025	433	991	675	0	0	0	2,099
Revaluation		0			0	0	0
Reclassifications	0	0	0	0		0	0
Reversal of impairments	0	0	0	0		0	0
Impairments	0		0		0	0	0
Charged during the year	204	1	9		0	0	399
Reclassified as held for sale	0	0	0		0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(10	0	29)	0	0	0	(230)
Accumulated amortisation at 31 March 2026		1,107	62	0	0	0	2,268
Net book value							
At 1 April 2025	824	307	228	0	0	0	1,359
Net book value At 31 March	785		213	0	0	1,502	2,721
Net bo ue							
Purchase	5	221	213	0	0	0	1,219
Donated	0	0	0	0	0	0	0
Government gra	0	0	0	0	0	0	0
Internally Generate	0	0	0	0	0	1,502	1,502
At 31 March 2026	785	221	213	0	0	1,502	2,721

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
- government granted	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
Disposals other than by sale	(78)	(18)		0		0	(101)
At 31 March 2025	1,257	1,298	9		0	0	3,458
Amortisation							
At 1 April 2024	434	829	618		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
Impairments	0			0		0	0
Charged during the year	77			0		0	319
Reclassified as held for sale	0	0		0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0		0	0	0
Disposals other than by sale	(78)	(18)	(5)		0	0	(101)
Accumulated amortisation at 31 March 2025	433	991	675	0	0	0	2,099
Net book value At 1 April 2024		487		0	0	0	888
Net book value At 31 March 2025	82	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
Governm anted	0	0	0	0	0	0	0
Internally ated	0	0	0	0	0	0	0
At 31 March	4	307	228	0	0	0	1,359

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 and license additions of £265,086 relate to installation of P circuits throughout ic Health Wales, licenses and development of the functionality of the Newborn Clinical system. al Healt otection mme commenced the internal development of new bespoke software of £1,502,017, ill as an asset construction until 2028 when it will complete and is operational.

v) Disposals during the period
This is due to assets being obsolete and no longer in use and consist of 5 software purch nd 6 licences.

vi) Transfers into other NHS Bodies

Public Health Wales NHS Trust has not received any intangible s transfer another NHS

15. Impairments

Impairments in the period arose from:	2025-26 Property, plant & equipment £000	2025-26 Right of Use Assets £000	2025-26 Intangible assets £000	2025-26 Held for sale assets £000	2025-26 Financial Assets £000	2025-26 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	398	0	0	0	0	**398**
Reversal of impairment	(7)	0	0	0	0	(7)
Total of all impairments	**391**	**0**	**0**	**0**	**0**	**391**
Analysis of impairments :						
Impairments charged to the Statement of Comprehensive Net Expenditure	316	0	0		0	316
Impairments as a result of revaluation/indexation charged to Revaluation Reserve	75	0	0		0	75
Impairments as a result of a loss of economic value or service potential charged to Statement of Comprehensive Net Expenditure	0	0		0	0	0
Right of Use (RoU) asset impairments reflected in RoU Liability	0	0		0		0
Total	**391**	**0**		**0**	**0**	**391**

Impairments in the period arose from:	2024-25 Property, plan & equipm £00	2024-25 Right of Use Ass £	2024-25 ble	2024-25 Held for sa assets £000	2024-25 Financial Assets £000	2024-25 Total Asset Impairment £000
Loss or damage from normal operations	0	0		0	0	0
Abandonment of assets in the course of construction	0	0		0	0	0
Over specification of assets (Gold Plating)	0	0		0	0	0
Loss as a result of a catastrophe	0	0		0	0	0
Unforeseen obsolescence	0		0	0	0	0
Changes in market price	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 impa : **						
Impairments c to the Statement of Compreh Net Expenditur	(4)	0	0	0	0	(4)
Impairmen esult of revaluation/indexation charge Revaluation	0	0	0	0	0	0
Impairments as a a loss of economic value or s potential charged to t of Comprehensive Net Expenditure	0	0	0	0	0	0
Right of Use (RoU) asset i nts reflected in R Liability	0	0	0	0	0	0
Total	(4)	0	0	0	0	(4)

16. Inventories

16.1 Inventories

	31 March 2026 £000	31 March 2025 £000
Drugs	0	0
Consumables	1,325	1,263
Energy	0	0
Work in progress	0	0
Other	0	0
Total	**1,325**	1,263
Of which held at net realisable value:	0	0

16.2 Inventories recognised in expenses

	1 March 2026 0	31 March 2025 £000
Inventories recognised as an expense in the period		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 2026	31 March 2025
Current	**£000**	£000
Welsh Government	5,814	11,185
NHSW Joint Commissioning Committee	0	56
Welsh Health Boards	2,052	1,857
Welsh NHS Trusts	173	92
Welsh Special Health Authorities	185	235
Non - Welsh Trusts	904	642
Other NHS	135	11
2019-20 Scheme Pays - Welsh Government Reimbursement	2	11
Welsh Risk Pool Claim reimbursement:-		
NHS Wales Secondary Health Sector	7,425	5,373
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress		0
Other		0
Local Authorities	55	3
Other receivables	1,323	1,154
Provision for impairment of trade receivables	(11)	(25)
Pension Prepayments		
NHS Pensions Agency	0	
NEST	0	
Other prepayments	22	1,683
Accrued income		280
Right of Use capital receivables		0
Capital Receivables		
Tangibles capital receivables	0	0
Intangibles capital receivables	0	0
Other capital prepayments	0	0
Sub-total	119	22,557
Non-current		
Welsh Government		0
NHSW Joint Commissioning Committee	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 - [illegible] Reimbursement	43	39
Welsh Risk Pool Cl[illegible]rsement		
NHS Wal[illegible]ndary Health Sector	305	942
NHS W[illegible]rimary Sector FLS Reimbu[illegible]	0	0
NH[illegible]s Redress	0	0
Ot[illegible]	0	0
Local Autho[illegible]	0	0
Other receivabl[illegible]	0	0
Provision for impa[illegible]f trade receivables	0	0
Pension Prepayments		
NHS Pensions Age[illegible]	0	0
NEST	0	0
Other prepayments	0	0
Accrued income	0	0
Right of Use capital receivables	0	0
Capital Receivables		
Tangibles capital receivables	0	0
Intangibles capital receivables	0	0
Other capital prepayments	0	0
Sub-total	348	981
Total trade and other receivables	20,467	23,538

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 £0.754m (£0.711m in 2024-25).

17.2 Receivables past their due date but not impaired

	31 March 2026	31 March 2025
	£000	£000
By up to 3 months	699	638
By 3 to 6 months	33	55
By more than 6 months	22	18
Balance at end of financial year	**754**	711

17.3 Expected Credit Losses (ECL) Allowance for bad and doubtful d

	31 March 2026	31 March 2025
	£000	£000
Balance at 1 April	(25)	(29)
Transfer to other NHS Wales body	0	0
Provision utilised (Amount written off during the year)	3	11
Provision written back during the year no longer r ired	0	0
(Increase)/Decrease in provision during year	2	(32)
ECL/Bad debts recovered during year	9	25
Balance at end of financial year	**(11)**	(25)

In determining d be impair sideration is given to the age of the debt, historic collectability and the result tions alread n including referral to Trusts credit agencies.

17.4 Receivables

	31 March 2026	31 March 2025
	£000	£000
Trade receivables	765	733
Other	0	0
Total	**765**	**733**

18. Other financial assets

	31 March 2026 £000	31 March 2025 £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 at amortised cost	0	0
Derivatives	0	0
Other (Specify)		
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	
Capital Financial Assets		
Loans at amortised cost		0
Right of Use Asset Finance Sublease	182	182
Total	**182**	**182**

	arch 2026 000	31 Marc 2025 £000
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 at amortised cost	0	0
Derivatives	0	0
Other (Specify)		
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Capital Financial Assets		
Loans at amortised cost	0	0
Right of Use Asset Finance Sublease	213	378
Total	**213**	**378**

RoU Sub g income Recognised in Staten f Comprehensive Net Expenditure	**2025-26**	**2024-25**
RoU Su income	19	24

The Trust entered into a new sub-lease during 2024-25. Sub-lease relates to part of the 5th floor at Number 2 Capital Quarter. The sub-lease has been classified as a finance lease.

19. Cash and cash equivalents

	31 March 2026	31 March 2025
	£000	£000
Opening Balance	**10,722**	13,905
Net change in year	**(2,330)**	(3,183)
Closing Balance	**8,392**	10,722
Made up of:		
Cash with Government Banking Service (GBS)	**8,392**	10,722
Cash with Commercial banks	**0**	0
Cash in hand	**0**	0
Total cash	**8,392**	10,722
Current investments	**0**	0
Cash and cash equivalents as in SoFP	**8,392**	10,722
Bank overdraft - GBS	**0**	0
Bank overdraft - Commercial banks	**0**	0
Cash & cash equivalents as in Statement of Cash Flows	**8,392**	10,722

In response to the IAS 7 requirement for additional disclosure the change liabilities arising for financing activities are;

Lease Liabilities (ROUA) £5.415m
Lease Liabilities (short-term and low value leases) £0.020m

The movement relates to cash, no comparative information is required by IAS 7 in 2025-26.

20. Trade and other payables at the SoFP Date	31 March 2026	31 March 2025
Current	**£000**	£000
Welsh Government	**15**	1,889
NHSW Joint Commissioning Committee	**10**	95
Welsh Health Boards	**3,679**	5,917
Welsh NHS Trusts	**1,007**	1,959
Welsh Special Health Authorities	**152**	123
Other NHS	**303**	262
Taxation and social security payable / refunds:		
Refunds of taxation by HMRC	**0**	0
VAT payable to HMRC		0
Other taxes payable to HMRC	**3**	8
National Insurance contributions payable to HMRC		2
Non-NHS trade payables - revenue	**9,0**	9,956
Local Authorities	**1,184**	1,4
Overdraft	**0**	0
Rentals due under operating leases	**0**	0
Pensions: staff	**1**	2
Non NHS Accruals	**098**	3,925
Deferred Income:		
Deferred income brought forward		976
Deferred income additions	**623**	536
Transfer to/from current/non current deferred income	**0**	0
Released to the Income Statement	**(536)**	(671)
Other liabilities - all other payables	**0**	0
Payments on account	**0**	0
Impact of IFRS 16 on SoFP PFI contracts	**0**	0
Right of Use asset payables	**0**	0
Capital asset payables		
Tangibles - Payables	**404**	1,154
Intangibles - Payables	**112**	303
Obligations under finance lease contracts	**0**	0
Imputed finance lease element of SoFP PFI contracts	**0**	0
PFI asset – deferred credits	**0**	0
Capital instruments on account	**0**	0
Sub-total	**20,109**	27,896

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)

	31 March 2026	31 March 2025
Non-current	**£000**	£000
Welsh Government	0	0
NHSW Joint Commissioning Committee	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
National Insurance contributions payable to HMRC		0
Non-NHS trade payables - revenue		0
Local Authorities	0	0
Overdraft	0	0
Rentals due under operating leases	0	
Pensions: staff	0	
Non NHS Accruals	0	0
Deferred Income:		
Deferred income brought forward		0
Deferred income additions		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
Payments on account	0	0
Impact of IFRS 16 on SoFP PFI contracts	0	0
Right of Use asset payables	0	0
Capital asset payables		
Capital Creditors - Tangibles	0	0
Capital Creditors - Intangibles	0	0
Obligations under fi ntracts	0	0
Imputed finance lement of o PFI contracts	0	0
PFI assets – red credits	0	0
Capital P nts on account	0	0
Sub-to	0	0
Total	**20,109**	27,896

The Trust aims to l invoices within t day period directed by the Welsh Government.

20. Trade and other payables (continued).

Amounts falling due more than one year are expected to be settled as follows:	31 March 2026	31 March 2025
	£000	£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	31 March 2026	31 March 2025
Current	**£000**	£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
Other service concession arrangement liabilities:		
Main liability	0	0
Lifecycle replacement received in advance	0	0
Other	0	0
RoU Lease Liability	2,167	2,099
Capital Borrowings	0	0
PFI liabilities:		
Main liability	0	0
Lifecycle replacement received in advance		0
Finance lease liabilities		0
Total	**,167**	2,099
Non-current		
Bank overdraft - GBS	0	0
Bank overdraft - Commercial bank		0
Loans from:		
Welsh Government		0
Other entities	0	0
Other service concession arrangement liabilities:		
Main liability	0	0
Lifecycle replacement received in advance	0	0
Other	0	0
RoU Lease Liability	3,248	4,337
Capital Borrowings	0	0
PFI liabilities:	0	0
Main liability	0	0
Lifecycle replacement received in advance	0	0
Finance lease liabiliti	0	0
Total	**3,248**	4,337

21.2 Lo ance/strategic assistance fu g

	31 March 2026	31 March 2025
Amounts falling	**£000**	£000
In one year or less	0	0
Between one and two y	0	0
Between two and five yea	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 2026	31 March 2025
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
At fair value through SoCI	**0**	0
Total	**0**	0

	31 March 2026	31 March 2025
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

2025-26

Current	At 1 April 2025	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 2026
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical negligence:-										
Secondary Care	1,325	0	(60)	950	0	2,183	(522)	(224)	0	3,652
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	100	0	(26)	103	0	90	(111)	0	3	159
All other losses and special payments	0	0	0	0	0	40	0	0	0	40
Defence legal fees and other administration	164	0	0	59	0	192	(34)	(99)	0	282
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	1	0	0	(1)	(10)	0	1
Restructurings	0		0	0	0	0	0	0		0
Other	174		0	18	0	657	(13)	(5)		831
Capital provisions										
RoU Asset Dilapidations CAME	0		0	19	0	0	0			
Other Capital Provisions	0		0	0	0	0	0			
Total	1,774	0	(86)	1,150	0	3,162	(681)		3	
Non Current										
Clinical negligence:-										
Secondary Care	950	0	0	(950)	0	305		0		305
Primary Care	0	0	0	0	0	0		0		0
Redress Secondary Care	0	0	0	0	0	0	0		0	0
Redress Primary Care	0	0	0	0	0	0	0		0	0
Personal injury	902	0	0	(103)	0	26	0		20	787
All other losses and special payments	0	0	0	0	0	0	0			0
Defence legal fees and other administration	88	0	0	(59)	0	67	(32)	(6)		58
Structured Settlements - WRPS	0	0	0	0	0	0	0	0		0
Pensions relating to: former directors	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	39		0	(1)	0			(10)	0	
Restructurings	0		0	0	0			0		
Other	1,183		0	(18)	0			(1)		1,
Capital provisions										
RoU Asset Dilapidations CAME	391		0	(19)		59				398
Other Capital Provisions	0		0	0		0				0
Total	3,553	0	0	(1,150)		661		(108)		2,944
TOTAL										
Clinical negligence:-										
Secondary Care	2,275	0	(60)		0	2,48	(522)	(22	0	3,957
Primary Care	0	0	0	0	0		0		0	0
Redress Secondary Care	0	0	0	0	0	0	0		0	0
Redress Primary Care	0	0	0	0	0	0		0	0	0
Personal injury	1,002	0		0	0	116		(58)	23	946
All other losses and special payments	0	0		0	0	40	0	0	0	40
Defence legal fees and other administration	252	0		0	0	259	(66)	(105)	0	340
Structured Settlements - WRPS	0	0	0		0	0	0	0	0	0
Pensions relating to: former directors			0		0	0	0	0	0	0
Pensions relating to: other staff			0		0	0	0	0	0	0
2019-20 Scheme Pays - Reimb			0		0	15	(1)	(20)	0	44
Restructurings	0		0	0		0	0	0		0
Other	1,357		0	0		846	(13)	(6)		2,184
Capital provision										
RoU Asset Dila AME	391		0	0	0	59	0	(33)		417
Other Capit	0			0	0	0	0	0		0
Total	5,327	0		0	0	3,823	(713)	(446)	23	7,928

Expected timing of

	In year 1 March 2027	Between 01-Apr-27 to 31 March 2031	Thereafter	Totals
	£000	£000	£000	£000
Clinical negligence:-				
Secondary Care	3,652	305	0	3,957
Primary Care	0	0	0	0
Redress Secondary Care	0	0	0	0
Redress Primary Care	0	0	0	0
Personal injury	159	393	394	946
All other losses and special payments	40	0	0	40
Defence legal fees and other administration	282	58	0	340
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	1	6	37	44
Restructuring	0	0	0	0
Other	831	1,339	14	2,184
Capital provisions				
RoU Asset Dilapidations CAME	19	269	129	417
Other Capital Provisions	0	0	0	0
Total	4,984	2,370	574	7,928

23. Provisions (continued)

2024-25

	At 1 April 2024	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 2025
Current										
	£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	[illegible]	0	0	11
Restructurings	0		0	0	0	0				0
Other	496		0	0	0		[illegible]			174
Capital provisions										
RoU Asset Dilapidations CAME	0		0	0		0				0
Other Capital Provisions	0		0	0		0	0			0
Total	4,040	(1,400)	(1,193)	(183)		3,391	[illegible]	(1,5[illegible]	23	1,774
Non Current										
Clinical negligence:-										
Secondary Care	0	0	0	255	0		0	(40)	0	
Primary Care	0	0	0	0	0		0	0	0	0
Redress Secondary Care	0	0	0	0	0	0		0	0	0
Redress Primary Care	0	0	0	0	0	0		0	0	0
Personal injury	834	0	0		0	153		0	0	902
All other losses and special payments	0	0	0			0	0	0	0	0
Defence legal fees and other administration	0	0	0	15		77	(4)		0	88
Structured Settlements - WRPS	0	0		0		0	0		0	0
Pensions relating to: former directors	0			0			0	0	0	0
Pensions relating to: other staff	0			0	0		0	0	0	0
2019-20 Scheme Pays - Reimbursement	40		0	([illegible]	0		0	(7)	0	39
Restructurings	0		0		0			0		0
Other	1,006		0		0	1[illegible]	0	0		1,183
Capital provisions										
RoU Asset Dilapidations CAME	331		0		0		0	0		391
Other Capital Provisions			0				0	0		0
Total		0	0	18[illegible]		[illegible]210	(4)	(47)	0	3,553
TOTAL										
Clinical negligence:-										
Secondary Care	3,188		(1,168)	0	0	3,938	(861)	(1,422)	0	2,275
Primary Care	0		0	0	0	0	0	0	0	0
Redress Secondary Ca[illegible]	0		0	0	0	0	0	0	0	0
Redress Primary C[illegible]	0	0		0	0	0	0	0	0	0
Personal injury	[illegible]926	0	[illegible]	0	0	153	(75)	0	23	1,002
All other los[illegible]	[illegible]73	0	0	0	0	0	(73)	0	0	0
Defence leg[illegible]	[illegible]0	0	0	0	0	256	(148)	(36)	0	252
Structured Sett[illegible]	[illegible]0	0	0	0	0	0	0	0	0	0
Pensions relating t[illegible]	[illegible]0		0	0	0	0	0	0	0	0
Pensions relating to: o[illegible]	[illegible]0		0	0	0	0	0	0	0	0
2019-20 Scheme Pays[illegible]	[illegible]51		0	0	0	8	(2)	(7)	0	50
Restructurings	0		0	0	0	0	0	0		0
Other	[illegible],502		0	0	0	186	(193)	(138)		1,357
Capital provisions										
RoU Asset Dilapidations CAME	331		0	0	0	60	0	0		391
Other Capital Provisions	0		0	0	0	0	0	0		0
Total	6,251	(1,400)	(1,193)	0	0	4,601	(1,352)	(1,603)	23	5,327

24 Contingencies

24.1 Contingent liabilities

Provision has not been made in these accounts for the following amounts:	31 March 2026 £000	31 March 2025 £000
Legal claims for alleged medical or employer negligence;		
Secondary care	906	1,402
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	43	95
Other	589	385
Total value of disputed claims	**1,538**	1,882
Less amounts recoverable in the event of claims being successful	**(1,408)**	(1,685)
Net contingent liability	**130**	197

Contingent Liabilities includes claims relating to alleged clinical negligence, perso[illegible]d permanent injury be[illegible]under the NHS Injury Benefits Scheme.

24.2. Remote contingent liabilities

	31 March 2026 £000	31 March 2025 £000
Guarantees	0	0
Indemnities	0	0
Letters of comfo[illegible]	0	0
Total	**0**	0

24.3 Cont[illegible]assets

	31 March 2026 £000	31 March 2025 £000
	0	0
	0	0
	0	0
	0	**0**

The Trust has no contingent assets.

25. Capital commitments and Other Service Concession Arrangements

25.1 Capital commitments

Future commitments under capital expenditure contracts not already disclosed as liabilities in the accounts at the statement of financial position sheet date :

	31 March 2026 £000	31 March 2025 £000
Property, plant and equipment	**0**	0
Right of Use Assets	**0**	0
Intangible assets	**0**	0
Total	**0**	0

There are no future capital commitments.

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 2026	
	No. of cases	£
Clinical negligence:-		
Secondary Care	15	1,612,181
Primary Care	0	0
Redress Secondary Care	2	3,945
Redress Primary Care	0	
Personal injury	4	71,
All other losses and special payments	21	99,
Total	**42**	**1,786,91**

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		ulative amount
	L&R Case reference number		£
Cases in excess of £300,000:			
Clinical Negligence	MN/105/0371/JS	965	1,140,719

	ber of cases	£	£
Sub-total	**1**	**965,523**	**1,140,719**
All other cases year	41	821,388	3,086,482
Total cases paid in	**42**	**1,786,911**	**4,227,201**

26.3 Analysis of number of d ass d amounts where no payments were made in financial year

	Number of cases	£
Cumulative amount up to £300k	11	299,459
Cumulative amount greater than £300	0	0
Total	**11**	**299,459**

27. Right of Use / Finance leases obligations

27.1 Obligations (as lessee)

Amounts payable under right of use asset leases:

2025-26

	LAND	BUILDINGS	OTHER	TOTAL
	31 March 2026	31 March 2026	31 March 2026	31 March 2026
Minimum lease payments	**£000**	**£000**	**£000**	**£000**
Within one year	0	1,558	732	**2,290**
Between one and five years	0	1,848	1,251	**3,099**
After five years	0	320	27	**347**
Less finance charges allocated to future periods	0	(177	144)	**(321)**
Minimum lease payments	**0**	**3,5**	**1,866**	**5,415**
Included in:				
Current borrowings	0	1,50	664	**2,167**
Non-current borrowings	0	2	02	**3,248**
	0	**49**		**,415**
Present value of minimum lease payments				
Within one year	0	1,	664	**2,167**
Between one and five years	0	1,75	1,175	**2,928**
After five years		293	27	**320**
Present value of minimum lease payments	**0**	**3,549**	**1,866**	**5,415**
Included in:				
Current borrowings	0		664	**2,167**
Non-current borrowings			1,202	**3,248**
		49	**1,866**	**5,415**

2024-25

	AND	BUILDINGS	OTHER	TOTAL
	March 2025	31 March 2025	31 March 2025	31 March 2025
Minimu payments	**£000**	**£000**	**£000**	**£000**
Within one y	0	1,615	595	2,210
Between one a ears	0	3,142	1,131	4,273
After five years	0	205	0	205
Less finance charges d to future perio	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**

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 Quarter. Sub-lease has been classified as a finance lease.

Amounts receivable under right of use assets:

		31 March 2026	31 March 2025
Gross investment in leases		**£000**	£000
Within one year		**183**	183
Between one and five years		**225**	409
After five years		**0**	0
Less finance charges allocated to future periods		**(13)**	(32)
Present value of minimum lease payments		**395**	560
Included in:	Current financial assets	**182**	182
	Non-current financial assets	**213**	378
Total		**395**	560
Present value of minimum lease payments			
Within one year		**182**	182
Between one and five years		**213**	378
After five years		**0**	0
Less finance charges allocated to future periods		**0**	0
Total present value of minimum lease payments		**395**	560
Included in:	Current financial assets	**182**	182
	Non-current financial assets	**213**	378
Total		**395**	560

27.3 Finance Lease Commitment

The Trust does not have any commitments becoming operational in a future period.

28 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 th[illegible] and [illegible]epartment within parameters defined formally within the Trust's standing financial i[illegible]ections [illegible]olicies agreed by the board of directors. The Trust treasury activity is subject to revie[illegible]y the Tru[illegible]rnal auditors.

Liquidity risk
The Trust's net operating costs are incurred under annual ser[illegible]greements with [illegible]th bodies, which are financed from resources voted annually by [illegible]nt. NHS Trusts [illegible]rgely finance their capital expenditure from funds made available from the W[illegible] Government under agreed borrowing limits. NHS Trusts are not, therefore, exposed to significant liqu[illegible]isks.

Interest-rate risks
The great majority of NHS Trust's financial as[illegible] and fi[illegible]ial [illegible]ities carry nil or fixed rates of interest. NHS Trusts are not, therefore, exposed [illegible] signific[illegible]interest[illegible]risk.

Foreign currency risk
NHS Trusts have no or negligibl[illegible] fo[illegible]gn currency i[illegible]penditure and therefore are not exposed to significant foreign cur[illegible]sk.

Credit Risk
Because t[illegible]ajority of the[illegible]t's income[illegible]es from contracts with other public sector bodies, the Trust ha[illegible]w exposure to cred[illegible]k. The ma[illegible]m exposures are in receivables from customers as disclo[illegible]n the trade and other r[illegible]ivables note.

General
The powe[illegible]he Trust to invest[illegible] borrow are limited. The Board has determined that in order to maximise inc[illegible]rom cash bala[illegible]s held, any balance of cash which is not required will be invested. The Trust does [illegible]orrow fro[illegible]e private sector. All other financial instruments are held for the sole purpose of manag[illegible]he c[illegible]low of the Trust on a day to day basis or arise from the operating activities of the Trust[illegible]anagement of risks around these financial instruments therefore relates primarily to the Trust's [illegible]rall arrangements for managing risks to their financial position, rather than the Trust's treasury management procedures.

30. Movements in working capital

	31 March 2026	31 March 2025
	£000	£000
(Increase) / decrease in inventories	(62)	(96)
(Increase) / decrease in trade and other receivables - non-current	798	(1,319)
(Increase) / decrease in trade and other receivables - current	2,438	534
Increase / (decrease) in trade and other payables - non-current	(1,089)	(1,663)
Increase / (decrease) in trade and other payables - current	(7,719)	(1,727)
Total	(5,[illegible])	(4,271)
Adjustment for accrual movements in fixed assets - creditors	[illegible]41	(656)
Adjustment for accrual movements in fixed assets - debtors	0	0
Adjustment for accrual movements in right of use assets - creditors	[illegible]1	705
Adjustment for accrual movements in right of use assets - debtors	([illegible]	5[illegible]0
Other adjustments	94[illegible]	[illegible]
Total	(2,894)	[illegible]562)

Other adjustments relate to lease invoices due and unpaid at the reporting [illegible] that have been reclassified from the ROU lease liability to trade payables [illegible]nsures the le[illegible]iability reflects only future lease payments.

31. Other cash flow adjustments

Other cash flow adjustments	31 March 2026 £000	31 March 2025 £000
Depreciation	7,180	7,023
Amortisation	399	319
(Gains)/Loss on D[illegible]	0	18
Impairments [illegible]versals	316	(4)
Release of [illegible] deferred credits	0	0
NWSSP [illegible]vid assets issued debited [illegible]expenditure but non-cash	0	0
NWSSP [illegible]id assets received credited [illegible]o revenue but non-cash	0	0
Donated as[illegible]eceived credited to r[illegible]ue but non-cash	0	(34)
Government G[illegible]assets received c[illegible]ted to revenue but non-cash	0	0
Right of Use Gra[illegible]ppercorn Le[illegible] credited to revenue but non cash	0	0
Non-cash movements [illegible]ht of [illegible] assets	(207)	65
Non-cash movements in [illegible]ns	3,288	428
Total	10,976	7,815

32. Events after reporting period

Subsequent to the reporting date, the Trust received confirmation from the Welsh Government of changes to remuneration rates for NHS Wales public appointees, approved prior to 31 March 2026 and effective from 1 January 2026.

These financial statements were authorised for issue by the Chief Executive and Accountable Officer on xx xx xxxx; post the date the financial statements were certified by the Auditor General for Wales.

33. Related Party Transactions

The Welsh Government is regarded as a related party. During the year the Trust has 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	1,178	230,656	15	5,814
Welsh LHBS:				
Aneurin Bevan University Health Board	6,231	883	929	149
Betsi Cadwaladr University Health Board	6,924	7,098	342	105
Cardiff and Vale University Health Board	8,292	8,614	729	464
Cwm Taf Morgannwg University Health Board	5,122	2,535	389	102
Hywel Dda University Health Board	4,204	2,902	35	275
Powys Teaching Health Board	1,192			29
Swansea Bay University Health Board	6,335		94	928
NHS Wales Joint Commissioning Committee	894	310		0
Welsh NHS Trusts:				
Velindre University NHS Trust	8,654	524	1,004	173
Welsh Ambulance Service NHS Trust	177		3	0
Welsh Special Health Authorities:				
Digital Health and Care Wales	3,274		3	
Health Education and Improvement Wales	654	2,625	149	196
NHS Wales Charities:				
Velindre University NHS Trust Charitable Funds	0	10	0	3
Local Authorities	5,622	101	3	55
Related Party Transactions where Board members have declared an interest (see notes below for details of relationships):				
International Association of National Public Health Institutes (IANPHI)	7	0	0	0
EuroHealthNet	9		0	0
WCVA	90		0	0
	58,859	**262,475**	**6,066**	**8,282**

The £1.178m expenditu t includes the £ Public Dividend Capital (PDC) repaid in year.

The Trust is a me the Welsh Risk Po ical Negligenc nal Injury and other qualifying claims. During 2025/26 the Trust has received s ents of £0.833m in respect s for reimburse made. In addition at at 31st March 2026 the Trust had a debtor balance of £ in respect of amounts due fro Welsh Risk Pool.

Tracey C Chief Executive, is a Board Member ternational Association of National Public Health Institutes.

Sumina Azam al Director of Policy and Interna Health, World Health Organisation Collaborating Centre, is an Executive Board Member at Euro et.

Kate Young, Non-Ex Director, is a Board Me of WCVA.

Huw David served as a No tive Director g 2025-26. He was also an elected councillor and Mayor Bridgend County Borough Council.
During the year, transactions wi ty Borough Council were included within the Local Authorities disclosure and comprised: Expenditure: £291,000 , Creditors £52,000

34. Third party assets

The Trust held £nil cash at bank and in hand at 31 March 2026 (31 March 2025, £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 2026 (31 March 2025, £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 P&I		TOTAL		ELIMINATIONS		TOTAL	
	2025-26	2024-25	2025-26	2024-25	2025-26	2024-25	2025-26	2024-25	2025-26	2024-25
Operating Revenue	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Segmental Income	220,401	210,212	56,934	54,049	277,335	264,261	(477)	(361)	276,858	
	220,401	210,212	56,934	54,049	277,335	264,261	(477)	(361)		263,
Operating expenses	£000	£000	£000	£000	£000	£000	£000	£00	£000	
Local Health Boards	22,737	20,764	8,520	8,815	31,257	29,579	0	(361	31,257	218
Welsh NHS Trusts	1,812	1,457	2,076	1,776	3,888	3,233	(477)	0	41	3,233
Welsh Special Health Authorities	44	2	2,135	1,515	2,179	1,517	0	0		1,517
Goods and services from other non Welsh NHS bodi	0	0	0	0	0	0	0	0		0
WHSSC & EASC	0	634	884	0	884	634	0	0		634
Local Authorities	4,509	4,299	0	0	4,509	4,299	0	0	4,50	1,299
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	
Other NHS Trusts	38	100	(1)	0	37	100	0	0	37	
Directors' costs	2,139	1,824	0	0	2,139	1,824	0		2,139	1,8
Operational Staff costs	133,750	124,257	40,415	36,890	174,165	161,147			74,165	161,147
Single lead employer Staff Trainee Cost	1,540	1,036	0	0	1,540	1,036		0	540	1,036
Collaborative Bank Staff Cost	57	71	0	0	57	71	0	0	7	71
Supplies and services - clinical	24,210	27,271	106	87	24,316	27,358	0			27,358
Supplies and services - general	1,688	2,172	102	369	1,790	2,541	0		1	2,541
Consultancy Services	543	1,180	934	175	1,477	1,355	0	0	1,47	1,355
Establishment	8,541	8,442	925	2,008	9,466	10,450	0	0	9,466	50
Transport	891	882	10	5	901	887	0	0	901	887
Premises	8,535	8,456	786	872	9,321	28	0	0	9,32	9,328
Impairments and Reversals of Receivables	0	0	0	0	0	0	0	0		0
Depreciation	4,747	4,874	0	0	4,747	4,874	0	0		4,874
Depreciation (RoU Asset)	2,433	2,149	0	0	43	2,149	0			2,149
Amortisation	399	319	0	0		319	0		99	319
Impairments and reversals of property, plant and equ	316	(4)	0	0		(4)	0		316	(4)
Fixed asset impairments and reversals (RoU Assets)	0	0	0	0		0	0	0	0	0
Impairments and reversals of intangible assets	0	0	0	0		0	0	0	0	0
Impairments and reversals of financial assets	0	0		0	0	0	0	0	0	0
Impairments and reversals of non current assets held	0				0		0	0	0	0
Audit fees	208		0		208		0	0	208	197
Other auditors' remuneration	0	0	0		0		0	0	0	0
Losses, special payments and irrecoverable debts	25	199	0		256	19	0	0	256	199
Research and development		0	0	0	0	0	0	0	0	0
Expense related to short-term leases		14	0	0	6	14	0	0	6	14
Expense related to low-value asset leases (excluding		2	0	0	4	2	0	0	14	2
Other operating expenses		307	42	1,537	3	1,844	0	0	1,438	1,844
Total	220,8	0,904	56,934	54,049	2	264,953	(477)	(361)	277,266	264,592
Investment Revenue	640		0	0	0	917	0	0	640	917
Other Gains and Losses	6		0	0	6	124	0	0	6	124
Finance Costs	(150)	(	0	0	(150)	(154)	0	0	(150)	(154)
Total	496	88	0		496	887	0	0	496	887
Retained surplus	88	195			88	195	0	0	88	195

NHS Executive was established on 1 April 2023. NHS Executive is a hosted body ... ealth Wales NHS Trust. From 1 June 2025 the NHS Executive changed its name to NHS Performance and Improvement (NHS P&I) following a recommendati... inisterial Advisory Group report that was published in April 2025.

272/276

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 2025 to 31 March 2026. This has been calculated from actual Welsh Government expenditure for the 9.4% staff employer pension contributions between April 2025 and February 2026 alongside Trust data for March 2026.

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:

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2026	2025-26	2024-25
		£000
Revenue from patient care activities	10,0	10,096
Operating expenses	10,0	10,096

3. Analysis of gross operating costs

3. Revenue from patient care activities

Welsh Government	660	8,095
Welsh Government - Hosted Bodies		2,001

5.1 Operating expenses

Directors' costs	111	95
Operational staff costs	54	10,001

The Department of Health and Social C (SC) 2023-24 cons he NHS Pension Scheme confirmed that the transitional approach that has op d since 2019-20 for employer contributions will continue in 2025-26. From 1 April 2024 an employer rate of 23.7 78% inclusive of the administration charge) will apply. However, the NHS Business S ority will cont only collect 14.38% from NHS Wales employers under their normal monthly the NHS Pe Scheme. This has a resulted in an increase in the central payments m Welsh Gover from 6.3% %.

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)	£
Liability for incurred claims @ 1 April 2025	0
Liability for remaining payments @ 31 March 2026	0
	0
Arising during year	0
Utiised	0
Reversed unused	0
Movement in Discount Rates	0
	0

STATEMENT OF COMPREHENSIVE NET [illegible]ENDITURE / STATEMENT OF C[illegible]SIVE INCOM[illegible]

(Signage a[illegible]ncome and expen[illegible]note disclo[illegible]	£000
In[illegible]ce Income	0
[illegible]nce 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 Repo[illegible] M[illegible]l (FReM), [illegible]sh is in force for the financial year for which the accounts are being pr[illegible] as detailed in [illegible] NHS Wales Trust Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Gov[illegible]nt.

FORM AND CONTENT

3. The account of the Trust for the year ende[illegible] March [illegible]10 a[illegible] subsequent years shall comprise a foreword, an income statement, a statement of [illegible]ancial pos[illegible] a statement of cash flows and a statement of changes in taxpa[illegible]s' equity as[illegible]g as thes[illegible]ements are required by the FReM and applied to the NHS W[illegible] Manual fo[illegible]ccounts, in[illegible]ding such notes as are necessary to ensure a proper understand[illegible]g of the accou[illegible]

4. For the financial year ended 31 [illegible] 2010 and subsequ[illegible] years, the account of the Trust shall give a true and fair view of the [illegible] of affairs as at the end of the financial year and the operating costs, ch[illegible] [illegible]xpayers' eq[illegible]nd cash flows during the year.

5. The acc[illegible] shall be signe[illegible] dated by t[illegible]ief Executive.

MISC[illegible]ANEOUS

6. The [illegible]on shall be reproduced [illegible]an appendix to the published accounts.

7. The notes [illegible] accounts shall, [illegible]r alia, include details of the accounting policies adopted.

Signed by the auth[illegible]f Welsh [illegible]isters

Signed : Chris Hurst Dated : 17.06.2010

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

276/276