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Annual Report 2023/24



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Section 1: Performance Report

Section 2: Accountability Report

Section 3: Accounts and Financial Statements



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Section 1:

Performance Report

Performance Report

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1. Introduction

The legacy of the Coronavirus (COVID-19) pandemic and ongoing rise in the cost of living continues to have profound effects for the people of Wales. This includes not only the direct health impacts, but also the broader and longer-term implications for our health and well-being.

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

We have continued to learn from our response to the COVID-19 pandemic to build robust plans for response to future outbreaks. We also know the impact these challenges, particularly the pandemic, have had on the wider health and social care system. The pressure on the NHS and social care remains significant, but this is also true for all public services. We also know that the projected rise in risk factors related to health conditions, coupled with an ageing population will increase the number of people living with long term health conditions.

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

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

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

2. Our Strategic Plan

Following our Board's approval in March 2023, we published our new 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 2023-2026 (also known as the Integrated Medium Term Plan) was submitted to the Welsh Government at the end of March 2023. This was the first three years implementation plan for our new Long Term Strategy. On the 12 September 2023, we received approval of the Plan by the Minister for Health and Social Services.

2.1 Progress against delivering our plan

The end of March 2024 saw the conclusion of our Strategic Plan 2023/24 and we ended the year with over 97% of our delivery milestones completed, equating to 291 milestones delivered from a total of 297 milestones. This compares to 93% of milestones completed in 2022/23.

Around 2% of milestones were reported as incomplete in 2023/24. Delays in delivery were often due to factors outside of our control including dependencies on activities by other organisations. During the last 12 months, 63 milestone requests for change to delivery dates were approved, with an average extension of 4 months. Any agreed milestones that were unable to be delivered will roll-over into our 2024/25 plan of which 40% will be delivered in Quarter 1, 33% in Quarter 2, 11% in Quarter 3, and 16% in Quarter 4. We have also made good progress across a number of our strategic change programmes.

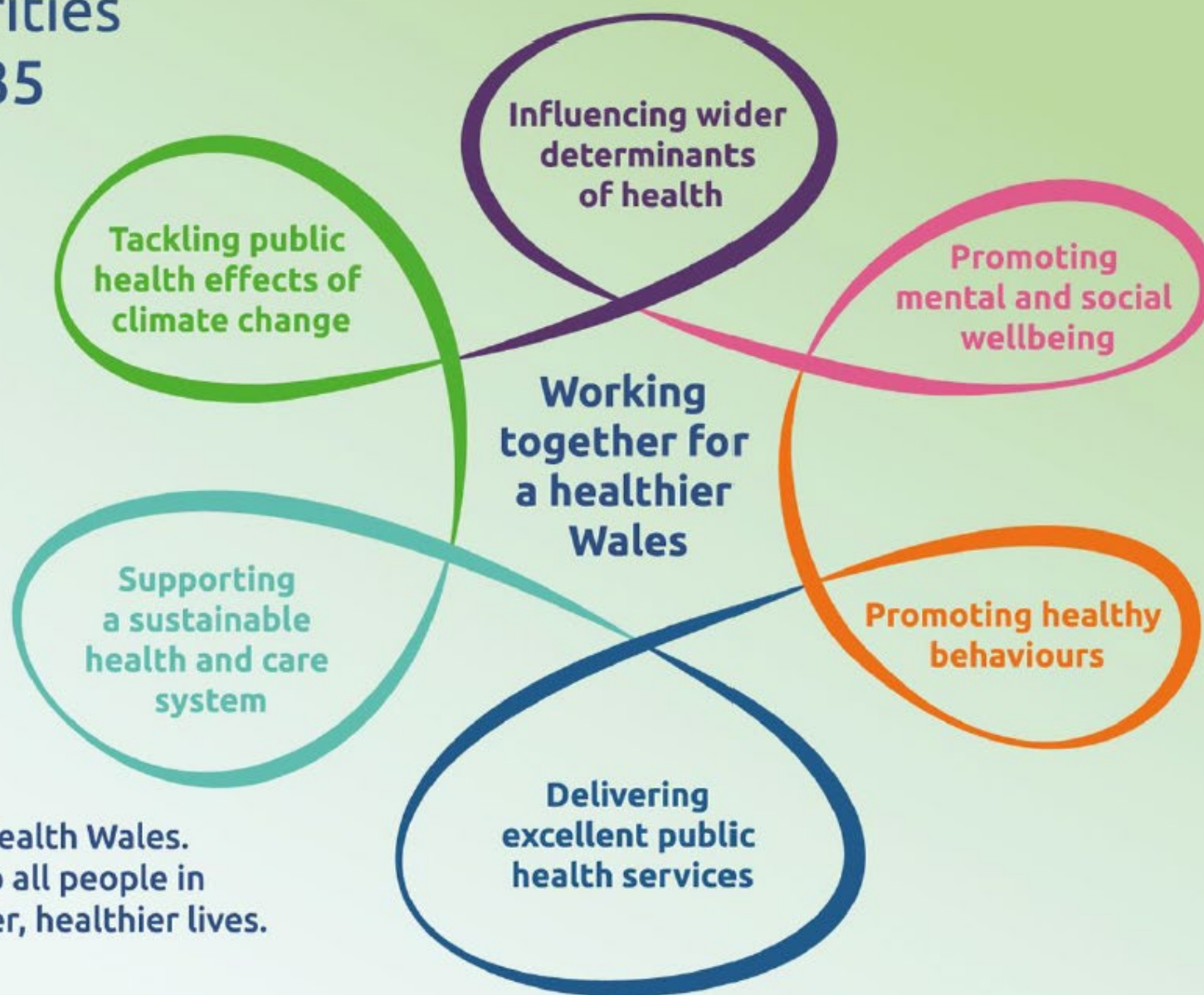
Our progress in delivering our milestones represents the successful delivery on completing the first year of our Long-Term Strategy, which is a significant

achievement for the organisation and represents all the great work and dedication of our staff during very challenging times for public services.

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

Further information on our priorities areas including examples of what we delivered in 2023/24, alongside key challenges and opportunities for learning, are set out in the following section.

Our Priorities 2023-2035



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

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



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3. Strategic Priority 1: Influencing the wider determinants of health

Everyone in Wales deserves the opportunity for good health. However, too often people become ill or die too early because they do not have the building blocks for good health. These include education and skills, a warm safe home, fair work, money and resources, access to affordable and sustainable transport, and a healthy physical environment. These social, economic and environmental factors affect us from our earliest experiences and throughout our lifetime.

Influencing these factors is a major challenge, and over the last year we have focussed our efforts on the cost of living, safe, healthy and fair work, advocacy and influencing and building the capability of our public health workforce.

3.1 Responding to the cost of living

During the last year, we have had a major focus developing our work responding to cost-of-living as a public health crisis. In addition to supporting our staff and services users, we have reviewed impacts on children, making recommendations across ten priority policy action areas. We published findings from the all-Wales summit delivered through the [Building a Healthier Wales partnership](#). Using this, and other evidence, we contributed to the Expert Reference Group convened by the Welsh Government on responding to the cost of living crisis and have worked to influence Welsh Government's Child Poverty Strategy as it developed, with a focus on babies and health inequalities. We continue to gain population insights on cost of living through our Time to Talk survey, and are building on this work to date to focus on child poverty through our Building a Healthier Wales strategic partnership.

3.2 Informing and advocating action on health inequality

We informed and advocated action on reducing health inequalities, including launching a [Welsh Health Equity Solutions Platform](#), an innovative first of its kind live portal including evidence, data, policies, practical tools and resources to inform and support policy making, investment prioritisation, cross-sector action, and solutions. We published a guide to using the socio-economic duty in Wales, and a series spotlight features on key topics, such as gender equity, cost of living crisis, measuring value, and best start in life.

We identified good practice through International Horizon Scanning on the essential conditions for health equity, universal free primary school meals, and the impact of poverty on babies, children and young people. This work was delivered as part of the Memorandum of Understanding (MOU) between the World Health Organization (WHO) Regional Office for Europe and the Welsh Government helping to accelerate progress towards healthy, prosperous lives for current and future generations in Wales and globally. We helped renew the MOU until 2026 confirming joint

commitment and resources to tackle health inequities and ensure no one is left behind.

3.3 Influencing health and equity through safe, healthy and fair work

We have developed our work with partners on employment as determinants of health. Using our guide and resources on participation in [fair work as a route to health, well-being and equity](#), we have engaged with stakeholders locally, regionally and nationally to influence action and increase participation in fair work. Insights were gathered during the engagement phase to further understand stakeholder priorities, challenges and their current needs to support the future direction of our work.

One of this work's successes is seeing an increase in the number of well-being plans produced by Public Services Boards explicitly referencing employment and/or fair work characteristics, with some quoting the fair work guide. Our work has also been included in the Welsh Government's guidance on fair work.

Our Healthy Working Wales team is building a digital delivery model to significantly expand reach to a wider range and bigger number of employers. Research was undertaken to inform the creation of a new employer-facing website. The website content has been revamped and expanded across many topics to support employer action on health and wellbeing, including musculoskeletal health, mental health and wellbeing, fair work and neurodiversity. Digital campaigns and awareness raising activities have included an active presence on social media platforms and promotion through stakeholders' channels.

Research with employers was undertaken to tailor developments, using an online survey and in-depth interviews to provide qualitative insights. A new training and capacity building offer is being created, working jointly with Business Wales to host products and reach thousands more employers. A sickness absence management toolkit and training e-module was developed, and webinars on equality, diversity and inclusion with a focus on disability, and musculoskeletal health were launched.

3.4 Health in all policies through health impact assessment

We continue to support a health in all policies approach, advising on the development and consultation of Welsh Government regulations for Health Impact Assessment (HIA) under the Public Health (Wales) Act, 2017. Additionally, we have supported a number of Public Health Institutes across the world to advance HIA as a tool for health in all policies. This includes Ireland, Portugal and in Australia and conducted and published a number of unique and influential HIAs including on climate change in Wales, the health and equity impact of the Comprehensive and Progressive TransPacific Partnership (CPTPP) free trade agreement.

The trade HIA led to a series of webinars and events delivered in partnership with WHIASU and Public Health Network Cymru and the Trade in a Wellbeing Economy' event was attended by twenty three academic, civil society and public health professionals including members of the UK Business and Trade department and Welsh Government Trade policy. The evaluation and feedback was hugely positive and the discussions led to further engagement with UK trade policy makers directly and providing public health focused input into governmental consultations.

3.5 Increasing wider determinants of health capability

We have worked to strengthen the capability in public health to influence wider determinants of health. We developed our expanding [Public Health Network Cymru](#) for the wider public health workforce, hosting conferences on spatial planning and the climate crisis. We established a community of interest for wider determinants, supporting public health professionals locally and nationally.

In addition, we have increased the understanding for specific determinants, including [education and health](#). We published evidence on the relationship between educational attainment and health, and a map of the factors affecting educational achievement in Wales. The map shows multiple interconnected factors, many beyond the school setting which affect educational outcomes. We have used the map with partners to see to increase the impact of efforts to reduce the educational attainment gap in Wales. We have also contributed to the continued understanding of housing and health through reports on [affordability of homes](#).

Shaping Places for Well-being in Wales Programme

In partnership with Executive Directors of Public Health across Wales and their teams, the Wider Determinants of Health Unit has been successful in securing a three-year funding award from the Health Foundation Shaping Places programme.

The *Shaping Places for Well-being in Wales Programme* seeks to support Public Services Boards (PSBs) to influence the wider determinants of health through theory and evidence informed system approaches to reduce health inequalities, to add to the evidence base on implementation of systems approaches and to share learning.

Following a Health Foundation funded design phase, we co-produced the programme with representatives from PSBs, Welsh Government, Future Generations Commissioner's Office and Local Health Board Public Health Teams. The programme will establish three learning groups open to all PSBs in Wales, involving members and technical officers. Each learning group will take one of three agreed themes (climate and nature emergency, poverty and inequalities and neighbourhood well-being) and be guided through a flexible five-step approach, using techniques to describe and explore systems to inform and test action, applying and integrating learning with local delivery of PSB plans.

In addition to sharing learning across Wales and other UK nations, the intention is to develop a legacy plan at the end of the life of the programme. This project is part of the Health Foundation's Shaping Places programme. The Health Foundation is an independent charitable organisation working to build a healthier UK.

4. Strategic Priority 2: Promoting mental and social well-being

Mental and social well-being are the foundations of lifelong health and well-being. The wider determinants provide the conditions for good health, and social and mental well-being can be seen as the foundations for healthy people and communities.

Our work in this priority focuses in three broad areas:

- ❖ Creating opportunities and motivation for everyone to prioritise time for the things that keep them mentally well
- ❖ The importance of the first 1000 days of life in setting the foundations for lifelong social and emotional development
- ❖ Action to create a trauma informed Wales to prevent the harm arising from adversity in childhood and throughout life including the prevention of violence.

During the last year we have continued our work to develop and implement the National Trauma Practice Framework by developing an implementation plan and a children and young people's version.

We have produced an implementation plan for the youth violence prevention strategy and provided support for the implementation of the Serious Violence Duty. We have increased our ability to monitor the impact of violence through the implementation of a full scale violence prevention surveillance system for Wales.

We have continued our development of the mental wellbeing programme of work by engaging extensively with the public and professionals on their understanding of mental wellbeing and testing out our approach to ensure that it is accessible to all. This will inform the ongoing implementation of the Hapus programme of work. Hapus is a long-term strategic programme of work, facilitated by Public Health Wales, aimed at protecting and promoting mental wellbeing across the population of Wales. We are working with national and local organisations to launch a national conversation on mental wellbeing. The conversation will take place through digital and real world settings through which we will share evidence-based information on ways to protect and promote mental wellbeing and encourage people to share what matters for their mental wellbeing. We have formalised our partnership working for the Hapus programme by agreeing a formal partnership agreement with our partner organisations who will work with us to achieve our shared goals.

Working with the Centre for Health, Activity and Wellbeing at Cardiff Metropolitan University, we have undertaken research to understand the barriers and enablers to individuals taking action to promote and protect their mental wellbeing and this work will be published in the coming year. The research will help us to better understand which groups of the population are less likely to be aware of or take

action to promote their mental wellbeing and to better understand the factors that enable and prevent people taking action.

We have continued our work to support the embedding of a Whole School Approach to Mental and Emotional Wellbeing reporting on learning from the implementation process and continuing our work to share evidence on what works in a way that is accessible to our education partners. Achievement of the ambition set with Welsh Government to have 90% of schools with secondary aged learners working to embed a Whole School Approach to Emotional and Mental Wellbeing through undertaking self-evaluations of their strengths and areas for development, 92% of schools had commenced or completed self-evaluations as of 31st March 2024. Together with schools, we were close to achieving the more challenging ambition of 80% of schools with secondary-aged learner with action plans in place, reaching 74% by 31 March 2024.

We have also continued to undertake work to look at the evidence for what works and disseminate this learning to those in the Education sector to help them in decision making. Finally we have continued our work on the importance of the First 1000 Days of a child's life in setting the foundations for lifelong health and wellbeing reviewing the programme of work and setting out plans for the next phase of development.

4.1 Every Child Parent Health Information Offer

Every Child [‘Your Pregnancy and Birth’](#) and [‘Every Child Newborn to age 2’](#) have been published. These new resources are part of a programme of work to produce the successor to Bump, Baby and Beyond and are the primary health information resource provided by the NHS to first time parents in Wales.

The new resources were developed following feedback from parents indicating they wanted information that better reflected their parenting journey, which was more supportive in tone and was provided at the time when it was most relevant to them. The new booklets have been written with guidance from health professionals and input from parents who have already been on the parenting journey. Pre-publication testing and early feedback post-publication has been extremely positive.



"The words aren't complicated, they're not using hospital terms that I wouldn't have a clue of. I read it all and I understood every word... The book doesn't go into the science of everything, it just gives a description of what it is, what it will do, and that's all you need to know because the nurses need to know about the science and if you want to know more you can ask them but I don't feel you need to know everything's ins and outs, well I wouldn't."
 (Female, 16-24; self-identified non-reader)

"The concept of this is great. To have this it's the closest you're going to get to a handbook." (Male, 25-34)

"I particularly like the pictorial step by step guides, this really helps colleagues / parents who may have literacy issues. The colours are also eye catching, especially with the use of a different colour for each section." (Flying Start service)



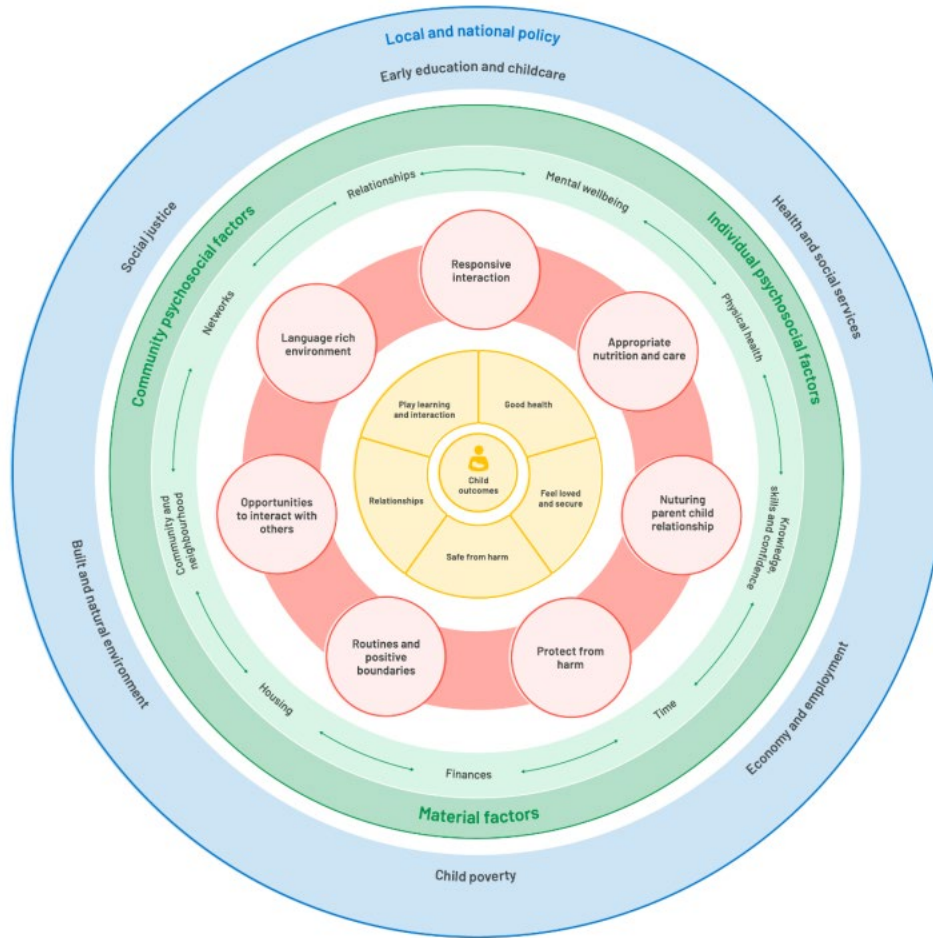
4.2 A Public Health Approach to Supporting Parents

The First 1000 Days Programme launched an animation to promote understanding of a Public Health Approach to Supporting Parents. Designed for professionals, the resources describe the conditions that support parents to give children the best start in life and set out the role of policy and practice in creating those conditions.

The [Public Health Approach to Supporting](#) parents brings together current theory, research evidence and insight into the experience of parents and professionals in Wales conducted between 2018 and 2022. This new animation complements the summary report and full technical report already published to provide a bite size introduction to the importance of structural and psychosocial factors in creating the conditions for families to thrive (see Figure 1).

Significant work has been done to communicate the key messages from the report, both internally and externally, including the role the wider determinants of health play in enabling families to flourish. This has led to greater awareness and recognition of the importance of baby's early experiences for their current and future health and wellbeing across Public Health Wales, enhancing cross-organisational working.

Figure 1. The Public Health Model of Parenting Support



5. Strategic Priority 3: Promoting healthy behaviours

Promoting healthy behaviours includes action to reduce disease, disability and early death that result from things such as smoking, our diet, how active we are and how we use alcohol and other substances. The opportunities to make healthier choices are influenced by our social and economic circumstances and importantly by the actions of the commercial players who produce these products and our work focuses in creating an environment in which people are not being encouraged to take the least healthy option.

5.1 Incident Response Group for Vaping amongst Young People

In July 2023, we convened an Incident Response Group in response to rises in vaping amongst children and young people in Wales. Given the rise in concerns about vaping use by young people, and the absence of any previous experience to draw on with such a new substance, we adopted an approach usually applied in health protection incidents and outbreaks. The approach brings together expertise from across the system, examines the problem and undertakes an investigation to come to a conclusion about what measures should be taken to address the issue.

The issue of vaping is particularly challenging given that there is a need to balance the possible benefits to existing smokers with the need to protect children and young people from harm. This balance meant that discussions were not always easy and full agreement on all of the steps needed was not reached. However, we were able to make some significant recommendations which are being considered by the relevant agencies.

As part of the work also produced guidance for schools on vaping to support them in addressing the problems they were facing. The work has been well received and we had had very positive feedback. The work aligned activity across sectors in Wales, gained significant media interest, supporting consistent public health messaging in relation to vaping.



5.2

Reducing smoking amongst young people

In Wales we have achieved significant reductions in smoking rates in school age children. However, the largest growth in smoking rates takes place after leaving school with 17% of 18–24-year-olds reporting being a smoker (National Survey for Wales, 2023), an age group with one of the highest proportions of smokers in Wales. To address this, the Tobacco Programme undertook work during 2023/24 to gather evidence and insight to inform a programme of work aimed specifically to address uptake in this age group. This included data analysis, insight research and behavioural analysis which has provided the foundation to develop interventions to reduce smoking initiation in this age group during 2024/25.

5.3 All Wales Breastfeeding Action Plan

The Children’s Nutrition and Obesity Team have made significant advancements in the implementation of the All Wales Breastfeeding Action Plan.

We have led work, using a Delphi process, with colleagues across the Four Nations to agree a set of definitions and time points for collection of infant feeding indicators which will enable comparisons between nations in the future. This work has then informed a quantitative data infant feeding framework for Wales which will be embedded within the new digital offer for maternity records and the current Healthy Child Wales programme.

For the first time in four years, we brought together infant feeding and Public Health colleagues from across Wales to celebrate and share local innovation to improve breastfeeding rates at our Bright Spots event in October 2023. The event was attended by the Deputy Minister for Mental Health and the Chief Midwifery Officer. Evaluation demonstrated the value colleagues place on being able to come together to share best practice and we are already aware of Health Boards rolling out new initiatives based on work that was presented at the event.

5.4 School Food

The Children's Nutrition and Obesity Team has established a specific work programme to maximise the potential of school food to reduce inequalities and improve children's health and well-being outcomes.

The Team have supported Welsh Governments review of the Healthy Eating in Schools Regulations by public health leadership and specific public health nutrition expertise. We have published a rapid review of the scientific evidence to inform what needs to be updated in the nutrient and food based standards. phw.nhs.wales/publications/publications1/rapid-review-of-nutritional-and-food-based-standards-in-wales-a-technical-report/

In October 2023, we facilitated a Theory of Change workshop to support stakeholders, including Welsh Government, to generate a collective agreement and understanding of the need for Regulations and the outcomes the policy should be aiming to achieve in relation to child health and wellbeing. The Theory of Change went to the internal WG Food in Schools Board in March 2024.

5.5 Weight Management Pathway

Our work to support people to achieve and maintain a healthier weight has included the ongoing development of the Healthy Weight Healthy You digital offer which was launched in January 2023. This site provides a Level 1 offer for the All Wales Weight Management Pathway and has been used by over 100,000 since the launch.

We undertook a review of progress across Wales in implementing the All Wales Weight Management Pathway and co-produced a set of standardised measures and definitions for use across Wales to help Health Boards and the Welsh Government measure the impact of the pathway.

We have also developed an addendum for the Welsh Government for the weight management pathway in Wales for the new weight management medications and have responded to national consultations for weight management.

5.6 Whole Systems Approach

We have continued our work to engage and mobilise all sections of society to understand how they can contribute to reversing the levels of unhealthy weight in Wales. In each area of Wales the Director of Public Health leads work with local partners to agree a priority area to focus on to agree on collective action. We are supporting this work by helping to provide tools, training and facilitate shared learning. Part of this work has been to engage Public Service Boards (PSBs) in prioritising healthy weight and to date eight PSBs now have healthy weight as one of their priorities.

We have developed and launched video assets to support the understanding of systems work and support engagement with system partners in Wales. We have commenced work focussing on the role of planning in helping the shape healthier environments and hosted national systems events drawing together partners from across Wales to discuss and develop this work. This work will be taken forward during the coming year.

5.7 Making Every Contact Count

Making Every Contact Count (MECC) is an approach to behaviour change that utilises the millions of day to day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing.

In order to embed MECC principles and preventive approaches across the health and care system, the MECC logic model was revamped and disseminated. Logic models tell the story of our project or programme in a diagram and a few simple words. It shows a causal connection between the needs we have identified, what we do and how this makes a difference for individuals. It is informing work to develop action by the MECC national working group to establish MECC within the curricula, training, registration and accreditation of health professionals and within recording, reporting and human resource processes across the NHS.

Online MECC training was expanded to include a refreshed generic level 1 e-module which was piloted with the 1000-strong optometry workforce in Wales, with 70% take-up within two weeks of its launch.

5.8 Education and Health

The Educational Settings team continued work to develop the new delivery model engaging with over 100 schools in developing the new Minimum Standards which we hope to formally introduce in the coming year subject to Ministerial agreement.

We have also worked closely with teachers across the system to develop a new approach to resources to support the implementation of the Curriculum for Wales Health and Wellbeing area of learning and the work has received positive feedback and will continue into next year.

5.9 Physical Activity

The national Travel to School Hands Up Survey, co-ordinated by the Health Improvement Division's physical activity programme, continues to gain profile and momentum as it approaches its third year of delivery; in 2003 over 40,000 pupils took part, with engagement from 270 primary schools across Wales. It provides stakeholders across Wales with vital intelligence on travel to school that can be used for strategic action. The data is also used by schools to develop their active travel

plans and engage pupils in discussions on active travel to school. In 2024, we are working closely with stakeholders to encourage even more schools to take part.

We have worked closely with Swansea University's Environment and Health Research Centre to determine what proportion of children across Wales could feasibly actively travel to school. This work, involving utilisation of the SAIL Databank, will enable schools and strategic stakeholders to assess potential for change regarding active travel to school. It is intended that data will be free to access.

As a key action of the Active School Travel National Delivery Plan, the physical activity programme has taken forward the development of a place-based approach to active school travel. During 2023-2024 we have worked with several secondary schools across Wales, along with key stakeholders in each place, to address issues relating to active travel to school and take forward actions. The aim was to develop and test an intervention, with a view to further refinement and piloting in 2024-2025. A vital component of the approach is meaningful engagement, not only with schools and their pupils, but also with those local stakeholders who have the power (remit and funding) to take forward actions; this includes local authority active travel officers, local public health teams, and local councillors. With a focus on identifying local-specific, environmental areas for improvement, the approach has already demonstrated success with improvements already agreed to walking and cycling routes.

Working alongside our new Research and Evaluation Team, we have conducted in-depth qualitative research to understand the experiences of projects undertaking evaluation activities as part of the Welsh Government funded Healthy and Active Fund programme. The work, which will be of great value to future thinking around supporting evaluation of community-based projects, has already been accepted for presentation at academic conferences and is currently under consideration for peer-reviewed journal publication. The work has demonstrated an effective approach to embedding rigorous research and evaluation into public health practice and policy.

We have continued to work closely with key partners to develop the Daily Active Whole School Approach to Physical Activity, taking forward this important agenda to maximise opportunities for children and young people to be physically active in and around the school day. This is an important component of the national Healthy Weight: Healthy Wales strategy, being part of the healthy settings theme.

6. Strategic Priority 4: Supporting the development of a sustainable health and care system focused on prevention and early intervention

6.1 Embedding Prevention

During the last year, we have focussed on prevention across the health and care system, through developing programmes of work which provide cross-cutting approaches to embedding prevention, as well as programmes related to addressing key clinical risk factors for the burden of disease in Wales. Our cross-cutting programmes include:

- ❖ The development of a 'Prevention-Based Health and Care' Framework, co-produced with key strategic partner organisations across health and care in Wales, to enable prevention to be embedded in a coordinated and systematic way.
- ❖ The development of resources to enable the workforce to [Support Healthy Behaviours in Primary Care](#) and thereby take demonstrable action on prevention.
- ❖ Working in partnership, with the Welsh Government, Health Education and Improvement Wales (HEIW) and the Welsh School for Social Prescribing Research, to launch the [National Framework for Social Prescribing](#). The National Framework includes key publications developed by Public Health Wales and co-produced with partners, namely [A Glossary of Terms](#) and a series of [Case Studies](#), showcasing social prescribing in Wales.

In relation to addressing key clinical risk factors, we have:

- ❖ Led the establishment of the national 'Tackling Diabetes Together' programme, working with the NHS Executive, health boards and the wider public health system with the aim of slowing the rate of increase of the prevalence of type 2 diabetes and to increase the number of people living well with diabetes in Wales.
- ❖ Continued to coordinate the delivery of the [All Wales Diabetes Prevention Programme](#) (AWDPP), publishing the [year one activity report](#), the [first national process evaluation of the AWDPP](#), and an [updated protocol](#), alongside a [diabetes prevalence report](#).
- ❖ Concluded the delivery of the [Primary Care Obesity Prevention Plan](#), with a report to follow in late 2024, on the progress and learning to date.
- ❖ Established a new Cardiovascular Disease Prevention Programme, in collaboration with the National Strategic Clinical Network for Cardiovascular Disease.

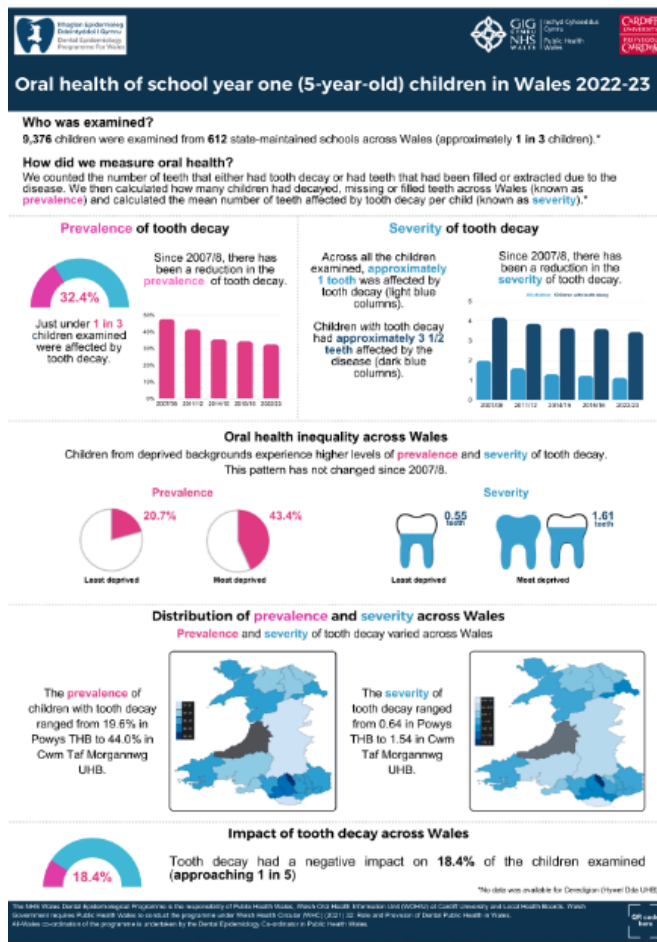
The role of prevention in ultimately supporting the development of a sustainable health and care system is recognised by stakeholders and we hope to build on this to support a wholesale shift towards prevention in the coming years.

Our work to increase prevention through primary dental services saw us provide ongoing input into the national dental reform programme. There are ongoing inequities in access to dental care for children in Wales with 64.5% of children living in the least deprived areas accessing dental care compared to only 42.6% children living in the most deprived areas in Wales during 2021-23. We have made a case for change into prevention and outcome focussed and need based dental care provision that also aims to monitor and reduce inequity in access and outcomes. We showed rising incidents of [mouth cancers in Wales](#) with more than 300 people in Wales diagnosed in 2019, with incidence rising year on year since 2002.

Our [Dental Epidemiology Programme](#) examined over 9,300 Year 1 school children and [our report](#) showed a reduction in both prevalence and severity of the disease but persistent oral health inequalities.

We provided national leadership and coordination of the Designed to Smile programme that resulted in 1,003 nurseries and schools in deprived areas providing a supervised daily tooth brushing (50,705 children participated) and 35,795 children receiving at least one application of fluoride varnish through 544 schools.

We also worked with the Care Inspectorate Wales (CIW) to highlight how CIW can support our care home programme ([Gwen Am Byth](#)) to improve residents' oral health and associated quality of life.



6.2 Transforming Primary Care

Monitoring and evaluation of the Primary Care Model for Wales (PCMW) has been progressed by the Primary Care Division during 2023/24 including the development and roll out of a second cycle of cluster peer reviews, building on learning captured in the [Cluster Peer Review report for 2022/23](#) that was published in the spring which

highlighted the key themes and areas for action identified from the peer discussions.

Colleagues working with/ within clusters were engaged over the last twelve months to co-produce a [cluster self-reflection tool](#) which was piloted in January and launched at the end of March 2023. The proposed reflective discussions aim to gather insight from clusters, on how 'mature' cluster working is against the PCMW and Accelerated Cluster Development (ACD) outcomes, including insight on the factors within the primary and community care system that hinder or facilitate their progress towards A Healthier Wales.

Work has been progressed to review and refresh the PCMW and ACD maturity matrix, to better reflect cluster working today. This work will continue into 2024/25 as partners focus on ways to strengthen integrated health and social care that delivers place-based care. Scoping work has also progressed to develop a suite of key indicators for primary care, again this work will be concluded in 2024/25.

Raising awareness of cluster working and the PCMW has also been progressed, through the development of a [PCMW page](#) on the [Primary Care One website](#) (PCONE) and through development of Primary Care cluster related questions within the Public Health Wales Time to Talk survey. The Time to Talk Survey highlighted that further work is required to engage our local communities in the work of clusters.

The Primary Care Division has continued to work closely with the Strategic Programme for Primary Care, providing public health advice and support on a range of topic areas, including the development of a suite of Primary Care Metrics, engagement with the ACD Action Learning Group and ongoing support for the development of ACD resources on the Primary Care One website. We have undertaken a mapping exercise to understand the range of services providing Primary Health Care to vulnerable groups across Wales, progressed work on the development of a health inequalities framework for primary care and working with the Strategic Programme for Primary Care developed a Tier 2 service specification and resource portal for primary care health inclusion services.

The Primary Care One website (PCONE) is hosted by our Primary Care Division and provides information and signposting to a range of topics relevant to primary care cluster working in Wales. The website is an important resource for partners and has been reviewed and refreshed to ensure the PCONE content continues to meet their needs. The review has included a Welsh Language Audit, development of new pages and resources, and work to reduce duplication, streamline information, and improve the User journey and engagement. This work will continue to take a quality improvement approach, including stakeholder engagement, to further develop this important partnership resource.

6.3 Helping to build a Well-being Economy in Wales and beyond

Public Health Wales has been working closely with the Welsh Government and the World Health Organization (WHO) to progress and implement a Well-being Economy that focuses on people and the planet over profit. Our WHO Collaborating Centre helped the [Renewal of the Memorandum of Understanding](#) between the Welsh Government and the WHO Regional Office for Europe. This work includes building capacity, bringing knowledge and resources, and sharing best practice from across countries and sectors, to inform investing in prevention, reduce health inequalities, and support more resilient and sustainable communities and NHS in Wales. It also strengthens Wales global leading role as a 'live innovation site' for wellbeing, health equity and prosperity for all, leaving no one behind.

6.4 Social Value Masterclass delivered with high interest across the NHS and wider Wales

A [Social Value Masterclass 'Measuring the Value of Public Health'](#) delivered to increase the understanding and highlight the need to capture wider social, economic and environmental value of public health programmes. This is essential to inform evidence and Value-Based financing and investment in health and well-being. The webinar is an introduction aiming to build organisational and NHS capability to measure public value and wellbeing impacts, applying a Social Return on Investment (SROI) and other relevant methods.

6.5 Public health economics research and evidence synthesis informing policy and practice

We have led, coordinated and published a special Frontiers in Public Health e-book on [Translating Health Economics Research into Public Health Action: Towards an Economy of Wellbeing](#) including 15 research peer-reviewed papers from 67 authors globally. We have also developed a series of evidence reviews published in international peer-reviewed journals to help inform Value-Based finance and investment.

The latest ones in 2023/24 include an editorial contribution in the European Public Health journal titled: [From 'evidence-based' towards 'value-based' public health: measuring what matters most](#); An article in the Frontiers in Sports and Active Living journal titled: [The social return on investment of physical activity and nutrition interventions – a scoping review](#) and an article in the Public Health journal titled: [Advancing the social return on investment framework to capture the social value of public health interventions: semi structured interviews and a review of scoping reviews](#)).

6.6 Footprint Analysis to explore the contribution of the NHS to the Welsh Economy to drive the Well-being Economy

Supporting progress of the Well-being Economy in Wales, we have made the case for population health and wellbeing to be a driver of economic development in Wales and evidenced the economic importance of the healthcare sector to the Welsh economy is explored. We are in the process of publishing a summary document (that is based on an [academically published paper](#)) that outlines that the healthcare sector has an above average contribution in four explored economic aspects of the Welsh economy (output, income, employment, value-added), according to its impact on the surrounding economic ecosystem.

6.7 Social Value and Health Impact Assessment

To progress the application of the Social Return on Investment Framework we have conducted a study applying an innovative approach by using a Health Impact Assessment (HIA) lens and approach, in combination with the Social Return on Investment (SROI) framework to understand the health impacts and social return on investment of a self-sampling service for Sexually Transmitted Infections (STIs) in an open prison setting in Wales.

The report and supporting documents can be accessed here: [Self-administered sexual health testing in an open prison setting in Wales: A Health Impact Assessment and Social Return on Investment analysis - World Health Organization Collaborating Centre On Investment for Health and Well-being \(phwwhocc.co.uk\)](#)

6.8 Safeguarding

Our NHS Safeguarding Service has continued with its strategic role in coordinating and supporting the NHS Wales Safeguarding Network. The Network provides a vital bridge between strategy and operational delivery at local level and supports the delivery of national policy developments in NHS Wales health boards and trusts to discharge their responsibilities to keep children and vulnerable adults safe. Key practice improvements included, 'Take 5 Read Safeguarding Bite size' resources and dedicated work to support the emotional well-being of families and staff in the review of how we respond to unexpected child deaths. The [Annual Report of the NHS Wales Safeguarding Network](#) published in the Summer reported against the Network's key achievements in 2022-2023, a year that marks 10 years of Network delivery.

The Safeguarding Maturity Matrix (SMM) is a self-assessment tool which supports safeguarding quality improvement across NHS Wales. The tool is completed by the seven health boards and three NHS trusts within Wales with information collated by the National Safeguarding Service to provide a national picture of the NHS Wales safeguarding services across Wales. Over the last period the SMM tool was updated by the team in Public Health Wales in line with the Duty of Quality guidance to

ensure safeguarding services across Wales are safe and reliable and can contribute to organisational and national quality reporting. The tool was developed with the involvement of the Chief Nursing Officer, Executive Directors of Nursing and the NHS Wales Safeguarding Network.

An NHS framework template has also been developed that supports NHS Wales organisations to publish consistent safeguarding strategies. The national document facilitates local variation in their portfolios and service delivery to ensure consistency. The template and example strategy aligns with the Health and Care Quality Standards for use by corporate safeguarding leads with Public Health Wales acting as the test organisation. All organisations have been supported in creating their strategies over the last twelve months via a Task and Finish Group.

A Quality in Safeguarding Statement for NHS Wales which outlines 10 key quality priorities was co-created to support implementation of the Duty of Quality and to strengthen safeguarding assurance. The statement clarifies what 'good' looks like in safeguarding within NHS Wales and facilitates awareness of the people most in need of our protection. The document was produced with stakeholders representing social care in Welsh Government, the NHS Executive and Health Inspectorate Wales. Its ambition is to ensure alignment with Health and Care Quality Standards, and other developing multi-agency assurance processes. This work will be further strengthened by the Chief Nursing Officer's review of Strengthening Safeguarding in Health which is due to be completed in May 2024.

6.9 Improvement Cymru

The Welsh Government commissioned Improvement Cymru to lead on a national discovery report for Maternity and Neonatal services in Wales. The report and its findings were published in July 2023. Since that time, the Maternity and Neonatal team appointed to lead this work has turned its attention to supporting national work in two areas with the aim of minimising variation. The focus has been on identifying and escalating the care of the deteriorating mother or baby, and work to minimise mother and baby separation by reducing term admissions to neonates. This work launched in January 2024.

Improvement Cymru has worked collaboratively with the Wales Cancer Network and health boards, to engage Toyota on Deeside to utilise their teaching and coaching methods to find ways to optimise care pathways to support cancer pathways, with the aim of minimising the time from referral to the point where a decision is made as to whether the patient has cancer or not. The learning on the Toyota Production System methodologies, along with local coaching has been applied in three phases to a small group of multi-professional teams across Wales and also three Pathology departments. The work has been well received with teams recognising the opportunity to use their learning to re-organise their local processes, optimise capacity and improve the flow of the care pathways. Particular improvements are being seen in the overall time that patient samples are taking in cellular

pathology. Improvement Cymru is also working with the National Planned Care Programme to explore opportunities to scale and spread the learning.

Improvement Cymru supported the development and roll out of the Duty of Quality e-learning package across Wales.

In addition, the Improvement and Innovation Hub in Public Health Wales has delivered a comprehensive 2-year plan to support our improvement ambitions. This included a clear framework for tier 1, 2 and 3 improvement work across the organisation. Drawing on learning from year 1, the support for tier 1 strategic priority work has recently been strengthened by aligning improvement science with a strong project management approach.

7. Strategic Priority 5: Delivering excellent public health services to protect the public and maximise population health outcomes

Public Health Wales provides a wide range of services to the public and support to partners which help protect the public and prevent harm so that the population of Wales has the best health outcomes possible. This includes services to:

- ❖ protect the public from the effects of infections, including supporting vaccination, diagnostics and response
- ❖ protection against exposure to environmental, harms, such as air pollution
- ❖ delivery of our national screening programmes
- ❖ prepare for and respond to emergencies
- ❖ support infection control in healthcare and
- ❖ support effective use of antibiotics and reductions in antibiotic resistance.

We believe that to get the best for the population of Wales we have to be able to aim for excellence in all we do. We think an excellent service is one which is:

- ❖ **safe** – services should be able to show that they are safe and that they have more benefits than risks
- ❖ **timely** – services should be there when needed and respond promptly
- ❖ **effective** – services should get the outcome they are supposed to
- ❖ **efficient** – services deliver in the most efficient way and
- ❖ **equitable** – services should work harder for people who need more
- ❖ **person-centred** – services should regularly and actively engage with people and put their needs at the centre of delivery

How we deliver our services to protect and improve the health of the people of Wales is paramount, the Health and Social Care (Quality and Engagement) (Wales) Act (2020) highlights the important of the whole NHS delivering high quality services which will improve care in the future. As a result, our collaboration with our partners to deliver excellence together is of paramount importance for us.

7.1 Key achievements

The winter of 2023/24 reminded our teams of the significant impact that outbreaks of infectious disease can have on individuals and communities. The large number of cases of whooping cough stretched our services and our health protection teams worked hard with to respond to the threat. In December 2023, Wales also experienced its first outbreak of measles since the Pandemic in the Cardiff Area. With measles cases increasing across the UK, the Health Protection Division worked

with partners to stop the outbreak, and to provide advice on vaccination, infection prevention and response to make sure that Wales was prepared for cases.

Infection Services have continued to provide testing across Wales, receiving and processing over 1.4m samples. This included increased activity to support the system to recover from the COVID-19 pandemic and increased elective activity. During this period, several projects have been delivered including:

- ❖ National procurement contract for the extension of syndromic rapid molecular testing,
- ❖ Replacement contract for the gastrointestinal molecular testing service and
- ❖ Contract for specialist centralised CNS testing at the Welsh Specialist Virology Centre.

We deliver, monitor, and evaluate seven population-based screening programmes, and coordinate the all-Wales managed clinical network for antenatal screening. Our vision, across the national screening programmes in Wales, is that everyone eligible for screening has equitable access and opportunity to take up their screening offer using reliable information to make a personal informed choice. The aims of the programmes are either to reduce incidence of disease or improve early diagnosis to reduce the impact of the disease. The division has a strong record of evaluation and a comprehensive programme of improvements and developments in line with policy decisions.

From October 2023, we started to invite people aged 51 to 54 years of age to the bowel screening programme. We also increased the sensitivity of the test kit to better detect bowel cancer in those who are at risk. Recovery of the breast screening programme and the diabetic eye screening programme from the impact of the pandemic has made considerable progress this year. The breast screening programme has recovered timeliness significantly and is on track to fully recover by summer 2024. The diabetic eye screening programme has recovered backlog and working to improve timeliness of screening offer.

We continue to provide a world leading genomics service, with Public Health Wales sequencing in excess of 25,000 pathogen genomes in the last twelve months. Recognising the increasing importance of genomics in public health, we have continued to develop our genomics capability by standing up a cross-organisational Public Health Genomics Programme, which has overseen key achievements including;

- ❖ The completion of the £16M Canolfan Iechyd Genomig Cymru (CIGC) - the Welsh Genomic Health Centre – which sees the colocation of Welsh clinical, public health and academic genomics activity in a single location. Public Health Wales played a key role in the completion of the centre, and forms one of its first occupants. CIGC will provide a key facility to drive the development of genomics

in Wales, supporting the growth of genomics services developed and delivered in partnership with our patients and the population of Wales.

- ❖ Worked with GPW partners to develop a £1.5M joint strategic business case for an All-Wales solution for long-term storage of genomic sequence data, to support the growth of genomics activity in Wales.
- ❖ Introduced improvements to our existing services to reduce turnaround times and failure rates, resulting in information being available more quickly to support clinical or public health action.

Our services are also focussed on delivering key aspects of excellence, with examples provided below.

Safe

Breast test Wales have commissioned a new fleet of mobile screening vehicles. The fleet of units have been designed with infection prevention controls in mind. All surfaces can be easily cleaned and they are designed to have effective air circulation. They are also designed to have a one-way system option so service users do not have to cross with each other improving both safety and the patient experience. The mobiles are hybrid to reduce reliance on diesel fuel. We use patient feedback about the environment in which they are screened to make further improvements if required.

Timely

In March 2023, the Abdominal Aortic Aneurysm screening programme had fully recovered from the pause implemented during the COVID-19 pandemic. This coincided with the 10-year anniversary of the programme - a service that continues to save lives by detecting asymptomatic aneurysms amenable to early surgery to prevent fatal unexpected rupture. Breast Screening and Diabetic Eye Screening programmes have made significant improvements toward recovery and are reducing the number of people waiting to be screened, in part helped by effective targeting and prioritisation and the opening of a new screening venue at Kimberley House earlier in 2023. The Diabetic Eye Screening Programme have also implemented the low-risk pathway for diabetic eye screening, enabling focus on offering timely appointments to those at greater risk of sight-loss.

Approximately 700 rapid laboratory tests are now performed across 14 laboratories each month. A number of infections cause issues in hospitals in terms of Infection Control. For example, outbreaks of norovirus can cause closure of wards and loss of bed capacity, patient colonisation with resistant organisms can cause issues for placement and flow through the hospital. More rapid identification of such alert organisms/conditions can lead to more rapid control and ease bed pressures. We have introduced rapid molecular testing capability across the laboratory network for infections including Norovirus, Clostridium Difficile and Methicillin-resistant Staphylococcus Aureus (MRSA). This testing is now delivered in 14 acute hospitals

across Wales and can give results within two hours, compared with conventional testing which would typically take 1-2 days.

The Environmental Public Health team works to protect health and prevent health harms, and increase the health benefits, linked to environmental hazards and a changing climate. Through this work it also aims to narrow the inequalities associated with health outcomes of environmental hazards and a changing climate, by improving health for all. The team did this by, primarily, delivering a reactive service that responded to environmental public health incidents and enquiries. In the past year, we have provided timely response to acute incidents, such as the explosion at Treforest Industrial Estate and other longer-term situations including the Withyhedge landfill incident.

Bowel screening can help find bowel cancer at an early stage, when an individual does not have any symptoms. Early detection is important because at least 9 out of 10 people will survive bowel cancer if it is found and treated early. Bowel screening also detects and removes pre-cancerous polyps that if left in the bowel could develop into cancer. The uptake to the programme has improved with 65% of people taking up their offer. Expansion of the programme to include those aged 51-54 increases access to early identification of Bowel Cancer.

Effective

Health Protection has put a greater focus on research capacity within the division whilst still supporting actions outlined in the Measles and Rubella elimination strategy, creating outcome-linked datasets across two disease areas and trailing outbreak and cluster detection capabilities.

In November 2023, we completed our review of the All-Wales Communicable Disease Outbreak Control Plan. Led by Public Health Wales and involving partners from across the health protection system, including Health Board Directors of Public Health and Local Authority Directors of Public Protection. The plan builds on learning from COVID-19 and helps clarify roles and responsibilities to enable a more timely and co-ordinated response across the system. Integrated in the plan is the introduction of standards for outbreak response, which is a helpful tool for continuous improvement.

Our Screening Division Laboratory provides five of the health boards in Wales with a service which sends out and then tests faecal immunochemical test (FIT) for patients who have symptoms of bowel cancer in line with national optimal pathway. Referrals to the Symptomatic FIT service are made by the clinician using an online form specific to this service. The referral leads to a test kit and supporting information being sent to the patient's home address; the patient then completes the kit and returns it to the laboratory using a supplied pre-paid envelope. Upon receipt in the laboratory, the details are checked, and if there are no issues it is tested and the result issued within 24 hours to the clinician.

From June 2023, people who are at low risk of diabetic eye disease are invited for diabetic eye screening every two years instead of every year and everyone else is screened as usual. Evidence shows that if no diabetic eye disease is found in last two diabetic eye screening then it is safe to be screened every two years.

A revised version of the Public Health Wales Emergency Response Plan was approved by our Board in May 2023. It describes our roles and responsibilities in response to an emergency or major incident, as well as providing a framework for its activation and deactivation arrangements, command and control structures, and recovery arrangements. This ensures that when emergencies happen, we are able to respond effectively to support the protection of human health in line with our obligations. To help validate the plan and associated arrangements, exercise CYHYRAETH was held in January 2024, facilitated by our Emergency Preparedness, Resilience and Response Team to test the arrangements at all levels.

Efficient

Antimicrobial resistance is recognised as a significant global threat and Welsh Government reviewed its AMR strategy in advance of the UK-wide national action plan refresh. The Welsh AMR strategy sets out recommendations for the NHS in Wales and the HARP team will play a key role in providing leadership, support and advice to the system to deliver the targets for Wales. On the ground, our health protection and infection teams have supported the investigation and control of an exceedance of AMR-related bacteraemia in a hospital, providing epidemiological and genomic sequencing support to inform the management of the incident. It is a good example of pro-active and integrated work between our teams.

Training remained a point of focus and energy and the training teams developed a tool for the specialist portfolio students in infection division that allows greater oversight on progress and requirements. While the demand on the service to 'deliver and train' with the same cohort of specialist and senior Biomedical Scientist (BMS) remains high, there is growing traction and the service will see newly qualified specialist BMS staff increase over the coming 12-18 months as part of our 'Grow our Own' programme.

Equitable

Within our Communicable Disease Health Inclusion Programme, the Sexual Health annual report was published in July 2023 providing an overview of the Sexually-Transmitted Infection (STI) testing service. STI testing in Wales is at a 10-year high, the postal service testing facility accounted for at least 50% of all tests for people in Wales, providing an opportunity for STI testing for people who do not want to seek help and advice from their GP or sexual health clinic. This has meant, we have been able to identify cases of STI that would not otherwise have been diagnosed and to offer treatment to control further spread. Further work with our partners has continued with the review the sexual health priority areas 2020-2024.

Public Health Wales in collaboration with Improvement Cymru and Learning Disability Wales has coproduced a new video and easy read guide to support people with a learning disability to explain the process of being invited and having a vaccination. The resources aim to support people with a learning disability to make informed choices about vaccination. These resources will also assist in making people aware of how they can request reasonable adjustments to help support them when having a vaccination. The video features a person and their carer visiting her GP surgery for her flu vaccine. It highlights some of the key facilitators to support a person with a learning disability to have their vaccination, including requesting reasonable adjustments in advance of her appointment, and help for needle anxiety.

Person-centred

Our Vaccine Preventable Disease Programme is also working closely with partners to deliver the ambitions of the National Immunisation Framework for Wales, improving our approaches to tackling inequalities in uptake and the provision of expert advice into new governance structures through a transformed vaccine service. The National Immunisation Framework puts a focus on co-production of patient information with the public and with partners. Public Health Wales in collaboration with Improvement Cymru and Learning Disability Wales, has coproduced a new video and easy read guide to support people with a learning disability to explain the process of being invited and having a vaccination. The resources aim to support people with a learning disability to make informed choices about vaccination. These resources will also assist in making people aware of how they can request reasonable adjustments to help support them when having a vaccination. The video features a person and their carer visiting her GP surgery for her flu vaccine. It highlights some of the key facilitators to support a person with a learning disability to have their vaccination, including requesting reasonable adjustments in advance of her appointment, and help for needle anxiety.

The Screening Engagement Team has identified gaps in accessible information provision across the screening pathway. An accessible project group has been established. The aim of this work is to ensure information is available in British Sign Language (BSL) and Easy Read from invitation to assessment. The initial focus has been breast screening. Two new BSL resources are now available. The videos 'Helping you decide' and 'Reasons why you need another test' aim to support people make informed decisions about taking part in screening and prepare people who are invited back for further tests. An Easy Read version of the 'Reasons why you need another test' has also been developed. Sensory loss organisations have supported the development process. Their feedback has led to the videos being broken down into short chapters and having the option of Welsh and English subtitles.

The Environmental public health team has been working collaboratively with partners, in developing longer-term work plans to protect the Welsh public from environmental public health hazards. For example, the team have been working with Visit Wales to increase awareness of the dangers of carbon monoxide, and working with clinical colleagues to develop notification and management pathways to

reduce children's exposure to lead. The team also plays an active role in commenting on planning and permitting applications, as well as responding to wider consultations.

Furthermore, the team continuously strives to take longer-term "proactive" action to protect and promote public health. This involves working closely with teams in other parts of our organisation and with external partners, such as Welsh Government, on multiple other areas of work. For example, over the last year, the team has been involved in the Clean Air Advisory Panel and the development of the Clean Air Bill, the introduction of the 20mph legislation, and legislation around high-risk coal tips.

7.2 Leadership and partnership working

Wales did not see any measles cases between 2020 and summer 2023. The amount of measles circulating globally was increasing following a reduction during the pandemic. There was a potential for cases and clusters in Wales, causing preventable harm. In 2023 Public Health Wales alerted partners that there was a significant health threat from measles due to reduced uptake of MMR vaccine in some areas. Through 2023, we have worked with partners on refreshing the measles and rubella elimination action plan. In response to an outbreak in Cardiff in December 2023, we worked with Welsh Government and the NHS Executive to identify immediate evidence based actions that needed to be taken to reduce the threat. Public information was developed and work was undertaken to ensure that the NHS in Wales was ready to respond to a significant measles outbreak. These included targeted work to improve vaccination uptake in school aged children and in health care workers as these are settings where transmission occurs. Tools were developed which allowed partners to measure improvement in MMR uptake in schools on a regular basis, and research was undertaken to understand what factors were associated with low uptake (e.g. birth order).

The Maternal and Child Screening programmes (Antenatal Screening Wales, Newborn Bloodspot Screening Wales and Newborn Hearing Screening Wales) adopted a digital first approach to the provision of pre-test information in late 2022. The digital resources include animations, images and text based information. Accessibility tools are embedded in the web pages, including read aloud, language selection and alternate font size/colour settings. A multi-faceted evaluation was undertaken in 2023/24 and concluded that implementation of digital first for the provision of antenatal and newborn pre-test information was a success with all aims achieved. The co-production approach adopted with health boards proved effective, with a key role played by our staff in the production of resources and training to support staff to address additional needs and digital exclusion.

Genomics activity in Wales is delivered through a Wales-wide partnership – Genomics Partnership Wales (GPW). A key objective set by Welsh Government was the extension and deepening of the partnership through the co-location of key NHS and academic partners into a centre of excellence for Genomics. Our Genomics

Programme and Pathogen Genomics Unit have played central roles in realising this vision – in the form of Canolfan Iechyd Genomig Cymru (CIGC), the Welsh Genomic Health Centre. CIGC is the culmination of five years of work and over £15M in Welsh Government funding to bring together the genomics expertise of three organisations – Public Health Wales (in the form of the Pathogen Genomics Unit and Public Health Genomics Programme), Cardiff and Vale University Health Board’s All Wales Medical Genomics Service and Cardiff Universities’ Wales Gene Park.

The new facilities provide high quality lab, office and training spaces, and CIGC is already providing an environment to improve current service delivery and reduce costs. The collaborative environment it offers has already provided new opportunities for collaboration, including engagement our patients and the public, collaboration with industry and the development of shared platforms for data storage. Now fully moved in, our Public Health Genomics Programme team and Pathogen Genomics Unit are beginning to exploit the opportunities presented through this world class genomics facility shared with NHS and academic colleagues in order to develop new genomics services to improve health and wellbeing, and reduce inequality for the people of Wales.

8. Strategic Priority 6: Tackling the public health effects of climate change

Throughout the past year, we have been developing a cohesive approach to climate change across the public health landscape, for example through leveraging our well-established partnerships including the World Health Organization and other prominent public health agencies in the UK. We have focused on refining our understanding of climate change surveillance needs while advancing our approach to research.

8.1 Decarbonisation

We have reviewed our current Decarbonisation Action Plan (2022/24) and developed our next plan (2024/26). To support our Decarbonisation Action Plan, a staff Travel Survey was undertaken during November-December 2023 by the Health and Sustainability Hub in partnership with the Behavioural Science Unit to help inform and support behaviour change to more sustainable travel options. Results published in March 2024.

We also undertook a research project with a report 'Addressing Single-Use Plastic and Waste in Public Health Wales' Microbiology labs' produced, to be published on 22 April 2024. In November 2023, we also published research on the impact of the COVID-19 pandemic, and shift to more agile working, on Public Health Wales' carbon footprint report and supporting infographics.

8.2 Adaptation

A significant milestone was achieved with the publication of a comprehensive Health Impact Assessment (HIA) on Climate Change in July 2023 by the Wales HIA Support Unit. It illuminated key challenges and potential co-benefits specific to Wales. This assessment serves as a guiding beacon for future prioritisation efforts. The HIA was followed in September 2023 by the publication of a dedicated resource which showcased how HIA can be used to inform and influence climate change action and adaptation planning as well as at a strategic level. A cross-sector event with public bodies followed in October 2023 to promote the resource and discuss how the evidence can be applied.

The work has been utilised by a wide range of public bodies and is being replicated by other nation states for example, New Zealand and Scotland. The work has been presented at several national and international fora including the Healthy City Design conference, the European Public Health Conference and the upcoming International Association of Impact Assessment conference in April 2024.

8.3 Engagement

We have worked with our Improvement and Innovation colleagues to run a staff Climate Change challenge hack using the Simply Do platform – over 220 staff engaged with this process and 23 project ideas were submitted on travel, waste, greener IT and training. A climate change training offer was developed and promoted to staff, and since April 2023, over 100 staff (5% of our workforce) have participated in climate change training, workshops and presentations. We also presented our work at a number of events and conferences, both nationally and internationally, with a focus on Health Impact Assessment and supporting the NHS towards achieving Net Zero.

Some of our external news stories associated with climate change can be found below:

- ❖ [Public Health Wales moves to tackle the health effects of climate change](#) (December 2023)
- ❖ [Health Impact Assessment approach aids public sector bodies in development of climate change adaptations](#) (October 2023)
- ❖ [Health Impact Assessment highlights urgent need to protect health and wellbeing as the climate changes](#) (July 2023)
- ❖ [Call for big business to do more to help consumers tackle climate change](#) (April 2023)

8.4 Primary care

The Primary Care Division continues to provide leadership, advocacy and support for primary care contractors to take actions against climate change. The [Greener Primary Care Wales Framework and Award Scheme](#) reported a successful Year 2 with over ninety teams registering and a total of 2362 climate friendly actions implemented by practices since its launch in June 2022. January 2024 marked the [relaunch](#) of Year 3. We worked with participating practices to prepare two publications for professional journals including [Sink or Swim, and Community pharmacy in Wales](#) reaches net-zero emissions which highlighted the work being implemented in Wales.

We published a suite of video case studies showcasing actions made in each of the primary care contractor settings to address climate change [Video Case Study: Community Pharmacy](#), [Video Case Study: General Practice](#), [Video Case Study: Primary Care Dental](#), [Video Case Study: Primary Care Optometry](#).

We received a second round of funding from Welsh Government Health and Social Care Climate Emergency National Programme to pilot a Champions educational outreach model, gain behavioural insights into enablers and barriers to participation in the Scheme, and to develop a tool for carbon calculations. We will be using these to inform future aspects of the Scheme.

We provided leadership and public health expertise to the Approaches to Healthcare project, a subgroup of the Health and Social Care Climate Emergency National Programme through deputy chairmanship. We also continue to lead and drive forward a Task and Finish group to address 4 initiatives identified within the [NHS Wales Decarbonisation Strategic Delivery Plan \(2021\)](#) as a priority for high carbon emissions related to inhaler use and disposal. Through this group we worked with Cardiff Metropolitan University to research about factors that would encourage or deter patients from returning inhalers to the community pharmacy for safe disposal. We also co-authored and published the [Decarbonisation: inhaler prescribing, use and disposal 2023–2030 A national strategy for Wales](#) and are now developing plans and mechanisms to work with stakeholders across the UK to deliver the strategy.

8.5 Surveillance

Over the past 12 months we have undertaken a significant amount of work on climate change and health surveillance. This is a relatively new area for Public Health Wales and other public health agencies, and we are working collaboratively with partners to develop surveillance indicators and methods. We have set up a surveillance sub-group of the Climate Change Programme Board to enable us to progress this work and to understand the impact that climate change is having, and will continue to have, on public health in Wales.

8.6 Environmental Public Health

To support adaptation to a changing climate, Public Health Wales' advice relating to extreme weather has been reviewed, simplified and updated. To support this, a standard operating procedure has been developed by the Environmental Public Health team to guide when extreme weather advice to the public should be issued. More broadly, concerns over the medium to long term risks to the quality and sufficiency of private water supplies has led to a review of research evidence, as well as disease and ill-health reports received by the health protection teams. As a result, a number of recommendations for future actions have been made, including reinstating regulations around risk assessments of private water supplies.

A climate risk assessment has been drafted for prisons and is now being tested; this aims to help governors decide what actions may be needed to manage climate related risks. This is also likely to be applicable to other settings, possibly including schools and care homes. Guidance on managing Blue Green Algae has recently been updated and sits with new guidance on Swimmer's Itch; this is a first for the UK and describes high risk situations for swimmer's itch, as well as how to avoid and manage it.

8.7 Research

We have engaged significantly with our academic colleagues within the UK and internationally to progress the research agenda into the impacts of climate change on public health in Wales. We have also supported six research funding bids centred on climate change and public health.

9. Enabling the successful delivery of our Plan

Our enabling functions have been 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.

9.1 Our People

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

Our key objectives and achievements for the year are summarised below:

9.1.1 Culture and Experience

Our aspirations are to have a compelling cultural narrative and a consistent organisational culture, a staff value proposition that embraces flexibility and inclusivity and where our people understand and advocate for diversity, we work how and where it works best and we attract and recruit people to reflect the communities we serve.

- ❖ Having refreshed our Long-Term Strategy during 2023/24, we have engaged widely about organisational culture and why it is so important. Our communications about strategy and culture have become increasingly joined up, with our Chief Executive leading a “Spotlight on Culture” event, which focused on the importance of our culture, values and behaviours.
- ❖ Our people have told us of the ideal culture that we want and need in Public Health Wales - one which will encourage people to maximise their contributions and commitment to the organisation, enhance the quality of what we do and be consistent with our values and purpose. Regular discussion with our Executive Team and other senior leaders, together with exploration of the results with



colleagues throughout the organisation, has enabled us to develop a high-level plan to deliver the desired culture.

- ❖ Two cohorts of staff have attended an accredited Cultural Advocates programme, designed to help in providing knowledge and developing skills that will enable them to confidently and effectively support senior teams as part of our culture work.
- ❖ Behaviours are core to culture and in June 2023, we launched our Being Our Best behavioural framework, following extensive engagement with colleagues about how we want our values – *working together, with trust and respect, to make a difference* – to show up in our everyday working experiences.
- ❖ Driven by our strategic intent to shape work around life and to empower everyone to have more choice in how they work, we have transitioned our award winning ‘Work How It Works Best’ approach from a pilot programme into more established ways of working, developing a policy and additional supporting resources. Our teams, managers and colleagues continue to work together to balance the needs of the work we do, the team and individuals.
- ❖ We have designed and launched Leading with Impact workshops for all our people managers. Focussing on culture, Being Our Best and the importance of engaging conversations, the intent is to give managers confidence to use the tools that exist and their skills to shape employee experience, enabling them to lead authentically and confidently for their teams.
- ❖ Our new Strategic Equality Plan for 2024-2028 was developed this year to meet our Equality, Diversity and Inclusion obligations, placed upon us by the Public Sector Equality Duties, Gender Pay Gap Reporting Regulations and Welsh Government.
- ❖ Building on the Silver Plus that we were awarded the previous year, we achieved Gold in the Diverse Cymru Cultural Competence assessment and are the only NHS Wales organisation to achieve this level of recognition.
- ❖ Our Staff Networks continue to develop and grow and are an integral part of our ways of working
- ❖ Our “Welsh Week” included a range of activities to promote the use of Welsh in the organisation. This included the award of “Welsh Learner of the Year”.

9.1.2 Organisational Effectiveness

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

- ❖ We have worked with our Executive Team to establish the principles by which we will design our organisation structures that will support the evolving shape of the organisation and contribute to organisational effectiveness.

- ❖ We have implemented our Directorate approach to commissioning internal and external support for programmes of change through the development of resources, principles and frameworks that can also support the planning and resourcing for our initiatives.
- ❖ Working in partnership with our Trade Union colleagues, we have developed new resources to enable our managers to lead people through change, and to understand and improve people's experience of change, aligned to our organisational values and the NHS Wales Organisational Change Policy.
- ❖ A significant amount of work has been undertaken to identify critical roles (current and anticipated) across the organisation. Short-term, medium-term, and long-term resourcing strategies have been developed to provide solutions and interventions for all critical roles identified.
- ❖ We have piloted a new formal learning and development programme for leaders and managers and established a Leadership and Management Academy.

9.1.3 Business and Processes

We are working towards having policies, processes, and supporting services which drive and enable high performance through managers and key people metrics to inform planning, decision-making and team management.

- ❖ Several policies have been reviewed and updated in partnership with Trade Union colleagues and through staff consultation to deliver more streamlined and simplified processes.
- ❖ The People and Organisational Development intranet space has been re-designed that include supporting resources to support easy access for people managers.
- ❖ We have defined and established key performance indicators aligned to our people, which include time taken to recruit, appraisal, and training compliance, and People Support customer satisfaction rates.
- ❖ An e-rostering system which supports efficient rostering of shifts has been successfully implemented across three Laboratories and will continue to be rolled-out across 2024/25.
- ❖ Worked in conjunction with our Improvement and Innovation Hub, we are providing training to all People and Organisational Development colleagues on approaches to process improvement.
- ❖ Changes to several processes, forms and templates to improve customer experience and increased process efficiency.

9.1.4 Challenges and Risks

We continue to face challenges which impact our people and the work we do, as well as the wider population of Wales. Factors such as an ageing population, larger numbers of people working to a later age, socio-economic challenges, the impact of

the pandemic, and climate change all affect the workforce we require and the workforce that is available to us, now and in the future.

We need to be able to recruit and develop a more diverse workforce that better reflects the communities we serve and provide insight into the needs and motivations of all our service users. We have further work to do to establish a workforce planning process and framework, with clear roles and responsibilities and embed strategic workforce planning within our long-term, integrated planning cycle.

We must harness and utilise advances in technology; support learning agility and investment in continuous development and re-skilling and to find, develop and retain the talent needed to execute our strategic priorities for emerging skills, particularly around digital, data and technology.

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

We support the use of the Welsh language and bilingual careers (as demand for Welsh language services increase) and we are developing and supporting our leaders to lead with compassion; to manage a diverse workforce and to embed change effectively, building relationships with our partners to deliver our services and strengthen access to capacity and talent.

9.1.5 Learning

We will take forward the learning from the evaluation of our pilot Leadership and Management Academy programme, together with feedback and data obtained from the Leading with Impact sessions, in the design and delivery of an ongoing programme of leadership and management development.

Our inclusive and consultative approach means that we actively listen to our people, respect, and value their feedback and act, learn and develop. We will develop a strategic approach to employee engagement which responds to the results of the NHS Wales Staff Survey, medical engagement survey, culture assessment and other inputs.

9.2 Quality, Improvement and Risk Management

We aspire to be an exemplar in quality. Over the last 12 months, we have further developed our approach to quality and continuous improvement through 'Quality as an Organisational Strategy' utilising this framework to effectively describe organisation design, and participate in system transformation and continuous quality improvement. We are committed to operating this system designed for quality, driven by the needs of the population we serve. This in turn creates a culture

and environment that supports our staff and provides a great place for staff to work and thrive. This approach supports achievement of our strategy and strategic priorities.

Our Quality, Nursing, and Allied Health Professionals Directorate is responsible for enabling, advising, collaborating and supporting quality and integrated governance across the organisation. In 2023/24, some of our key achievements included:

9.2.1 Quality and Improvement

As part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020, the Health and Care Standards have been reviewed as part of the [Duty of Quality](#) implementation. As a result of this review process, Welsh Government has replaced the Health and Care Standards with a new quality reporting framework, based on the Health and Care Quality Standards. The Quality Standards are framed around the six domains of quality and the six quality enablers.



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

From 2023/24 onwards, a new Annual Quality Report is being published to report on the steps Public Health Wales has taken to comply with the Duty of Quality and to show how the organisation has made improvements in the quality of its services. To see further detail on how we have done that this year, please read the [2023/24 Annual Quality Report](#).

9.2.2 Records Management Project

This project is delivering the implementation of SharePoint Online as a single Electronic Document Management System for us to support collaborative working, reduce staff time in searching for and using documents and records, and ensuring that Public Health Wales is compliant with legislation such as the Freedom of Information Act 2000.

We are already seeing improvements in governance and version control and external partners (for example, health boards and local authorities) can join us in collaborating on documentation, reducing the time it is taking to complete vital pieces of work. This is a significant organisational change, which has been received very well by staff and engagement in the project has been high. This is an exciting development for us which will continue to support staff to deliver our strategic priorities.

9.2.3 Service User and Patient Experience

The Directorate has a responsibility for engagement and collaboration, and leads on service user experience for Public Health Wales. This includes leading the Young Ambassadors Programme, which held a successful residential in July 2023 attended by 23 young people from across Wales. The Young Ambassadors who attended the residential, provided feedback on a national campaign and on our Long Term Strategy, to help shape and design services.

In 2023/24 our team won the Equality, Diversity and Inclusion Award at the Welsh Experience National Awards. This is a peer nominated award for partnership working and an inclusive whole system approach.

The Directorate also won the Health and Care Research Wales 2023 Impact Award for the Health Experiences of Asylum Seekers and Refugees research project, which was a collaboration with Swansea University, to recognise the impact the study had and continues to have.

9.2.4 Risk Management

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

During 2023/24, we reviewed and revised our strategic risks and corporate risks in line with the newly refreshed Long-Term Strategy. As a result of this review, our strategic risks have been refocussed to best describe the most significant organisational risks we face through a Public Health Wales lens, and through that of Quality. By utilising this approach, we are able to concentrate our activities on the mitigating actions that are within our control, but also highlight the areas that require our influence within the system, in order to achieve our intended outcomes.

It is anticipated that by end of Quarter one of 2024/25, a revised risk appetite framework that will enable appropriate use and implementation of risk appetite, will become functional across the organisation. This will mean that our staff from front-line workers right through to our Board will be able to understand and apply a risk appetite to their specific area. This will promote consistency, and ensure our risk appetite, risk processes and mitigation match our ambition that we have laid out in our Long Term Strategy.

We have also been trying to simplify and standardise our reporting templates, and the process to further align quality indicators, performance and risk management.

9.3 Maximising the use of digital, data and evidence

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

With the diversity in programmes of work within our Data, Knowledge and Research Directorate, we have delivered many key achievements across the organisation and in collaboration with key partners. To support the delivery of our Long Term Strategy, we developed and launched our Digital and Data Strategy, as well as our Research and Evaluation Strategy.

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

- ❖ Published the [Unpaid Carers in Wales](#) report which raised important insights to support the Wales Carers strategy and how unpaid carers can be identified and supported in Wales.
- ❖ Published the [All-Wales Diabetes Prevention Programme \(AWDPP\) annual activity report](#) with the Primary Care Division and [Formative Process and Value-Based Evaluation of AWDPP](#) with the Swansea, Aberystwyth, Bangor University (SABU) Consortium.
- ❖ Established a comprehensive evaluation plan that will assess the effectiveness of key programmes within the organisation and NHS Wales; including the AWDPP, [Prehab2Rehab](#), HAPUS Strategic Partnership, HAPUS National Conversation, Making Every Contact Count (MECC) e-learning modules 'Having Healthy Weight Conversations, level 1 and 2', the [Mind our Future Project](#), Communicable Disease [Preventive Behaviours](#) ('Hand Washing') Communications Campaign, and successive winter [2022/23](#) ('Power Up') & [2023/24](#) ('Coats') respiratory viruses vaccination communications campaigns.

A key focus for us is to improve how we can access and interpret data within Wales and other nations to inform policy decisions. As our **Data and Data Science Teams** are embedded in the organisation this is now enabling us to maximise the use of

data and how it can be shared securely and produce high quality scientific solutions. These specialist teams are leading the way in Wales by actively collaborating to help model health patterns for Wales and improve planning and outcomes for the population.

A selection of some of the Data Science work achieved this year include:

- ❖ Diabetes- A case for change was made on projections and cost savings
- ❖ Discovery phase completed on diabetes data flows
- ❖ Developed scenario modelling
- ❖ Projections work for surveillance
- ❖ Demand and capacity modelling
- ❖ Hospital Bed projections
- ❖ Cardiovascular Disease analysis and projections completed to support Prevalence of Disease
- ❖ Exploring the potential of Artificial Intelligence
- ❖ Undertaking National Data Resource pilots to assess the capabilities of the platform.

Our Digital and Data Teams have completed:

- ❖ National Data Resource discovery
- ❖ Diabetes data discovery
- ❖ Health Protection discovery
- ❖ Breast Test Wales Cohort selection system that is planned to go live in May 2024
- ❖ Automation system for Diabetic Eye Screening Wales which is due to go live in July 2024.

Our Observatory and Cancer Analysis Team provide data analysis, evidence finding and knowledge management to support decision makers and the public with health information. We continue to develop and improve our Statistics and Dashboards to meet the needs of our users. These include:

- ❖ School Health Research (SHRN) Dashboard. This will be expanded to include secondary school data set in 2024 and primary school data in 2025 in collaboration with Cardiff University and Welsh Government;
- ❖ Public Health Outcome Framework
- ❖ Cancer reporting tool Official statistics release in June 2023 with incidence figures up to 2020 for breast, colorectal, lung, ovary and prostate cancer;
- ❖ Rapid cancer data (pathology) developed and published in December 2023
- ❖ Primary Care cluster dashboard published in December 2023

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

- ❖ Congenital Anomaly Register and Information Service (CARIS) national level surveillance report published. This reporting included; Congenital anomalies



data, childhood rare diseases data and antenatal detection rates data on 13 November 2023;

- ❖ Adult Rare Diseases (ARD). We have worked closely with stakeholders (NHS Wales Executive, clinicians, third sector, and academia) to support the development of this registry. Securing the long-term data collection permissions for diseases registry has been challenging;
- ❖ Child Measurement Programme (CMP) report published in May 2023. This is a national level surveillance programme covering all children in Wales aged 4-5 years in reception class in school. The Official Statistics Annual Report 2021-2022 data published 23 May 2023
- ❖ Welsh Cancer Intelligence Surveillance Unit (WCISU) worked with others to produce the cancer reporting tool and rapid cancer data.
- ❖ Child Death Review (CDR). This includes the publication of the [Water related fatalities in children and young people under 25 in Wales 2013-2022](#) and was completed in collaboration with Water Safety Wales and The Royal Society for the Prevention of Accidents (RoSPA). The report aims to inform water safety professionals in Wales to prevent future deaths.
- ❖ Real Time Suspected Suicide Surveillance (RTSS) report published.

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

- ❖ Designed and implemented an impact monitoring approach, including an annual service user survey
- ❖ Piloting tools for ongoing monitoring
- ❖ Co-producing and agree publication standards and supporting resources

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

- ❖ An agile scope on maximising the uptake of pre-habilitation [interventions](#)
- ❖ A series of Topic Evidence Summaries on pre-habilitation interventions for those on elective surgery waiting lists
- ❖ In collaboration with Data Science and Data Engineering teams, we embarked on a project to digitise our [suite of evidence maps](#) to enhance accessibility of key evidence
- ❖ A review of reviews of whole systems approaches to reduce obesity (due for publication in June 2024).

In addition, as part of our ongoing collaborations with the Health and Care Research Wales (HCRW) Collaboration we have produced a number of high impact rapid reviews:

- ❖ A [rapid review](#) of the effectiveness, efficiency, and acceptability of surgical hubs in supporting planned care activity published in April 2023.
- ❖ A [rapid review of the effectiveness of interventions for addressing digital exclusion in older adults](#).
- ❖ A rapid review into the use of [Artificial Intelligence](#) in diagnostic radiology, which was commissioned by HCRW Evidence Centre.

The activities within the directorate require specialist skills, some of which are new to the organisation, and we are keen to share best practise and create communities where staff can be supported with additional training and have an established route to access subject matter experts. To improve our resilience, we are also working with our colleagues in People and Organisation Development to create new talent career pathways and roles that align across Wales and other nations to be able to offer competitive employment opportunities for in demand skills. We have:

- ❖ Developed job families for Data, Data Science, and Evaluation professionals
- ❖ Implemented an Evaluation Community of Practice, hosting regular bi-monthly events with invited external expert speakers covering a range of evaluation topics and methodologies
- ❖ Co-hosted communities of practice event and published the [Evaluating Behaviour Change Interventions](#) report with the Behavioural Science Unit
- ❖ Established a community of Data Researchers, Engineers, Analysts, Managers and Scientists (DREAMS).

9.4 Long Term Strategy

Following its Board approval in March, we published our new Long Term Strategy 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.

During 2023-24 a number of enabling strategies were published which help us deliver our Long Term Strategy these include our:

- ❖ Digital and Data Strategy
- ❖ Refreshed International Health Strategy
- ❖ Research and Evaluation Strategy.

To ensure the strategy was accessible to a wide range of staff and stakeholders, we worked with the Plain English Campaign to produce a plain English version of the strategy that received the Crystal Mark – their seal of excellence for documents.

We have also started work on a roadmap for each of the six Strategic Priorities – mapping the key stages needed to achieve our 2035 Objectives set out in our Long

Term Strategy. This work has been developed through the continuation of cross-organisational and multi-disciplinary thinking led by our strategic priority leads, each with support from an Executive Team sponsor. For each of the six strategic priorities we have set out our successes during the first year of our strategy implementation as we work together to achieve a healthier Wales.

9.5 Partnership working and engagement

Improved population health outcomes and tackling health inequalities can only be achieved through working in partnership with others. We have continued to strengthen our organisational arrangements to enable purposeful collaboration when working with our partners and the public.

Our Approach to Engagement enables an underpinning approach for equitable, effective public engagement, ensuring the voice of the people we work with and for is at the heart of what we do and how we do it. It covers four main types of engagement:

- ❖ Public Information and General Consultation
- ❖ User Feedback
- ❖ Coproduction
- ❖ Community Empowerment.

We have recognised that engagement with the public, including our service users, customers and stakeholders, is a core public health activity and essential in delivering against our strategic priorities to protect, promote and improve the health and well-being of the population of Wales. During 2023-24, Our Approach to Engagement further focused on amplifying the voice of people we want to work with and for through the development of a User Experience Framework, informed by data and evidence.

9.6 Financial Performance

We produced a Welsh Government approved Strategic Plan and met our financial duties to break-even for the financial year 2022-23 and for the rolling three-year period 2020-23. We also met the NHS Wales target to pay 95% of non-NHS contracts within 30 days.

The Trust submitted its draft financial statements within the required timescales, which were considered by the Audit and Corporate Governance Committee and the Board in May 2023. Audit Wales issued an unqualified opinion on the 2022-23 Financial Statements.

See the Annual Accounts Report for a detailed overview of our financial performance in 2023/24.

9.7 Sustainability

As set out in our strategic priority 6, our new Decarbonisation and Sustainability Plan 2024-2026, details the actions we will take over the next two years to be a carbon-negative organisation (removing more carbon dioxide from the atmosphere than we release). The plan builds on our previous progress and includes actions we are taking across the organisation to support the foundational and circular economy agendas and contribute to the goals outlined in the Well-being of Future Generations (Wales) Act 2015. We have integrated these agendas within the plan due to the significant overlaps between them and to ensure that we have one plan that demonstrates our commitment to reducing our carbon footprint.

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 to achieve Net Zero emissions. We will continue to work in co-ordination with our partner NHS health boards and trusts and with NHS Wales's Shared Services Partnership, to deliver our 2024-2026 Decarbonisation and Sustainability Plan.

We have delivered several projects over the last two years to reduce our environmental impact that contribute to the organisation's decarbonisation, circular and foundational economy agenda. Examples of these successes and achievements are set out below:

- ❖ **Changing our estate** - We have continued to rationalise the estate, supporting staff to work differently in line with our Work How it works Best policy. This has reduced our carbon footprint by 60 tonnes CO₂e a year. During these projects circular economy principles have been applied and included the donating of furniture to communities and diverting waste from landfill. We have also modernised our Wrexham office and established two new Screening Hubs, upholding the principles of bringing health to the high street and supporting local communities. Facilities such as showers and bike racks have also been installed to support active travel. In addition to this the organisation achieved [ISO 14001 accreditation](#) in May 2023 covering our three main sites.
- ❖ **Embedding sustainable travel** - In November 2023, our Abdominal Aortic Screening (AAA) Screening Fleet was replaced with hybrid and electric vehicles. Plans are also under development for the replacement of the existing fleet within Diabetic Eye Screening Wales (DESW), scheduled for replacement over the next two years.

We continue to support and enable our staff to work from home reducing the need to commute daily. Staff are encouraged to consider the impact on the environment when deciding how they travel to/from work and the cycle to work scheme has been promoted to staff as well as Healthy travel champions identified.

Our Health and Sustainability Hub continues to support action, build capacity, inspire and educate. Additional information on our key deliverables in 2023/24 can be found in the Well-being of Future Generations Report.

In line with Welsh Government guidance, we will be publishing a separate Sustainability Report on the Public Health Wales [website](#) once finalised data is available in September 2024.

9.7.1 Foundational economy

In 2023/24 we have continued to support the wider system and embed the foundational economy principles within our approach to value and innovation. This includes seeking to embed the foundational economy principles in our strategic decision making processes to ensure that they are considered when making decisions and changes to our services.

Alongside setting up a foundational economy steering group in 2023, some of our key achievements during the year include:

- ❖ Developing and sharing knowledge, resources and tools to help build a Wellbeing Economy in Wales with the NHS as a driver and a Foundational Economy. This includes starting to embed and promote a Value-Based approach to budget spending and investment prioritisation towards population health, well-being and equity.
- ❖ Working with NHS Wales Shared Services Partnership procurement services to undertake a data review of our existing suppliers to establish the region and Health Board of Welsh spend, enabling further understanding of the Welsh Supplier base and areas for future action.

As an anchor organisation we have great potential to further support and promote the foundational economy and we will continue to build on our achievements in future through the delivery of our long term strategy and strategic plan.

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

10.1 Shaping our work

The Well-being of Future Generations Act (WFG Act) remains an enabling framework for us to work together for a healthier Wales, now and for future generations. We are embracing the sustainable development principle and exploring ways to strengthen our ways of working to shape how we work to maximising our impact.



As an organisation, we continue to identify opportunities to strengthen our approach in developing our strategies and plans, how we create the right structures, policies and processes and how we lead, communicate and involve our staff and partners, so that we work together towards a common purpose.

The WFG Act has been applied to empower our staff to help shape the development of our long-term strategy. The strategy integrates with priorities of the wider system, to ensure it is fit for purpose and effectively addresses pressing public health challenges. We are also contributing to the global health and sustainability agenda, in synergy with our partners nationally and internationally.

We will continue to ensure that our planning and delivery enable us to take a long-term preventative approach, focused on involving the public and collaborating with our partners, to deliver integrated solutions as we tackle the challenges that we face today and tomorrow. The Five Ways of Working will continue to be at the core of everything we do.

Our refreshed Well-being statement was published alongside our revised strategy and demonstrates how we fulfil our duty to carry out sustainable development and how we set our objectives to maximise our contribution to achieving each of the seven well-being goals. It also demonstrates how we incorporated fair work as part of the changes due to the Social Partnership and Public Procurement Act (2024).

We continue to identify areas of our work which exemplify the sustainable development principle and where we can maximise our contribution towards the well-being goals. Our work focuses on health inequalities, the social, cultural and economic aspects of sustainability, whilst continuing our work on environmental sustainability. Recent examples include:

- ❖ **Shaping Places for Well-being in Wales** - This programme provides a national resource to support Public Services Boards (PSBs) in taking a theory and evidence informed systems approach in their work to influence wider determinants of health as they implement their well-being plans, sharing learning between PSBs and across the UK.



- ❖ ***Whole School Approach to Emotional and Mental Wellbeing*** - The Whole School Approach to Emotional and Mental Wellbeing supports schools in embedding a culture, ethos and activity that promotes mental and emotional wellbeing of the school community, strengthening prevention and early intervention approaches in education settings. Over 90% of schools with secondary aged learners are now working to embed a whole school approach to emotional and mental wellbeing.
- ❖ ***The First 1000 Days programme*** - A Public Health Approach to Supporting Parents -This approach recognises the socioeconomic, cultural and environmental context in which families live and the impact this can have on parenting. It makes a case for greater action on the wider structural factors at play within the system to improve long term outcomes, break cycles of disadvantage and reduce inequalities.
- ❖ ***Socio-Economic Toolkit*** - The Socio-economic Duty came into force in 2021 and aims to deliver better outcomes for those who experience socio-economic disadvantage. The toolkit offers a guide to using the Socio-economic Duty in policy and practice in Wales and provides examples and tools to embed the Duty into systems and approaches to ensure it makes a systematic difference.
- ❖ ***Beyond the present*** - How to apply long-term thinking to reduce health inequalities - In partnership with the Future Generations Commissioner's Office, we have launched a resource to help organisations use long-term thinking to reduce health inequalities. It provides tools and case studies to show how we can move on from just treating disease to promoting good health and preventing illness whenever we can. Helping organisations to think for the long-term can enhance current projects and processes and improve the quality of the important decisions that drive their work every day.
- ❖ ***All Wales Diabetes Prevention Programme*** - Led by Public Health Wales, this programme offers targeted support to people who are at an increased risk of type 2 diabetes, with the aim of preventing them from developing this condition. This national programme supports people to make changes to their lifestyle that can delay or prevent the onset of type 2 diabetes.
- ❖ ***Public Health Wales Decarbonisation and Sustainability Plan*** - This new plan outlines the work the organisation will be undertaking over the next two years and beyond to meet the public sector target of net zero by 2030 and for us to meet our carbon negative objective target by 2035 as set out in our Long-Term Strategy. Due to the overlap between decarbonisation, foundational and circular economy, biodiversity and our role in implementing the Well-being of Future Generations (Wales) Act 2015, this new plan also includes actions that contribute to these sustainability agendas.
- ❖ ***Public Health Wales Carbon footprint Report and Infographics*** - Since the COVID-19 pandemic we have all seen a significant change in the ways of working in the last few years. The Health and Sustainability Hub undertook research to

understand the impact these changes have had on our organisational carbon footprint. This report looked at four key emission areas (procurement, travel, business/ site and homeworking) and identified key priority areas where we could make a real difference to reduce our carbon emissions supporting our net zero ambitions.

- ❖ **Assessing our Culture** - We recognise that an ideal culture - one which encourages people to maximise their contributions and commitment, enhances the quality of what we do and is consistent with our values and purpose and is fundamental to organisational success. We have been assessing our culture to make sure we are building ways of working that are right for our organisation and identifying areas of improvement. Our [Being our Best behavioural framework](#) supports our commitment to bring our values to life, describing how working together, with trust and respect, to make a difference should be apparent in our everyday experiences.

As part of our culture work, Public Health Wales is proud of its commitment to creating a workplace with diversity and inclusion at its core, where everyone can be their authentic self and give their best. We are proud to be a Stonewall Top 100 employer and a Disability Confident Leader, and to have been awarded Gold level in the Diverse Cymru Cultural Competence scheme for our racial inclusion. As a public health institution, we aim to embody inclusivity in all aspects of the work we deliver for the people of Wales.

10.2 The Health and Sustainability Hub

Working towards a future where people and planet can thrive.

We help staff and our partners to embed sustainability into their work and help each other to respond to the climate and nature emergencies. We champion the WFG Act and Environment Act and support our new strategic priority “Tackling the public health effects of climate change”.

We have been actively increasing awareness and understanding of the WFG Act especially the 5 Ways of Working. Several presentations and workshops have been delivered to support staff and teams to embed the Act into everyday work. The majority of our staff are aware of the WFG Act but less understand the ‘5 ways of working’ and how it can benefit them and the organisation.

The Act is increasingly identified as an enabling framework for our corporate areas of change and we are exploring how to strengthen the integration of all the duties to a greater effect. We understand that the WFG Act provides a key mechanism for supporting a ‘Health in All Policies’ approach and the Health Impact Assessment (HIA) is a useful tool to ensure that the aims of the sustainable goals are considered throughout.

We have strengthened our partnerships with others including the Future Generations Commissioner's Office (FGCO) and also formed an internal Champions group to further collaborate and learn from each other. We have continued our formal partnership agreement with the FGCO on futures and long-term thinking but we are also working together to explore opportunities to broaden and strengthen this collaborative working across the five missions set out in the Commissioner's Cymru Can strategy.

We are looking ahead to assessing our ways of working in partnership with the FGCO. This will be an important assessment to drive change and improvement. It will inform our actions going forward to improve the ways of working and to maximise our contributions as an organisation to the national well-being goals.

11. Concluding remarks

We know that the legacy of the COVID-19 pandemic and ongoing rise in the cost of living continues to have profound effects for the people of Wales, both in terms of the direct health impacts, but also the broader and longer-term implications for our health and well-being. Our progress in delivering our key strategic priorities in 2023/24 is a great achievement for the organisation and reflects the exceptional work of our staff in an extremely busy and challenging time in Wales.

During the last year, we have had a major focus on developing our work in order to respond to cost-of-living as a public health crisis. We have engaged locally, regionally and nationally to develop our work on employment, education and housing as determinants of health. We have also continued to support a health in all policies approach, advising on the development and consultation of Welsh Government regulations for Health Impact Assessment.

We continued our development of the mental wellbeing programme of work by engaging extensively, as well as continued our work to develop and implement the National Trauma Practice Framework by developing an implementation plan and a children and young people's version. We continued to support the embedding of a Whole School Approach to Mental and Emotional Wellbeing, as well as our work on the importance of the First 1000 Days of a child's life in setting the foundations for lifelong health and wellbeing.

We have implemented key actions in relation to national strategy and policy priorities including Healthy Weight Healthy Wales, A Smoke Free Wales and the Curriculum for Wales, as well as continuing to support the development and implementation of the All Wales Weight Management Pathway. We have also supported the improvement work on smoking in pregnancy and help me quit in hospitals, and reintroduced the JUSTB programme to prevent children taking up smoking by targeting schools. We also re-established our work to develop a public health approach to preventing harm from substance use, and supported Welsh Government in responding to the planned introduction of the Gambling Levy.

We have continued to focus our efforts on prevention across the health and care system. We led the establishment of the national Tackling Diabetes Together programme working alongside our partners, and continued to coordinate the delivery of the All Wales Diabetes Prevention Programme. We concluded the delivery of the Primary Care Obesity Prevention programme, and a new cardiovascular disease prevention programme was also launched. We continued our work with our primary care partners to embed prevention in the health and care system. Our NHS Safeguarding Service continued its strategic role in coordinating and managing the NHS Wales Safeguarding Network.

Our Health Protection and Screening staff have had another exceptionally busy year. The winter of 2023/24 reminded us of the significant impact that outbreaks of infectious disease can have on individuals and communities, with our team

responding to the large number of whooping cough and the first outbreak of measles since the pandemic. Our Infection Services continued to provide testing across Wales, receiving and processing over 1.4m samples. Our Vaccine Preventable Disease Programme launched its vaccination communications campaign to strengthen messages about the importance of vaccination in preparation for the winter season. In addition, our Abdominal Aortic Aneurysm (AAA) screening programme has now fully recovered from the pause implemented during the pandemic, and our Breast Screening and Diabetic Eye Screening programmes have made significant improvements toward recovery and are reducing the number of people waiting to be screened.

We have focused our efforts on refining our understanding of climate change surveillance needs while advancing our approach to research. We published our comprehensive Health Impact Assessment on Climate Change, highlighting key challenges and potential co-benefits specific to Wales. We continued our work to reduce our carbon footprint, including replacing our AAA screening fleet with hybrid and electric vehicles and enhancing our infrastructure to support active travel. We also introduced a new Climate Change Community of Practice, providing a dedicated space for colleagues to exchange insights and ideas.

Our enabling functions have continued 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.

As we enter year two of our strategy, we will continue to demonstrate an unwavering focus on reducing health inequalities and ensuring that we are delivering maximum value and impact for the people of Wales and our partners. The actions that we have set out in our new Strategic Plan 2024-27 reflect our long term strategic ambitions and focus for how we will tackle the population health challenges facing Wales in the coming years.

We do not underestimate the challenges that we face. Our commitment is to meet these challenges head-on, to collaborate and work with our partners, demonstrate dynamism and agility, to learn, innovate and evolve. And most of all, to create an environment where we succeed through the commitment, professionalism, and efforts of our wonderful staff.

Section 2

Accountability Report

Section 2: Accountability Report

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Introduction

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

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

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

The Accountability Report consists of the following main parts:

Part A: The Corporate Governance Report:

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

Part B: The Remuneration and Staff Report:

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

Part C: Parliamentary Accountability and Audit Report:

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

Part A: Corporate Governance Report

Public Health Wales Directors' Report 2023/24

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

Requirement	Cross-Reference
The names of the Chair and Chief Executive, and the names of any individuals who were directors of the entity at any point in the financial year and up to the date the ARA was approved.	See Appendix 1 in the Annual Governance Statement.
The composition of the management board (including advisory and non-Executive members) having authority or responsibility for directing or controlling the major activities of the entity during the year.	See Appendix 1 in the Annual Governance Statement.
The names of the directors forming an audit committee or committees.	See Appendix 1 in the Annual Governance Statement.
Details of company directorships and other significant interests held by members of the management board, which may conflict with their management responsibilities. Where a Register of Interests is available online, a web link may be provided instead of a detailed disclosure in the annual report.	See the Register of Interests 2023/24
Information on personal data related incidents where these have been formally reported to the Information Commissioner's Office. Reporting of personal data related incidents including "serious untoward incidents" involving data loss or confidentiality breaches and details of how the risks to information are managed and controlled.	See Section 9.9 of the Annual Governance Statement.
Information on environmental, social and community issues.	See Section 11.6 of this the Annual Governance Statement.
As a public sector information holder, Public Health Wales has complied with the cost allocation and charging requirements set out in HM Treasury guidance.	

Statement of Chief Executive's Responsibilities as Accountable Officer

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

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

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

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

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

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

Signed:

Chief Executive

Tracey Cooper

Date: 11 July 2024

Statement of Directors' Responsibilities in Respect of the Accounts

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

In preparing those accounts, the Directors are required to:

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

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

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

By Order of the Board

Signed:

Chair:	Nick Elliott *	11 July 2024
Chief Executive:	Tracey Cooper	11 July 2024
Director of Finance:	Huw George	11 July 2024

**Nick Elliott signs in his capacity as Interim Chair of the Board following the departure of Jan Williams as Chair on 31st May 2024*

Annual Governance Statement

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1. Introduction

Public Health Wales is required to provide an Annual Governance Statement as part of the Accountability Report, which forms part of the Annual Report and Accounts for 2023/24.

This Annual Governance Statement is intended to demonstrate to the Welsh Government how we managed and controlled resources in 2023/24 and the extent to which we complied with our own governance requirements.

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

The Audit and Corporate Governance Committee (ACGC) considered the draft for submission at its meeting on the 9 May 2024. This final version was presented to the Committee on the 10 July 2024 for recommendation to the Board for approval on the 11 July 2024. The Board approved this Statement for submission to Welsh Government at a Board meeting on the 12 July 2024.

2. Scope of Responsibility

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

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

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

3. Governance Framework

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

In particular, the Board has responsibility for

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

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

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

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

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

¹ Public Health Wales has fully adopted the model Standing Orders, with one amendment to Section 7.4.3: changing the circulation of agenda and supporting papers to Board/Committee members from 10 to 7 calendar days before a meeting.

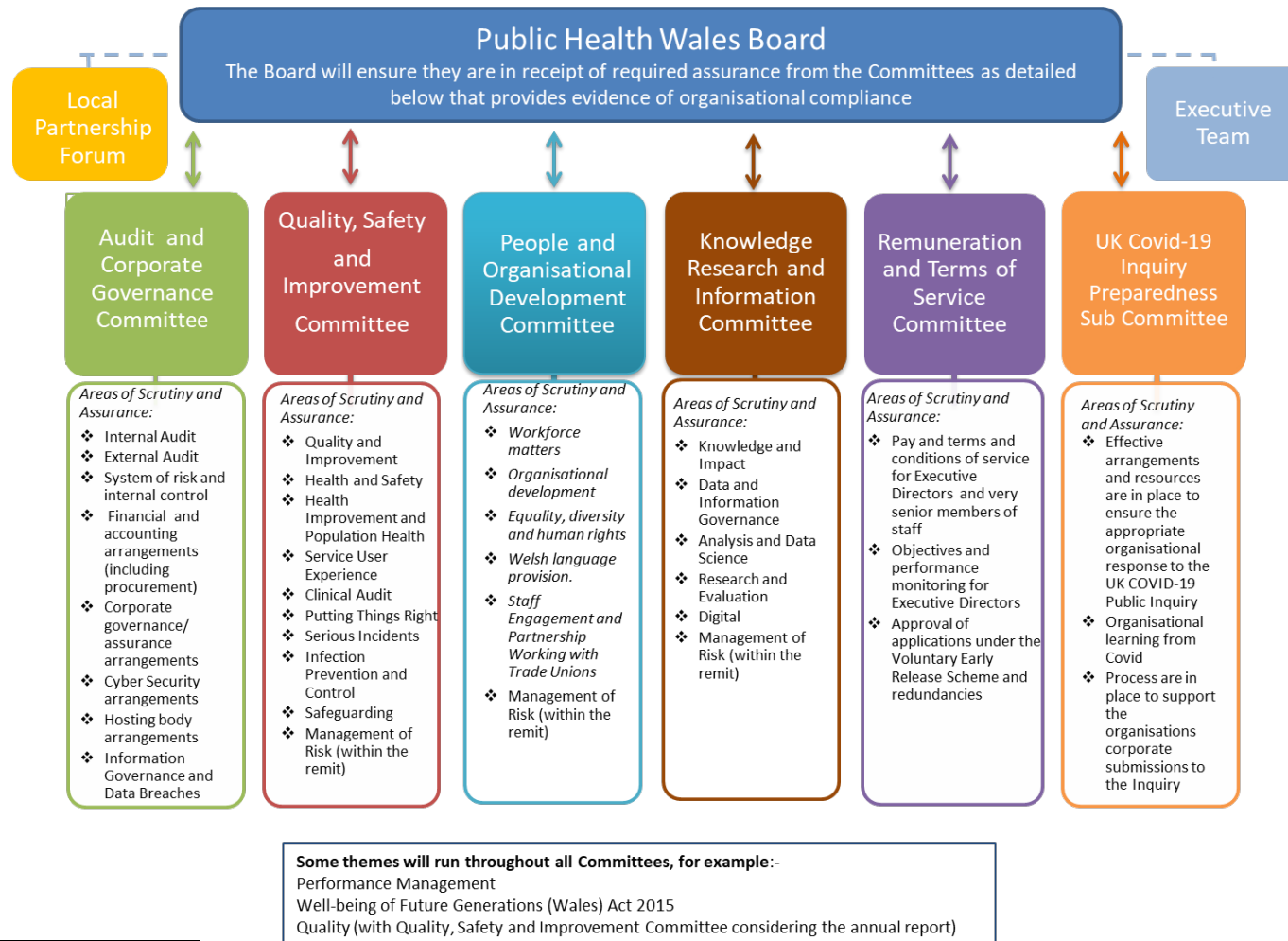
The Board is committed to operating in as transparent, open, and accountable way as is possible. The [Protocol for Reserving Matters to a Private Board \(or Committee\)](#)², identifies the different rationales that apply to material to be considered in private sessions. (See [Section 4.3](#) for further details).

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

We have also developed a Board Assurance Framework to summarise how Public Health Wales delivers and sustains good corporate governance to ensure the delivery of its strategic objectives outlined within our [Long-Term Strategy](#) to improve population health and address health inequalities, while delivering safe, effective and high quality public health services. (See [Section 4.3](#) for further details).

² Approved by the Board in May 2021, and further updated in September 2022 and September 2023.

Figure 1: Board and Committee structure approved by Board in July 2018 and operational from 1 April 2019 (with some changes during the period of COVID-19³):



³ 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 2023/24 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 2023/24.

All the meetings of the Board in 2023/24 were appropriately constituted and quorate. Escalation arrangements are in place to ensure that, in the event of a Committee not being quorate, any matters of significant concern are brought to the attention of the Chair of the Board.

The Board held its Annual General Meeting on Thursday 28 September 2023. This was held in person and livestreamed on our website providing members of the public with the opportunity to access and engage in the meeting as it happened.

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

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

- ❖ Notification of Board meetings are published on the website in advance of the meetings.
- ❖ Agendas and reports are published 7 calendar days before the meeting on the website.
- ❖ Public Health Wales has continued to livestream all Board meetings during 2023/24. The video recording of the meeting is uploaded to the website as soon as possible following the meeting. A link to join the livestream of the meeting is included on the website. *(Note: Committee meetings are not livestreamed, only Board)*
- ❖ Minutes of the meeting are published in draft form as soon as possible following the meetings.
- ❖ Meetings in private are kept to a minimum, in line with the Protocol for meetings in private, and are reviewed annually.
- ❖ A summary of the private meeting is published at each meeting via the Board Private Session Chairs Report.

Board meetings were a blend of in person attendance and virtual attendance (hybrid meetings) during 2023/24;

Meetings of the Committees of the Board have met during 2023/24 and are not currently livestreamed. In line with Board meetings, agendas and reports for these meetings are published on the website 7 days prior to the meeting, and draft minutes are published as soon as possible following the meeting.

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

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

Variations to the Standing Orders

Public Health Wales has fully adopted the model Standing Orders, with one amendment to Section 7.4.3: changing the circulation of agenda and supporting papers to Board/Committee members from 10 to 7 calendar days before a meeting.

Figure 2: Board and Committee Meetings 2023/24

Board meetings:						
25 May	27 July	28 Sept	30 Nov	26 Oct	25 Jan	28 Mar
Quality, Safety and Improvement:						
16 May	18 July	12 Oct	13 Dec	21 Feb		
Audit and Corporate Governance**:						
4 May	12 July	19 Sept	16 Jan	19 Mar		
People and Organisational Development						
18 Apr	19 July	8 Nov	6 Feb			
Remuneration and Terms of Service:						
25 May*	6 Jun*	28 Nov*	18 Jan*	5 Mar*	26 Mar*	
Knowledge, Research and Information						
13 Jun	13 Sept	6 Dec	5 Mar			
COVID-19 Public Inquiry Preparedness Sub Group						
29 Jun*	14 Sep*	15 Nov*	20 Dec*			

*Private only session

** During 2023/24, Audit and Corporate Governance Committee did not meet in public. Agendas and reports were published following the meeting. From May 2024, this has changed and meetings are in public.

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	<p>The Board received regular reports from the Chief Executive at each Board meeting, providing a summary of key organisational activity to update the Board. This included:</p> <ul style="list-style-type: none"> ❖ Changes to the Executive Team and organisational changes. ❖ Summary of meetings such as Joint Executive Team (JET), meetings with Welsh Government Ministers, Commissioners, submissions to the Senedd (Welsh Parliament) Committees, meetings with partner organisations such as Llais. ❖ Summary of visits such as from other organisations, such as the Chief Executive of Northern Ireland Public Health Agency, the Chief Executive of the UK Public Health Agency, and visits from Public Health Scotland. ❖ Regular updates on the UK COVID-19 Public Inquiry, including preparation within the organisation. ❖ Directorate reports, summarising the key areas of work undertaken in each directorate on a bi-monthly basis. ❖ Updates on key Organisational work such as launching of the nationwide Act FAST stroke campaign, Exercise Cyhyraeth to test our Emergency Response Plan, development of the Memorandum of Understanding Between the World Health Organization (WHO) and the Welsh Government, and the review of the prevalence of disease in Wales. ❖ The establishment of Behavioural Research UK (BR-UK). ❖ The Health Foundation Shaping Places programme securing funding in partnership with Executive Directors of Public Health across Wales. ❖ Updates on the establishment of the NHS Executive on 1 April 2023, and an outline of the reporting arrangements to Public Health Wales.

	<ul style="list-style-type: none"> ❖ Our genomics services moving from the University Hospital Wales to a new facility - Canolfan Iechyd Genomig Cymru (CIGC - Wales Genomic Health Centre). ❖ Update on events hosted and attended, including Staff Conference Events, Staff Network Conference, Four Nations Climate and Health meeting, and the UK Four Nations Global Health Forum ❖ Update on Awards received, such as Health Experiences of Asylum Seekers and Refugees Team Win Health and Care Research Wales Research Impact Award.
Integrated Performance Report and Financial Report	<ul style="list-style-type: none"> ❖ The Board received the Integrated Performance Report at each Board meeting, providing a summary of key information including performance highlights, trends, and issues. This was read in conjunction with the Performance and Assurance Dashboard, which highlighted the latest available performance in an interactive format. ❖ The presentation at Board meetings included updates from each of the Executive Leads to highlight any specific issues including Workforce, Finance, Operational Plan, Service Delivery and Quality. ❖ The Financial Report outlined the revenue and capital position for Public Health Wales on a monthly basis together with year-end forecasts where appropriate.
Public Health Dashboard	The Board considered the Public Health Dashboard at each meeting, which shared a range of public health information to inform the management of inequalities and the wider determinants of health, with particular focus on diabetes
Board Assurance Framework	❖ Approved a Board Assurance Framework, providing an assurance map at Board and Committee Level.
Risk	<p>The Board:</p> <ul style="list-style-type: none"> ❖ Regularly considered the Strategic and Corporate Risk Registers and received assurance as part of the Committee's in depth consideration of the Risk register. ❖ As part of the Long Term Planning progress, the Board also undertook a review of the Strategic Risks, and approved a revised Strategic Risk Register in March 2024. <p>(See Section 5 for further details)</p>

	❖ Considered and approved the revised risk appetite descriptors for the Integrated Medium Term Plan (IMTP) Strategic Priorities.
Corporate Policies	The Board considered an <u>annual update</u> on the current status of Policies within the organisations, including plans in progress to review and update those past their review date.
Partnership Working	Approved a paper Partnership Working at Board level.
Board and Committee Governance	
Chair's Action and Affixing of the Common Seal	Where applicable, the Board received reports advising of any agreements that have required the affixing of the Public Health Wales seal, and also identifying any Chair's Actions that had been taken by the Chair of the Board, for ratification.
Protocol – Private Session	The Board considered a review that had been undertaken to review the matters taken in private session the previous year, and suggested changes to the Private Meeting Protocol. The Board approved an update to the <u>Protocol for Reserving Matters to a Private Board (or Committee)</u> (See <u>Section 4.3</u> for further details).
Committees of the Board: Report from Committee Chairs	At each meeting, the Board received a report from the Chairs of the Board Committees for assurance, summarising the activity of the Committees within that period. (See <u>Section 3.2</u> for further details)
Committees of the Board Annual Reports 2022/23	The Board considered Annual Reports from the Committee's for 2022/23, and took assurance that the Committees were fulfilling their terms of reference. <i>(Note: the Annual Reports for 2023/24 will be presented to the Board for assurance in May 2024)</i> (See <u>Section 3.2</u> for further details)
Committee Terms of Reference Annual Review	The Board considered a review of the Committee terms of reference and approved the proposed revisions. (See <u>Section 9</u> for further details)
Standing Orders and Standing Financial Instructions	The Board reviewed and approved updates to the Standing Orders and the Standing Financial Instructions, in line with the model versions issued by Welsh Government.
Plans and Strategies	

Strategic Plan (Integrated Medium Term Plan)	The Board considered and approved the Strategic Plan (Integrated Medium Term Plan) 2024 to 2027. (See Section 9 for further details)
Financial Plan /Budgetary Control Framework	The Board considered and approved the <u>Financial Plan /Budgetary Control Framework</u> .
Infrastructure Plan / Capital Programme 2023/24	The Board approved the planned <u>capital expenditure</u> for 2023/24, including a proposed plan for Public Health Wales' discretionary capital funding.
Decarbonisation Plan	The Board approved the revised Decarbonisation Plan containing high level actions to meet the carbon negative objectives by 2035 as set out in the long term strategy.
Wellbeing Statement	The Board approved a revised wellbeing statement and took assurance that the Long-term Strategy incorporated the requirements of the Well-being statement.
International Health Strategy	The Board approved an updated International Health Strategy, which supported the delivery of the Long Term Plan and reflected on the changing global position and how Wales connected with other nations.
Strategic Equality Objectives	The Board considered revised Strategic Equality Objectives following an extensive engagement exercise.
Topical / emerging issues	
Approval of Annual Report and Accounts	The Board approved the Annual Report and Accounts for 2022/23 for submission to the Welsh Government, following review by the Audit and Corporate Governance Committee and auditing by Audit Wales.
Improvement Cymru Review	To reflect on the work improvement Cymru have undertaken within Public Health Wales prior to their transition to the NHS Executive from 1 April 2024. The report also provided assurance of the process to support the team moving to the NHS Executive.
Digital Inclusion and Older people	Considered an assurance report on our position against the recommendations made by the Older People's Commissioner for all Health Boards on Digital Inclusion.
NHS Hosting Agreement	Approved an addendum to the NHS Executive hosting agreement, effective from 1 April 2024.
Speaking Up Safely	Approved the Speaking up Safely Protocol to support effective implementation of the Speaking Up Safely Framework issued by Welsh Government.

Strategic Partnerships and Joint working	
Children's Commissioner	The Children's Commissioner joined a Board meeting and provided the Board with a presentation sharing her strategic priorities for her term in office. The Board discussed the synergies between her priorities and those of Public Health Wales and the opportunity for both organisations to work together and deliver enhanced benefit for Children and Young People in Wales.
Future Generations Commissioner for Wales	The Future Generations Commissioner for Wales and the Deputy Commissioner joined a Board meeting and shared work to date to share the Cymru Can Strategy, and the Board discussed areas of shared interest and focus to promote the prevention agenda and reduce health inequalities.
Staff Networks	<p>The following staff networks attended the Board this year:</p> <ul style="list-style-type: none"> • We Care Network • Porffor Network • Enfys Network • REACH (Race, Equality and Cultural Heritage) Network • Ymlaen Network <p>Each network provided a summary presentation of their work to date, which included any asks of the Board. The resulting actions would be monitored through updates to the People and Organisational Development Committee.</p> <p>The Women's Network will present to the Board in July 2024.</p>
Young Ambassadors	The Young Ambassadors joined a Board session to feedback to the Board on their priority issues: Mental Health and wellbeing; substance misuse and, sexual health and healthy relationships. The Board discussion focused on opportunities for the Young Ambassadors to continue to help share the public health agenda in Wales.

Private Board Sessions

The Board held a Private Board session alongside every public session in 2023/24 to consider business of a confidential nature, considering aspects of significant issues including:

Topic	Purpose
Review of Emergency Response Plan	To approve the Public Health Wales Emergency Response Plan and take assurance in relation to the organisation's compliance with the requirements of the Civil Contingencies Act [2024] and NHS Wales Emergency Planning Core Guidance [2015]
Procurement	To approve the awarding of procurement contracts in line with Standing Financial Instruction and the Scheme of Delegation.
Current Issues	To update the Board on sensitive information on any emerging issues, such as regarding health protection matters.
Strategic risk Seven (Cyber Security)	To provide updates and allow for consideration of the Strategic risk seven (Cyber Security) in private session due to the sensitive nature of the risk.
Learning from Covid-19	To review the learning from the Public Health Wales' Board response to Covid-19, for assurance that any recommendations had been taken forward as part of the Public Health Wales' Emergency Planning and Business Continuity lessons learnt register.
Accountable Officer Role – Module 2b Public Hearings	To update the Board on the decisions taken by the Remuneration and Terms of Service Committee regarding the cover arrangements for the Chief Executive whilst she gave evidence as part of the Public Inquiry. (Refer section 3.5.3 for further information)
NHS Finance Updates	To provide the Board with up to date information on the current financial position across NHS Wales in year, including discussion on 2024/25 Financial Settlements and saving proposal requirements from Welsh Government. This was considered in Private session whilst in draft form, and information on the financial position was published in the IMTP 2024-27, for consideration in the public session.

NHS Executive	Updates on the hosting arrangements in the NHS Executive, including the review of the Hosting agreement as it was being developed. The addendum to the Hosting Agreement was approved in public session on 28 March 2024.
Public Inquiry	To supplement the update provided to the Board in open session by providing sensitive information relating to the public inquiry including, summary of decisions undertaken by the Covid -19 Public Inquiry Preparedness Subgroup in relation to the application for core participants status and other confidential matters governed by confidentiality undertakings to the Inquiry.
Local Partnership Forum Update	To update the Board on current Trade Union matters.
Post Office Horizon IT Scandal Implications	Consideration of lessons learned to date from the Post Office IT scandal.

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

3.1.3 Board Development and Briefing Sessions

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 2023/24.

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

❖ **Behavioural Science**

The Board undertook a session focusing on exploring the headline considerations in using behavioural science to improve and protect health and wellbeing, and seeking a strategic steer on future activity to support delivery of our Long Term Strategy, through the application of behavioural science.

❖ **High Performing Board**

The Board held several sessions to support the development of a High Performing Board Model. These included:

- ❖ Review of a high performing Board model.
- ❖ Review and assessment of our current position, and how we develop our approach.
- ❖ Discussion on how this could be used to inform our Board Development Programme.
- ❖ Discussion on how optimal assurance is received by the Board and Board Committees.

❖ **Screening**

The Board held a session on Screening focusing on:

- ❖ Discussion on the evidence based policy decision making process for screening programme.
- ❖ Outline of the key research and development areas at UK level.
- ❖ Engagement with the Board in enabling the implementation of Public Health Wales's Long Term Strategy through the delivery and development of excellent screening services for Wales.

❖ **Clinical Partnerships**

The Board undertook a session on Clinical Partnerships to gain a better understanding of the range of existing clinical partnerships and how they help us achieve excellence. This included explore the potential barriers to nurturing clinical partnerships in the current NHS climate, discussion on Public Health Wales's Public Health Wales's system leadership role on key public health priorities.

Using examples of work in the Health Protection and Screening Services directorate, the session explored our existing interactions with clinicians and discuss opportunities to nurture our clinical partnerships to achieve excellence in service.

❖ **Our Strategic Plan (IMTP)**

The Board held several sessions on the development of the IMTP, including update on the approach to strategic and financial planning for 2024/25, and consideration of the milestones between December 2023 and March 2024.

The Board considered an update on the development of our Strategic Plan and Budget Strategy for 2024/25, which included work to refresh our strategic risks, progress to-date and key next steps prior to formal adoption at the Board meeting in March.

❖ **Strategic Partnerships**

The first session on strategic partnerships sought input from the Committee on establishing the key strategic partnerships for Public Health Wales to successfully deliver our vision for a healthier future for Wales by 2035.

The Board then considered draft proposals for our future strategic partnerships, which had been informed by the previous session, suggested strategic partners and how the arrangements will be implemented in 2024/25.

❖ **Health Protection**

The Board held a session on Public Health Wales' role and contribution to strategic developments in health protection in Wales and globally. They also considered the outcome of the Welsh Government independent review of Health Protection arrangements in Wales and its impact on Public Health Wales.

The session also sought to engage with the Board in enabling the implementation of Public Health Wales's Long Term Strategy through the development of excellent health protection services.

❖ **Strategic Equality Plan (SEP)**

The Board held a session on the development of the Strategic Equality Objectives, including a summary of the progress made during the period of the current SEP, and share the draft objectives to seek the Boards input onto these objectives.

❖ **Building Public Health Wales' global health offer and community:**

The Board held a session on building Public Health Wales's global health offer which included how we capitalise on our assets, share learning, and enable opportunities.

This highlighted the strategic importance of international health partnerships and global health work across the organisation (and NHS Wales). The Board considered and discussed how to utilise our assets and maximise impact to Wales

and globally, enabling our Long Term Strategy and Wales' outward and forward looking ambition.

❖ **Diabetes Deep Dive**

This session followed on from a discussion at a public Board meeting in January 2023, on the Public Health Dashboard; the development session considered diabetes trends showing the latest data and trends, projections and evidence on what works and a discussion on our role and what we can do to tackle this.

❖ **Audit Wales - Betsi Cadwaladr University Health Board Report**

The Board invited Audit Wales to join a session to provide an overview of findings of the Audit Wales Board Effectiveness report at Betsi Cadwaladr University Health Board, and then held a discussion on the impact of this report and its finding on Public Health Wales, including learning to influence its Board development planning.

❖ **Culture and Development**

The Board considered an overview of the findings of the culture assessment, focusing the model: the ideal culture, current culture, outcomes, staff views on benefits of ideal culture.

Board Briefings

The Board held two Briefings this year to consider and provide comment on the proposals being considered following the Minister requirement for all NHS organisations to develop proposals to reduce spending, in view of the overall NHS Wales' financial position in 2023/24.

Board Briefings were held on 27 July, and 10 August 2023.

On 27 July, the Board provided feedback and comments on the proposals, and support for the actions that Tracey Cooper had outlined. The further Board Briefing session held on 10 August, considered the worked-up proposals, prior to submission to Welsh Government on 11 August.

3.2 Committees of the Board

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

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

During 2023/24 all five of the standing Board Committees were in operation, chaired by Non-Executive Directors. The Committees have key roles in relation to the system of governance and assurance, decision-making, scrutiny, development discussions, assessment of current risks, and performance monitoring.

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

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

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

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

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

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

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

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

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

Public Health Wales has the following Committees in operation during 2023/24

Committee	Chairperson	Committee Members
Audit and Corporate Governance Committee	Nick Elliott, Non-Executive Director	Mohammed Mehmet, Non-Executive Director Kate Young, Non-Executive Director Tamsin Ramasut, Non-Executive Director (For 19 March 2024 meeting only)
Quality, Safety and Improvement Committee	Diane Crone, Non-Executive Director	Kate Eden, Non-Executive Director (until 29 February 2024) Sian Griffiths, Non-Executive Director
Knowledge Research and Information Committee	Sian Griffiths, Non-Executive Director	Diane Crone, Non-Executive Director Nick Elliott, Non-Executive Director
People and Organisational Development Committee	Mohammed Mehmet, Non-Executive Director	Kate Young, Non-Executive Director Jan Williams, Board Chair
Remuneration and Terms of Service Committee	Jan Williams, Board Chair	All Non-Executive Directors Tracey Cooper, Chief Executive (Huw George, Acting Chief Executive from 22 January 2024 – 17 March 2024)
Covid Inquiry Preparedness Sub Group	Jan Williams, Board Chair	Nick Elliott, Non-Executive Director, Chair of Audit and Corporate Governance Committee Kate Eden, Vice Chair and Non-Executive Director (until 29 February 2024, currently a vacant position pending recruitment of Vice Chair) Tracey Cooper, Chief Executive Huw George, Deputy Chief Executive and Executive Director of Operations and Finance

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

3.2.1 Audit and Corporate Governance Committee

During 2023/24, the Committee met five times and was quorate on all occasions.

The Committee's remit covers the following areas:

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

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

The Committee considered the following items:

Internal Audit Function

- ❖ Took assurance from the Head of Internal Audit Opinion for 2022/23 and Annual Report for 2022/23, noting the Organisation had received an overall reasonable assurance.
- ❖ Considered regular **internal audit progress** reports and the workplan for 2023/24 and subsequently 2024/25.
- ❖ Considered **9 completed Internal Audit Reports** and subsequently followed up any areas that had received a limited assurance.
- ❖ Regularly took assurance on the effective management of the **Audit Recommendations tracker** and report by the Leadership Team. This report highlighted the current position and progress made to implement the management actions arising from internal and external audit recommendations.
(For Further information on the internal audits received this year, refer [section 12.1](#))

External Audit Function (Audit Wales)

- ❖ Considered the Audit Wales Audit of Accounts report for 2022/23 and financial statements, noting the unqualified audit opinion.
- ❖ Considered the Audit Plan for 2023 which outlined areas of audit investigation, and considered regular progress reports during the year.
- ❖ Considered the Annual Audit Report for 2021-2022 and the Structured Assessment Report for 2022.

- ❖ Considered the Annual Audit Report for 2022-23 and Structured Assessment Report for 2023.
- ❖ Considered 2 external audit reports into: the Recovery of Screening Services, and Workforce Planning Arrangements.

Financial and Accounting Arrangements (including procurement)

- ❖ Considered a presentation on the draft 2022/23 accounts which outlined key performance targets, statutory and administrative duties and went on to recommend the financial accounts, Audit Wales Annual Opinion (ISA 260) and Accountability Report to the Board for approval.
- ❖ Took assurance that the Trust had an appropriate plan in place for the production of the Financial Statements and Accountability Report for 2023/24 in line with the statutory deadlines.
- ❖ Took assurance that procurement activity, losses and special payments, the writing-off of bad debts and claims abandoned had been made in accordance with the requirements of the Standing Financial Instructions.
- ❖ Took assurance that the write off of obsolete stock had been approved in accordance with the Financial Scheme of Delegation.

Counter Fraud

- ❖ Took assurance on the management of Counter Fraud arrangements for the Organisation via regular progress reports, the Annual Report for 2022-23 and the workplan and priorities for 2023/24.

Information Governance and Data Breaches

- ❖ Took regular assurance on the Information 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.
- ❖ Considered the Organisations response and management of data breaches and took assurance that thematic learning from data breaches has been identified and was being implemented.

Systems of Risk and Internal Control

- ❖ Considered the Strategic Risk Register and Corporate Risk Register.
- ❖ Took assurance on the development of the Risk Management Development Plan.
- ❖ Approved the revised Risk Protocol, which included a revised timetable for updating and reporting of the Strategic Risk Register.

Corporate Governance and Assurance Arrangements

- ❖ Recommended the adoption of the latest model of Standing Financial Instructions to the Board.
- ❖ Took assurance on Public Health Wales' compliance with Corporate Governance in Central Governance Departments: Code of Practice 2017.
- ❖ Considered bi-annual Governance updates, taking assurance on:
 - ❖ The implementation of Standards of Behaviour Policy (Board and Staff Declarations of Interests and Gifts and Hospitality);

- ❖ The management of the process for ensuring the Organisation's compliance with Welsh Health Circulars;
- ❖ Prioritisation and progress being made to review corporate policies and procedures within the remit of the Committee.

Hosting Body Arrangements

- ❖ Took assurance that the NHS Wales Finance Delivery Unit (Now part of the NHS Executive) had complied with standing orders and financial instructions, policies and procedures during 2022/23.
- ❖ Took assurance on the preparation for finalising the Hosting arrangement for 2024/25.

Cyber Security Arrangements

- ❖ Regularly took assurance on the management of the Cyber Security related Strategic Risk within the organisation, considering updates at each meeting.
- ❖ Considered the Cyber Security Assurance report, Cyber Security Assessment and reported findings from Digital Health Care Wales.

3.2.2 Quality, Safety and Improvement Committee

The Quality, Safety, and Improvement Committee met five times during 2023/24 and was quorate on all five occasions. The Committee assists the Board in discharging its functions in meeting its responsibilities with regard to quality and safety. The Committee is responsible for seeking assurances on all aspects of quality of services and clinical care, governance systems including risk for clinical, corporate, and regulatory standards for quality and safety.

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

The Committee's remit covers the following areas:

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

The Committee undertook further scrutiny of the following areas during 2023/24:

Quality and Improvement

- ❖ Took assurance on the development of the Clinical Governance Framework in support of the Health and Social Care Act (Quality and Engagement).
- ❖ Regularly took assurance on the progress to implement the Duty of Quality and Duty of Candour within the Organisation.
- ❖ Regularly took assurance on the management of alerts and safety notices.
- ❖ Regularly took assurance on the Organisation's effective management of Putting Things Right, via the Putting Things Right Annual Report for 2022-23 and quarterly updates. The Committee also considered a related case study on improving Datix reporting in Microbiology.
- ❖ Noted updates from the NHS Executive on Public Health Wales' Nationally Reported Incident (NRI) overview and learning reports.
- ❖ Noted the revised arrangements for Health and Care Standards process.
- ❖ Took assurance on the Organisation's effective management of Claims and Redress (taken in private session), and considered the Internal Audit report into Welsh Risk Pool Claims.
- ❖ Considered a report into the Health Protection and Screening Services Procurement Approach and plan, which focused on improvements to

the procurement process, timeliness, and quality of information (taken in private session).

From February 2024, the Committee considered a revised Quality and Clinical Governance Performance Report which combined and streamlined the reporting on the following areas into one report:



Safeguarding

- ❖ Considered a deep dive into **Safeguarding**, including a service user experience story, the **National Safeguarding Network Update**
- ❖ Took assurance on the management of Safeguarding through the:
 - Public Health Wales Safeguarding Report 2022-23
 - National Safeguarding Service Annual Report 2022-23
 - Safeguarding Maturity Matrix Improvement Plan for 2023 and mid-year progress review

Infection Prevention and Control (IPC)

- ❖ Took assurance on the arrangements in place for the Organisation to meet its **Infection Prevention and Control** requirements via the Annual Report for 2022-23 and a mid-year update.
- ❖ Took assurance on the **Staff Influenza Vaccination Campaign Annual Report** for 2022-23 and the delivery plan for 2023-24.

Service User Experience (Engagement)

- ❖ Took assurance on the progress made to deliver the '**Our Approach to Engagement**' plan and took note of the new approach to service user experience.

Clinical Audit

- ❖ Took assurance on the **Quality and Clinical Audit Annual Report** for 2022-23 and the plan for 2023-24.
- ❖ The Committee went on to consider a **mid-year update** on progress against the plan for 2023-24.

High Quality and Safe Public Health Services and Functions

- ❖ Took assurance on the progress to recover **Screening Services** impacted by the pandemic.
- ❖ Considered the findings of the Audit Wales report into the Recovery of **Screening Service Arrangements** and the management response, and subsequently participated in a workshop to consider the development of future Screening Service reports.
- ❖ The Committee went on to consider an update on the work to address the recommendations of the audit report and the approach taken to revise the **performance data within the Screening Services report**.
- ❖ Took assurance on the 2022-23 and 2023-24 **winter planning approach** for Health Protection and Infection Services.
- ❖ Took regular assurance on the Organisation's arrangements for the management of **medical devices** and noted the workplan priorities for 2023-24.
- ❖ Took assurance on the progress of actions contained within the approved Public Health Wales **Tuberculosis (TB) Action Plan** following the external review of the management of the TB outbreak in Llwynhendy, Carmarthenshire.
- ❖ Took assurance 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]**.

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, and that areas identified for improvement were addressed.
- ❖ Took assurance on the Health and Safety Annual Report for 2022-23 and the workplan for 2023-24.
- ❖ Considered a presentation on the **management of incident reporting** within the Organisation, and a case study on improving laboratory staff safety.

Job Families

- ❖ Took assurance on the processes in place to manage and support the revalidation of medically qualified colleagues across the organisation.
- ❖ Took assurance that processes were in place within Public Health Wales to ensure all Nursing and Midwifery Council, Health and Care Professions Council and General Medical Council Registrants were registered with the appropriate

statutory regulating body, and that a similar system was in place for all Consultant Public Health Practitioners.

Risk

- ❖ Regularly considered and took assurance on the management of both **strategic** and **corporate risks** within remit of the Committee.
- ❖ Noted that the Board had approved the transfer of **Strategic Risks 1 and 2** from the Quality, Safety and Improvement Committee to the Knowledge, Research and Information Committee from January 2024.

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 16 policies** within its remit during 2023-24

3.2.3 People and Organisational Development Committee

The People and Organisational Development Committee met four times during 2023/24 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 2023/24:

Workforce Matters

- ❖ Took assurance on the workforce planning updates, including the workforce planning dashboard, which set out the challenges the Organisation faced, particularly in relation to workforce recruitment, and implementation of the People Strategy and People Promise.
- ❖ Took assurance on the deep dive into Managing Change, which focused on the support provided to facilitate effective Organisational Change within the Organisation. This aimed to realise the goal of the People and Organisational Development Directorate to develop a flexible, sustainable and thriving workforce with the capacity to deliver the proposed Long-Term Strategy.
- ❖ Considered the Audit Wales Report into the review of Workforce Planning Arrangements, noting the effectiveness to address current and future challenges and the management response.
- ❖ Took assurance on the Cost of Living Action Plan to support staff through the cost of living crisis.
- ❖ Approved the Workforce Annual Report 2022-23.

Organisational Development

- ❖ Considered a presentation of the 'Big 3' overarching People and Organisational Development Strategic Priorities: Culture and Experience, Organisation Effectiveness and Resources and Processes.
- ❖ Took assurance on the progress to realise the vision within the People Strategy.
- ❖ Took assurance on the development and implementation of the People Promise, which set out the Organisation's offer to its people in return for their hard work, commitment to the vision and embodiment of the Organisations values.

- ❖ Took assurance on the development and implementation of Work How It Works Best throughout the Organisation. Work how it works best is an evolving agile working policy employed by Public Health Wales and designed to utilise the best of the Organisation's experiences and enhance them for the current workforce.
- ❖ Regularly considered a live presentation of data from the Performance Assurance Dashboard, focusing on sickness absence, staff vaccinations, recruitment and turnover, and equality, diversity and inclusion data.
- ❖ Considered an overview of Statutory and Mandatory Training compliance and My Contribution appraisal data across the Organisation, and the work underway to address compliance such as impact workshops and toolkits. The Committee went on to consider a comprehensive review of appraisal compliance within the Health Protection and Screening Services directorate.

Workforce Equality, Diversity and Human Rights

- ❖ Took assurance on the work undertaken to progress the Equality, Diversity and Inclusion agenda in Public Health Wales through regular progress updates, which highlighted the introduction of two new Staff Networks (Ymlaen and Chaps Chat) and improvements in declaration rates., which indicated the level of trust staff had.
- ❖ Took assurance on the Organisation's progress towards the Anti-racist Wales Action Plan and Workforce Race Equality Standard.
- ❖ Considered the findings and approved the Annual Equalities Report 2023-23.
- ❖ Considered the findings and approved the Gender Pay Gap Annual Report 2022-23 and considered.

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 to transform the Web Estate, the work to embed a bilingual culture within the Organisation, and the identification and plan to address areas of weakness.
- ❖ Took assurance on the Welsh Language Annual Report and the position in regard to Welsh Language complaints.

Staff Engagement and Partnership Working with Trade Unions

- ❖ Took assurance on a deep dive into Culture, experience and operational effectiveness within the Organisation, which highlighted the Organisations commitment to the development of a positive culture at all levels of the Organisation.
- ❖ Considered a comprehensive update on staff engagement and took assurance on the level of engagement with Staff.

- ❖ Considered regular updates from the Local Partnership Forum.
- ❖ Took assurance on the annual report from the Local Partnership Forum, which had focused on strategic issues, and had been crucial in driving the Organisation's work into culture and employee value proposition.
- ❖ Considered an update on the Staff Networks and took assurance on the progress with requests made to the Board by the Staff Diversity Networks to date.

Speaking Up Safely and Raising Concerns

- ❖ Considered an update on grievances received by the Organisation, taking assurance that all grievances were treated confidentially and managed in accordance with the policies and protocols in place.
- ❖ Approved the Speaking Up Annual Report (previously Raising Concerns Annual Report) and took assurance on the progress with the implementation of the actions within the Speaking Up Safely Action Plan.
- ❖ Approved the Speaking Up Safely Framework and Protocol
- ❖ Approved the adoption of the All Wales Raising Concerns Procedure

3.2.4 Knowledge, Research and Information Board Committee

The Knowledge, Research, and Information Board Committee met four times during 2023/24 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 2023/24:

Research and Evaluation

- ❖ Approved the **Research and Evaluation Strategy**, which aimed to make measurable improvements to the health of the population in Wales by leading and supporting population-level health research and evaluation.
- ❖ Took regular assurance on the **monitoring and implementation** of the Research and Evaluation Strategy and the approach taken towards areas of research and evaluation interest for Public Health Wales during 2023/ 2024 which documented areas of research which would be crucial to the Organisations role to deliver on its Long-Term Strategy.
- ❖ The regular updates included exploring the following areas:
 - **Academic Public Health research:** the vision and subsequent identification of relevant strategic partners,
 - **Genomics:** progress against the development of the Programme, future plans, and endorsement of the aim to develop a research plan for Public Health Genomics,
 - **Welsh Health Equity Solutions Platform** progress, and underway /planned monitoring and evaluation,
 - **Academic Institutions:** including efforts to develop strong strategic partnerships including the Open University and other Universities.

Knowledge and Impact

- ❖ Regularly considered updates on the monitoring and assurance of delivering against the Organisation's strategic priorities and took assurance that a system was also under development to help facilitate this.

Analysis and Data Science

- ❖ Took assurance on the progress made in the **Diabetic Eye Screening Wales (DESW) Discovery and Alpha** programmes.
- ❖ Took assurance on the progress of the **Breast Test Cohort Selection tool** and Diabetic Eye Screening Wales automation work, including GP referrals.
- ❖ Considered the findings of the annual **survey of Knowledge, Data Analysis and Research** products, noting the areas identified for improvement and the plans to engage with all Directorates to formulate detailed actions plans to take forward the findings.

Digital

- ❖ Approved the **Digital and Data Strategy**, which was designed to support an All-Wales approach to digital and data, to fulfil the Organisations needs and deliver the Public Health Service for Wales in managing IT services efficiently.
- ❖ Regularly monitored the **implementation of the Digital and Data strategy**, and the deliverables from the Discovery and Alpha phases, taking assurance that the Digital and Data services teams were delivering steadily on the core elements of the Strategy and the projects it had committed to, to improve the use of digital, data and technology to deliver excellent public health services.
- ❖ Considered an update on **Public Health Wales led research into digital health inequality** and collaboration with the World Health Organisation in this field of research and took assurance on the progress being made in the digital inequalities and future use in health care setting work.
- ❖ In private session, the Committee considered an overview of the Organisations assurance framework /processes on the Organisations digital developments following on from the **Post Office Horizon IT scandal**. This was considered in private due to the confidential, cyber security nature of the item.

Risk

- ❖ Regularly considered and took assurance on the management of both **strategic and corporate risks** within remit of the Committee.
- ❖ Noted that the Board had approved the transfer of **Strategic Risks 1 and 2** from the Quality, Safety and Improvement Committee to the Knowledge, Research and Information Committee from January 2024.

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 2 policies** within its remit during 2023-24.

Deep dives

- ❖ **Mental Health:** A deep dive focused on the role of the Organisation in addressing mental health issues in Wales and the work underway in areas of mental health research and services.

- ❖ **Healthy Behaviours:** A deep dive into the promotion of healthy behaviours, focused on the extent to which the Organisation had the appropriate data, research and evaluation systems in place to monitor the Organisations impact.
- ❖ **Addictive Behaviours:** A deep dive focused on the public health approach to preventing health harming behaviours, particularly drug misuse and gambling.
- ❖ **Climate Change:** A deep dive relating to data analysis and research in support of the public health impacts of the climate change strategic priority.

3.2.5 Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee met six times during 2023/24 and was quorate on all occasions.

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

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

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

The Remuneration Report provides relevant information regarding the matters considered by the Committee during 2023/24.

3.2.6 UK COVID-19 Public Inquiry Preparedness Sub-Group

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

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

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

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

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

The Sub-Group met on four occasions during 2023/24 to consider whether Public Health Wales should apply to be a core participant in Modules 4, 5 and 6 (as set out below).

In September 2023, the Sub-Group undertook a detailed review of the organisational response to the Inquiry to date and took assurance from operational changes put in place to ensure the organisation was in the best position to support the work of the Public Inquiry.

The Board has been provided with an update on progress at each Board meeting throughout the year but was in particular provided with detailed updates and assurance on finance, resource and the overall response in September 2023.

The Inquiry

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

Module 1

Module 1 opened on 21 July 2022, with the focus of the module being to examine the resilience and preparedness of the United Kingdom for a Coronavirus pandemic.

An application for Core Participant Status was made and was granted by the Inquiry Chair.

The public hearings for Module 1 took place between 13 June and 21 July 2023, where Dr Quentin Sandifer provided oral witness evidence in support of the Corporate Witness Statement of the Organisation.

The findings of the Inquiry are awaited.

Module 2

Module 2 opened on 31 August 2022, to investigate the core political and administrative governance and decision-making for the UK and devolved administrations during the pandemic response, from January 2020 until restrictions were lifted in May 2022.

This module was divided into sub modules (2, 2A, 2B and 2C) to address the pandemic response across the 4 nations of the UK.

Module 2B, seeks to assess the Welsh Government's core political and administrative decision-making / response to the pandemic.

The Sub-Group considered the role of the organisation against the scope of Module 2B, and an application was made for Core Participant status. This application was granted by the Chair of the Inquiry.

Following the submission of extensive witness and documentary evidence from across the organisation, Dr Chris Williams, Dr Quentin Sandifer and Dr Tracey Cooper were each selected to give oral witness evidence at the public hearings, which ran from 26th February 2024 to 15th March 2024.

The findings of the Inquiry are awaited.

Module 3

Module 3 opened on 8 November 2022, and will look at the governmental and societal response to COVID-19 as well as dissecting the impact the pandemic had on healthcare systems, patients and health care workers. This will include healthcare governance, primary care, NHS backlogs, the effects on healthcare provision by vaccination programmes as well as long COVID-19 diagnosis and support.

Following a comprehensive review of the provisional outline scope for Module 3, the Subgroup agreed that Public Health Wales did not have sufficient involvement in the areas covered by the module to require Core Participant status for Module 3. No application was therefore made.

Public Health Wales did however commit to support the Inquiry Team with any assistance it may require with this Module and has submitted detailed witness and documentary evidence to date.

The Public Hearings for Module 3 are scheduled to take place for 10 weeks between 9 September 2024 and 28 November 2024.

Module 4

Module 4 opened on 5 June 2023, and will examine vaccines, therapeutics and anti-viral treatment across the UK in response to the pandemic.

Given the role of the organisation, an application for Core Participant Status was made upon the approval the Subgroup and has now been granted by the Inquiry Chair.

We are working with the Inquiry Team to ensure effective witness evidence is provided to support the Inquiry, together with appropriate documentary disclosure.

The Public Hearings for Module 4 are currently scheduled to take place from 14 January 2025 to 30 January 2025.

Module 5

Module 5 opened on 24 October 2023 and will examine Government Procurement and the distribution of key equipment and supplies across the UK in response to the pandemic.

Following a comprehensive review of the provisional outline scope for Module 5, the Subgroup agreed that Public Health Wales did not have sufficient involvement in the areas covered by the module to require Core Participant status. Consequently, an application for Core Participant Status was not made.

The Public Hearings for Module 5 are currently scheduled to take place in March 2025.

Module 6

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

Following a comprehensive review of the provisional outline scope for Module 6 and the role played by the organisation, the Subgroup has approved an application for Core Participant status to be made. This application has been granted by the Inquiry Chair and we will now work with the Inquiry Team to ensure the organisation provides the evidence and assistance required.

Public Hearings for Module 6 are currently scheduled to take place in the Summer of 2025.

Module 7

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

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

The Public Hearings for Module 7 are currently scheduled for Spring 2025.

3.2.6 Young Ambassadors Board Partnership Forum

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

In April 2022, following discussions with the Young Ambassadors, further ways were suggested that would support better facilitated Board engagement with young people. A scoping exercise was undertaken to help inform the organisational approach and ensure that we work towards the principles of co-production as set out by the Children's Commissioners 'The Right Way'. This included a fact-finding exercise which included engaging with the Children's Commissioner's Office, Welsh Youth Parliament, Children in Wales and Health Boards. The findings identify that for Board level participation to be fully realised the young people would need robust structures in place to support them to do this. Also, the information presented to the YAs would need to be accessible.

Following this, in July 2022, the Board approved the establishment of a Young Ambassadors Board Partnership Forum. It is intended that this forum will allow Board members and Young Ambassadors to come together with an equal voice to discuss issues of shared interest. These discussions will then influence Public Health Wales decision-making by being fed back to the Business Executive Team and the Public Health Wales Board.

The Forum has met once this year, following which the Young Ambassadors presented to the Board in July, summarising their work this year and highlighting their key priority areas:

- ❖ Mental Health and Wellbeing
- ❖ Substance Misuse
- ❖ Sexual Health and healthy relationships.

The Young Ambassadors are in the process of developing their work plan and aims for next year and the programme itself is being reviewed during 2024/25 to review and strengthen the arrangements.

3.3 Executive Governance

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

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

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

Figure 3 shows the Executive Team and Directorate Structure in operation during 2023/24.

3.3.1 Business Executive Team

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

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

- ❖ Identifying and managing corporate and strategic risks within the Board's risk appetite
- ❖ Establishing relevant operational decision-making groups and delegating responsibilities to them as appropriate

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

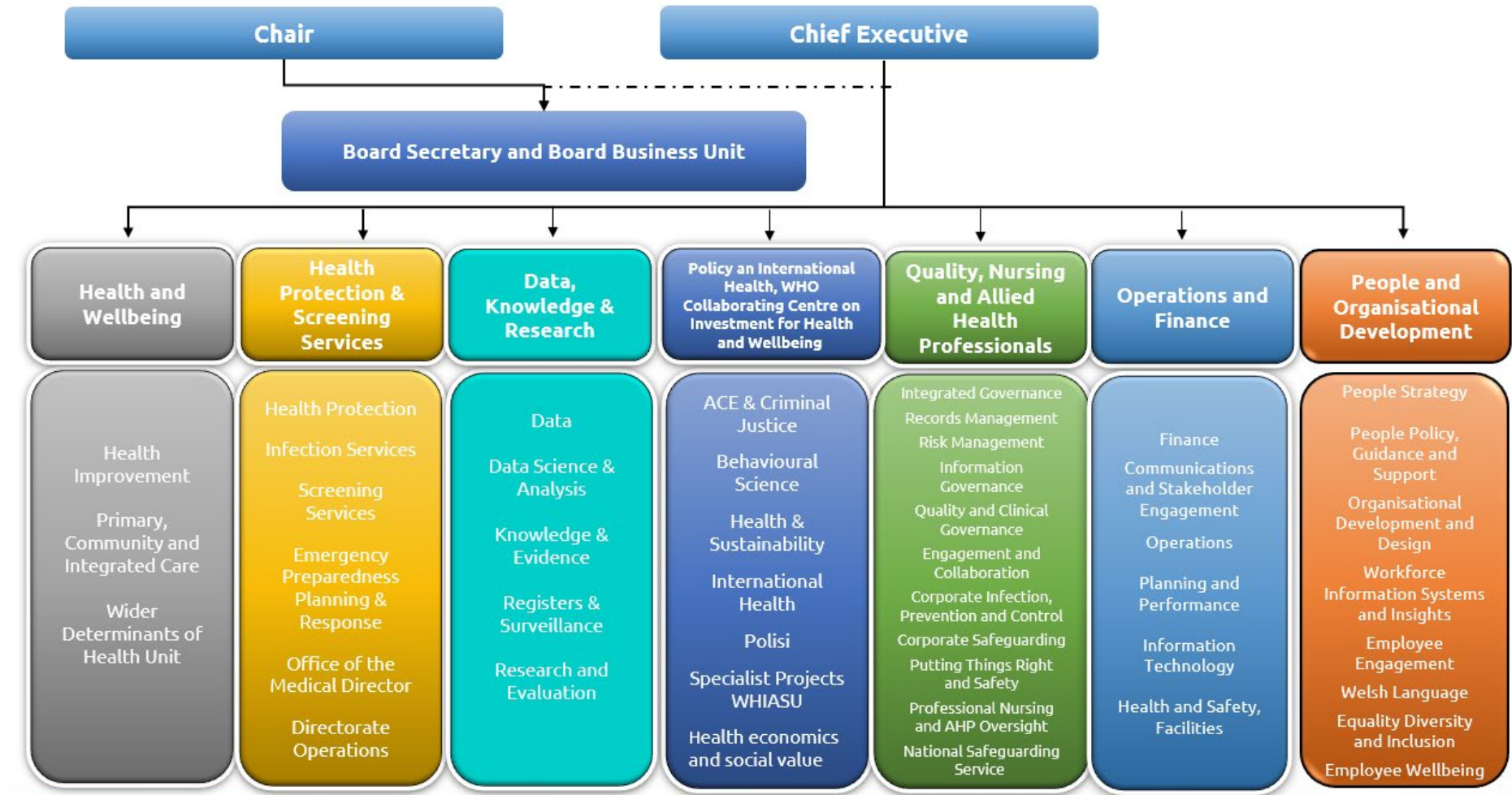
Transition of Improvement Cymru

Improvement Cymru became a directorate of Public Health Wales in 2013. Since then, Improvement Cymru has supported a range of national priorities as the improvement service for NHS Wales. The team have also been an integral part of Public Health Wales, contributing to the delivery of strategic priorities and developing the improvement capability of the organisation.

The NHS Executive was established on 1 April 2023. As part of Phase 2 of the establishment, Improvement Cymru will transition from Public Health Wales to the Quality, Safety and Improvement Directorate in the NHS Executive from 1 April 2024

A 12-month plan was developed to support staff through the transition. This included an engagement period from 18 January 2024 to 16 February 2024 where staff were invited to ask questions and feedback to Judith Paget (SRO), Chief Executive of NHS Wales and Director General for Health and Social Services, as part of the process.

Figure 3: Executive Team and Directorate Structure in operation during 2023/24:



3.5 Board and Executive Team Membership

- ❖ The Board is constituted to comply with the *Public Health Wales National Health Service Trust (Membership and Procedure) Regulations 2009 (as amended)*. In addition to responsibilities and accountabilities set out in terms and conditions of appointment, Board members also fulfil a number of Champion roles where they act as ambassadors (see appendix 1). As previously indicated the Board is constituted with Non-Executive and Executive Directors.
- ❖ In addition to the Executive Directors appointed in accordance with the *Regulations*, individuals have also been appointed to other Director positions. They, together, with Executive Directors, are members of the Executive Team. They have a standing invitation to Board meetings where they can contribute to discussions, although do not have voting rights.

3.5.1 Departure and appointment of Non-Executive Directors

Vice Chair

Kate Eden's second term of office was due to end on 31 March 2023. Following a public recruitment exercise, Dyfed Edwards was due to discharge the Public Health Wales Vice Chair role from 1 April 2023.

As of 28 February 2023, Dyfed Edwards was on secondment from Public Health Wales NHS Trust to Betsi Cadwaladr University Health Board, for one year, in the role of Interim Chair.

In the interim, Kate Eden's term as Vice Chair was extended until 29 February 2024 pending Dyfed's return to Public Health Wales.

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

From 1 March 2024, there is a vacancy for the position of Vice Chair of the Public Health Wales Board; a recruitment exercise is underway in April 2024 to fill this vacancy.

Non Executive Director – Equality and Diversity

In 2023/24 there was one vacancy of the Public Health Wales Board for a Non Executive Director (post previously held by Dyfed Edwards prior to his appointment as the Public Health Wales Vice Chair in 2023).

A public recruitment process was undertaken in 2023/24 to fill the vacancy of a Non Executive with a focus on Equality and Diversity. Tamsin Ramasut was appointed by the Minister to join Public Health Wales Board on 1 December 2023 to fill this position.

3.5.2 Board Succession Planning

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

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

3.5.3 Senior Staff Appointments and Departures

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

Executive Director of Quality, Nursing and Allied Health Professionals

Rhiannon Beaumont Wood retired on the 31 July 2023 from the role of Executive Director of Quality, Nursing and Allied Health Professionals. It was agreed to recruit to the role on a fixed term basis to allow a wider review of the organisational structure over the next 12 months.

On a short term basis, Angela Cook agreed to act into this role from 01 August 2023 – 24 September 2023, whilst the recruitment for the interim appointment was conducted.

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

Executive Director of Health and Well-being

Angela Jones was appointed Acting Director of Health and Well-being as of 27 June 2022 for 1 year. The recruitment for a permanent Director of Health and Well-being was undertaken in May 2023.

Jim McManus was appointed to the permanent role of Director of Health and Wellbeing from 25 September 2023.

Angela Jones returned to her substantive post on 30 June 2023.

Pending Jim's arrival into post, Iain Bell was appointed temporary Director lead for the Health and Wellbeing Directorate, until Jim started in post (1 July to 24 September 2023).

Board Secretary and Head of Board Business Unit

Helen Bushell left Public Health Wales on the 8 January 2023, Elizabeth Blayney was appointed as Acting Board Secretary and Head of Board Business Unit whilst the recruitment and appointment of a permanent appointment.

From 17 April 2023, Paul Veysey was appointed to the permanent role.

World Health Organization (WHO) Collaborating Centre on Investment for Health and Well-being

Mark Bellis left Public Health Wales on the 5 December 2022, although he retains an Honorary Consultant contract with us.

Sumina Azam was appointed as Acting Director of the WHO Collaborating Centre on Investment for Health and Well-being from the 6 December 2022, pending the recruitment of a permanent appointment.

Following the recruitment process, Sumina Azam was appointed to the role permanently as of 22 May 2023.

Chief Executive Cover Arrangements for Module 2B of the COVID-19 Public Inquiry

The Public Hearings for the UK COVID-19 Public Inquiry for Module 2B commenced on the 26 February 2024 and continued until 15 March 2024. The focus of this module's public hearing was to explore the Welsh Government's decision-making during the pandemic. On behalf of Public Health Wales, Tracey Cooper was one of those called to give oral evidence.

On 28 November 2023, the Remuneration and Terms of service Committee approved a proposal for the Chief Executive to be able to step back from the role of Chief Executive from the 22 January 2024 until such time as she has given evidence, in order to prepare for the extensive nature of the Module 2B UK COVID-19 Public Inquiry.

The cover arrangements were as follows:

- ❖ Huw George, Deputy Chief Executive and Director of Operations and Finance to become the Acting Chief Executive.
- ❖ Neil Lewis, Director of People and Organisational Development, to become the Acting Deputy Chief Executive.
- ❖ Angela Williams, Deputy Director of Finance, to become the Acting Director of Operations and Finance.

The Public Hearing concluded on Friday 15 March 2024, and these cover arrangements came to an end from 18 March 2024.

3.5.4 Staff Representation at Board and Committee Meetings

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

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

3.5.5 Board Diversity and Inclusion

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

As of 31 March 2024, the Board had a gender balance of 61.5% (8) female, 38.5% (5) male, 26% (4) members were from a Black and Ethnic Minority background, 0% declared a disability.

One Board member is a fluent Welsh speaker, and one other is an advanced learner.

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 2024/25.

4. Improvements to the Governance Framework

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

4.1 Review of the Board Committee Terms of Reference

The Committees are reviewed annually to ensure compliance with Standing Orders. A review of the Terms of Reference took place in May 2023 and suggested amendments were presented to the Board for approval for:

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

The Board considered a review of the Terms of Reference for the Committees and approved revised versions in May 2023

4.2 Performance and Effectiveness Cycle

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

a) External and Internal Assurances to the Board

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

- ❖ Audit Wales has completed the **Structured Assessment Review in 2023**, 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 2024](#) who took **assurance** of our compliance with the Corporate Governance

in Central Government Departments – Code of Practice 2017. (Further information is provided in [section 9](#) of this report.)

b) Board Committee Effectiveness

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

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

In January 2024, an online questionnaire was completed by members of all Committees. The questions were based primarily on the Audit Committee Handbook (2012) suggested self-assessment questions and National Audit Office good practice guidance and were adapted for the Committees.

A Workshop were held in March 2024, with Committee Chairs and the Executive Leads for each of the Committees to discuss the common themes and committee wider learning from the survey results. A summary of the themes from this meeting will be provided to each Committee, and to the Board in May 2024.

Relevant learning from the overall review of effectiveness will be fed into the Board performance review in 2023/24: a summary of the Committees' considerations and outcomes of this review will be reported to the Board in quarter 1 of 2024 as part of the wider Board effectiveness review.

c) Board Performance and Effectiveness

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

A full Board review of performance and effectiveness will take place in 2024/25 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 Minister for Health and Social Services

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

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

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

f) Chief Executive Appraisal

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

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

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

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

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

4.3 Protocol for Reserving Matters to Private Session

- ❖ In accordance with the Public Health Wales Standing Orders, Public Health Wales holds its Board meetings in public, there will be occasions when some of the organisation's business is more appropriately considered in private session; to ensure that business considered is not prejudicial to the public interest - in other words that undue harm or influencing of the public unfairly does not take place.
- ❖ The Board has approved a [Protocol for the matters considered in private session](#), outlining the commitment of the Board to operate in as transparent, open and accountable a way as possible. This was reviewed by the Board during 2023/24 and an updated version was approved by the Board in July 2023.
- ❖ The document was developed to help identify the reasons that are most likely to apply to material considered by the Board in private meetings.
- ❖ From January 2022, a report was presented to each open Board session concerning the matters considered in the previous Board's private meeting. From November 2022, this report also included reference to any relevant material that had been circulated to the Board outside of the formal meetings.
- ❖ An annual review of the matters taken in private session took place for the 2022/23 period and will be repeated annually. This review was presented to the Board in July 2023, and identified suggested improvements to the protocol. These were subsequently adopted by the Board.

4.3 Development of the Board Assurance Framework

The annual Structured Assessment for Public Health Wales, as conducted by Audit Wales in 2022, made the following recommendation:

'The Trust currently lacks a comprehensive Board Assurance Framework and there are currently several gaps in the Trust's sources of assurance. As part of the review of its long-term strategy, the Trust should develop a clear Board Assurance Framework.'

The Board Assurance Framework should:

- ❖ address current gaps by including assurances relating to the Trust's approach to enabling better population health through preventative and sustainable measures, partnership working, and estates and other physical assets;
- ❖ include all relevant controls and sources of assurance for Board and committees;
- ❖ be regularly reviewed by the Board; and
- ❖ be used to inform Board and committee workplans.'

In our organisational Management Response to Audit Wales, we confirmed the following;

- ❖ We have all of the components of a Board Assurance Framework (BAF) which is clear in our Board agendas and our Board workplan. Each Board meeting has an agenda item dedicated to the Board Assurance Framework, including a number of components: the Chief Executive's report; the Integrated Performance Report; Managing Risk; and Reports from the Chairs of Committees of the Board.
- ❖ The Board assurance is summarised in the Board Workplan, which is reviewed by the Board at each meeting, and used as the basis for the Board and Committee work. The Terms of reference for the each of the Committee clearly outline the assurance that each are providing, and this is the basis for the workplans.
- ❖ We agreed that bringing all of this information and components that make up the BAF into a summary document would be helpful.

At its meeting on 30 November 2023, the Board approved a Board Assurance Framework.

For the 2023 Structured Assessment, Audit Wales identified the following audit criteria:

There is an up-to-date and publicly available Board Assurance Framework (BAF) in place, which brings together all the relevant information on the risks to achieving strategic priorities / objectives.

The BAF is a "live tool" which is actively owned, reviewed, updated, and used by the Board to oversee, scrutinise, and address strategic risks.

In accordance with the recommendations made and the assurances given, the draft Board Assurance Framework sought to codify existing processes and methods of assurance into one working document which the Board will review on an annual basis, from May 2024.

The BAF is structured as follows:

1. **Our Governance Framework** – setting out the governance arrangements for the organisation, the structure and role of the Board, the Business Executive Team and the Committees of the Board.
2. **Our Strategic Objectives** – setting out with reference to our Strategic Plan (our Integrated Medium Term Plan – IMTP) our clear strategic objectives.
3. **Our Strategic Risks** – Providing a link to our live and evolving Strategic Risk Register which informs the risks and controls to achievement of our Strategic Objectives.

4. **Our Model of Good Governance** – Having adopted a high performing board model based upon the McKinsey 7s Model, the BAF sets out in detail;
 - a. The functions of the Board,
 - b. Our Enablers,
 - c. How we deliver via an integrated governance model, a detailed assurance framework and clear policies and governance documents,
 - d. How we evaluate our performance as a Board, our Committees and the key individuals responsible for effective board governance within the organisation.
5. **Quality as an Organisational Strategy**
6. **Review and future development of the BAF** – we will review the BAF every 6 months but as the governance documents the BAF links to evolve over time, so will the BAF as a living and pivotal governance document for the organisation.

In summary, the BAF represents an opportunity to set out clearly the robust governance and assurance arrangement our Board has in place to achieve excellent governance standards but also to track and monitor how the Board and its Committees seek assurance through its workplans, strategic risk monitoring and the provision of high quality data and information.

In the 2023 Structured Assessment, Audit Wales commented:

The Trust has made good progress in consolidating its Board Assurance Framework (BAF) into a single document, with the draft agreed at the November 2023 Board meeting. The BAF is comprehensive, which the Trust intends to maintain as a live document, reviewed by the Board twice a year. However, the BAF in its current form just describes the Trust's corporate governance arrangements.

5. The Purpose of the System of Internal Control

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

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

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

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

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

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

5.1 Capacity to Handle Risk

As part of the planning process and development of our Strategic Plan (our Integrated Medium Term Plan – IMTP) and Long-Term Strategy, which included full engagement with stakeholders, the Board approved seven Strategic Risk descriptors on 31 March 2023. In February 2024 the Business Executive Team refocused and approved seven strategic risks.

Public Health Wales Leadership Team now owns and assesses the Corporate Risk Register. Leadership Team is a group reporting to the Business Executive Team consisting of Deputy Director level membership. This is a key development and will allow for clear interaction 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 specific risk escalations to a strategic level will continue.

External stakeholders are regularly invited to attend, and in some cases, take part in Board and Committee meetings. Feedback is invited and incorporated into overall Board development and risk planning.

In addition to the Risk Registers, significant work was completed to reframe the system of risk management and introduce a Risk Management Development Plan. The plan is predicated on recommendations received from Internal Audit and seeks to consolidate the good work that has been done previously and to learn lessons from the way risk has been managed throughout the pandemic. The plan includes development on risk appetite, training at all levels, and the introduction of the Risk module from the Once for Wales Concerns Management System.

A further benefits realisation roadmap has been developed to underpin and support the implementation of the objectives captured within the Risk Management Development Plan. This will be presented for formal approval from the Board in May 2024. Ongoing monitoring arrangements for the benefits realisation roadmap will mirror the arrangements that are already in place for the Risk Management Development Plan which is via the Audit and Corporate Governance Committee and reporting, by exception, to the Board.

The Board approved the Risk Management Policy and the supporting Risk Management Procedure in November 2020, which includes the requirement for an Annual Statement of Risk Appetite. As part of the Risk Management Development Plan, a review of the Risk Management Policy will be undertaken during the year to coincide with the refresh of the Risk Management Approach and Risk Appetite throughout the organisation.

In line with best practice, the statement for risk appetite was annually reviewed by the Board in June 2023, to ensure a collective understanding of risk appetite in Public Health Wales. Following the development of our Intermediate Medium-Term Plan for 2022-25, the Board did a full review of the risk appetite for all strategic themes in April 2022, this was formally approved at the Board on the 26 May 2022. Risk Management reporting processes within Public Health Wales has been iterative over the last year and continues to develop as the level of maturity in relation to Risk Management increases. Leadership Team, Business Executive Team, Committees and the Board have received various iterations of the Strategic and Corporate risk reports (in line with Terms of Reference) and a deep dive on Strategic Risk was undertaken by the Board in January 2024.

Strategic Risks are the highest-level risks that could threaten the organisation's ability to deliver on one or more of the strategic priorities, as laid out in the Strategic Plan. Strategic Risks are identified at Board level during the annual planning process. All strategic risks are assigned an Executive lead, and this person will review their

strategic risks and associated action plans on a regular basis and provide updates to both the Executive Team and Board.

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

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

Risk Appetite

The strategic themes have been assessed with a risk appetite being approved for each. All strategic and corporate risks have been assessed against the risk appetite. The table below demonstrates the risk appetite by strategic theme.

Strategic Theme	Appetite Descriptor
1 Influencing the wider determinants of health	Keen
2 Promoting Mental and Social Wellbeing	Willing
3 Promoting Healthy Behaviours	Willing
4 Supporting the development of a sustainable health and care system focused on prevention and early intervention	Willing
5 Delivering excellent public health services to protect the public and maximise population health outcomes	Accepting
6 Tackling the public health effects of climate change	Keen

Figure 4 outlines the key strategic risks together with the assessed risk scores (once existing risk control measures have been taken into account) as of 31 March 2024

Figure 4: Public Health Wales Key Strategic Risks 2023/24

Strategic Risk	Risk Score* Max Score 20
Risk of: Widening gap in healthy life expectancy of population of Wales Due to: Cumulative effects of socio-economic, environmental and wider public health challenges	20
Risk of: Worsening health outcomes for the population of Wales Due to: misaligned system-wide efforts and leadership and weaknesses in partnership working	16

<p>Risk of: The organisation failing to effectively engage with the public in relation to their health and wellbeing.</p> <p>Due to: Lack of a cohesive approach between partner organisations and key stakeholders to protect the public’s health and a lack of workforce commitment, skills and capacity; failure to build relationships with stakeholders, communities and our service users; not having or utilising tools and resources to support engagement; and failure to monitor and evaluate the impact of engagement.</p>	16
<p>Risk of: Worsening organisational health leading to an inability to recruit and retain high calibre staff, performance manage accountable officers in pursuit of strategic priorities, low staff morale and wellbeing.</p> <p>Due to: Lack of effective organisational leadership and governance, progress towards ideal culture, ability to engage employees.</p>	16
<p>Risk of: A sub-optimal organisational response to a public health emergency or incident and longer-term risks to public health</p> <p>Due to: insufficient horizon scanning, forecasting, use of data/digital tools and planning/training/exercising for response.</p>	12
<p>Risk of: Failure to deliver excellent public health services on screening, infection and health protection and compliance with the Duty of Quality</p> <p>Due to: Weakness in systems and processes, specialist workforce capacity and capabilities, and lack of innovation.</p>	9
<p>Risk of: Disruption to services and/or loss of confidential data in conjunction with a failure to exploit appropriate data to inform relevant public health actions.</p> <p>Due to: Cyber incident, other external factors, weaknesses in systems and processes, silo working and lack of strategic oversight of data outputs.</p>	20

*Note: these risks were revised and updated end of 2023/24 following appointment of the Head of Risk Management in early February 2024 and advice from specialist risk management consultancies (approved by the Board on 27 March 23).

Figure 5: Outlines the key corporate risks together with the assessed risk scores (once existing risk control measures have been taken into account) as of 31 March 2024.

Figure 5: Public Health Wales Key Corporate Risks 2023/24

Corporate risk	Risk Score* Max Score 20
Failure to effectively implement the HIA statutory regulations that form part of the Public Health (Wales) Act which requires	16

the Public Health Wales to give assistance to other public bodies carrying out health impact assessments	
Failure of organizational DBS checks to prevent unsuitable people from working with vulnerable groups, including children, therefore placing them at risk of harm, abuse and neglect.	6
Changes to alerting processes will mean that Public Health Wales stop receiving emergency and major incident alerts (risk resulting from an issue).	16
Failure to demonstrate that the quality standards and the Duty of Quality are embedded in all aspects of Public Health Wales business.	12
Public Health Wales may not have the capacity or resources necessary to effectively deliver the long-term strategic plan	12
Failure of Public Health Wales to take assurance that NHS Executive are carrying out its functions in accordance with legal and statutory obligations.	9
Failure to exploit data to inform and direct public health action and interventions.	20

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

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

The Board approves the Strategic Risks for the organisation and sets the risk appetite, to be reviewed on an annual basis. The Board receives the SRR three times a year and the CRR twice a year. The Board has delegated receiving assurance on the system of risk management to the Audit and Corporate Governance Committee (ACGC). Board Committees have a key role in seeking assurance against the management of risks within their remit. Each Committee considers an extract of the SRR at each meeting and an extract of the CRR bi-annually. These papers are published on our website with the relevant Committee papers. Board and Committees receive an [Executive Sponsor Insights Report](#) alongside the [Strategic Risk Register](#) and [Corporate Risk Register](#). This provides the Board and Committees with an assessment of each of the risks along with a Delivery Confidence

Assessment. Where weaknesses in assurance are identified, a full assessment is provided for consideration by the Board and Committees.

The Strategic Risk Register and Corporate Risk Register are published on our website.

There are now in excess of 100 Risk Handlers trained across the organisation whose role is to support directors and other Risk Owners, and training is offered to all senior managers who are expected to take on the responsibilities of risk owners. Guidance documents nominated Risk Handlers, and a submission form available on the web-based incident reporting and risk management software, Datix, all provide staff with support for reporting risks across the organisation. This makes the identification, reporting, and management of risks more streamlined and effective. At an operational level, Executive/Divisional directors are responsible for regularly reviewing their Directorate/Divisional Risk Registers, and for ensuring that effective controls and action plans are in place and monitoring progress.

6. Quality Governance Arrangements

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

6.1 Quality Governance

The Executive Director for Quality, Nursing, and Allied Health Professionals (QNAHPS) has the responsibility to ensure there are quality assurance arrangements in place, and in 2023-24 ensured alignment by working with the lead Director for Quality and Quality improvement. The Executive Director for QNAHPS is also accountable for the professional oversight arrangements for Nurses and Midwives, Health Care Scientists, Allied Health Professionals and Health Care Support Workers. The Executive Director for QNAHPS has shared responsibility with the National Director of Screening and Health Protection Services / Medical Director, for the delivery of the clinical governance framework.

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

- ❖ Quality and Clinical Governance including Quality and Clinical Audit
- ❖ Health and Care Quality Standards – Key Lines of Enquiry are currently in development, to be introduced to the organisation in 2024/25.
- ❖ Duty of Candour and Quality
- ❖ Integrated Governance
- ❖ Putting Things Right (incidents, complaints and claims)
- ❖ 'Our Approach to Engagement' including Service User Engagement
- ❖ Infection, Prevention and Control (corporate)
- ❖ Safeguarding (corporate)
- ❖ Professional standards and oversight for Nursing/Midwifery, Health Care Scientists, AHP's and Healthcare support workers
- ❖ 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
- ❖ Internal Flu vaccination campaign
- ❖ Medical Devices Steering Group
- ❖ Engagement and Experience Network

(Further information on the Committees can be found in [section 3.2](#) of this report.)

In previous years, an Annual Quality Statement (AQS) has been produced for the public and provides information about the work, function, and progress of Public Health Wales. From 2023/24 onwards, a new Annual Quality Report will be published to report on the steps Public Health Wales has taken to comply with the Duty of Quality and to show how the organisation has ensured improvement in the quality of its services. The report will include an assessment of the extent of any improvement in outcomes, and further work which needs to happen across the next stage of our Long Term Strategy delivery.

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

6.2 Duty of Quality

The Duty of Quality is part of the Health and Social Care (Quality Engagement) Act (Wales) 2020 and came into force in Wales on 1 April 2023 and arrangements to implement the duty in Public Health Wales are on-going.

The Duty of Quality means NHS organisations and Welsh Ministers have a duty to create a culture of quality within organisations, with a focus on improving the quality of health services and outcomes for the population on an ongoing basis.

During 2023/24, accountability for compliance with the Duty in Public Health Wales sits with the Chief Executive. Prof John Boulton, National Director of NHS Quality Improvement and Patient Safety/Director of Improvement Cymru was the identified Executive lead responsible for supporting and driving implementation of the Duty. From 1 April 2024, accountability for the Duty of Quality will be transferred to the Executive Director Quality, Nursing and Allied Health Professionals following the transition of Improvement Cymru to the NHS Executive.

Claire Birchall, Interim Executive Director of Quality, Nursing and Allied Health Professionals, represents Public Health Wales for both the Duty of Quality and Candour at the All Wales Duties of Quality and Candour Implementation Board. Members of the Improvement Cymru directorate, represent the organisation at the All Wales Duty of Quality Implementation Group.

There is regular reporting on the progress with our implementation of the Act on a monthly basis to the Business Executive Team, and quarterly reporting to the Quality, Safety and Improvement Group. In addition, the Duty of Quality and all key actions are noted on the Corporate Risk Register which is monitored through the Business Executive Team and the Quality, Safety and Improvement Committee. ([See section 3.2.2](#))

Quality as an organisational Strategy

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

The QOS programme commenced in October 2022, and a programme of workshops is underway, which explore the theory behind the five Leadership Activities in QOS now established. The membership of these workshops is pan organisation and includes those at Assistant Director level along with members of the Executive Team and the Leadership Team.

The Improvement and Innovation Hub is supporting the concurrent Improvement Efforts workstream as part of QOS and three strategic improvement priorities are being identified by the group for intensive, just-in-time improvement coaching from the hub.

Arrangements in 2024/25

From April 2024, Improvement Cymru will move to the NHS Executive. Claire Birchall, Interim Executive Director of Nursing and Allied Health Professionals, will take over as lead within Public Health Wales for Quality. Further Information on our approach to ensure compliance with the duty of Quality can be found in the Duty of Quality Annual Report for 2023/25 (link to be added when available).

6.3 Duty of Candour

The Duty of Candour came into force in Wales on 1 April 2023, and arrangements to implement the Duty in Public Health Wales are continuing to be refined, building on and strengthening the fundamental principles of established 'Putting Things Right' frameworks. This provides a robust process to support 'Being Open' and includes ongoing development of policies and procedures and audit, as well as raising awareness and understanding of how the Duty applies to Public Health Wales as an NHS body.

The fundamental principle of the Duty is to promote openness, learning and improvement, which must be owned at an organisational level. The Duty of Candour procedure and reporting framework encourages reflective learning and to prevent future recurrence of adverse incidents. The Duty applies when a person to whom healthcare has been offered, received, or is receiving suffers an adverse outcome (a person suffers an adverse outcome if they experience, or could experience, any

unintended or unexpected harm that is more than minimal), and when the health care provided was or may have been a factor.

The key points within the Duty of Candour are that:

- ❖ It builds on the non-statutory duties of candour that apply to a range of healthcare professionals as part of their professional regulations.
- ❖ Organisations with an open and transparent culture are more likely to have processes and systems in place to support staff when incidents occur and promote learning and improvement.
- ❖ It requires NHS bodies, including primary care providers, to follow a procedure when a service user suffers an adverse outcome during the course of care or treatment/ has failed to be offered healthcare and suffers harm that is “more than minimal”.
- ❖ There is no element of fault or blame.
- ❖ Candour incidents and all documentation relating to the investigation are reported and stored via the Datix Cymru System
- ❖ Each organisation publishes an annual Duty of Candour report - building on existing reporting structures (Putting Things Right).

Training

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

6.4 Information Governance

- ❖ Public Health Wales has well established arrangements to support good Information Governance to ensure that information is managed in line with relevant information governance law, regulations and Information Commissioner’s Office guidance. The Audit and Corporate Governance Committee is responsible on behalf of the Board for receiving assurances that the Information Governance system is operating effectively and having appropriate oversight of information governance issues.
- ❖ The Senior Information Risk Owner (SIRO) is responsible for Information Governance management arrangements within the organisation, with the aim of having a consistent and comprehensive approach to information risk management. In Public Health Wales, the role of SIRO is filled by Iain Bell, National Director of Public Health Knowledge, Data and Research.

- ❖ 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, Meng Khaw, National Director of Screening and Health Protection Services / Medical Director, performs this role. However, due to the All-Wales remit of Public Health Wales, along with the diverse services it provides, it is acknowledged that the CG requires the support of appropriate delegates to enable the duties of the role, as set out above, to be fulfilled. Deputy CGs have been identified and are required, along with the CG, to have undertaken the agreed externally provided training on an annual basis, as a requirement of the role.
- ❖ The development of the NHS Executive, which is now a hosted body within Public Health Wales, has presented a number of challenges in terms of information governance which the team has worked collaboratively across the year to mitigate. A Joint Data Controller Agreement has been signed between Public Health Wales and Welsh Government to provide structure and assurance for the data protection requirements of the Executive and the need has been identified to establish both deputy SIRO and deputy CG positions within the NHS Executive. These positions have not yet been established however and so those functions continue to still be provided by Public Health Wales until they are confirmed.
- ❖ The Head of Information Governance also holds the formal position of Data Protection Officer as required by the UK General Data Protection Regulation (UK-GDPR). This role has responsibility for supporting the SIRO in implementing the management system that delivers Public Health Wales Information Governance requirements, and for advising and informing on compliance with all relevant legislation and regulation.

An Electronic Document Records Management System (EDRMS) is in the process of being introduced to the organisation, with around 30% of staff having received training and system implementation. This is a three year delivery plan which will be complete by March 2025, where, by this time SharePoint Online will be the main EDRMS for Public Health Wales. Training is being provided by the Records Management Team, with support from an external provider and we are also utilising additional applications, such as Power BI and Power Automate to enhance user experience.

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

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

6.5 Health and Care Standards

As part of the implementation of the Health and Social Care (Quality and Engagement) (Wales) Act 2020, the Health and Care Standards have been reviewed to support the Duty of Quality implementation. The review process has identified the need to strengthen the approach in NHS Wales to better align to outcome/performance measures and assurance mechanisms. Welsh Government has replaced the Health and Care Standards with a new quality reporting framework, based on the Health and Care Quality Standards. The Quality Standards are framed around the six domains of quality and the six quality enablers.



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

For this reporting year, Public Health Wales have developed Key Lines of Enquiry for each Standard. It is the intention that this will be socialised, fully implemented and assessed across 2024/25. This will be in the form of an interactive self-assessment tool for Directorates and Divisions to capture their current performance against the Standards, identify areas for improvement and capture improvement activity for next year and forthcoming years.

6.6 Health and Safety

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

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

The Health and Safety Group receives a single Health and Safety report covering compliance, risks, incidents and health and safety issues. This enables the group to concentrate on key issues or challenges and to identify any organisational risks that require escalating to the Corporate Risk Register.

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

The Health and Safety Group leads meet on a monthly basis in between each formal meeting. The terms of reference were reviewed in March 2024, and approved by the Business Executive Team.

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 2023/24, these included:

- ❖ Undertaking and reviewing risk assessments for our premises and addressing actions to ensure our workplaces remained safe and undertaking regular compliance audits to ensure adherence with regulations.
- ❖ Actively reviewing and managing incidents and Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR's), identifying lessons learned and sharing across the organisation.
- ❖ Undertaking audits, ensuring schedules are in place, and results acted upon to ensure gaps in processes are resolved.
- ❖ Continual reviewing and updating of risk registers including the identification of issues and actions to mitigate risks.
- ❖ Reviewing and monitoring existing policies and procedures and development of new processes and procedures where required.

- ❖ Taking action to implement alerts and notifications as appropriate for the organisation. All health and safety alerts and notifications received within the reporting period have been reviewed and addressed, with appropriate actions taken where required.

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

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

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

Our new [Long Term Strategy for 2023- 2035](#) was approved by the Board on the 30 March 2023.

This revised Strategy 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. The Strategy has been developed through significant engagement with our staff, stakeholders and the public. We have used the Well-being of Future Generations (Wales) Act, particularly the five ways of working, as key drivers to shape the approach to reviewing our Strategy.

We have adopted a cross-organisational and multidisciplinary approach to the development of our priorities, which has seen colleagues from across the organisation lead and contribute to each of them. For each, we set out the rationale for why it is a priority, the scope, our ambitions for what Wales will look like by 2035 and a small number of system-level population outcomes.

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

We have focused on ensuring that we articulate within our strategy where we, as Public Health Wales, can add the most value for the people of Wales and our partners, including our role as a system leader, where appropriate. For each strategic priority, we have set out system-level outcomes that will help us understand our progress in delivering the strategy.

Our focus will be on clearly articulating our specific role in relation to how we:

- ❖ Inform partners on the current and emerging threats to health in Wales, the factors which influence health, well-being and inequalities, and the evidence base for action.
- ❖ Advocate for action to improve and protect health and reduce inequalities.

- ❖ Mobilise partners across systems to translate evidence into policy and practice at scale to improve population health and well-being and reduce health inequalities.
- ❖ Deliver evidence-informed services to the public.

8. Our Strategic Plan (Integrated Medium Term Plan)

On the 31 March 2023, the Board approved the [Strategic Plan 2023-2026](#) that was subsequently submitted to the Minister for Health and Social Services in April 2023 for approval.

The purpose of this Strategic Plan is to set out the key actions that Public Health Wales will deliver over the next three years in implementing the Long Term Strategy. In delivering our strategic priorities, we will provide system leadership to support others where appropriate, work collaboratively to mobilise the collective efforts of partners, and aim to influence policy and legislation to achieve measurable improvements to population health.

Our financially balanced Strategic Plan for 2023 – 2026 sets out the actions that we will deliver over the first three years of our new strategy. In particular, the first year of our plan will be a year of change as we transition into the delivery of our six strategic priorities. The Plan has been developed in line with Welsh Government planning requirements and is underpinned by a more detailed minimum data set. Our refreshed strategic risks will be included within the Plan once finalised.

Significant work was undertaken during early 2023 around this and the Plan has been refined, including the profiling of milestones, accordingly.

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

9. Mandatory Disclosures

9.1 Equality, Diversity and Human Rights

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

- ❖ We launched our Strategic Equality Plan for 2020–2024 in July 2020, following a consultation with members of staff and the public, and continue to work towards achieving the targets and objectives we set out in the plan. During the past year, we have been developing the next set of objectives for 2024-2028 in partnership with internal and external stakeholders. This included a Public Consultation between August – November. The new [Strategic Equality Plan](#) has now been published.

In order to support the revised Strategic Equality Plan, an implementation plan is being developed and will be published by June 2024. Corporately, the governance arrangements for equality are managed through the People and Organisation Development Committee. Progress against the actions in the Strategic Equality Plan will be reported to the People and Organisational Development Committee regularly.

In line with the Public Sector Equality Duties, we have recently published our [Annual Equality Report for 2022-23](#) highlighting progress so far. We have also published a separate report on our [Gender Pay Gap](#), which has also been reported on the Government portal. We have also reported on our employment, training, and equality data.

We recognise that we need to continue to ensure that the services we deliver are inclusive and that the workforce we have is diverse. As equality is integral to every part of our business, services areas, departments and teams are being encouraged to consider the impacts of what they are doing in relation to equality. Work must also continue, to reduce inequalities. We are engaging more with people from protected communities to inform our work. In adopting this practice, we will develop strong partnerships with people from protected communities and learn from them and with them. We were awarded Gold status in the Diverse Cymru Cultural Competence Certification Scheme, which builds on our success of achieving Silver level in 2021 and Silver Plus in 2022.

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

9.2 Welsh Language

Responsibility for the Welsh language within Public Health Wales rests with the Director of People and Organisational Development, and oversight of operational activity is delegated to the Welsh Language Manger within the People and Organisational Development Directorate. Responsibility for Welsh language is also embedded in the responsibilities of every team across each Directorate. Each Directorate sends a representative to the Welsh Language Group, and this is the vehicle by which information is disseminated and exception reports received in order to inform statutory and organisational reporting. While all Board members demonstrate leadership and commitment towards the language, there is a Board-level Welsh-language champion, Kate Eden (from 1 March 2023 to 1 February 2024) and Neil Lewis (Director of People and Organisational Development).

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

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

Our Welsh Language Network called Ymlaen, was set up in March 2023. So far, over 60 people have joined the network which looks at promoting the Welsh Language, culture and heritage, as well as supporting staff to learn and enjoy the language. The network recently organised "Welsh Language week", which involved a range of activities and speakers to celebrate the language and encourage more people to use it.

9.3 Handling Complaints and Concerns

We have arrangements in place to enable us to manage and respond to complaints and concerns in order to meet the requirements of the [*NHS \(Concerns, Complaints and Redress Arrangements\) \(Wales\) Regulations 2011*](#) and the [*All Wales Policy Guidance for Putting Things Right*](#). The Quality, Safety and Improvement Committee has oversight of complaints and concerns.

In 2023/24, 31 formal complaints were received. 90% (28) were acknowledged within the target five working days and 85% (27) were responded to within the 30-working day timeframe. In addition, 120 early resolution (Informal) complaints were received during the reporting period.

In 2023/24 1,842 incidents were reported. Of these incidents, two were Nationally Reportable Incidents reported to the NHS Wales Executive and one Early Warning (No Surprises) reported to the Welsh Government.

9.4 Freedom of Information Requests

The Freedom of Information Act (FOIA) 2000 gives the public right of access to a variety of records and information held by public bodies and provides commitment to greater openness and transparency in the public sector. In 2023/24, we received 253 requests for information which were handled under the FOIA.

186 of the total number received (74%) were answered within the 20-day target, with 67 being responded to outside of the deadline. 11 requests were received in quarter four and are still being processed.

9.5 Subject Access Requests

“A Subject Access Request (SAR) is a request that can be made in writing, by email or verbally asking for access to the personal information a company or organisation holds on you. This is a legal right that any individual in the UK is entitled to exercise at any point for free.”⁴

In 2023/24, 49 subject access requests were received. 41 of these were answered within the target of one calendar month. Four of the requests that were received in quarter four are still being processed.

9.6 Sustainability and Carbon Reduction Delivery Plan

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

⁴ NHS Wales: The Practice of Health (2024)
<https://thepracticeofhealth.nhs.wales/patient-information/subject-access-request-sar-poh/>

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

During 2021/2022, Public Health Wales commissioned external resource to support the development of the organisation’s first Decarbonisation Action Plan. The Health and Sustainability Hub engaged with staff across the organisation to inform the plan development and this was approved in March 2022.

Building on learning from the development of the first plan, a revised version of the Decarbonisation and Sustainability Action Plan 2024-26 was developed internally, led by a Decarbonisation Action Working Group. Our Decarbonisation and Sustainability Plan for 2024-2026 was approved by the Board on 28 March 2024.

Our Decarbonisation and Sustainability Plan enables us to achieve our Long Term Strategy and details the action we will take over the next two years to be a carbon-negative organisation (removing more carbon dioxide from the atmosphere than we release).

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

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

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

Managing our Plan

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

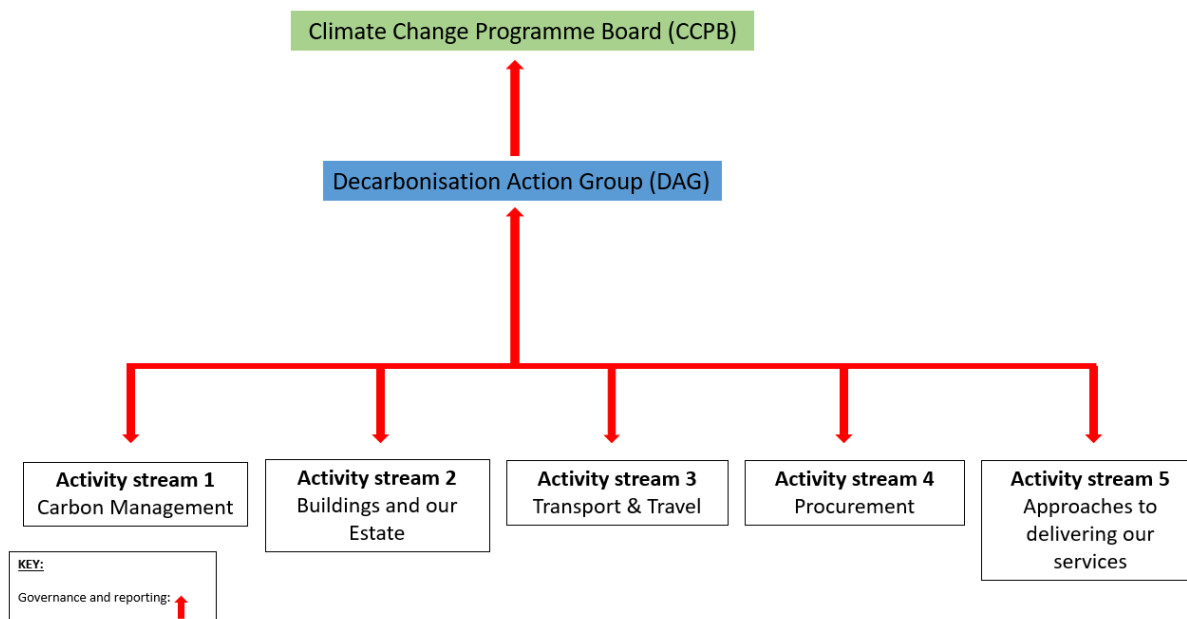
This Board reports to the Deputy Chief Executive, Executive Director Operations and Finance and aims to bring people together from across the organisation with the following aims:

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

The decarbonisation work stream has been formed and, over the course of 2023/24, Public Health Wales has invested in a Programme Manager to review and develop a proposal for improved governance arrangements which will come into effect on 1 April 2024. This includes identifying a lead for each of the five activity streams set out in the plan and development of the Public Health Wales Climate Change Community of Practice that launched on 22 January 2024 to enable staff across the organisation involved in the delivery of our climate change agenda to come together and share learning and best practice.

The Climate Change Programme Board is also underpinned by the Public Health Wales Decarbonisation, Environmental Sustainability and Climate Change Collaborative (DESCCC) which aims to provide a mechanism for teams to come together to share knowledge and work collaboratively to take forward our decarbonisation, environmental sustainability and climate change agendas. It is also supported by the Green Advocates Group - an informal staff network with over 100 members, who meet every three months to discuss a range of sustainability issues, share knowledge and inspire positive change.

The diagram below outlines the governance structure for decarbonisation within Public Health Wales.



Monitoring Implementation

Progress against the plan is monitored through the Climate Change Programme Board and progress reported to Welsh Government biannually as part of the 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 and are members of the Welsh Government Climate Change Programme Board.

9.7 Emergency Planning/Civil Contingencies and Business Continuity

The Emergency Preparedness Resilience and Response (EPRR) Team are responsible for providing public health EPRR leadership at all levels across the organisation. The Civil Contingencies Act (2004) places a number of legal duties on Public Health Wales as a Category One responder, in respect of risk assessment, emergency planning, business continuity, warning and informing, sharing information and cooperating with local responders.

As a Category One responder under the Civil Contingencies Act, Public Health Wales collaborates with partners, local resilience fora, national and international health institutes in planning for, responding to and recovering from emergencies and major incidents.

Working with the four local resilience fora across Wales in 2023/2024, Public Health Wales attended Strategic and Tactical meetings, and provided further support to key risk specific subgroups such as the Risk, Chemical, Biological, Radiological and Nuclear (CBRN), Infectious Disease & Health via the EPRR Team supported by subject matter experts in areas such as environmental public health and communicable disease control to provide special advice and support.

This has led to the continued development/maintenance of effective, flexible multi-agency arrangements for use in the response to and recovery from an emergency or major incident.

The Executive Lead for Emergency Planning (or nominated deputy) has attended and remains fully engaged in the Wales Resilience Forum, chaired by the First Minister; whilst the Head of EPRR represents the organisation at Wales Resilience Partnership Team meetings to ensure that Public Health Wales remain central in terms of resilience across Wales.

In January 2024, the EPRR Team obtained organisational approval for the Health Emergency Planning Annual Report to Welsh Government, providing assurance that the organisation is fulfilling its civil protection duties as well as requirements set out in the NHS Wales Emergency Planning Core Guidance [2015].

NB. Welsh Government have delayed the 2023/24 request to submit this report due to changes in governance with the introduction of the NHS Executive in Wales. The request to submit is anticipated during Q1 2024/25.

Throughout 2023/2024 Public Health Wales has provided representation on other national groups including Wales Learning and Development Group, PREPARE Delivery Group, Emergency Planning Advisory Group and the Wales Risk Group.

The NHS landscape has changed considerably in the last twelve months with the introduction of the NHS Executive. Public Health Wales continues to support and influence the EPRR system in Wales; and the EPRR team contribute by actively leading on and collaborate with other NHS organisations on a number of the initiatives including the core standards, lessons management and the Health Prepared Wales Conference.

Public Health Wales continues to be a key contributor to the review of Civil Contingencies in Wales, providing comprehensive feedback to support the development process, ensuring arrangements such as the Pan Wales Response Plan remain fit for purpose and new products such as the Wales Resilience Outlook provide appropriate and timely advice to the system across Wales.

The organisation has also continued to Chair and lead the Four Nations Public Health EPRR Group which provides further opportunity to maintain strategic oversight of arrangements relating to the planning for and response to emergencies across the 4 Nations.

Emergency Planning and Business Continuity Group

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

The EPBC Group met quarterly throughout 2023/24 for core EPRR business, with a series of subgroups established to take forward projects focussing on issues including surge planning, inequalities and COVID-19 organisation-wide facilitated learning events.

A separate subgroup led by the EPRR Team has also continued to coordinate organisational preparedness and business continuity in response to the ongoing industrial action.

Emergency Response Plans and Procedures

After a comprehensive review in 2022/23, the new Public Health Wales Emergency Response Plan (V.3) was formally approved by the Public Health Wales Board in May 2023. It details the organisation's response arrangements to any emergency or major incident that requires the mobilisation of public health resources and capabilities beyond normal operations.

As part of the workplan for 2023/24, the EPRR Team delivered an exercise to validate the arrangements. Exercise CYHYRAETH was held on 30 January 2024, using a scenario which was divided into five stages and plenary sessions, fostering engagement with good cross-organisation representation at a strategic, tactical and operational level.

The exercise evaluated well (rating of 4.8 out of 5.0) with many participants commenting positively on the credible scenario, engagement and interaction between the three levels of response. Lessons identified will be incorporated into future updates to the Public Health Wales Emergency Response Plan.

Further developments have included the introduction of a new 24/7 EPRR On-Call Service. Partners across Wales and the UK are modifying their processes for alerting - moving away from manual calls in favour of swifter digital/automated systems (automated calls, text alerts & emails) which address the recommendations from the Manchester Arena Inquiry and meet new response time standards set out by Welsh Government.

The new dedicated 24/7 EPRR On-Call Service provides a 24-hour single point of contact (SPOC), capability to receive and respond to automated calls, text alerts and emails and support from a Public Health Wales EPRR Duty Officer in response. It

ensures that Public Health Wales meets its statutory obligations under the Civil Contingencies Act 2004 and continues to receive emergency and major Incident notifications in a timely manner.

In July 2023, Welsh Government commissioned Public Health Wales (PHW) to lead a full review of the Communicable Disease Outbreak Plan for Wales. The organisation worked in collaboration with all partners to produce a revised document.

Welsh Government approved the revised version of Communicable Disease Outbreak Plan for Wales in December 2023. Post approval, EPRR has supported Public Health Wales to provide a series of multi-agency awareness sessions, hosted training events and a multi-agency exercise to validate the revised arrangements.

Public Health Wales will continue to review its emergency plans and procedures following the identification of learning through participation in exercises and in response to emergencies and major incidents. Identified learning and recommendations will be captured and monitored via the Emergency Planning and Business Continuity Lessons Management System. Progress will be reported through the Emergency Planning and Business Continuity Group.

Business Continuity Management

Public Health Wales has a Business Continuity Management System (BCMS) which aims to build organisational resilience with the capability for an effective response to safeguard its critical activities, staff, stakeholders and reputation.

In 2022/23, NHS Wales Audit and Assurance Services (NWSSP) objectively considered whether continuity and recovery management plans which meet the business requirements have been established and are regularly tested and assessed for effectiveness. In reporting its findings, NWSSP 'consider (ed) that the Trust's continuity and recovery process to be well developed and used, and subject to regular test and review', and provided substantial assurance.

The EPRR Team conducted a review of BCMS documentation including the Business Continuity Strategy. The BCMS is underpinned by individual Directorate and Divisional plans which take direction from risk assessments that identify hazards and threats which the organisation needs to plan for within the context of its critical activities.

To support Directorates/Divisions to the development and maintenance of Business Continuity Plans, Public Health Wales has guidance, template business impact analyses and plans as well as an 'off the shelf exercise' which aims to form the basis for a facilitated discussion on Business Continuity preparedness.

In light of the ongoing industrial action throughout 2023, Directorates and Divisions (via the EPBC Group) were tasked with maintaining up-to-date business impact

analyses and plans to provide organisational assurance regarding the continued delivery of critical activities.

Training and Exercising

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

Over the course of 2023; Public Health Wales has facilitated learning in relation to Emergency Preparedness Resilience and Response for a total of 263 staff. This included attendance at Wales Gold, Wales Silver, Debrief Training, internal Strategic, Tactical and Operational Training and the Health Prepared Wales Conference in December 2023.

The organisation has also participated in ten communication exercises and six table-top exercises coordinated by the EPRR Team. Within the last three years the organisation has also conducted seven major live/simulated exercises with multi-agency partners across Wales.

In March 2023, the EPRR Team delivered an exercise to validate the Communicable Disease Outbreak Plan for Wales. Exercise CYD was held on 19 March 2024 using a scenario which was divided into four stages and plenary sessions. The exercise evaluated well (rating of 4.6 out of 5.0) based on the evaluation returns.

Workforce

Since November 2021, there has been a significant change in organisational expectation from the EPRR function in addition to the discharge of its statutory functions under the Civil Contingencies Act [2004].

In order for the EPRR function to begin meeting the extended ongoing organisational business need; Public Health Wales increased the established staff resource with the successful appointment of one EPRR Officer and one EPRR Support Officer in September 2023.

Recognising the benefit of this investment, Public Health Wales are considering options to further strengthen the EPRR establishment with a specific focus on business continuity preparedness.

9.9 Data Breaches

Information Governance incidents and 'near misses' are reported through the organisation's incident management system. Since May 2018, personal data breaches (as defined in General Data Protection Regulation (GDPR)) are required to

be risk assessed and in the most serious cases reported to the Information Commissioner's Office (ICO). All data breaches are reported quarterly to the Audit and Corporate Governance Committee and where appropriate they are reported to the Welsh Government, with full incident investigations undertaken.

During 2023/24, seven reportable data breaches were recorded. All seven data breaches were reported to the Information Commissioner's Office (ICO). For six of the seven reported, the ICO response stated that they were satisfied with the action taken by Public Health Wales and that no further action was required on their part. The response for one of the incidents is yet to be received from the ICO.

9.10 UK Corporate Governance Code

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

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

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

A report was provided to the Audit and Corporate Governance Committee at its meeting on 19 March 2024 outlining how the organisation has complied with the code, the report noted that there have been no reported departures from the Corporate Governance Code.

9.11 NHS Pensions Scheme

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

9.12 Ministerial Directions

Whilst Ministerial Directions are received by NHS Wales organisations, these are not always applicable to Public Health Wales. Ministerial Directions issued throughout the year are listed on the Welsh Government [website](#). The Ministerial Directions (Non-Statutory Instruments) issued by the Welsh Government were reviewed, 2 required action from Public Health Wales during 2023/24 as shown in the table below.

Ministerial Directions (MDs)	Date	Compliance
The Duty of Candour statutory guidance 2023	1 April 2023	Assessed and is applicable to Public Health Wales. The Act came into force on 1 April 2023. This statutory guidance is aimed at helping the NHS Bodies to deliver the requirements of the duty of candour. Public Health Wales is compliant with the act and reports quarterly to the Quality, Safety and Improvement Committee for assurance.
The NHS (General Medical Services Contracts) (Wales) Regulations 2023: integrated impact assessment	9 May 2023	Assessed and not applicable to Public Health Wales
The Primary Care (E-Prescribing Pilot Scheme) Directions 2023	1 June 2023	Assessed and not applicable to Public Health Wales
NHS (General Medical Services contracts) (Wales) Regulations 2023	17 July 2023	Assessed and not applicable to Public Health Wales
The Primary Medical Services (Influenza and Pneumococcal Immunisation Scheme) (Directed Enhanced Service) Wales) (No. 2) (Amendment) Directions 2023	28 July 2023	Assessed and not applicable to Public Health Wales
The Nursery Milk Scheme (Wales) (Amendment) Directions 2023	31 July 2023	Assessed and not applicable to Public Health Wales
The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2023	7 August 2023	Assessed and not applicable to Public Health Wales
Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2023	30 August 2023	Assessed and not applicable to Public Health Wales

Amendments to Model Standing Orders and Model Standing Financial Instructions – NHS Wales (WHC/2023/032)	24 October 2023	Assessed and is applicable to Public Health Wales and has been enacted. Standing Orders were approved by the Board in 2023.
The National Health Service (Wales Eye Care Services) (Wales) Directions 2023	26 October 2023	Assessed and not applicable to Public Health Wales
The Low Vision Service Committee (Wales) Directions 2016 (with consolidated amendments)	26 October 2023	Assessed and not applicable to Public Health Wales
The Eye Health Examination Service Committee (Wales) Directions 2016 (with consolidated amendments)	26 October 2023	Assessed and not applicable to Public Health Wales
Statement of general ophthalmic services remuneration and fee Directions	24 November 2023	Assessed and not applicable to Public Health Wales
The Medical Examiners (Wales) Regulations 2024	14 December 2023	Assessed and not applicable to Public Health Wales
Death certification reform	5 January 2023	Assessed and not applicable to Public Health Wales
The Eye Health Examination Service Committee (Wales) Directions 2016 (with consolidated amendments)	15 December 2024	Assessed and not applicable to Public Health Wales
The Low Vision Service Committee (Wales) Directions 2016 (with consolidated amendments)	5 January 2024	Assessed and not applicable to Public Health Wales
Wales Eye Care Services (Administrative List) (Wales) Directions 2024	5 January 2024	Assessed and not applicable to Public Health Wales
Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2024	14 February 2024	Assessed and not applicable to Public Health Wales

The National Health Service Joint Commissioning Committee (Wales) Directions 2024	29 February 2024	Assessed and not applicable to Public Health Wales
The National Health Service (Wales Eye Care Services) (Wales) Directions 2024	22 March 2024	Assessed and not applicable to Public Health Wales
The Wales Infected Blood Support Scheme (amendment) Directions 2024	27 March 2024	Assessed and not applicable to Public Health Wales
The National Health Service (Wales Eye Care Services) (Wales) (No. 2) Directions 2024	28 March 2024	Assessed and not applicable to Public Health Wales

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

A list of WHC's issued by Welsh Government during 2023/24 is available at:
<https://gov.wales/health-circulars>

We have acted upon, and responded to, all Welsh Health Circulars (WHCs) issued during 2023/24 which were applicable to Public Health Wales.

Of the 48 issued

- 29 of these were applicable to Public Health Wales
 - 23 were for action.
 - 1 was for information and
 - 5 were for compliance.
- 19 were not applicable to Public Health Wales

The following 29 WHCs were applicable to Public Health Wales:

WHC No.	Title	Status	Compliance
WHC 2023/6	Commencement of the Health and Social Care (Quality and Engagement) (Wales) Act 2020	Action	This WHC has been enacted: the Act came in to operation on 1 April 2023. The implementation of the requirements of this Act are monitored at both Business Executive Team and Board level on an ongoing basis.
WHC 2023/7	Patient Testing Framework – Updated guidance	Action	This WHC has been enacted: The Organisation provided advice to inform the revised testing strategy. It is not directly applicable, but will be used to inform the advice sought from the Organisation and testing is undertaken in the Organisation's laboratories.
WHC 2023/9	COVID-19 vaccination of children aged 6 months to 4 years in a clinical risk group	Action/ Information	This WHC has been enacted: The WHC sets out the operationalisation of the recent JCVI advice on COVID-19 vaccination for infants in clinical risk groups. Public Health Wales VPDP have built the requirement to provide surveillance for this cohort into its processes for routine surveillance. We are also providing training and Patient Group Directions to allow Local Health Boards to safely and legally administer the vaccine and developed the appropriate public information resources to support vaccination.
WHC 2023/12	2023/24 LHB, SHA & Trust Monthly Financial Monitoring Return Guidance	Compliance	This WHC has been enacted, and we are complying with the guidance and requirements within the WHC for monthly financial monitoring returns for 2023/24
WHC 2023/13	Health and Care Quality Standards 2023 (replacing Health and	Action	This WHC has been enacted. Relevant action was incorporated into the planning for the Duty of Quality for Public Health Wales and in the introduction of a new Clinical Governance Framework launched in August 2023.

WHC No.	Title	Status	Compliance
	Care Standards 2015 - (WHC 2015/015)		A new Clinical Governance Framework was implemented in August 2023 to support Health and Care Quality Standards 2023
WHC 2023/15	COVID-19 Vaccination Observation Periods/ Vaccination following recovery from COVID-19	Action/ Information	This WHC has been enacted: The Organisation has ensured that the policy outlined in the Welsh Health Circular has been included in all appropriate training and professional facing advice.
WHC 2023/16	Implementing the move to one dose of the HPV vaccine in Wales	Action/ Information	This WHC has been enacted: HPV vaccination is delivered by Local Health Boards in schools (normally in the spring term of Years 8 and 9). These changes which reduce the number of doses. The Organisation's Vaccine Preventable Disease Programme provide supporting materials and public information for the programme. All materials require revision ahead of the change.
WHC 2023/17	NHS Wales Executive National Policy on Patient Safety Incident Reporting and Management	Action	This WHC has been enacted: The Patient safety incident policy is operational in the Organisation and referenced in our training and on our SharePoint page. The WHC has therefore been actioned.
WHC 2023/18	Introduction of HL7 FHIR as a foundational standard in all NHS Wales Bodies.	Compliance	This WHC has been enacted. The Design Authority adopted this Policy for new projects and procurements from 9 October 2023.
WHC 2023/21	Consent to Examination or Treatment - update	Action	This WHC has been enacted: the national competency has been assigned on ESR to relevant roles and reporting commenced from 31 December 2023.
WHC 2023/22	Armed Forces Covenant – Healthcare Priority / Special Consideration for	Action	This WHC has been enacted: The Armed Forces Covenant is operational within the Organisation and is overseen by an Armed Forces Group chaired

WHC No.	Title	Status	Compliance
	Veterans / Ex-Armed Forces Personnel		by the Executive Director of Quality, Nursing and Allied Health Professionals.
WHC 2023/23	The National Influenza Immunisation Programme 2023-24	Action/Information	This WHC has been enacted: Public Health Wales commenced the planning and implementation of the internal staff Influenza Immunisation Programme in line with this WHC. The Internal Influenza Vaccination Delivery Plan 2023-24 was provided to QSIC 18 July 2023, and the Committee was asked to consider and take assurance from the plan.
WHC 2023/24	Change of vaccine and cohort expansion for shingles vaccination programme (from September 2023)	Compliance / Action/ Information	This WHC has been enacted: We have ensured that the policy outlined in the Welsh Health Circular has been included in all appropriate training, public and professional facing advice. Public Health Wales have supported changes to recording and are developing updated surveillance products to support monitoring of the uptake of shingles vaccination.
WHC 2023/25	Guidelines for managing patients on the suspected cancer pathway	Information /Governance/Performance/Delivery	This WHC has been enacted: This WHC is relevant to Public Health Wales as the three cancer screening programmes are included in the single cancer pathway as they identify a person who is suspected to have a cancer. The points of suspicion are confirmed in Annex 1 of the WHC for referral from Breast Test Wales, Bowel Screening and Cervical Screening. All of the cancer screening programmes are in line with the WHC around referral from point of suspicion and work closely with health boards for prompt referral.
WHC 2023/26	NHS Framework for research and development – Research Matters – What excellence looks like in NHS Wales	Compliance /Action/ Information	This WHC has been enacted. Relevant actions and activities described in the NHS R&D framework have been incorporated into our new Research and Evaluation Strategy for Public Health Wales. During the course of developing the strategy, we aligned our strategy to the NHS R&D Framework. We are developing an implementation plan for our strategy and have set up an oversight group to oversee this. The implementation of the Public Health Wales Strategy will be closely monitored. Within the

WHC No.	Title	Status	Compliance
			Public Health Wales strategy there is a commitment to work more closely with a wide range of research partners.
WHC 2023/29	Winter Respiratory Vaccination Programme: Autumn and Winter 2023 to 2024	Action	This WHC has been enacted: This Welsh Health Circular published Welsh Government Policy vaccine cohorts and programme ambitions for flu and COVID-19 in Autumn/Winter 2023. Public Health Wales VPDP support all partners with enabling materials to facilitate vaccination. The eligibility criteria outlined in the WHC have been put into all appropriate materials published.
WHC 2023/32	Amendments to Model Standing Orders and Model Standing Financial Instructions – NHS Wales	Compliance	The WHC has been enacted. The revised SO and SFI were considered and approved by the Board on 28 September, and the updated versions have been published on the website.
WHC 2023/33	Vaccine Products to be used in the Autumn 2023 COVID-19 Vaccination programme	Compliance /Action/ Information	This Welsh Health Circular published Welsh Government Policy on vaccine products for use in the Autumn of 2023, following on from JCVI advice published on 31 August 2023. Public Health Wales VPDP has been supporting Vaccine Programme Wales and local health boards with training and enabling resources to facilitate the implementation of this Welsh Health Circular. All information contained in this circular will be put into training materials and other enabling resources. Public Health Wales has provided public health advice on prioritisation to CMO on 31 August 2023 to support the response to the BA.2.86 variant, and this Welsh Health Circular puts this advice into policy.
WHC 2023/34	NHS Welsh Sustainability Awards	Action	This WHC has been enacted: The information has been circulated and cascaded to promote the NHS Welsh Sustainability Conference and Awards information, through their staff networks and communications channels.

WHC No.	Title	Status	Compliance
WHC 2023/36	Speaking up Safely Framework - NHS Wales	Compliance	This WHC has been enacted: The Speaking Up Safely Framework was endorsed by the Board on 26 October, and the Board has submitted an Action Plan to Welsh Government outlining how the plan will be implemented and the outstanding actions to be completed to embed the framework Implementation will be monitored through the People and OD Committee.
WHC 2023/38	Healthy Start eLearning course	Action	This WHC has been enacted: A review of our workforce has been undertaken to identify positions which will require this competency.
WHC 2023/43	Vaccination of Healthcare Staff to Protect Against Measles	Compliance /Action/ Information	This WHC has been enacted: The relevant information was considered by the Business Executive Team, including mitigation measures.
WHC 2023/46	All-Wales Control Framework for Flexible Workforce Capacity	Action	This WHC has been enacted: The deadline for phase 1 of this work was extended to 19 January 2024. Baseline data was collated and responded to Welsh Government before 19 January 2024. Relevant action has been taken to provide an initial response and a small working group will take forward the longer-term action required to ensure compliance with this WHC.
WHC 2023/47	Influenza Vaccines and Eligible Cohorts for the 2024/25 season	Compliance /Action/ Information	This WHC will be enacted as part of the implementation of the flu vaccination campaign: Public Health Wales will ensure that the information on eligible cohorts is included in all public and professional communications for the 24/25 season. Furthermore, Public Health Wales will note the phased start to the adult campaign as part of its planning for the internal staff flu campaign.
WHC 2024/2	Standards for Competency Assurance of Non-Medical Prescribers in Wales	Action	This WHC has been enacted. We have agreed our nominated lead and have undertaken an assessment of any non medical prescribers in Public Health Wales by 1st week of May 2024. Following this the following action will be taken:

WHC No.	Title	Status	Compliance
			<ul style="list-style-type: none"> Assess any NMPs against these standards. Develop an assurance mechanism going forward for any newly appointed NMPs.
WHC 2024/8	Vaccination against measles – urgent action	Compliance	<p>This WHC has been enacted: The following information is provided:</p> <ul style="list-style-type: none"> Data an epidemiology – Public Health Wales have to produce a bespoke surveillance report on measles in schools and produce this on a monthly basis until July 2024. We are developing the analyses and delivered the first baseline report by in February, and will produce routinely from this point forward. Information assets - Public Health Wales have provided some assets and resources to support local delivery in catch up or outbreaks settings. More resources will be developed in coming weeks to support need. A comms and engagement plan has been submitted to Vaccine Programme Wales to support local delivery. Workforce and training - Public Health Wales are required to deliver 2 training packages. An MMR webinar is scheduled for the 28 Feb ahead of the end of Feb deadline set in the WHC. We are also developing a train the trainer session for health protection and vaccination teams and are on schedule to deliver towards the end of March ahead of the deadline set. outbreak actions - Health protection teams are looking at data around testing of cases to ensure that there are robust pathways in place for testing suspected measles cases.

WHC No.	Title	Status	Compliance
WHC 2024/9	COVID-19 spring booster vaccination programme 2024	Action	This WHC has been enacted: The WHC sets out the operationalisation of the recent JCVI advice on COVID-19 booster vaccination for those who are over 75, resident in care homes for older adult or a severely immunosuppressed. Public Health Wales Vaccine Preventable Disease Programme (VPDP) have built the requirement to provide surveillance for this cohort into its processes for routine surveillance. We have also provided training and supported other enabling actions to allow Local Health Boards to safely and legally administer the vaccine, and developed the appropriate public information resources to support vaccination.
WHC 2024/10	NHS Welsh Sustainability Conference and Awards	Action	This WHC has been enacted: Public Health Wales has cascaded and promoted the NHS Welsh Sustainability Conference and Awards information and new dates through their staff networks and communications channels. It has also been shared with the Climate Change Programme Board
WHC 2024/12	Nursing Preceptorship & Restorative Clinical Supervision - A National Position Statement	Compliance /Action	This WHC has been enacted. Public Health Wales has already established systems and processes to support the principles of Preceptorship and Clinical Supervision, but will more formally adopt the principles and expectations outlined within this WHC, with appropriate reporting as defined within it.

10. Hosted Bodies – NHS Executive

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

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

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

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

Phase 1 of the NHS Executive hosting arrangement was implemented within 2023-24 in accordance with the Hosting Agreement.

Phase 2 of the NHS Executive hosting arrangement commenced from 1 April 2024 and, following the Board approving an addendum to the Hosting Agreement, detailed service provision documents and a detailed assurance schedule are in development to ensure sound governance arrangements remain in place with clear levels of hosting provision.

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

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

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

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

Work is also underway to bring TEC Cymru into the NHS Executive within 2024/25.

From May 2024, a detailed Assurance Schedule will be in place to facilitate the NHS Executive providing assurance to our Committees and the Board throughout the year. In addition, an Annual Assurance Statement and Report from NHS Executive will be provided at the end of year.

11. Staff and Staff Engagement

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

In support of the Board and Executive, we have a formal advisory group - the Local Partnership Forum.

The Local Partnership Forum has met 5 times during 2023/24 and has considered the following matters:

- Sharing progress and support to the development of the Strategic Equality Plan; Culture Assessment; Work How it Works Best; our People Promise (Employee Value Proposition).
- Sharing of organisational performance and assurance data to update on key achievements, risks and developments.
- Organisational change programme updates and support to the development of improved resources for staff experiencing change and managing/ leading change.
- Proposals for governance arrangements relating to Partnership working at Board.
- Update on the organisation's Long-term Strategy and Integrated Medium Term Plan.
- Job evaluation process improvements and updated job description templates.
- Update on the new Speaking Up Safely framework and involvement in the supporting organisational protocol.
- Policy review and development.

The Forum has endorsed several new or updated policies for approval. In addition to this formal meeting, we have established an informal meeting which meets monthly to address more operational issues.

There is a well-established Joint Medical and Dental Negotiating Committee. During 2023/24, and we have continued informal monthly meetings with representatives from this group.

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

During 2023/24, we have continued to engage with consultant colleagues (medical and multi-professional) through the establishment of a Consultant Engagement group, to which all consultant colleagues are invited to attend. Chaired by the Deputy Medical Director, this provides a forum for consultants to come together collectively to support each other and work together towards greater consultant engagement within Public Health Wales on issues that matter to them.

12. Review of Effectiveness

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

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

The four standing Committees undertook a self-assessment during 2023/24 via Committee Effectiveness questionnaire, and a workshop session to discuss the findings and outcomes of the survey. The outcomes of these discussions will feed into the wider review of Board effectiveness scheduled for Quarter 1 2024.

(Further information on the Effectiveness cycle can be found in [section 4.2](#) of this report.)


12.1 Internal Audit

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

The overall opinion by the Head of Internal Audit on governance, risk management, and control is a function of this risk based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The Head of Internal Audit has concluded (taken from Head Internal Audit Annual Opinion):

The overall opinion for 2023/24 is that:

Reasonable assurance		<p>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.</p>
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Summary of Audits 2023/24

Review Title	Assurance Rating	Objective of Review
Welsh Risk Pool	Substantial	WRP guidance requires Internal Audit to review the process. This review is undertaken each year.
Follow up - Population health grants management	Substantial	Provide the trust with assurance regarding the implementation of and progress against the agreed management responses from the Population Health Grants Management Audit (Limited assurance)
Board assurance – Committee work planning	Substantial	Consider the structure and assess the operation of the Committees to ensure effective and efficient reporting, scrutiny and decision making on areas of accountability.
Finance – Use of procurement cards	Reasonable	To consider monitoring, governance and reporting arrangements.
Business Continuity and Technical Resilience	Reasonable	To consider the Trust’s approach to business continuity following the internal documentation.
Work Programmes	Reasonable	To consider management and approach programmes that are funded by grants.
IT infrastructure and network management	Reasonable	To evaluate and determine the adequacy of the systems and controls in place for the management of the IT infrastructure assets and network management.
Appraisal process – Consultants employed by Public Health Wales	Reasonable	To review the appraisal process for Public Health consultants within Public Health Wales.
Incident reporting	Reasonable	To consider the governance and reporting arrangements in relation to the management of incidents.
Contracts management	Reasonable	To consider monitoring, governance and reporting arrangements in relation to contracting arrangements.
Limited Assurance		
None		
No Assurance		

Review Title	Assurance Rating	Objective of Review
None		
Advisory/Non-Opinion		
None		

The audit work undertaken during 2023/24, was reported to the Audit and Corporate Governance Committee. These detailed results have been aggregated to build a picture of assurance across the organisation.

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

There have been no Limited Assurance Internal Audits reported in 2023/24. There was one Limited Assurance report relating to Population Health Grant Funding which has been monitored during 2023/24 with regular update reports to the Audit and Corporate Governance Committee on the progress with the implementation of management actions arising from the review.

12.2 Counter Fraud

Public Health Wales receives its Counter Fraud Provision from Cardiff and Vale University Health Board (CAVUHB). This provision is operated under a Service Level Agreement. Public Health Wales pay for a Counter Fraud provision of 100 days of service annually. The Counter Fraud team at CAVUHB is staffed by four Counter Fraud Specialists. The team work in compliance with the NHS Counter Fraud Authority Standard Requirements in order to provide the Cabinet Office led consistent approach to countering fraud in the public sector. This involves developing an anti-fraud culture through the provision of, an education and awareness strategy, strategic planning, risk assessment and proactive work, and the investigation of all allegations of fraud.

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

During the course of this financial year a total of (16) new referrals have been received by the team. (10) of these were informally resolved and (6) were promoted to formal investigation. Three of those formal investigations have been closed with no further action being required.

As of 31st March 2024, there are (3) investigations open and being actively investigated by the team.

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

12.3 External Audit – Audit Wales

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

Each year a Structured Assessment report completed, for 2023, AW reported:

‘Overall, we found that the Trust has effective arrangements to ensure good governance, with sound approaches in place to develop and monitor its plans and manage its finances. Opportunities exist to improve the timeliness of committee meetings and further strengthen some of the Trust’s corporate systems of assurance.’

‘...The Board and its committees operate well, and maintain a good focus on public transparency, hearing from staff and service users, and continuous improvement. The Board remains cohesive and changes in membership have been managed well, although a gap has presented a challenge. Quality of papers is generally of a good standard with appropriate action being taken to improve this further. Opportunities exist to consider the timing of committee meetings.’

‘...the Trust is continuing to strengthen its corporate systems of assurance related to performance and quality governance. The Trust’s approach to identifying strategic risks is improving, and the Board Assurance Framework is now consolidated into a single document. However, arrangements for managing strategic and corporate risks, and tracking recommendations need further work.’

‘...the Trust has a sound approach to developing and monitoring the delivery of its strategies and plans, with a new long-term strategy in place and a strengthened approach to demonstrating impact. The Trust overall has a sound approach to managing its financial resources.’

These recommendations will be taken forward in 2024/25, and reported to the Audit and Corporate Governance Committee.

13. Conclusion

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

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

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

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

Signed: **Tracey Cooper**

Date: 11 July 2024

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

Annex 1: Board and Committee Membership/Attendance 2023/2024

NAME	POSITION	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2023/24***
Jan Williams OBE	Chair	<ul style="list-style-type: none"> (Chair) Board (Chair) Remuneration and Terms of Service Committee People and Organisational Development Committee <p>Note: the Board Chair has a standing invite to all Committees of the Board but is Member of the Remuneration and Terms of Service Committee.</p> <p>Attendee:</p> <ul style="list-style-type: none"> Audit and Corporate Governance Committee** Quality, Safety and Improvement Committee** Knowledge, Research and Information Committee ** 	7/7 6/6 4/4 3/5 2/5 2/4
Dr Tracey Cooper	Chief Executive	<ul style="list-style-type: none"> Board Remuneration and Terms of Service Committee <p>Note: the Chief Executive (CE) has a standing invite to all Committees of the Board but is only a regular attendee of the Remuneration and Terms of Service Committee.</p> <p>The CE has to attend one meeting of the Audit and Corporate Governance Committee per year.</p> <ul style="list-style-type: none"> Audit and Corporate Governance Committee** People and Organisational Development Committee** Quality, Safety and Improvement Committee** Knowledge, Research and Information Committee ** 	4/6 5/5 3/4 0/4 2/5 1/3
Rhiannon Beaumont- Wood	Executive Director of Quality, Nursing and Allied Health Professionals	<ul style="list-style-type: none"> Board Quality, Safety and Improvement Committee** Audit and Corporate Governance Committee** People and Organisational Development Committee ** Knowledge, Research and Information Committee** 	2/2 1/2 1/2 1/2 0/1

NAME	POSITION	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2023/24***
(Until 31 July 2023)			
Sumina Azam	Executive Director of Policy and International Health, WHO Collaborating Centre on Investment for Health & Well-being <i>(Acting role from 6 December 2022. Appointed to role permanently from 22 May 2023)</i>	<ul style="list-style-type: none"> • Board • Knowledge, Research and Information Committee** 	6/7 3/4
Iain Bell	National Director of Public Health Knowledge and Research <i>(Iain was also the temporary Director lead for the Health and Wellbeing Directorate from 1 July to 24 September 2023)</i>	<ul style="list-style-type: none"> • Board • Knowledge, Research and Information Committee ** 	7/7 4/4
Dr John Boulton (Until 31 March 2024)	National Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru	<ul style="list-style-type: none"> • Board* • Quality, Safety and Improvement Committee** 	3/7 3/5
Angela Williams (22 January to 17 March 2024)	Acting Executive Director Operations and Finance	<ul style="list-style-type: none"> • Board • Remuneration and Terms of Service Committee** • Audit and Corporate Governance Committee** • Quality, Safety and Improvement Committee** 	0/1 0/1 1/1 0/1

NAME	POSITION	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2023/24***
Elizabeth Blayney	Acting Board Secretary and Head of Board Business Unit (From 9 January 2023 to 15 April 2023)	<ul style="list-style-type: none"> • Board* • Remuneration and Terms of Service Committee** • Audit and Corporate Governance Committee** • Quality, Safety and Improvement Committee** • People and Organisational Development Committee ** • Knowledge, Research and Information Committee ** 	0/0 0/0 0/0 0/0 0/0 0/0
Kate Eden	Vice Chair and Non-Executive Director (Until 29 February 2024, Vacant Vice Chair position as of 1 March 2024)	<ul style="list-style-type: none"> • Board • Remuneration and Terms of Service Committee • Quality, Safety and Improvement Committee 	5/6 4/4 3/5
Nick Elliott	Non- Executive Director (Data and Digital)	<ul style="list-style-type: none"> • Board • (Chair) Audit and Corporate Governance • Quality, Safety and Improvement Committee (October meeting only) • Remuneration and Terms of Service Committee • Knowledge, Research and Information Committee 	7/7 5/5 1/1 3/6 4/4
Mohammed Mehmet	Non-Executive Director (Local Authority)	<ul style="list-style-type: none"> • Board • Remuneration and Terms of Service Committee • Audit and Corporate Governance Committee • (Chair) People and Organisational Development Committee 	6/7 2/6 4/5 4/4
Professor Sian Griffiths	Non-Executive Director (Public Health)	<ul style="list-style-type: none"> • Board • Remuneration and Terms of Service Committee • Quality, Safety and Improvement Committee • (Chair) Knowledge, Research and Information Committee 	6/7 6/6 4/5 4/4
Professor Diane Crone	Non-Executive Director (University)	<ul style="list-style-type: none"> • Board • Remuneration and Terms of Service Committee • (Chair) Quality, Safety and Improvement Committee • Knowledge, Research and Information Committee 	4/7 2/6 4/5 3/4

NAME	POSITION	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2023/24***
Huw George	Deputy Chief Executive and Executive Director of Operations and Finance <i>(Until 21 January 2024 when he temporarily fulfilled the role of Acting Chief Executive. He returned to his substantive post on 18 March 2024)</i>	<ul style="list-style-type: none"> • Board • Remuneration and Terms of Service Committee** • Audit and Corporate Governance Committee** 	5/6 5/5 4/4
	Acting Chief Executive (22 January to 17 March 2024)	Note: the Chief Executive (CE) has a standing invite to all Committees of the Board but is only a regular attendee of the Remuneration and Terms of Service Committee. <ul style="list-style-type: none"> • Board • Remuneration and Terms of Service Committee** • Audit and Corporate Governance Committee** • People and Organisational Development Committee** • Quality, Safety and Improvement Committee** • Knowledge, Research and Information Committee ** 	1/1 1/1 1/1 0/1 0/1 0/1
Neil Lewis	Director of People and Organisational Development Neil was also the Acting Deputy Chief Executive in addition to his director role from 22 January to 17 March 2024.	<ul style="list-style-type: none"> • Board* • People and Organisational Development Committee** • Remuneration and Terms of Service Committee 	7/7 4/4 5/6
Kate Young	Non-Executive Director (Third Sector)	<ul style="list-style-type: none"> • Board • Remuneration and Terms of Service Committee • Audit and Corporate Governance Committee • People and Organisational Development Committee 	7/7 4/6 5/5 4/4

NAME	POSITION	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2023/24***
Angela Cooke (1 August 2023 to 24 September 2023)	Acting Executive Director Quality Nursing and Allied Health Professionals	<ul style="list-style-type: none"> • Board • Audit and Corporate Governance Committee** • People and Organisational Development Committee** • Quality, Safety and Improvement Committee** • Knowledge, Research and Information Committee** 	0/0 0/1 0/0 0/0 0/1
Angela Jones (from 1 June 2022 to 30 June 2023)	Acting Director of Health and Wellbeing	<ul style="list-style-type: none"> • Board* • People and Organisational Development Committee** • Knowledge, Research and Information Committee** 	0/1 1/1 0/1
Tamsin Ramasut (From 1 December 2023)	Non-Executive Director (Equality and Diversity)	<ul style="list-style-type: none"> • Board • Remuneration and Terms of Service Committee • Audit and Corporate Governance Committee • People and Organisational Development Committee <p>Member from March 2024, no meetings held between 1 and 31 March)</p>	2/2 2/2 1/1 0/0
Paul Veysey (from 17 April 2023)	Board Secretary and Head of the Board Business Unit	<ul style="list-style-type: none"> • Board* • 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 6/6 5/5 4/4
Dr Fu-Meng Khaw	National Director Health Protection Services and Screening, Executive Medical Director	<ul style="list-style-type: none"> • Board • Quality, Safety and Improvement Committee** • Knowledge, Research and Information Committee ** 	6/7 4/5 2/4
Claire Birchall	Interim Executive Director Quality, Nursing and Allied Health Professionals	<ul style="list-style-type: none"> • Board • Quality, Safety and Improvement Committee** • Audit and Corporate Governance Committee** 	5/6 2/3 0/5

NAME	POSITION	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2023/24***
		<ul style="list-style-type: none"> • People and Organisational Development Committee** 	1/2
Jim McManus (From 24 September 2023)	National Director Health and Wellbeing	<ul style="list-style-type: none"> • Board* • Quality, Safety and Improvement Committee** 	4/5 3/3

* Attend Board meetings, but are not members of the Board and therefore do not have voting rights.

** Attend Committee meetings, but are not members of the Committee and therefore do not have voting rights.

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

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

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

Board Champions

Role	Champion Role Requirement	Executive Champion	Non-Executive Champion
Fire Safety	Exec	Deputy Chief Executive and Executive Director Finance and Corporate Services (Huw George)	N/A
Emergency Planning	Exec	National Director Health Protection and Screening Services / Executive Medical Director (Meng Khaw)	N/A
Caldicott	Exec	National Director Health Protection and Screening Services / Executive Medical Director (Meng Khaw)	N/A
Violence and Aggression	Exec	Executive Director Quality, Nursing and Allied Health Professionals (Rhiannon Beaumont-Wood until 31 July 2023, Claire Birchall from 24 September)	N/A
Infection Prevention and Control	Non-Exec	Executive Director Quality, Nursing and Allied Health Professionals (Rhiannon Beaumont-Wood until 31 July 2023, Claire Birchall from 24 September)	Non-Executive Director (Sian Griffiths)
Armed Forces and Veterans	Non-Exec	Executive Director Quality, Nursing and Allied Health Professionals (Rhiannon Beaumont-Wood until 31 July 2023, Claire Birchall from 24 September)	Chair (Jan Williams)
Mental Health	Vice Chair	N/A	Vice Chair (Kate Eden) Until 29 February 2024

Role	Champion Role Requirement	Executive Champion	Non-Executive Champion
Equality	Non-Exec	N/A	Non-Executive Director - Local Authority (Mohammed Mehmet)
Children and Young People	Exec & Non-Exec	Executive Director Quality, Nursing and Allied Health Professionals (Rhiannon Beaumont-Wood until 31 July 2023, Claire Birchall from 24 September)	Non-Executive Director - University (Diane Crone)
Putting Things Right	Exec & Non-Exec	Executive Director Quality, Nursing and Allied Health Professionals (Rhiannon Beaumont-Wood until 31 July 2023, Claire Birchall from 24 September)	Vice Chair (Kate Eden) Until 29 February 2024
Raising Concerns (Staff)	Exec & Non-Exec	Board Secretary and Head of Board Business Unit (Paul Veysey) (Liz Blayney until 14 April)	Chair (Jan Williams)
Welsh Language	Exec	Director of People and Organisational Development (Neil Lewis)	Vice Chair (Kate Eden) (Until 29 February 2024)
Older Persons	Non-Exec	N/A	Non-Executive Director – Third Sector (Kate Young)
Socio-Economic Duty	Exec	National Director of Policy and International Health, WHO Collaborating Centre (Sumina Azam) and the Board Secretary and Head of Board Business Unit (Paul Veysey)	N/A

Role	Champion Role Requirement	Executive Champion	Non-Executive Champion
Research and Evaluation	Non-Exec	N/A	Non-Executive Director - University (Diane Crone)



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Part B: Remuneration and Staff Report 2023/24



- 1.1 The information contained in this report relates to the remuneration of the senior managers employed by Public Health Wales and other people-related matters.
- 1.2 The Pay Policy Statement (Annex 3) relates to Public Health Wales' strategic stance on senior manager remuneration and provides a clear statement of the principles underpinning decisions on the use of public funds.
- 1.3 The definition of "Senior Manager" is:
'those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments.'
- 1.4 For Public Health Wales, the Senior Managers are considered to be the regular attendees of the Trust Board meetings, i.e. the Executive Directors, the Non-Executive Directors and the remaining Board-Level Directors. Collectively the Executive and Board-Level Directors are known as the Executive Team. Although not formally a member of the Executive Team, the Board Secretary and Head of the Board Business Unit is also included within the definition of Senior Manager.

2. Remuneration and Terms of Service Committee

- 2.1 The Public Health Wales Remuneration and Terms of Service Committee considers and approves salaries, pay awards and terms and conditions of employment for the Executive Team and other key senior staff.
- 2.2 The Remuneration and Terms of Service Committee also considers and approves applications relating to the Voluntary Early Release Scheme, redundancy payments and early retirements.
- 2.3 All Executive Directors' pay and terms and conditions have been, and will be, determined by the Remuneration and Terms of Service Committee within the Framework set by the Welsh Government.
- 2.4 During 2023/24 the Public Health Wales Remuneration and Terms of Service Committee consisted of the following Members:
 - ❖ Jan Williams OBE (Chair)
 - ❖ Dr Tracey Cooper (Chief Executive).
 - ❖ Kate Eden (Vice Chair and Non-Executive Director)
 - ❖ Professor Diane Crone (Non-Executive Director)
 - ❖ Professor Sian Griffiths (Non-Executive Director)
 - ❖ Mohammed Mehmet (Non-Executive Director)



- ❖ Nick Elliott (Non-Executive Director)
- ❖ Kate Young (Non-Executive Director)

- 2.5 The performance of Executive Directors is assessed against individual objectives and the overall performance of Public Health Wales. Public Health Wales does not make bonus payments of any kind.
- 2.6 All payments are against the pay envelope in the annual letter from the Chief Executive of NHS Wales on this matter. The Senior Managers to receive pay-awards have been those remunerated on 'Medical and Dental' or 'Agenda for Change' pay scales and those in 'Executive and Senior Posts'.
- 2.7 During 2023/24, the Remuneration and Terms of Service Committee approved the following (in consultation with Welsh Government where appropriate):
- ❖ 14 March 2023 – approved the appointment of Paul Veysey as Board Secretary and Head of Board Business Unit
 - ❖ 03 May 2023 - approved the extension of Angela Jones as Acting Director of Health and Wellbeing until 30 June 2023.
 - ❖ 25 May 2023 - approved the appointment of Sumina Azam National Director of Policy and International Health/Director of the World Health Organization Collaborating Centre
 - ❖ 06 June 2023 – approved the appointment of Jim McManus, National Director of Health and Wellbeing
 - ❖ 14 July 2023 - approved the appointment of Angela Cook to the role of Acting Executive Director of Quality, Nursing and Allied Health Professionals from 01 August 2023 to 24 September 2023
 - ❖ 14 July 2023 - approve the appointment of Claire Birchall to the role of Interim Executive Director of Quality, Nursing and Allied Health Professionals from 25 September 2023
 - ❖ 28 November 2023 - approved Tracey Cooper Chief Executive stepping back to prepare for the UK COVID-10 Public Inquiry Module 2B public hearing
 - ❖ 28 November 2023 – approved the appointment of Huw George, Deputy Chief Executive and Director of Operations and Finance to the role of Acting Chief Executive



- ❖ 28 November 2023 – approved the appointment of Neil Lewis, Director of People and Organisational Development, to the role of Acting Deputy Chief Executive
- ❖ 28 November 2023 – approved the appointment of Angela Williams, Deputy Director of Finance to the role of Acting Director of Operations and Finance

Voluntary Early Release/Redundancy/Settlement payments:

Approval of:

- ❖ One redundancy, totalling £6,943.
- ❖ One settlement payment, totalling £24,500.

3. Salary and Pension Disclosures

- 3.1 Details of salaries and pension benefits for Senior Managers captured within this report are given in Annexes 1 and 2.
- 3.2 The single figure of remuneration (**Annex 1**) is intended to be a comprehensive figure that includes all types of reward received by Senior Managers in the period being reported on, including fixed and variable elements as well as pension provision.
- 3.3 The single figure includes the following:
 - ❖ Salary and fees both pensionable and non-pensionable elements.
 - ❖ benefits in kind (taxable, total to the nearest £100)
 - ❖ pension-related benefits - those benefits accruing to Senior Managers from membership of a participating defined benefit pension scheme.
- 3.4 There are no annual or long-term performance-related bonuses.
- 3.5 Annual salary figures are shown prior to any reduction as a result of any salary sacrifice scheme.
- 3.5 The value of pension-related benefits accrued during the year is calculated as the employee's real increase in pension multiplied by 20, plus any real increase in pension lump sum (for scheme members entitled to a lump sum), less the contributions made by the employee. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.



3.7 **Annex 2** gives the total pension benefits for all Senior Managers. The inflationary rate applied to the 2023/24 figure is 10.1% as set out in the 2022/23 Greenbury guidance.

4. Remuneration Relationship

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

5. 2023/24 Staff Report

5.1 Number of Senior Managers

As of 31 March 2024 there were 10 Senior Managers that made up the Executive Team (including the role of Board Secretary and Head of the Board Business Unit); they were also Board members or regular attendees. Their terms and conditions are broken down as follows:

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



5.2 Staff Numbers

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

	Permanently Employed (inc Fixed Term) WTE	Agency Staff WTE	Staff on inward secondment WTE	Specialist Trainee (SLE)	2023/24 Total WTE	2022/23 Total WTE
Administrative, clerical and board members	1,315	30	50	1	1,396	1,318
Ambulance Staff	0	0	0	0	0	0
Medical and Dental	102	1	23	6	132	137
Nursing, Midwifery registered	99	0	12	0	111	107
Professional, scientific and technical staff	12	0	7	0	19	11
Additional Clinical Services	339	5	0	0	344	367
Allied Health Professionals	84	0	1	0	85	86
Healthcare Scientists	418	12	0	0	430	426
Estates and Ancillary	2	0	0	0	2	3
Students	0	0	0	0	0	0
Total	2,371	48	93	7	2,519	2,455

Note: 298 employees transferred to the NHS Executive

5.3 Staff Composition

The gender breakdown of the Senior Managers and other employees as of 31 March 2024 was as follows:

	Male	Female
Senior Managers	60%	40%
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.

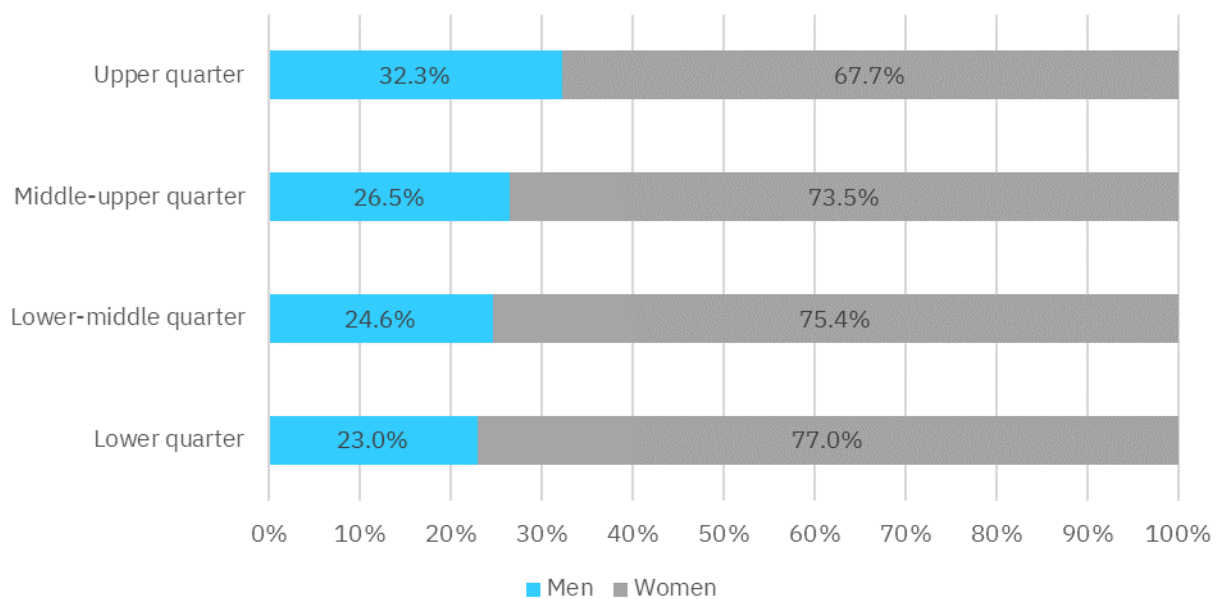
In Public Health Wales, the mean and median hourly rate by Gender as of 31 March 2023 was as follows:

Gender	Mean Hourly Rate (£)	Median Hourly Rate (£)
Male	23.47	18.41
Female	20.24	17.24
Difference	3.23	1.18
Pay Gap %	13.8%	6.4%

These figures highlight a gap between the pay for men and women in the organisation, and have increased slightly from a mean pay gap of 11.8% and median gap of 5.5% last year. This is attributable to the high proportion of women in some of the lower grades, which can be as high as almost 90% which in turn brings the overall average down. Analysis of the staff data shows that from Band 8a, the number of women in the higher grades drops significantly.

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

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





The percentage of women in the upper quartile has increased by 0.3% since last year, and the percentage of men in the lower quartile has increased by 2.5%.

5.4 Sickness Absence data

The following table provides information on the number of days lost due to sickness during 2022/23 and 2023/24:

	2023-2024 Number	2022-2023 Number
Days lost (long term)	22,826	25,032
Days lost (short term)	11,527	12,879
Total days lost	34,353	37,911
Total staff years	2,179	2,084
Average working days lost per FTE	14.02	16.67
Total staff employed in period (headcount)	2,470	2,291
Total staff employed in period with no absence (headcount)	1,161	817
Percentage staff with no sick leave	47.00%	39.81%

There has been a small increase in headcount from 2022/2023 (179 additional staff).

Sickness absence rates across Public Health Wales over 2023/2024 have seen an decrease with number of days lost due to sickness absence down by 3,558 days from 2022/2023.

The percentage of staff recording no sickness absence has increased from 39.81% to 47%.

We have seen a decrease in the number of days lost due to long term sickness absence, down by 2,206 days. All long term sickness absence cases are supported by a People and OD Advisor and are managed in line with the Managing Attendance at Work Policy (MAAW).

Training on the MAAW policy has been updated and delivered to managers throughout the organisation. The e-Learning module should be released shortly and this will be mandatory learning for all those staff within the organisation who have responsibility for line managing others.



5.5 Staff policies applied during the financial year

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

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

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

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

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

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

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

Where a disabled candidate is appointed, Public Health Wales is responsible for carrying out any reasonable adaptations to the workplace or supplying additional equipment to assist the new employee in their role. This usually follows



assessment, advice and support from the organisation's Occupational Health providers.

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

In October 2023, we were awarded Gold level in the Cultural Competence Scheme which is run by Diverse Cymru. Again, we continue to lead within the NHS to receive this level of award. We will apply for reaccreditation in October 2024.

We have once again undertaken an assessment as part of Stonewall's Workplace Equality Index, which assesses how inclusive the organisation is for LGBTQ+ staff. The results will be available in May 2024.

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

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

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

The all Wales Speaking Up Safely Framework introduced in autumn 2023 encourages staff to raise concerns at the earliest opportunity and openly



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

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

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

5.6 Other Employee Matters

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

In May 2023, we held our first ever Networks Conference, with over 100 people attending from all networks. The event included a talk on the Power, Pain and Potential of Staff Networks, given by Dr Neil Wooding, followed by sessions on our Culture, People Promise and Strategic Equality Objectives. The event received very positive feedback and the opportunity to meet people in person was welcomed.

We have continued to hold various awareness raising events throughout the year, and supported the Pride events in Swansea, Cardiff and Merthyr in 2023. We have held a range of speaking and awareness raising events, Intranet articles and opportunities for staff to celebrate difference. Many more staff were involved this year with events taking place via Teams, and were recorded and made available for those who were unable to attend at the time.

5.7 Expenditure on Consultancy



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

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

During 2023/24, Public Health Wales' expenditure on consultancy was £1.449m compared to £0.721m in 2022/23.

5.8 Tax Assurance for Off-Payroll Engagements

The Trust is required to disclose any arrangements it has whereby individuals are paid through their own companies or off-payroll. Where off-payroll payments have been made, the Trust has sought assurance from all relevant parties that the appropriate tax arrangements are in place. Full details of these arrangements are published on the Public Health Wales website at <https://phw.nhs.wales/about-us/publication-scheme/>

5.9 Exit Packages

The figures disclosed in this note relate to exit packages agreed in the year. The actual date of departure might be in a subsequent period, and the expense in relation to the departure costs may have been accrued in a previous period. The data are therefore presented on a different basis to other staff cost and expenditure notes in the accounts.

Table 1	2023-24	2023-24	2023-24	2023-24	2022 - 23
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	0	1	0	1
£10,000 to £25,000	0	1	1	0	0
£25,000 to £50,000	0	0	0	0	1
£50,000 to £100,000	0	0	0	0	1
£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	1	1	2	1	3
	2023-24	2023-24	2023-24	2023-24	2022-23
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	6,943	0	6,943	0	4,630
£10,000 to £25,000	0	24,500	24,500	24,500	0
£25,000 to £50,000	0	0	0	0	44,602
£50,000 to £100,000	0	0	0	0	79,592
£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	6,943	24,500	31,443	0	128,824

*The exit packages reported in the above table relates to one employee exit with two separate payments



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: **Tracey Cooper**

Date: 11 July 2024

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

Annex 1a – Single Figure of Remuneration 2023-24

Name and Title	Salary (bands of £5,000) £000	Bonus payments (bands of £5,000) £000	Benefits in kind (to nearest £100) £000	Pension benefit (to nearest £1,000) £000	Total (bands of £5,000) £000
Dr Tracey Cooper, Chief Executive ¹	175 - 180	0	0	44	220 - 225
Huw George, Deputy Chief Executive and Executive Director of Operations and Finance ^{2,3,20}	150 - 155	0	0.8	0	150 - 155
Angela Williams, Acting Director of Operations and Finance ^{4,5,20}	20 - 25	0	0.2	0	20 - 25
Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals ⁶	40 - 45	0	0	0	40 - 45
Claire Birchall, Interim Executive Director of Quality, Nursing and Allied Health Professionals ⁷	55 - 60	0	0	25	80 - 85
Angela Cook, Acting Executive Director of Quality, Nursing and Allied Health Professionals ⁸	15 - 20	0	0	8	25 - 30
Dr Sumina Azam, Acting National Director of Policy and International Health, World Health Organisation Collaborating Centre ^{9,20}	130 - 135	0	1	0	130 - 135

Dr John Boulton, Director for NHS Quality Improvement and Patient Safety/ Director 1000 Lives Improvement Service/Improvement Cymru ¹⁰	140 - 145	0	0	36	175 - 180
Neil Lewis, Director of People and Organisational Development ^{11,12}	110 - 115	0	1.7	0	115 - 120
Dr Fu-Meng Khaw, National Director for Health Protection and Screening Services and Medical Director ²⁰	175 - 180	0	0	0	175 - 180
Iain Bell, National Director for Public Health Knowledge and Research	145 - 150	0	0	0	145 - 150
Angela Jones, Acting Director for Health and Wellbeing ¹³	25 - 30	0	0	0	25 - 30
Jim McManus, National Director for Health and Wellbeing ¹⁴	70 - 75	0	0	4	70 - 75
Paul Veysey, Board Secretary and Head of Board Business Unit ¹⁵	80 - 85	0	0	20	100 - 105
Elizabeth Blayney, Acting Board Secretary and Head of Board Business Unit ¹⁶	0 - 5	0	0	1	0-5
Non Executive Directors:					
Jan Williams OBE	40 - 45	0	0	0	40 - 45
Kate Eden ¹⁷	15 - 20	0	0	0	15 - 20
Dyfed Edwards ¹⁸	0	0	0	0	0
Professor Diane Crone	5 - 10	0	0	0	5 -10
Professor Sian Griffiths	5 - 10	0	0	0	5 -10
Mohammed Mehmet	5 - 10	0	0	0	5 -10
Kate Young	5 - 10	0	0	0	5 -10

Nick Elliott	5 - 10	0	0	0	5-10
Tamsin Ramasut ¹⁹	0 - 5	0	0	0	0 - 5

Notes

1. Tracey Cooper temporarily relinquished the Accounting Officer role for the period 22/01/2024-17/03/2024 to prepare and give evidence at the UK Covid-19 Public Inquiry.
2. Huw George was appointed as Acting Chief Executive and Accounting Officer in support of the temporary arrangements as outlined in note 1 above for the period 22/01/2024-17/03/2024.
3. Salary includes £6,615 sacrificed in respect of a personal lease car.
4. Angela Williams was appointed as Acting Director of Operations and Finance in support of the temporary arrangements as outlined in note 1 above for the period 22/01/2024-17/03/2024. Full year equivalent salary banding is £130,000 - £135,000.
5. Salary includes £1,386 sacrificed in respect of a personal lease car.
6. Rhiannon Beaumont-Wood retired from Public Health Wales on 30/07/2023. Full year equivalent salary banding is £120,000 - £125,000.
7. Claire Birchall was appointed on 25/09/2023 as Interim Executive Director of Quality, Nursing and Allied Health Professionals. Full year equivalent salary banding is £110,000 - £115,000.
8. Angela Cook was appointed as Acting Executive Director of Quality, Nursing and Allied Health Professionals for the period 01/08/2023-24/09/2023. Full year equivalent salary is £110,000-£115,000.
9. Salary includes £7,960 sacrificed in respect of a personal lease car.
10. John Boulton left Public Health Wales on the 31/03/2024.
11. Neil Lewis was appointed as Acting Deputy Chief Executive in support of the temporary arrangements as outlined in note 1 above for the period 22/01/2024-17/03/2024.
12. Salary includes £8,046 sacrificed in respect of a personal lease car.
13. Angela Jones secondment to the Trust as Acting Director for Health and Wellbeing ended on 30th June 2023. Reimbursement for payroll costs to this date were to Cwm Taf Morgannwg University Health Board. Full year equivalent salary banding is £125,000 - £130,000.
14. Jim McManus was appointed on 25/09/2023 as National Director for Health and Wellbeing. Full year equivalent salary banding is £135,000-£140,000.

15. Paul Veysey was appointed on 17/04/2023 as Board Secretary and Head of Board Business Unit. Full year equivalent salary banding is £80,000-£85,000.
16. Elizabeth Blayney's role as Acting Board Secretary ended on 16/04/2023. Full year equivalent salary banding is £80,000 - £85,000.
17. Kate Eden left the Trust on 29/02/2024.
18. Dyfed Edwards continued his secondment to Besti Cadwaldr University Health Board for the period 01/04/2023-29/01/2024 and received no remuneration from Public Health Wales NHS Trust during this period. Dyfed left the Trust on 29/01/2024.
19. Tamsin Ramasut was appointed on 01/12/2023 as Non-Executive Director. Full year equivalent salary banding is £5,000-£10,000.
20. NHS Pension Scheme member is affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted with a zero.

Annex 1b - Single Figure of Remuneration (2022/23) (Audited)

Name and Title	Salary (bands of £5,000) £000	Bonus payments (bands of £5,000) £000	Benefits in kind (to nearest £100) £000	Pension benefit (to nearest £1,000) £000	Total (bands of £5,000) £000
Dr Tracey Cooper, Chief Executive	170 - 175	0	0	44	215 - 220
Huw George, Deputy Chief Executive and Executive Director of Operations and Finance ₁	140 - 145	0	0.3	3	145 - 150
Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals ₂	125 - 130	0	0	229	355 - 360
Professor Mark Bellis OBE, Director of Policy, Research and International Development _{3,4}	105 - 110	0	2.4	64	170 - 175
Dr Sumina Azam, Acting National Director of Policy and International Health, World Health Organisation Collaborating Centre _{5,6,7}	40 - 45	0	0.2	10	50 - 55
Dr John Boulton, Director for NHS Quality Improvement and Patient Safety/ Director 1000 Lives Improvement Service/Improvement Cymru	140 - 145	0	0	34	175 - 180

Neil Lewis, Director of People and Organisational Development ⁸	105 - 110	0	1.1	0	110 - 115
Dr Fu-Meng Khaw, National Director for Health Protection and Screening Services and Medical Director	150 - 155	0	0	0	150 - 155
Iain Bell, National Director for Public Health Knowledge and Research	140 - 145	0	0	0	140 - 145
Sally Attwood, Transition Director for Health and Well-being ⁹	15 - 20	0	0	14	30 - 35
Angela Jones, Acting Director for Health and Wellbeing ^{10,11,12}	95 - 100	0	0	73	170 - 175
Helen Bushell, Board Secretary and Head of Board Business Unit ¹³	70 - 75	0	0	52	120 - 125
Elizabeth Blayney, Acting Board Secretary and Head of Board Business Unit ¹⁴	15 - 20	0	0	2	20 - 25
Non Executive Directors:					
Jan Williams OBE	40 - 45	0	0	0	40 - 45
Kate Eden	20 - 25	0	0	0	20 - 25
Dyfed Edwards ¹⁵	5 - 10	0	0	0	5 - 10
Professor Diane Crone	5 - 10	0	0	0	5 - 10
Professor Sian Griffiths	5 - 10	0	0	0	5 - 10
Mohammed Mehmet	5 - 10	0	0	0	5 - 10
Kate Young ¹⁶	5 - 10	0	0	0	5 - 10
Nick Elliott ¹⁷	5 - 10	0	0	0	5 - 10

Notes

1. Salary includes £2,205 sacrificed in respect of a personal lease car
2. Salary includes £7,237 in respect of an alternative payment received in accordance with the ['Employer Pension Contributions - Alternative Payment Policy'](#)
3. Mark Bellis left the Trust on 06/12/2022. Full year equivalent salary banding is £140,000 - £145,000
4. Salary includes £4,110 sacrificed in respect of a personal lease car
5. Sumina Azam was appointed on 07/12/2022 as Acting National Director of Policy and International Health, World Health Organisation Collaborating Centre. Full year equivalent salary banding is £125,000 - £130,000
6. Salary includes £1,327 sacrificed in respect of a personal lease car
7. Pension benefit in accordance with salary received whilst in Acting Director role
8. Salary includes £4,694 sacrificed in respect of a personal lease car
9. Sally Attwood retired from Public Health Wales on 31/05/2022. Full year equivalent salary banding is £110,000 - £115,000
10. Angela Jones was appointed on 27/06/2022 as Acting Director for Health and Wellbeing. Full year equivalent salary banding is £130,000 - £135,000
11. Angela Jones left the Trust on 30/09/2022 as part of a service transfer of Local Public Health Teams to Health Boards
12. Angela Jones commenced a secondment with the Trust on 01/10/2022 as Acting Director for Health and Wellbeing. Reimbursement for payroll costs from this date are to Cwm Taf Morgannwg University Health Board
13. Helen Bushell left the Trust on 06/01/2023. Full year equivalent salary banding is £90,000 - £95,000
14. Elizabeth Blayney was appointed on 09/01/2023 as Acting Board Secretary and Head of Board Business Unit. Full year equivalent salary banding is £80,000 - £85,000
15. Dyfed Edwards left the Trust on 27/02/2023. Full year equivalent salary banding is £5,000 - £10,000
16. Kate Young was appointed on 01/04/2022 as Non-Executive Director
17. Nick Elliott was appointed on 02/05/2022 as Non-Executive Director. Full year equivalent salary banding is £5,000 - £10,000

Annex 2 - Pension Benefits

	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2024	Lump sum at pension age related to accrued pension at 31 March 2024	Cash Equivalent Transfer Value at 31/03/24	Cash Equivalent Transfer Value at 31/03/23	Real increase in Cash Equivalent Transfer Value	Employer contribution to partnership pension account
	(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)				To nearest £100
Name and Title	£000	£000	£000	£000	£000	£000	£000	£000
Dr Tracey Cooper, Chief Executive	2.5 - 5	(2.5) - 0	55 - 60	65 - 70	1,125	873	139	0
Huw George, Deputy Chief Executive and Executive Director of Operations and Finance	(7.5) - (5)	20 - 22.5	50 - 55	145 - 150	1,367	1,172	56	0
Angela Williams, Acting Director of Operations and Finance ₁	(2.5) - 0	2.5 - 5	40 - 45	120 - 125	1,024	852	10	0
Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals ₂	(15) - (12.5)	(45) - (42.5)	30 - 35	75 - 80	138	1,022	-	0

Claire Birchall, Interim Executive Director of Quality, Nursing and Allied Health Professionals ₁	0 - 2.5	0 - 2.5	35 - 40	100 - 105	847	709	26	0
Angela Cook, Acting Executive Director of Quality, Nursing and Allied Health Professionals ₁	0 - 2.5	2.5 - 5	25 - 30	75 - 80	741	549	18	0
Dr Sumina Azam, Acting National Director of Policy and International Health, World Health Organisation Collaborating Centre	(7.5) - (5)	25 - 27.5	35 - 40	90 - 95	755	583	96	0
Dr John Boulton, Director for NHS Quality Improvement and Patient Safety/ Director 1000 Lives Improvement Service/Improvement Cymru	2.5 - 5	0	10 - 15	0	194	118	44	0
Neil Lewis, Director of People and Organisational Development	(2.5) - 0	0	50 - 55	0	750	574	103	0
Dr Fu-Meng Khaw, National Director for Health Protection and Screening Services and Medical Director	(7.5) - (5)	20 - 22.5	70 - 75	200 - 205	1,874	1,597	84	0
Iain Bell, National Director for Public Health Knowledge and Research ₃	0	0	0	0	-	-	-	0
Angela Jones, Acting Director for Health and Wellbeing ₁	(2.5) - 0	5 - 7.5	50 - 55	140 - 145	1,298	1,129	10	0

Jim McManus, National Director for Health and Wellbeing ₁	0 - 2.5	0 - 2.5	5 - 10	10 - 15	135	102	2	0
Paul Veysey, Board Secretary and Head of Board Business Unit _{1,4}	0 - 2.5	0	5 - 10	0	79	-	-	0
Elizabeth Blayney, Acting Board Secretary and Head of Board Business Unit ₁	0 - 2.5	0	0 - 5	0	55	29	1	0

Notes

1. Real increases pro rata to reflect period of time in post.
2. This member is now claiming their 1995 benefits. No CETV is reported for this element of the pension and lump sum and total accrued pension values have reduced accordingly.
3. Iain Bell is not a member of the NHS Pension Scheme.
4. Prior year pension figures not available from NHS Pensions.

Pension related figures above for staff on Executive Salary pay scales have not been updated with the agreed 5% pay award relating to 2023-24, as the increase to pay scales were agreed after the pension information relating to 2023-24 had been requested from the NHS Pension Agency.

Annex 3 – Pay Policy Statement 2023/24

1.0 Introduction and Purpose

- 1.1 The purpose of this policy statement is to clarify Public Health Wales' strategic stance on senior remuneration and to provide a clear statement of the principles underpinning decisions on the use of public funds.
- 1.2 The annual Pay Policy Statement (the “statement”) is produced for each financial year, in accordance with the Welsh Government’s principles and minimum standards as set out in the document “Transparency of Senior Remuneration in the Devolved Welsh Public Sector” which includes a set of high level principles regarding the reporting of senior pay. The document sets out arrangements and principles in a series of standards and non statutory requirements on organisations in the devolved Welsh public sector. It includes a requirement to publish annual reports as well as an annual pay policy statement
- 1.3 The purpose of the statement is to provide transparency with regard to Public Health Wales’ approach to setting the pay of its senior employees (this excludes staff employed on nationally set terms and conditions of employment) by stating:
 - a) the definition of “senior posts” adopted by Public Health Wales for the purposes of the pay policy statement,
 - b) the definition of “lowest-paid employees” adopted by Public Health Wales for the purposes of the pay policy statement,
 - c) Public Health Wales' reasons for adopting those definitions, and
 - d) the relationship between the remuneration of senior posts and that of the lowest-paid employees.

2.0 Legislative Framework

In determining the pay and remuneration of all of its employees, Public Health Wales will comply with all relevant employment legislation. This includes the Equality Act 2010, Part Time Employment (Prevention of Less Favourable Treatment) Regulations 2000, The Agency Workers Regulations 2010 and where relevant, the Transfer of Undertakings (Protection of Employment) Regulations. With regard to the Equal Pay requirements contained within the Equality Act, the NHS Trust ensures there is no pay discrimination within its pay structures for employees covered by the NHS National Terms and Conditions (Agenda for Change), the Medical and Dental Staff (Wales) Handbook and the Executive and Senior Posts cohort and that all pay differentials can be objectively justified through the use of equality

proofed Job Evaluation mechanisms which directly relate salaries to the requirements, demands and responsibilities of the role.

3.0 Pay Structure

Senior posts are defined by Public Health Wales as all staff who are not covered by Agenda for Change or Medical and Dental contracts

This cohort of staff are referred to as “Executive and Senior Posts (ESPs)”

- a) In relation to this statement the ESP posts within the NHS Trust are:
- ❖ Chief Executive
 - ❖ Deputy Chief Executive / Executive Director of Operations and Finance
 - ❖ Executive Director Policy and International Health/World Health Organisation Collaborating Centre
 - ❖ Executive Director of Quality, Nursing and Allied Health Professionals
 - ❖ Director of Health and Wellbeing
 - ❖ Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru
 - ❖ Director of People and Organisational Development
 - ❖ National Director for Health Protection and Screening Services and Executive Medical Director
 - ❖ National Director for Public Health Knowledge and Research
- b) The “lowest-paid employees” within Public Health Wales are paid £23,159 per annum (£14.54 per hour) in accordance with the nationally set Pay Bands and pay points in Wales.
- c) The definitions for senior posts and the lowest paid employees are in accordance with the national provisions as determined and set by Welsh Government as noted in a) above.
- d) The remuneration of senior posts is determined by a job evaluation process (Job Evaluation for Senior Posts (JESP)) and all salaries are agreed by Welsh Government. The remuneration of the lowest-paid employees is set by reference to the national Job Evaluation system (Agenda for Change) and salaries for all Agenda for Change pay spine points (including the lowest) are set following receipt of recommendations from the Pay Review Body. From 1st January 2015, the lowest spine points were adjusted to incorporate the Living Wage.



- e) The annual process of submitting evidence to the pay review bodies (NHS Pay Review Body and Review Body on Doctors' and Dentists' Remuneration) enables an independent assessment to be made on NHS pay. The pay review bodies have regard to the following considerations in making their recommendations:
- ❖ the need to recruit, retain and motivate suitably able and qualified staff;
 - ❖ regional/local variations in labour markets and their effects on the recruitment and retention of staff;
 - ❖ the funds available to the Health Departments, as set out in the Government's Departmental Expenditure Limits;
 - ❖ the Government's inflation target;
 - ❖ the principle of equal pay for work of equal value in the NHS;
 - ❖ the overall strategy that the NHS should place patients at the heart of all it does and the mechanisms by which that is to be achieved.
- f) Salary information relating to senior posts is provided in **Annex 1a** to the Remuneration and Staff report.
- g) Public Health Wales' approach to internal talent management is to share all vacancies and opportunities internally to encourage career mobility and development of all our employees. In addition, through our workforce planning process, we undertake learning needs analysis and succession planning processes to identify developmental needs of all staff. Succession planning is the process of identifying critical positions, assessing current staff members who may be able to fill these positions within several timescales (ready now; 1-2 years and 2-5 years) and developing action plans for these individuals to assume those positions.
- h) Public Health Wales does not use any system of performance related pay for senior posts.
- i) Public Health Wales has a comprehensive approach to performance, development and review and the policies / processes to support this are:

Strategic Workforce Planning Toolkit
My Contribution Policy (Performance Appraisal)
Core Skills and Training Framework
Learning and Development Programme
Management and Leadership Development Programme
Induction Policy and Process

j) The highest and lowest Agenda for Change pay points set by Public Health Wales are:

Highest point - £116,673

Lowest point - £23,159

k) The severance policies which are operated by Public Health Wales are;

- ❖ set out in Section 16 of the nationally agreed NHS Terms and Conditions of Service Handbook for redundancy and these conditions can only be varied by national agreement between government, employers and trade unions;
- ❖ the Voluntary Early Release scheme which requires Welsh Government authorisation for any payment to be made over a certain threshold and;
- ❖ the NHS Wales Organisational Change Policy which provides for a consistent approach to the management of organisational change and provides for redeployment and protection of pay.
- ❖ the Public Health Wales Redundancy Policy which sets out an organisational approach to managing situations where redundancies (or the risk of redundancies) arise

4.0 Wider Reward and Recognition Package

l) Additional Benefits offered by Public Health Wales are;

- **Annual leave** - Staff receive an annual leave allowance of 28 days a year plus bank holidays, rising to 30 days after five years and 34 days after ten years.
- **Flexible working** – The Trust offers a flexible working policy to help balance home and working life, including: working from home, part-time hours and job sharing options.
- **Pension** - We are signed up to the NHS pension scheme. If staff join the NHS pension scheme the Trust will contribute 20.6% towards their pension.
- **Childcare Vouchers** - We offer membership to the childcare vouchers scheme to all employees who have children
- **Cycle to work scheme** – The Trust participates in a [cycle to work scheme](#), which offers savings of up to 42% off the cost of a new bike.
- **Travel loans** - Interest free season ticket loans are available to staff (on an annual basis).
- **Health and well-being** - Health and well-being initiatives are available across the Trust, including discounted gym membership across Wales.

- **Occupational Health** - All employees have access to our Occupational Health services: the service can support staff with, stress management, confidential counselling and seasonal vaccinations.
- **Car Lease scheme** - The NHS Wales Shared services partnership scheme allows Public Health Wales staff to apply for a [lease car](#), for business and personal use.

5.0 Approach to Providing Support to lower paid staff

Public Health Wales, in keeping with the wider NHS, ensures that all of its employees are paid the living wage.

Part C

Parliamentary Accountability and Audit Report

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 **£617,000** of claims for alleged medical or employer negligence against us have been assessed as having a **possible** chance of succeeding. If the claims were to succeed against us, **£544,000** of this figure would be recoverable from the Welsh Risk Pool. Therefore, the net liability to Public Health Wales NHS Trust is **£73,000**.

The Certificate and report of the Auditor General for Wales to the Senedd

Opinion on financial statements

I certify that I have audited the financial statements of Public Health Wales NHS Trust for the year ended 31 March 2024 under Section 61 of the Public Audit (Wales) Act 2004.

These comprise Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Cash Flows 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 2024 and of its surplus for the year then ended;
- ❖ have been properly prepared in accordance with UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- ❖ have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Opinion on regularity

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis for opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements 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's Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

Other Information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:



- ❖ the parts of the Accountability Report subject to audit have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers' directions; and
- ❖ the information given in the Performance and Accountability Reports for the financial year for which the financial statements are prepared is consistent with the financial statements and in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the Trust and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report or the Governance Statement.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- ❖ I have not received all the information and explanations I require for my audit;
- ❖ adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- ❖ the financial statements and the audited part of the Accountability Report are not in agreement with the accounting records and returns;
- ❖ information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed;
- ❖ certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual are not made or parts of the Remuneration Report to be audited are not in agreement with the accounting records and returns; or
- ❖ the Governance Statement does not reflect compliance with HM Treasury's guidance.

Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities set out on Page 64, the Directors and the Chief Executive are responsible for:

- ❖ maintaining adequate accounting records;
- ❖ the preparation of financial statements and annual report in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- ❖ ensuring that the annual report and financial statements as a whole are fair, balanced and understandable;

- ❖ ensuring the regularity of financial transactions;
- ❖ internal controls as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; and
- ❖ assessing the Trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors and Chief Executive anticipate that the services provided by the Trust will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the National Health Service (Wales) Act 2006.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- ❖ Enquiring of management, the [audited entity's head of internal audit] and those charged with governance, including obtaining and reviewing supporting documentation relating to Public Health Wales NHS Trust's policies and procedures concerned with:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- ❖ Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified



potential for fraud in the following areas: revenue recognition, expenditure recognition and 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 Public Health Wales NHS Trust operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Public Health Wales NHS 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; and
- ❖ in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Public Health Wales NHS Trust's controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other auditor's responsibilities

I am also required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Report

I have no observations to make on these financial statements.

Adrian Crompton
Auditor General for Wales

12 July 2024

1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

Annual Report 2023/24

Section 3: Financial Statements and Notes

Public Health Wales NHS Trust

Foreword

These accounts for the period ended 31 March 2024 have been prepared to comply with International Financial Reporting Standards (IFRS) adopted by the European Union, in accordance with HM Treasury's FReM by Public Health Wales NHS Trust under schedule 9 section 178 Para 3 (1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers, with the approval of the Treasury, directed.

Statutory background

The establishment of Public Health Wales NHS Trust in 2009, created for the first time, an independent NHS body with a clear and specific public health focus, and a remit to act across all the domains of public health practice. The Minister for Health and Social Services confirmed Public Health Wales NHS Trust would provide the national resource for the effective delivery of public health services at national, local and community level.

Public Health Wales NHS Trust originally incorporated the functions and services previously provided by the National Public Health Service (NPHS), Wales Centre for Health (WCfH), Welsh Cancer Intelligence Surveillance Unit (WCISU), Congenital Anomaly Register and Information Service (CARIS) and Screening Services Wales.

Since 2009, the organisation has continued to grow, taking on a range of additional functions and services from both the Welsh Government and NHS Wales, including several Health Improvement Programmes, Newborn Bloodspot Screening, Abdominal Aortic Aneurysm Screening, Wrexham Microbiology Laboratory and the Diabetic Eye Screening Service for Wales (DESW). The Trust hosted the NHS Wales Health Collaborative between 2016 until 2023 and the Finance Delivery Unit from 2018 until 2023.

The NHS Executive was established on 1 April 2023 and Public Health Wales hosts this new national support function. The NHS Executive brings together the NHS Wales Health Collaborative, the Finance Delivery Unit and the Delivery Unit which transferred from Swansea Bay. Further functions will transfer into the NHS Executive on 1 April 2024.

Performance Management and Financial Results

This Welsh Health Circular WHC/2016/054 replaces WHC/2015/014 'Statutory and Administrative Financial Duties of NHS Trusts and Local Health Boards' and further clarifies the statutory financial duties of NHS Wales bodies and is effective for 2022-2023. 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 2016-2017.

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 3-year statutory duty under Schedules 4 2(1) and 4 2(2) was at the end of 2016-2017, being the first three year period of assessment.

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2024

	Note	2023-24 £000	2022-23 £000
Revenue from patient care activities	3	197,188	192,085
Other operating revenue	4	37,901	39,714
Operating expenses	5.1	(235,975)	(231,518)
Operating (deficit)/surplus		(886)	281
Investment revenue	6	1,083	577
Other gains and losses	7	(11)	118
Finance costs	8	(135)	(81)
Retained surplus	2.1.1	51	895
Other Comprehensive Income			
Items that will not be reclassified to net operating costs:			
Net gain/(loss) on revaluation of property, plant and equipment		311	9
Net gain / (loss) on revaluation of right of use assets		0	5
Net gain/(loss) on revaluation of intangible assets		0	0
Movements in other reserves		250	215
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale		0	0
Net gain/(loss) on revaluation of financial assets		0	0
Impairments and reversals		0	0
Transfers between reserves		0	0
Reclassification adjustment on disposal of available for sale financial assets		0	0
Sub total		561	229
Items that may be reclassified subsequently to net operating costs			
Net gain/(loss) on revaluation of financial assets held for sale		0	0
Sub total		0	0
Total other comprehensive income for the year		561	229
Total comprehensive income for the year		612	1,124

The notes on pages 6 to 74 form part of these accounts.

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2024

	Note	31 March 2024	31 March 2023
		£000	£000
Non-current assets			
Property, plant and equipment	13	23,064	25,123
Right of Use Assets	13.3	9,100	8,639
Intangible assets	14	888	869
Trade and other receivables	17.1	40	3,347
Other financial assets	18	0	0
Total non-current assets		33,092	37,978
Current assets			
Inventories	16.1	1,167	2,164
Trade and other receivables	17.1	23,273	20,850
Other financial assets	18	0	0
Cash and cash equivalents	19	13,905	15,569
		38,345	38,583
Non-current assets held for sale	13.2	0	0
Total current assets		38,345	38,583
Total assets		71,437	76,561
Current liabilities			
Trade and other payables	20	(29,584)	(30,783)
Borrowings	21	(2,138)	(2,200)
Other financial liabilities	22	0	0
Provisions	23	(4,040)	(2,399)
Total current liabilities		(35,762)	(35,382)
Net current assets/(liabilities)		2,583	3,201
Total assets less current liabilities		35,675	41,179
Non-current liabilities			
Trade and other payables	20	0	0
Borrowings	21	(6,000)	(6,274)
Other financial liabilities	22	0	0
Provisions	23	(2,211)	(5,165)
Total non-current liabilities		(8,211)	(11,439)
Total assets employed		27,464	29,740
Financed by Taxpayers' equity:			
Public dividend capital		22,077	24,965
Retained earnings		4,221	3,915
Revaluation reserve		1,166	860
Other reserves		0	0
Total taxpayers' equity		27,464	29,740

The financial statements were approved by the Board on 11 July 2024 and signed on behalf of the Board by:

Tracey Cooper

Dr Tracey Cooper, Chief Executive and Accountable Officer

Date: 11 July 2024.

The notes on pages 6 to 74 form part of these accounts.

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

2023-24	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Total £000
Changes in taxpayers' equity for 2023-24				
Balance as at 31 March 2023	24,965	3,915	860	29,740
NHS Wales Transfer	0	0	0	0
RoU Asset Transitioning Adjustment	0	0	0	0
Impact of IFRS 16 on PPP/PFI Liability	0	0	0	0
Balance at 1 April 2023	24,965	3,915	860	29,740
Retained surplus/(deficit) for the year		51		51
Net gain/(loss) on revaluation of property, plant and equipment		0	311	311
Net gain/(loss) on revaluation of right of use assets		0	0	0
Net gain/(loss) on revaluation of intangible assets		0	0	0
Net gain/(loss) on revaluation of financial assets		0	0	0
Net gain/(loss) on revaluation of assets held for sale		0	0	0
Net gain/(loss) on revaluation of financial assets held for sale		0	0	0
Impairments and reversals		0	0	0
Other reserve movement		250	0	250
Transfers between reserves		5	(5)	0
Reclassification adjustment on disposal of available for sale financial assets		0	0	0
Reserves eliminated on dissolution	0			0
Total in year movement	0	306	306	612
New Public Dividend Capital received	0			0
Public Dividend Capital repaid in year	(2,888)			(2,888)
Public Dividend Capital extinguished/written off	0			0
PDC Cash Due but not issued	0			0
Other movements in PDC in year	0			0
Balance at 31 March 2024	22,077	4,221	1,166	27,464

The notes on pages 6 to 74 form part of these accounts.

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

2022-23	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Total £000
Changes in taxpayers' equity for 2022-23				
Balance at 31 March 2022	29,230	1,481	891	31,602
NHS Wales Transfer	0	0	0	0
RoU Asset Transitioning Adjustment	0	1,279	0	1,279
Balance at 1 April 2022	29,230	2,760	891	32,881
Retained surplus/(deficit) for the year		895		895
Net gain/(loss) on revaluation of property, plant and equipment		0	9	9
Net gain/(loss) on revaluation of right of use assets		0	5	5
Net gain/(loss) on revaluation of intangible assets		0	0	0
Net gain/(loss) on revaluation of financial assets		0	0	0
Net gain/(loss) on revaluation of assets held for sale		0	0	0
Net gain/(loss) on revaluation of financial assets held for sale		0	0	0
Impairments and reversals		0	0	0
Other reserve movement		215	0	215
Transfers between reserves		45	(45)	0
Reclassification adjustment on disposal of available for sale financial assets		0	0	0
Reserves eliminated on dissolution	0			0
Total in year movement	0	1,155	(31)	1,124
New Public Dividend Capital received	6,091			6,091
Public Dividend Capital repaid in year	(10,356)			(10,356)
Public Dividend Capital extinguished/written off	0			0
PDC Cash Due but not issued	0			0
Other movements in PDC in year	0			0
Balance at 31 March 2023	24,965	3,915	860	29,740

The notes on pages 6 to 74 form part of these accounts.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2024

	Note	2023-24 £000	2022-23 £000
Operating surplus/(deficit)	SOCI	(886)	281
Movements in working capital	30	757	(848)
Other cash flow adjustments	31	5,229	8,062
Provisions utilised		(849)	(340)
Interest paid		(72)	(77)
Net cash inflow (outflow) from operating activities		4,179	7,078
Cash flows from investing activities			
Interest received		1,083	577
(Payments) for property, plant and equipment		(2,496)	(5,810)
Proceeds from disposal of property, plant and equipment		0	183
(Payments) for intangible assets		(19)	(1,542)
Proceeds from disposal of intangible assets		0	3,638
Payments for investments with Welsh Government		0	0
Proceeds from disposals with Welsh Government		0	0
(Payments) for financial assets.		0	0
Proceeds from disposal of financial assets.		0	0
Net cash inflow (outflow) from investing activities		(1,432)	(2,954)
Net cash inflow (outflow) before financing		2,747	4,124
Cash flows from financing activities			
Public Dividend Capital received		0	6,091
Public Dividend Capital repaid		(2,888)	(10,356)
Loans received from Welsh Government		0	0
Loans repaid to Welsh Government		0	0
Other loans received		0	0
Other loans repaid		0	0
Other capital receipts		0	0
Capital elements of finance leases and on-SOFP PFI		0	0
Capital element of payments in respect of on-SoFP PFI		0	0
Capital element of payments in respect of Right of Use Assets		(1,523)	(1,081)
Cash transferred (to)/from other NHS Wales bodies		0	0
Net cash inflow (outflow) from financing activities		(4,411)	(5,346)
Net increase (decrease) in cash and cash equivalents		(1,664)	(1,222)
Cash [and] cash equivalents at the beginning of the financial year	19	15,569	16,791
Cash [and] cash equivalents at the end of the financial year	19	13,905	15,569

The notes on pages 6 to 74 form part of these accounts.

Notes to the Accounts

1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of NHS Trusts (NHST) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2023-24 Manual for Accounts. The accounting policies contained in that manual follow the 2023-24 Financial Reporting Manual (FReM), in accordance with international accounting standards in conformity with the requirements of the Companies Act 2006, to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the NHST Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the NHST for the purpose of giving a true and fair view has been selected. The particular policies adopted by the NHST are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

1.2 Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.3 Revenue

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

From 2018-2019, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FRoM. 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 is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The latest NHS Pension Scheme valuation results indicated that an increase in benefit required a 6.3% increase (14.38% to 20.68%) which was implemented from 1 April 2019.

As an organisation within the full funding scope, the joint (in NHS England and NHS Wales) transitional arrangement operated from 2019-2020 where employers in the Scheme would continue to pay 14.38% employer contributions under their normal monthly payment process, and in Wales the additional 6.3% would be funded by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA, the NHS Pensions Agency).

However, NHS Wales organisations are required to account for **their staff** employer contributions of 20.68% 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 service potential will be supplied to, Public Health Wales NHS Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single

managerial control; or

- items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. Public Health Wales NHS Trust has applied these new valuation requirements from 1 April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

In 2022-23 a formal revaluation exercise was applied to land and properties. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Income (SoCI).

From 2015-2016, IFRS 13 Fair Value Measurement must be complied with in full. However IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on Public Health Wales NHS Trust or the asset which would prevent access to the market at the reporting date. If Public Health Wales NHS Trust could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCI. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This ensures that asset carrying values are not materially overstated.

For All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs so identified are then charged to operating expenses.

1.7 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, Public Health Wales NHS Trust; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to use the intangible asset
- how the intangible asset will generate probable future economic benefits
- the availability of adequate technical, financial and other resources to complete the intangible asset and use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.8 Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the Public Health Wales NHS Trust expects to obtain economic benefits or service potential from the asset. This is specific to Public Health Wales NHS Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, Public Health Wales NHS Trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCI. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCI. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings.

1.9 Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits therefrom can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCI on a systematic basis over the period expected to benefit from the project.

1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCI. On disposal, the balance for the asset on the revaluation reserve is transferred to retained earnings.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration.

IFRS 16 leases is effective across public sector from 1 April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the standard have been employed. These are as follows: The entity has applied the practical expedient offered in the standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 leases and IFRIC 4 determining whether an arrangement contains a lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application, Public Health Wales NHS Trust has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the standard.

The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application has been employed per paragraph C10 (c) of IFRS 16. Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

List any other transition expedients employed by the entity at its discretion.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2022 will be assessed under the requirements of IFRS 16.

There are further expedients or election that have been employed by Public Health Wales NHS Trust in applying IFRS 16.

These include:

- the measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16
- the measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16

Public Health Wales NHS Trust will not apply IFRS 16 to any new leases of in tangible assets applying the treatment described in section 1.14 instead.

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- List any other expedients employed by the entity (such as low value 5(b) or 15 on componentisation HM Treasury have adapted the public sector approach to IFRS 16 which impacts on the identification and measurement of leasing arrangements that will be accounted for under IFRS 16.

Public Health Wales NHS Trust is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16, Public Health Wales NHS Trust has assessed that in all other respects these arrangements meet the definition of a lease under the standard.

Public Health Wales NHS Trust is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

1.11.1 Public Health Wales NHS Trust as lessee

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. 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 to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

The incremental borrowing rate of 0.95% has been applied to the lease liabilities recognised at the date of initial application of IFRS 16.

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

Where there is a change in a lease term or an option to purchase the underlying asset [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 asset by Public Health Wales NHS Trust.

1.11.2 Public Health Wales NHS Trust as lessor (where relevant)

A lessor shall classify each of its leases as an operating or finance lease. A lease is classified as finance lease when the lease substantially transfers all the risks and rewards incidental to ownership of an underlying asset. Where substantially all the risks and rewards are not transferred, a lease is classified as an operating lease.

Amounts due from lessees under finance leases are recorded as receivables at the amount of 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 Public Health Wales NHS Trust net investment outstanding in respect of the leases.

Income from operating leases is recognised on a straight-line or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Where Public Health Wales NHS Trust is an intermediate lessor, being a lessor and a lessee regarding the same underlying asset, classification of the sublease is required to be made by the intermediate lessor considering the term of the arrangement and the nature of the right of use asset arising from the head lease.

On transition, Public Health Wales NHS Trust has reassessed the classification of all of its continuing subleasing arrangements to include peppercorn leases.

1.12 Inventories

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

1.13 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

1.14 Provisions

Provisions are recognised when Public Health Wales NHS Trust has a present legal or constructive obligation as a result of a past event, it is probable that Public Health Wales NHS Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where Public Health Wales NHS Trust has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when Public Health Wales NHS Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.14.1 Clinical negligence and personal injury costs

The Welsh Risk Pool Services (WRPS) operate a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participating NHS Wales bodies. The risk sharing option was implemented in both 2023-24 and 2022-23. The WRPS is hosted by Velindre NHS University Trust.

1.14.2 Future Liability Scheme (FLS)

General Medical Practice Indemnity (GMPI)

The FLS is a state backed scheme to provide clinical negligence General Medical Practice Indemnity (GMPI) for providers of GP services in Wales.

In March 2019, the Minister issued a Direction to Velindre University NHS Trust to enable Legal and Risk Services to operate the Scheme. The GMPI is underpinned by new secondary legislation, The NHS (Clinical Negligence Scheme) (Wales) Regulations 2019 which came into force on 1 April 2019.

1.15 Financial Instruments

From 2018-2019 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 Public Health Wales NHS Trust is a change to the calculation basis for bad debt provisions: changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

1.16 Financial assets

Financial assets are recognised on the SoFP when the NHS Wales organisation becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses.

All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

1.16.1 Financial assets are initially recognised at fair value

Financial assets are classified into the following categories: financial assets 'at fair value' through SoCI; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

1.16.2 Financial assets at fair value through SoCI

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCI. They are held at fair value, with any resultant gain or loss recognised in the SoCI. The net gain or loss incorporates any interest earned on the financial asset.

1.16.3 Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

1.16.4 Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCI on de-recognition.

1.16.5 Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, Public Health Wales NHS Trust assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the expenditure and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.16.6 Other financial assets

Listed investments are stated at market value. Unlisted investments are included at cost as an approximation to market value. Quoted stocks are included in the balance sheet at mid-market price, and where holdings are subject to bid / offer pricing their valuations are shown on a bid price. The shares are not held for trading and accordingly are classified as available for sale. Other financial assets are classified as available for sale investments carried at fair value within the financial statements.

1.17 Financial liabilities

Financial liabilities are recognised on the SOFP when Public Health Wales NHS Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired. Loans from Welsh Government are recognised at historical cost.

1.17.1 Financial liabilities are initially recognised at fair value through SoCI

Financial liabilities are classified as either financial liabilities at fair value through the SoCI or other financial liabilities.

1.17.2 Financial liabilities at fair value through the SoCI

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCI. The net gain or loss incorporates any interest earned on the financial asset.

1.17.3 Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.18 Value Added Tax (VAT)

Most of the activities of Public Health Wales NHS Trust are outside the scope of VAT and, in general, output VAT does not apply and input VAT on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output VAT is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19 Foreign currencies

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCI. At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

1.20 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since Public Health Wales NHS Trust has no beneficial interest in them. Details of third party assets are given in the Notes to the accounts.

1.21 Losses and Special Payments

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCI on an accruals basis, including losses which would have been made good through insurance cover had Public Health Wales NHS Trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

Public Health Wales NHS Trust accounts for all losses and special payments gross (including assistance from the WRPS).

Public Health Wales NHS Trust accrues or provides for the best estimate of future payouts for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5-50%, the liability is disclosed as a contingent liability.

1.22 Pooled budget

Public Health Wales NHS Trust [has not entered into pooled budgets with Local Authorities](#).

1.23 Critical Accounting Judgements and key sources of estimation uncertainty

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

1.24 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the SoFP date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Significant estimations are made in relation to on-going clinical negligence and personal injury claims. Assumptions as to the likely outcome, the potential liabilities and the timings of these litigation claims are provided by independent legal advisors. Any material changes in liabilities associated with these claims would be recoverable through the WRPS.

1.25 Provisions for legal or constructive obligations for clinical negligence, personal injury & defence costs

Public Health Wales NHS Trust provides for legal or constructive obligations for clinical negligence, personal injury and defence costs that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation.

Claims are funded via the WRPS which receives an annual allocation from Welsh Government to cover the cost of reimbursement requests submitted to the bi-monthly WRPS Committee. Following settlement to individual claimants by Public Health Wales NHS Trust, the full cost is recognised in year and matched to income (less a £25K excess) via a WRPS debtor, until reimbursement has been received from the WRPS Committee.

Probable & Certain Cases – Accounting Treatment

A provision for these cases is calculated in accordance with IAS 37. Cases are assessed and divided into four categories according to their probability of settlement:

Remote	Probability of Settlement	0 – 5%
	Accounting Treatment	Remote Contingent Liability
Possible	Probability of Settlement	6% - 49%
	Accounting Treatment	Defence Fee - Provision* Contingent Liability for all other estimated expenditure
Probable	Probability of Settlement	50% - 94%
	Accounting Treatment	Full Provision
Certain	Probability of Settlement	95% - 100%
	Accounting Treatment	Full Provision

* *Personal injury cases - Defence fee costs are provided for at 100%.*

The provision for probable and certain cases is based on case estimates of individual reported claims received by Legal & Risk Services within NHS Wales Shared Services Partnership.

The solicitor will estimate the case value including defence fees, using professional judgement and from obtaining counsel advice. Valuations are then discounted for the future loss elements using individual life expectancies and the Government Actuary’s Department actuarial tables (Ogden tables) and Personal Injury Discount Rate of -0.25%.

Future liabilities for certain & probable cases with a probability of 95%-100% and 50%-94% respectively are held as a provision on Public Health Wales NHS Trust's balance sheet. Cases typically take a number of years to settle, particularly for high value cases where a period of development is necessary to establish the full extent of the injury caused.

1.26 Discount Rates

Where discount is applied, a disclosure detailing the impact of the discounting on liabilities to be included for the relevant notes. The disclosure should include where possible undiscounted values to demonstrate the impact. An explanation of the source of the discount rate or how the discount rate has been determined to be included.

1.27 Private Finance Initiative (PFI) transactions

The Trust has no PFI arrangements.

1.28 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of Public Health Wales NHS Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of Public Health Wales NHS Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

1.29 Absorption accounting

Transfers of function are accounted for as either by merger or by absorption accounting, dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

For transfers of functions involving NHS Wales Trusts in receipt of PDC the double entry for the fixed asset NBV value and the net movement in assets is PDC.

1.30 Accounting standards that have been issued but not yet been adopted

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

IFRS14 Regulatory Deferral Accounts - Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 17 Insurance Contracts, Application required for accounting periods beginning on or after 1 January 2023, Standard is not yet adopted by the FReM which is expected to be from April 2025: early adoption is not permitted.

1.31 Accounting standards issued that have been adopted early

During 2023-24 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 any Charitable Funds as a subsidiary, and therefore is not required to consolidate the results of any Charitable Funds within the statutory accounts of Public Health Wales NHSTrust.

1.33 Subsidiaries

Material entities over which Public Health Wales NHS Trust has the power to exercise control so as to obtain economic or other benefits are classified as subsidiaries and are consolidated. Their income and expenses; gains and losses; assets, liabilities and reserves; and cash flows are consolidated in full into the appropriate financial statement lines. Appropriate adjustments are made on consolidation where the subsidiary's accounting policies are not aligned with Public Health Wales NHS Trust or where the subsidiary's accounting date is before 1 January or after 30 June.

Subsidiaries that are classified as 'held for sale' are measured at the lower of their carrying amount or 'fair value less costs to sell'.

1.34 Borrowing costs

Borrowing costs are recognised as expenses as they are incurred.

1.35 Public Dividend Capital (PDC) and PDC dividend

PDC represents taxpayers' equity in Public Health Wales NHS Trust. At any time the Minister for Health and Social Services with the approval of HM Treasury can issue new PDC to, and require repayments of, PDC from Public Health Wales NHS Trust. PDC is recorded at the value received. As PDC is issued under legislation rather than under contract, it is not treated as an equity financial instrument.

From 1 April 2010 the requirement to pay a public dividend over to the Welsh Government ceased.

2. Financial Performance

2.1 STATUTORY FINANCIAL DUTIES

Under the National Health Services (Wales) Act 2006 the financial obligations of the NHS Trust are contained within Schedules 4 2(1) and 4(2).

The Trust is required to achieve financial breakeven over a rolling 3 year period.

Welsh Health Circular WHC/2016/054 replaced WHC/2015/014 'Statutory and Financial Duties of Local Health Boards and NHS Trusts' and further clarifies the statutory financial duties of NHS Wales bodies.

2.1.1 Financial Duty

	Annual financial performance			2021-22 to
	2021-22	2022-23	2023-24	2023-24
	£000	£000	£000	Financial duty £000
Retained surplus	794	895	51	1,740
Less Donated asset / grant funded revenue adjustment	(651)	(810)	0	(1,461)
Adjusted surplus/ (Deficit)	143	85	51	279

Public Health Wales NHS Trust has met its financial duty to break even over the 3 years 2021-2022 to 2023-2024.

2.1.2 Integrated Medium Term Plan (IMTP)

The NHS Wales Planning Framework issued to Trusts placed a requirement upon them to prepare and submit Integrated Medium Term Plans to the Welsh Government.

The Trust submitted an Integrated Medium Term Plan, which includes the financial plan, for the period 2023-24 to 2025-26 in accordance with the NHS Wales Planning Framework. This was approved by the Minister for Health and Social Services on 12th September 2023.

The Minister for Health and Social Services approval status.

Status	Approved
Date	12/09/2023

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

2. Financial Performance (cont)

2.2 ADMINISTRATIVE REQUIREMENTS

2.2.1. External financing

The Trust is given an external financing limit which it is permitted to undershoot

[The EFL target has been suspended by Welsh Government for 2023-24.](#)

2.3. Creditor payment

The Trust is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The Trust has achieved the following results:

	2023-24	2022-23
Total number of non-NHS bills paid	24,185	27,394
Total number of non-NHS bills paid within target	23,437	26,416
Percentage of non-NHS bills paid within target	96.9%	96.4%

The Trust has met the target.

3. Revenue from patient care activities	2023-24	2022-23
	£000	£000
Local health boards	0	0
Welsh Health Specialised & Emergency Ambulance		
Services Committees (WHSSC & EASC)	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Foundation Trusts	0	0
Other NHS England bodies	0	0
Other NHS Bodies	0	0
Local Authorities	0	0
Welsh Government	168,307	167,389
Welsh Government - Hosted Bodies	28,881	24,696
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	197,188	192,085

Injury Cost Recovery (ICR) Scheme income:

	2023-24	2022-23
	%	%
To reflect expected rates of collection ICR income is subject to a provision for impairment of:	0.00	0.00

4. Other operating revenue

	2023-24	2022-23
	£000	£000
Income generation	678	498
Patient transport services	0	0
Education, training and research	2,123	2,049
Charitable and other contributions to expenditure	0	0
Receipt of Covid Items free of charge from other NHS Wales Organisations	0	0
Receipt of Covid Items free of charge from other organisations	0	762
Receipt of donations for capital acquisitions	0	673
Receipt of government grants for capital acquisitions	0	0
Right of Use Grant (Peppercorn Lease)	0	0
Non-patient care services to other bodies	0	0
Right of Use Asset Sub-leasing rental income	0	0
Rental revenue from finance leases	0	0
Rental revenue from operating leases	0	0
Other revenue:		
Provision of pathology/microbiology services	22,361	21,054
Accommodation and catering charges	0	0
Mortuary fees	0	0
Staff payments for use of cars	0	0
Business unit	0	0
Scheme Pays Reimbursement Notional	51	51
Other	12,688	14,627
Total	37,901	39,714
Total Patient Care and Operating Revenue	235,089	231,799

Other revenue comprises:

Grants - LA	0	331
Grants - Other	948	517
LHB & Trusts - Non Core Income	2,778	4,190
WG - Non Core Income	5,501	5,993
Staff Recharge	3,409	3,551
Other	52	45

Total	12,688	14,627
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5. Operating expenses	2023-24	2022-23
5.1 Operating expenses	£000	£000
Local Health Boards	22,355	23,012
Welsh NHS Trusts	2,544	2,113
Welsh Special Health Authorities	1,056	1,601
Goods and services from other non Welsh NHS bodies	0	0
WHSSC/EASC	0	144
Local Authorities	4,228	4,120
Purchase of healthcare from non-NHS bodies	0	0
Welsh Government	0	0
Other NHS Trusts	54	211
Directors' costs	1,834	1,744
Operational Staff costs	138,660	126,927
Single lead employer Staff Trainee Cost	484	88
Collaborative Bank Staff Cost	0	0
Supplies and services - clinical	28,659	32,433
Supplies and services - general	2,159	5,751
Consultancy Services	1,449	721
Establishment	12,300	11,582
Transport	792	916
Premises	8,694	8,753
Impairments and Reversals of Receivables	0	0
Depreciation	4,740	4,464
Depreciation (RoU Asset)	2,095	1,672
Amortisation	348	392
Impairments and reversals of property, plant and equipment	11	1,235
Fixed asset impairments and reversals (RoU Assets)	0	0
Impairments and reversals of intangible assets	0	0
Impairments and reversals of financial assets	0	0
Impairments and reversals of non current assets held for sale	0	0
Audit fees	196	185
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	235	(223)
Research and development	0	0
Expense related to short-term leases	5	345
Expense related to low-value asset leases (excluding short-term leases)	2	16
Other operating expenses	3,075	3,316
Total	235,975	231,518

5. Operating expenses (continued)

5.2 Losses, special payments and irrecoverable debts:

Charges to operating expenses	2023-24 £000	2022-23 £000
Increase/(decrease) in provision for future payments:		
Clinical negligence;-		
Secondary care	577	1,088
Primary care	0	0
Redress Secondary Care	0	0
Redress Primary Care	0	0
Personal injury	48	(228)
All other losses and special payments	73	(100)
Defence legal fees and other administrative costs	125	6
Structured Settlements Welsh Risk Pool	0	0
Gross increase/(decrease) in provision for future payments	<u>823</u>	<u>766</u>
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	6	(2)
Less: income received/ due from Welsh Risk Pool	(594)	(987)
Total charge	<u>235</u>	<u>(223)</u>

	2023-24 £	2022-23 £
Permanent injury included within personal injury:	46,941	(228,144)

6. Investment revenue	2023-24	2022-23
Rental revenue :	£000	£000
PFI finance lease revenue:		
Planned	0	0
Contingent	0	0
Other finance lease revenue	0	0
Interest revenue:		
Bank accounts	1,083	577
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
Total	1,083	577

7. Other gains and losses	2023-24	2022-23
	£000	£000
Gain/(loss) on disposal of property, plant and equipment	(11)	118
Gain/(loss) on disposal other than by sale of right of use assets assets	0	0
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	0	0
Gain/(loss) on disposal of financial assets	0	0
Gains/(loss) on foreign exchange	0	0
Change in fair value of financial assets at fair value through income statement	0	0
Change in fair value of financial liabilities at fair value through income statement	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
Total	(11)	118

8. Finance costs	2023-24	2022-23
	£000	£000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	0
Interest on obligations under Right of Use Leases	135	81
Interest on obligations under PFI contracts:		
Main finance cost	0	0
Contingent finance cost	0	0
Impact of IFRS 16 on PPP/PFI contracts	0	0
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
Total interest expense	135	81
Provisions unwinding of discount	0	0
Periodical Payment Order unwinding of discount	0	0
Other finance costs	0	0
Total	135	81

9. Future change to SoCI/Operating Leases

9.1 Trust as lessee

Operating lease payments represent rentals payable by Public Health Wales NHS Trust .

	2023-24 Low Value & Short Term	2023-24 Other	2023-24 Total	2022-23
Payments recognised as an expense	2023-24 £000	2023-24 £000	2023-24 £000	2022-23 £000
Minimum lease payments	7	0	7	361
Contingent rents	0	0	0	0
Sub-lease payments	0	0	0	0
Total	7	0	7	361
Total future minimum lease payments	2023-24 £000	2023-24 £000	2023-24 £000	2022-23 £000
Payable:				
Not later than one year	4	0	4	90
Between one and five years	0	0	0	5
After 5 years	0	0	0	0
Total	4	0	4	95
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	2023-24	2022-23
	£000	£000
Rent	0	0
Contingent rent	0	0
Other	0	0
Total rental revenue	0	0

Total future minimum lease payments	2023-24	2022-23
Receivable:	£000	£000
Not later than one year	0	0
Between one and five years	0	0
After 5 years	0	0
Total	0	0

10. Employee costs and numbers

10.1 Employee costs Operational Staff	Permanently	Staff on	Agency	Specialist	Other	2023-24	2022-23
	employed	Inward	Staff	Trainee	Staff	£000	£000
	staff	Secondment		(SLE)			
	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	99,578	7,640	3,040	422	0	110,680	101,773
Social security costs	10,914	0	0	43	0	10,957	10,029
Employer contributions to NHS Pensions Scheme	19,239	0	0	19	0	19,258	16,922
Other pension costs	0	0	0	0	0	0	0
Other post-employment benefits	0	0	0	0	0	0	0
Termination benefits	0	0	0	0	0	0	0
Total	129,731	7,640	3,040	484	0	140,895	128,724

Of the total above:

Charged to capital	49	96
Charged to revenue	140,846	128,628
Total	140,895	128,724

Net movement in accrued employee benefits (untaken staff leave) 8 263

The increase in employee costs is due to the 5% pay award in year, the 1.5% non-consolidated recovery payment (for staff employed on the Agenda for Change terms and conditions), the transfer of staff into the NHS Executive and the increase in the cost of agency and other off-payroll workers.

10.2 Average number of employees

10.2 Average number of employees	Permanently	Staff on	Agency	Specialist	Other	2023-24	2022-23
	Employed	Inward	Staff	Trainee	Staff	Total	Total
	Number	Secondment	Number	(SLE)	Number	Number	Number
Administrative, clerical and board members	1,315	50	30	1	0	1,396	1,318
Medical and dental	102	23	1	6	0	132	137
Nursing, midwifery registered	99	12	0	0	0	111	107
Professional, scientific and technical staff	12	7	0	0	0	19	11
Additional Clinical Services	339	0	5	0	0	344	367
Allied Health Professions	84	1	0	0	0	85	86
Healthcare scientists	418	0	12	0	0	430	426
Estates and Ancillary	2	0	0	0	0	2	3
Students	0	0	0	0	0	0	0
Total	2,371	93	48	7	0	2,519	2,455

The increase in average number of employees is predominantly due to the transfer of staff into the NHS Executive.

10.3. Retirements due to ill-health

	2023-24	2022-23
Number	3	1
Estimated additional pension costs £	873,054	0

The estimated additional pension costs of these ill-health retirements have been calculated on an average basis and are borne by the NHS Pension Scheme.

10.4 Employee benefits

Public Health Wales NHS Trust offers three salary sacrifice schemes; Childcare Voucher Scheme, Cycle to Work Scheme and a car lease scheme via NHS Fleet Solutions. In addition, the Trust offers a purchase of annual leave scheme.

10.5 Reporting of other compensation schemes - exit packages

	2023-24	2023-24	2023-24	2023-24	2022-23
				Number of departures where special payments have been made	
Exit packages cost band (including any special payment element)	Number of compulsory redundancies Whole numbers only	Number of other departures Whole numbers only	Total number of exit packages Whole numbers only	Whole numbers only	Total number of exit packages Whole numbers only
less than £10,000	1	0	1	0	1
£10,000 to £25,000	0	1	1	1	0
£25,000 to £50,000	0	0	0	0	1
£50,000 to £100,000	0	0	0	0	1
£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	1	1	2	1	3

	2023-24	2023-24	2023-24	2023-24	2022-23
				Cost of special element included in exit packages	
Exit packages cost band (including any special payment element)	Cost of compulsory redundancies £	Cost of other departures £	Total cost of exit packages £	£	Total cost of exit packages £
less than £10,000	6,943	0	6,943	0	4,630
£10,000 to £25,000	0	24,500	24,500	24,500	0
£25,000 to £50,000	0	0	0	0	44,602
£50,000 to £100,000	0	0	0	0	79,592
£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	6,943	24,500	31,443	24,500	128,824

Exit costs paid in year of departure	Total paid in year 2023-24 £	Total paid in year 2022-23 £
Exit costs paid in year	111,035	49,232
Total	111,035	49,232

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

The exit packages reported in the above table relates to one employee exit with two separate payments.

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.

	2023-24 £000	2023-24 £000	2023-24 £000	2022-23 £000	2022-23 £000	2022-23 £000
	Chief Executive			Employee		
	Executive	Employee	Ratio	Executive	Employee	Ratio
Total pay and benefits						
25th percentile pay ratio	178	30	5.87	173	27	6.32
Median pay	178	44	4.08	173	38	4.48
75th percentile pay ratio	178	58	3.05	173	53	3.27
Salary component of total pay and benefits						
25th percentile pay ratio	178	28		173	27	
Median pay	178	43		173	36	
75th percentile pay ratio	178	55		173	49	

The Chief Executive is the highest -paid director.

In 2023-24, 5 (2022-23, 4) employees received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £15,787 to £341,273 (2022-23, £16,192 to £406,499), with the lower amount reflecting apprentices.

The all staff range includes directors (including the highest paid director) and excludes pension benefits of all employees.

The increase in number of employees who are remunerated in excess of the highest-paid director is due to the increase in pay.

Financial year summary

The median pay ratio is consistent with the pay, reward and progression policies for the Trust's employees taken as a whole. All pay is in accordance with Welsh Government and NHS frameworks including Agenda for Change, which is a fair and transparent pay system.

10.6.2 Percentage Changes

	2022-23 to 2023-24	2021-22 to 2022-23
% Change from previous financial year in respect of Chief Executive	%	%
Salary and allowances	3	3
Performance pay and bonuses	0	0
% Change from previous financial year in respect of highest paid director		
Salary and allowances	0	0
Performance pay and bonuses	0	0
Average % Change from previous financial year in respect of employees takes as a whole		
Salary and allowances	10	6
Performance pay and bonuses	0	0

The Chief Executive was the highest-paid director in 2022-23 and 2023-24 and so only the top section of the table above has been completed.

The increase in average percentage change from previous year is due to the number of agency workers who started toward the end of the financial year but for whom the annualised pay is skewing the calculation.

11. Pensions

PENSION COSTS

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 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 (taking into account recent demographic experience), and to recommend contribution rates payable by employees and 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.

c) National Employment Savings Trust (NEST)

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,240 and £50,270 for the 2023-24 tax year (2022-23 £6,240 and £50,270).

Restrictions on the annual contribution limits were removed on 1st April 2017.

12. Public Sector Payment Policy

12.1 Prompt payment code - measure of compliance

The Welsh Government requires that trusts pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the trust financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery or receipt of a valid invoice, whichever is the later.

	2023-24	2023-24	2022-23	2022-23
	Number	£000	Number	£000
NHS				
Total bills paid in year	3,045	50,281	3,192	45,727
Total bills paid within target	2,786	46,879	2,985	42,569
Percentage of bills paid within target	91.5%	93.2%	93.5%	93.1%
Non-NHS				
Total bills paid in year	24,185	96,400	27,394	104,727
Total bills paid within target	23,437	92,984	26,416	99,731
Percentage of bills paid within target	96.9%	96.5%	96.4%	95.2%
Total				
Total bills paid in year	27,230	146,681	30,586	150,454
Total bills paid within target	26,223	139,863	29,401	142,300
Percentage of bills paid within target	96.3%	95.4%	96.1%	94.6%

12.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2023-24	2022-23
	£	£
Amounts included within finance costs from claims made under legislation	0	0
Compensation paid to cover debt recovery costs under legislation	0	0
Total	0	0

13. Property, plant and equipment :

2023-24

	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
Cost at 31 March bf	341	8,198	0	0	24,019	3,915	9,656	2,145	48,274
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Prepayments	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0	0	0
At 1 April 2023	341	8,198	0	0	24,019	3,915	9,656	2,145	48,274
Indexation	0	370	0	0	0	0	0	0	370
Additions - purchased	0	134	0	0	260	318	1,593	86	2,391
Additions - donated	0	0	0	0	0	0	0	0	0
Additions - government granted	0	0	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	(11)	0	0	0	0	0	0	0	(11)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	(778)	(109)	(752)	(202)	(1,841)
At 31 March 2024	330	8,702	0	0	23,501	4,124	10,497	2,029	49,183
Depreciation									
Depreciation at 31 March bf	0	2,989	0	0	11,019	1,091	6,498	1,554	23,151
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0	0	0
At 1 April 2023	0	2,989	0	0	11,019	1,091	6,498	1,554	23,151
Indexation	0	59	0	0	0	0	0	0	59
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	(772)	(109)	(748)	(202)	(1,831)
Charged during the year	0	322	0	0	2,747	409	1,097	165	4,740
At 31 March 2024	0	3,370	0	0	12,994	1,391	6,847	1,517	26,119
Net book value									
At 1 April 2023	341	5,209	0	0	13,000	2,824	3,158	591	25,123
Net book value									
At 31 March 2024	330	5,332	0	0	10,507	2,733	3,650	512	23,064
Net book value at 31 March 2024 comprises :									
Purchased	330	5,332	0	0	9,424	2,733	3,650	512	21,981
Donated	0	0	0	0	1,083	0	0	0	1,083
Government Granted	0	0	0	0	0	0	0	0	0
At 31 March 2024	330	5,332	0	0	10,507	2,733	3,650	512	23,064
Asset Financing:									
Owned	330	5,332	0	0	10,507	2,733	3,650	512	23,064
On-SoFP MIMS Funded PPP contracts	0	0	0	0	0	0	0	0	0
On-SoFP PFI contract	0	0	0	0	0	0	0	0	0
PFI residual interest	0	0	0	0	0	0	0	0	0
At 31 March 2024	330	5,332	0	0	10,507	2,733	3,650	512	23,064

The net book value of land, buildings and dwellings at 31 March 2024 comprises :

	£000
Freehold	5,662
Long Leasehold	0
Short Leasehold	0
Total	5,662

Valuers 'material uncertainty', in valuation.

0

The disclosure relates to the materiality in the valuation report not that of the underlying account.

The land and buildings were revalued by the Valuation Office Agency with an effective date of 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 :

2022-23

	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
Cost at 31 March bf	563	10,184	0	0	27,912	3,010	9,427	2,009	53,105
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Prepayments	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	(157)	(555)	0	0	0	0	0	0	-712
At 1 April 2022	406	9,629	0	0	27,912	3,010	9,427	2,009	52,393
Indexation	(11)	266	0	0	0	0	0	0	255
Additions - purchased	0	343	0	0	628	2,522	689	142	4,324
Additions - donated	0	0	0	0	673	0	0	0	673
Additions - government granted	0	0	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	0	(219)	0	0	0	0	0	0	(219)
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	(54)	(1,821)	0	0	0	0	0	0	(1,875)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	(5,194)	(1,617)	(460)	(6)	(7,277)
At 31 March 2023	341	8,198	0	0	24,019	3,915	9,656	2,145	48,274
Depreciation									
Depreciation at 31 March bf	0	3,390	0	0	13,525	2,506	5,804	1,350	26,575
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	(63)	0	0	0	0	0	0	(63)
At 1 April 2022	0	3,327	0	0	13,525	2,506	5,804	1,350	26,512
Indexation	0	27	0	0	0	0	0	0	27
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	(640)	0	0	0	0	0	0	(640)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	(5,190)	(1,603)	(417)	(2)	(7,212)
Charged during the year	0	275	0	0	2,684	188	1,111	206	4,464
At 31 March 2023	0	2,989	0	0	11,019	1,091	6,498	1,554	23,151
Net book value									
At 1 April 2022	406	6,302	0	0	14,387	504	3,623	659	25,881
Net book value									
At 31 March 2023	341	5,209	0	0	13,000	2,824	3,158	591	25,123
Net book value at 31 March 2023 comprises :									
Purchased	341	5,209	0	0	11,806	2,824	3,158	591	23,929
Donated	0	0	0	0	1,194	0	0	0	1,194
Government Granted	0	0	0	0	0	0	0	0	0
At 31 March 2023	341	5,209	0	0	13,000	2,824	3,158	591	25,123
Asset Financing:									
Owned	341	5,209	0	0	13,000	2,824	3,158	591	25,123
On-SoFP MIMS Funded PPP contracts	0	0	0	0	0	0	0	0	0
On-SoFP PFI contract	0	0	0	0	0	0	0	0	0
PFI residual interest	0	0	0	0	0	0	0	0	0
At 31 March 2023	341	5,209	0	0	13,000	2,824	3,158	591	25,123

The net book value of land, buildings and dwellings at 31 March 2023 comprises :

	£000
Freehold	5,550
Long Leasehold	0
Short Leasehold	0
Total	5,550

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.

Transfer of Finance Leases to Right of Use Asset Note includes the transfer of peppercorn leases.

13. Property, plant and equipment :

Disclosures:

i) Donated Assets

Public Health Wales NHS Trust has not received any donated assets during the year.

ii) Valuations

Public Health Wales 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 as follows:

- Land is not depreciated.
- Buildings as determined by the Valuation Office Agency.
- Equipment 5-15 years.

As part of the verification exercise undertaken each year the Trust also considers whether the asset lives are appropriate and, if necessary, they are adjusted.

iv) Compensation

There has been no compensation received from third parties for assets impaired, lost or given up, that is included in the income statement.

v) Write Downs

There have been no write downs.

vi) Public Health Wales NHS Trust does not hold any property where the value is materially different from its open market value.

vii) Assets Held for Sale or sold in the period.

There are no assets held for sale or sold in the period.

IFRS 13 Fair value measurement

There are no assets requiring Fair Value measurement 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 2023	0	0	0	0	0	0
Plus assets classified as held for sale in year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in year	0	0	0	0	0	0
Plus reversal of impairments	0	0	0	0	0	0
Less impairment for assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale for reasons other than disposal by sale	0	0	0	0	0	0
Balance c/f 31 March 2024	0	0	0	0	0	0
Balance b/f 1 April 2022	0	0	0	0	0	0
Plus assets classified as held for sale in year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in year	0	0	0	0	0	0
Plus reversal of impairments	0	0	0	0	0	0
Less impairment for assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale for reasons other than disposal by sale	0	0	0	0	0	0
Balance c/f 31 March 2023	0	0	0	0	0	0

13.3 Right of Use Assets

The organisation's right of use asset leases are disclosed across the relevant headings below. Most are individually insignificant, however, seventeen are significant in their own right: with a net book value at 31 March 2024 of £200,000 or more.

Land and buildings

Four leases for Trust Headquarters with a combined net book value of £3,031,686

Ten leases for various land and buildings around Wales with a combined net book value of £3,328,752

Equipment

Three leases for laboratory testing equipment with a combined net book value of £1,405,054

	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
2023-24									
Cost or valuation at 31 March	157	8,685	0	0	1,469	0	0	0	10,311
Lease prepayments in relation to RoU Assets	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases from PPE Note	0	(1)	0	0	0	0	0	0	(1)
Operating Leases Transitioning	0	1	0	0	0	0	0	0	1
Cost or valuation at 1 April	157	8,685	0	0	1,469	0	0	0	10,311
Additions	0	580	0	0	1,401	0	0	0	1,981
Transfer from/into other NHS bodies	0	455	0	0	0	0	0	0	455
Disposals other than by sale	0	(97)	0	0	(15)	0	0	0	(112)
Reclassifications	(157)	157	0	0	0	0	0	0	0
Revaluations	0	121	0	0	0	0	0	0	121
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
At 31 March	0	9,901	0	0	2,855	0	0	0	12,756
Depreciation at 31 March	0	1,275	0	0	397	0	0	0	1,672
Transfer of Finance Leases from PPE Note	0	0	0	0	0	0	0	0	0
Operating Leases Transitioning	0	0	0	0	0	0	0	0	0
Depreciation at 1 April	0	1,275	0	0	397	0	0	0	1,672
Recognition	0	0	0	0	0	0	0	0	0
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	(97)	0	0	(15)	0	0	0	(112)
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	1	0	0	0	0	0	0	1
De-recognition	0	0	0	0	0	0	0	0	0
Provided during the year	0	1,466	0	0	629	0	0	0	2,095
At 31 March	0	2,645	0	0	1,011	0	0	0	3,656
Net book value at 1 April	157	7,410	0	0	1,072	0	0	0	8,639
Net book value at 31 March	0	7,256	0	0	1,844	0	0	0	9,100
RoU Asset Total Value Split by Lessor									
	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
NHS Wales Peppercorn Leases	0	856	0	0	0	0	0	0	856
NHS Wales Market Value Leases	0	0	0	0	0	0	0	0	0
Other Public Sector Peppercorn Leases	0	183	0	0	0	0	0	0	183
Other Public Sector Market Value Leases	0	121	0	0	0	0	0	0	121
Private Sector Peppercorn Leases	0	502	0	0	0	0	0	0	502
Private Sector Market Value Leases	0	5,594	0	0	1,844	0	0	0	7,438
Total	0	7,256	0	0	1,844	0	0	0	9,100

13.3 Right of Use Assets

2022-23	Land & buildings		Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
	Land £000	buildings £000							
Cost or valuation at 31 March	0	0	0	0	0	0	0	0	0
Lease prepayments in relation to RoU Assets	0	129	0	0	0	0	0	0	129
Transfer of Finance Leases from PPE Note	157	555	0	0	0	0	0	0	712
Operating Leases Transitioning	0	7,255	0	0	1,450	0	0	0	8,705
Cost or valuation at 1 April	157	7,939	0	0	1,450	0	0	0	9,546
Additions	0	804	0	0	19	0	0	0	823
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	7	0	0	0	0	0	0	7
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	(65)	0	0	0	0	0	0	(65)
De-recognition	0	0	0	0	0	0	0	0	0
At 31 March	157	8,685	0	0	1,469	0	0	0	10,311
Depreciation at 31 March	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases from PPE Note	0	63	0	0	0	0	0	0	63
Operating Leases Transitioning	0	0	0	0	0	0	0	0	0
Depreciation at 1 April	0	63	0	0	0	0	0	0	63
Recognition	0	0	0	0	0	0	0	0	0
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	(41)	0	0	0	0	0	0	(41)
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	(22)	0	0	0	0	0	0	(22)
De-recognition	0	0	0	0	0	0	0	0	0
Provided during the year	0	1,275	0	0	397	0	0	0	1,672
At 31 March	0	1,275	0	0	397	0	0	0	1,672
Net book value at 1 April	157	7,876	0	0	1,450	0	0	0	9,483
Net book value at 31 March	157	7,410	0	0	1,072	0	0	0	8,639
RoU Asset Total Value Split by Lessor		Land & buildings			Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
	Land	£000	Buildings	Dwellings	£000	£000	£000	£000	£000
NHS Wales Peppercorn Leases	0	1,035	0	0	0	0	0	0	1,035
NHS Wales Market Value Leases	0	0	0	0	1,072	0	0	0	1,072
Other Public Sector Peppercorn Leases	0	187	0	0	0	0	0	0	187
Other Public Sector Market Value Leases	0	144	0	0	0	0	0	0	144
Private Sector Peppercorn Leases	157	358	0	0	0	0	0	0	515
Private Sector Market Value Leases	0	5,686	0	0	0	0	0	0	5,686
Total	157	7,410	0	0	1,072	0	0	0	8,639

13.3 Right of Use Assets continued
Quantitative disclosures

	2023-24			2023-24		2022-23	
	LAND £000	BUILDINGS £000	OTHER £000	TOTAL £000	TOTAL £000	TOTAL £000	TOTAL £000
Maturity analysis							
Contractual undiscounted cash flows relating to lease liabilities							
Less than 1 year	0	1,566	691	2,257	2,257	2,286	2,286
2-5 years	0	4,630	1,267	5,897	5,897	6,030	6,030
> 5 years	0	304	0	304	304	441	441
Less finance charges allocated to future periods	0	-227	-93	-320	-320	-283	-283
Total	0	6,273	1,865	8,138	8,138	8,474	8,474
Lease Liabilities (net of irrecoverable VAT)							
Current				2,138	2,138	2,200	2,200
Non-Current				6,000	6,000	6,274	6,274
Total				8,138	8,138	8,474	8,474
Amounts Recognised in Statement of Comprehensive Net Expenditure							
Depreciation				2,095	2,095	1,672	1,672
Impairment				0	0	0	0
Variable lease payments not included in lease liabilities - Interest expense				135	135	81	81
Sub-leasing income				0	0	0	0
Expense related to short-term leases				5	5	345	345
Expense related to low-value asset leases (excluding short-term leases)				2	2	16	16
Amounts Recognised in Statement of Cashflows (net of irrecoverable VAT)							
Interest expense				(72)	(72)	(81)	(81)
Repayments of principal on leases				(1,523)	(1,523)	(1,158)	(1,158)
Total				(1,595)	(1,595)	(1,239)	(1,239)

14. Intangible assets

2023-24	Computer software purchased	Computer software internally developed	Licenses and trade-marks	Patents	Development expenditure internally generated	Assets under Construction	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000
At 1 April 2023	668	998	737	0	0	0	2,403
Revaluation		0			0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions							
- purchased	0	0	49	0	0	0	49
- internally generated	0	318	0	0	0	0	318
- donated	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(1)	0	0	0	0	0	(1)
At 31 March 2024	667	1,316	786	0	0	0	2,769
Amortisation							
At 1 April 2023	354	668	512	0	0	0	1,534
Revaluation		0			0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Charged during the year	81	161	106	0	0	0	348
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(1)	0	0	0	0	0	(1)
Accumulated amortisation at 31 March 2024	434	829	618	0	0	0	1,881
Net book value							
At 1 April 2023	314	330	225	0	0	0	869
Net book value							
At 31 March 2024	233	487	168	0	0	0	888
Net book value							
Purchased	233	487	168	0	0	0	888
Donated	0	0	0	0	0	0	0
Government granted	0	0	0	0	0	0	0
Internally Generated	0	0	0	0	0	0	0
At 31 March 2024	233	487	168	0	0	0	888

14. Intangible assets

2022-23	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 2022	751	998	708	0	2,206	0	4,663
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	35	0	29	0	1,432	0	1,496
- internally generated	0	0	0	0	0	0	0
- donated	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(118)	0	0	0	(3,638)	0	(3,756)
At 31 March 2023	668	998	737	0	0	0	2,403
Amortisation							
At 1 April 2022	388	480	392	0	0	0	1,260
Revaluation		0			0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Charged during the year	84	188	120	0	0	0	392
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(118)	0	0	0	0	0	(118)
Accumulated amortisation at 31 March 2023	354	668	512	0	0	0	1,534
Net book value							
At 1 April 2022	363	518	316	0	2,206	0	3,403
Net book value							
At 31 March 2023	314	330	225	0	0	0	869
Net book value							
Purchased	314	330	225	0	0	0	869
Donated	0	0	0	0	0	0	0
Government granted	0	0	0	0	0	0	0
Internally Generated	0	0	0	0	0	0	0
At 31 March 2023	314	330	225	0	0	0	869

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

Additions during 2023-24 consisted of replacement Microsoft server licences and amendments to the functionality of the DESW Optimize software licence.

v) Disposals during the period

One software licences has been disposed of as replaced by modern equivalents.

vi) Transfers into other NHS Bodies

Public Health Wales NHS Trust has not received any intangible assets transferred from another NHS body.

15. Impairments

Impairments in the period arose from:	2023-24			2022-23		
	Property, plant & equipment £000	Right of Use Assets £000	Intangible assets £000	Property, plant & equipment £000	Right of Use Assets £000	Intangible assets £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	1,228	0	0
Other	11	0	0	7	0	0
Reversal of impairment	0	0	0	0	0	0
Impairments charged to operating expenses	11	0	0	1,235	0	0

Analysis of impairments :

Operating expenses in Statement of Comprehensive Income	11	0	0	1,235	0	0
Impairments as a result of revaluation/indexation Charged to Revaluation Reserve	0	0	0	223	43	0
Impairments as a result of a loss of economic value or service potential Charged to Revaluation Reserve	0	0	0	0	0	0
Total	11	0	0	1,458	43	0

Included in the above total of £0.011m is the following item:

Property, Plant and Equipment (PPE):

- The indexation for Land has resulted in an impairment of £0.011m. The full amount was charged to operating expenses as there was no revaluation reserve balance.

16. Inventories

16.1 Inventories

	31 March	31 March
	2024	2023
	£000	£000
Drugs	0	0
Consumables	1,167	2,164
Energy	0	0
Work in progress	0	0
Other	0	0
Total	1,167	2,164
Of which held at net realisable value:	0	0

16.2 Inventories recognised in expenses

	31 March	31 March
	2024	2023
	£000	£000
Inventories recognised as an expense in the period	0	0
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
Total	0	0

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17. Trade and other receivables

17.1 Trade and other receivables

	31 March 2024 £000	31 March 2023 £000
Current		
Welsh Government	9,977	12,189
WHSCC & EASC	82	32
Welsh Health Boards	3,525	2,189
Welsh NHS Trusts	78	75
Welsh Special Health Authorities	446	357
Non - Welsh Trusts	450	240
Other NHS	139	18
2019-20 Scheme Pays - Welsh Government Reimbursement	11	9
Welsh Risk Pool Claim reimbursement:-		
NHS Wales Secondary Health Sector	5,493	2,297
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	0	0
Other	0	0
Local Authorities	0	0
Capital receivables- Tangible	0	0
Capital receivables- Intangible	0	0
Other receivables	1,561	1,667
Provision for impairment of trade receivables	(29)	(26)
Pension Prepayments		
NHS Pensions Agency	0	0
NEST	0	0
Other prepayments	1,511	1,676
Accrued income	29	127
Sub-total	<u>23,273</u>	<u>20,850</u>
Non-current		
Welsh Government	0	0
WHSCC & EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Non - Welsh Trusts	0	0
Other NHS	0	0
2019-20 Scheme Pays - Welsh Government Reimbursement	40	42
Welsh Risk Pool Claim reimbursement		
NHS Wales Secondary Health Sector	0	3,280
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	0	0
Other	0	25
Local Authorities	0	0
Capital receivables- Tangible	0	0
Capital receivables- Intangible	0	0
Other receivables	0	0
Provision for impairment of trade receivables	0	0
Pension Prepayments		
NHS Pensions Agency	0	0
NEST	0	0
Other prepayments	0	0
Accrued income	0	0
Sub-total	<u>40</u>	<u>3,347</u>
Total trade and other receivables	<u><u>23,313</u></u>	<u><u>24,197</u></u>

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 £1.120m (£0.762m in 2022-23).

17.2 Receivables past their due date but not impaired

	31 March	31 March
	2024	2023
	£000	£000
By up to 3 months	822	735
By 3 to 6 months	283	13
By more than 6 months	15	14
Balance at end of financial year	<u>1,120</u>	<u>762</u>

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

	31 March	31 March
	2024	2023
	£000	£000
Balance at 1 April	(26)	(20)
Transfer to other NHS Wales body	0	0
Provision utilised (Amount written off during the year)	4	2
Provision written back during the year no longer required	0	0
(Increase)/Decrease in provision during year	(30)	(22)
ECL/Bad debts recovered during year	23	14
Balance at end of financial year	<u>(29)</u>	<u>(26)</u>

17.4 Receivables VAT

	31 March	31 March
	2024	2023
	£000	£000
Trade receivables	729	1,005
Other	0	0
Total	<u>729</u>	<u>1,005</u>

18. Other financial assets

	31 March 2024 £000	31 March 2023 £000
Current		
Shares and equity type investments		
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Deposits	0	0
Loans	0	0
Derivatives	0	0
Other (Specify)		
Right of Use Asset Finance Sublease	0	0
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Total	0	0
RoU Sub-leasing income Recognised in Statement of Comprehensive Net Expenditure		
RoU Sub-leasing income	0	0
Non-Current		
Shares and equity type investments		
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Deposits	0	0
Loans	0	0
Derivatives	0	0
Other (Specify)		
Right of Use Asset Finance Sublease	0	0
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Total	0	0

19. Cash and cash equivalents

	31 March	31 March
	2024	2023
	£000	£000
Opening Balance	15,569	16,791
Net change in year	(1,664)	(1,222)
Closing Balance	13,905	15,569
Made up of:		
Cash with Government Banking Service (GBS)	13,905	15,569
Cash with Commercial banks	0	0
Cash in hand	0	0
Total cash	13,905	15,569
Current investments	0	0
Cash and cash equivalents as in SoFP	13,905	15,569
Bank overdraft - GBS	0	0
Bank overdraft - Commercial banks	0	0
Cash & cash equivalents as in Statement of Cash Flows	13,905	15,569

In response to the IAS 7 requirement for additional disclosure, the changes in liabilities arising for financing activities are:

Lease Liabilities (ROUA) £8.138m

Lease Liabilities (short-term and low value leases) £0.007m

PFI liabilities: £nil

The movement relates to cash, no comparative information is required by IAS 7 in 2023-24.

20. Trade and other payables at the SoFP Date	31 March 2024 £000	31 March 2023 £000
Current		
Welsh Government	1,857	1,759
WHSSC & EASC	0	0
Welsh Health Boards	4,576	3,301
Welsh NHS Trusts	1,142	1,150
Welsh Special Health Authorities	366	711
Other NHS	291	293
Taxation and social security payable / refunds:		
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	8	1,296
National Insurance contributions payable to HMRC	2	1,484
Non-NHS trade payables - revenue	13,794	3,697
Local Authorities	1,429	747
Capital payables-Tangible	763	868
Capital payables- Intangible	38	8
Overdraft	0	0
Rentals due under operating leases	0	0
RoU Lease Liability	0	0
Obligations due under finance leases and HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0
Impact of IFRS 16 on SoFP PFI contracts	0	0
Pensions: staff	3	1,572
Non NHS Accruals	4,339	13,137
Deferred Income:		
Deferred income brought forward	760	889
Deferred income additions	672	456
Transfer to/from current/non current deferred income	0	0
Released to the Income Statement	(456)	(585)
Other liabilities - all other payables	0	0
PFI assets – deferred credits	0	0
PFI - Payments on account	0	0
Sub-total	29,584	30,783

The Trust aims to pay all invoices within the 30 day period directed by the Welsh Government.

Clarification for the 'Non-NHS Accruals' category was included in the 2023- 24 Manual for Accounts as follows:

Based on substance over form system-generated items based on either contract payments, or goods already received (with Purchase Orders), where the exact payment is known, and no estimate is required should not be treated as accruals.

As this is not a change in accounting policy or indicative of errors in classification previously; the Trust is not required to make a prior period adjustment. However, if the 2022-23 Payables note had been prepared according to the revised guidance the comparative prior year figures would be as follows:

Non-NHS trade payables - revenue £12.648m
Non NHS Accruals £4.186m

20. Trade and other payables at the SoFP Date (cont)

	31 March 2024 £000	31 March 2023 £000
Non-current		
Welsh Government	0	0
WHSSC & EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Other NHS	0	0
Taxation and social security payable / refunds:		
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
National Insurance contributions payable to HMRC	0	0
Non-NHS trade payables - revenue	0	0
Local Authorities	0	0
Capital payables- Tangible	0	0
Capital payables- Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	0	0
RoU Lease Liability	0	0
Obligations due under finance leases and HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0
Impact of IFRS 16 on SoFP PFI contracts	0	0
Pensions: staff	0	0
Non NHS Accruals	0	0
Deferred Income:		
Deferred income brought forward	0	0
Deferred income additions	0	0
Transfer to/from current/non current deferred income	0	0
Released to the Income Statement	0	0
Other liabilities - all other payables	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
Sub-total	<u>0</u>	<u>0</u>
Total	<u>29,584</u>	<u>30,783</u>

21. Borrowings	31 March	31 March
	2024	2023
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
PFI liabilities:		
Main liability	0	0
Lifecycle replacement received in advance	0	0
Finance lease liabilities		0
RoU Lease Liability	2,138	2,200
Other	0	0
Total	2,138	2,200

Non-current		
Bank overdraft - GBS	0	0
Bank overdraft - Commercial bank	0	0
Loans from:		
Welsh Government	0	0
Other entities	0	0
PFI liabilities:		
Main liability	0	0
Lifecycle replacement received in advance	0	0
Finance lease liabilities		0
RoU Lease Liability	6,000	6,274
Other	0	0
Total	6,000	6,274

21.2 Loan advance/strategic assistance funding

Amounts falling due:	31 March	31 March
	2024	2023
	£000	£000
In one year or less	0	0
Between one and two years	0	0
Between two and five years	0	0
In five years or more	0	0
Sub-total	0	0
Wholly repayable within five years	0	0
Wholly repayable after five years, not by instalments	0	0
Wholly or partially repayable after five years by instalments	0	0
Sub-total	0	0
Total repayable after five years by instalments	0	0

The Trust has not received a loan advance or strategic funding from the Welsh Government.

22. Other financial liabilities

	31 March	31 March
	2024	2023
	£000	£000
Current		
Financial Guarantees		
At amortised cost	0	0
At fair value through SoCI	0	0
Derivatives at fair value through SoCI	0	0
Other		
At amortised cost	0	0
At fair value through SoCI	0	0
Total	0	0

	31 March	31 March
	2024	2023
	£000	£000
Non-current		
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
2023-24

	At 1 April 2023	Structured settlement cases transferr-ed to Risk Pool	Transfers to creditors	Transfers between current and non current	Transfers (to)/from other NHS body	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2024
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current										
Clinical negligence:-										
Secondary Care	1,588	0	(1,472)	3,193	0	1,789	(698)	(1,212)	0	3,188
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	0	0	0	0	0	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	84	0	0	102	0	0	(94)	0	0	92
All other losses and special payments	0	0	0	0	0	73	0	0	0	73
Defence legal fees and other administration	48	0	0	44	0	451	(37)	(326)	0	180
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	0		0	0	0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	9	0	0	2	0	3	(3)	0	0	11
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0		0
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	670		0	0	0	119	(17)	(276)		496
Total	2,399	0	(1,472)	3,341	0	2,435	(849)	(1,814)	0	4,040

Non Current

Clinical negligence:-										
Secondary Care	3,193	0	0	(3,193)	0	0	0	0	0	0
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	0	0	0	0	0	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	888	0	0	(102)	0	48	0	0	0	834
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	44	0	0	(44)	0	0	0	0	0	0
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	0		0	0	0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	42	0	0	(2)	0	0	0	0	0	40
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	82		0	0	0	256	0	(7)		331
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	916		0	0	0	98	0	(8)		1,006
Total	5,165	0	0	(3,341)	0	402	0	(15)	0	2,211

TOTAL

Clinical negligence:-										
Secondary Care	4,781	0	(1,472)	0	0	1,789	(698)	(1,212)	0	3,188
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	0	0	0	0	0	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	972	0	0	0	0	48	(94)	0	0	926
All other losses and special payments	0	0	0	0	0	73	0	0	0	73
Defence legal fees and other administration	92	0	0	0	0	451	(37)	(326)	0	180
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	0		0	0	0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	51	0	0	0	0	3	(3)	0	0	51
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	82		0	0	0	256	0	(7)		331
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	1,586		0	0	0	217	(17)	(284)		1,502
Total	7,564	0	(1,472)	0	0	2,837	(849)	(1,829)	0	6,251

Expected timing of cash flows:

	In year to 31 March 2025	Between 01-Apr-25 to 31 March 2029	Thereafter	Totals
	£000	£000	£000	£000
Clinical negligence:-				
Secondary Care	3,188	0	0	3,188
Primary Care	0	0	0	0
Redress Secondary Care	0	0	0	0
Redress Primary Care	0	0	0	0
Personal injury	92	347	487	926
All other losses and special payments	73	0	0	73
Defence legal fees and other administration	180	0	0	180
Structured Settlements - WRPS	0	0	0	0
Pensions - former directors	0	0	0	0
Pensions - other staff	0	0	0	0
2019-20 Scheme Pays - Reimbursement	11	5	35	51
Restructuring	0	0	0	0
RoU Asset Dilapidations CAME	0	256	75	331
Other Capital Provisions	0	0	0	0
Other	496	820	186	1,502
Total	4,040	1,428	783	6,251

23. Provisions (continued)

2022-23

	At 1 April 2022	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 2023
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current										
Clinical negligence:-										
Secondary Care	3,702	0	(40)	(2,422)	0	711	(180)	(183)	0	1,588
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	0	0	0	0	0	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	84	0	0	86	0	0	(86)	0	0	84
All other losses and special payments	100	0	0	0	0	0	0	(100)	0	0
Defence legal fees and other administration	117	0	0	(32)	0	32	(38)	(31)	0	48
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	6	0	0	2	0	8	(7)	0	0	9
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0		0
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	489		0	103	0	198	(3)	(117)		670
Total	4,498	0	(40)	(2,263)	0	949	(314)	(431)	0	2,399
Non Current										
Clinical negligence:-										
Secondary Care	230	0	0	2,422	0	560	(19)	0	0	3,193
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	1,202	0	0	(86)	0	0	0	(228)	0	888
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	14	0	0	32	0	15	(7)	(10)	0	44
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	87	0	0	(2)	0	15	0	(58)	0	42
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0		0	0	0	82	0	0		82
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	783		0	(103)	0	236	0	0		916
Total	2,316	0	0	2,263	0	908	(26)	(296)	0	5,165
TOTAL										
Clinical negligence:-										
Secondary Care	3,932	0	(40)	0	0	1,271	(199)	(183)	0	4,781
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	1,286	0	0	0	0	0	(86)	(228)	0	972
All other losses and special payments	100	0	0	0	0	0	0	(100)	0	0
Defence legal fees and other administration	131	0	0	0	0	47	(45)	(41)	0	92
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	93	0	0	0	0	23	(7)	(58)	0	51
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0		0	0	0	82	0	0		82
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	1,272		0	0	0	434	(3)	(117)		1,586
Total	6,814	0	(40)	0	0	1,857	(340)	(727)	0	7,564

24 Contingencies

24.1 Contingent liabilities

Provision has not been made in these accounts for the following amounts:

	31 March 2024 £000	31 March 2023 £000
Legal claims for alleged medical or employer negligence;		
Secondary care	195	1,045
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	14	46
Other	408	193
Total value of disputed claims	617	1,284
Amount recovered under insurance arrangements in the event of these claims being successful	(544)	(1,156)
Net contingent liability	73	128

Contingent liabilities includes claims relating to alleged clinical negligence, personal injury and permanent injury benefits under the NHS Injury Benefits Scheme.

24.2. Remote contingent liabilities

	31 March 2024 £000	31 March 2023 £000
Guarantees	0	0
Indemnities	0	0
Letters of comfort	0	0
Total	0	0

24.3 Contingent assets

	31 March 2024 £000	31 March 2023 £000
	0	0
	0	0
	0	0
	0	0

The Trust has no contingent assets.

25. Capital commitments

Commitments under capital expenditure contracts at the statement of financial position sheet date :

The disclosure of future capital commitments not already disclosed as liabilities in the accounts.

	31 March	31 March
	2024	2023
	£000	£000
Property, plant and equipment	0	0
Right of Use Assets	0	0
Intangible assets	0	0
Total	0	0

26. Losses and special payments

Losses and special payments are charged to the Statement of Comprehensive Net Expenditure in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore, the payments in this note 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 2024	
	Number	£
Clinical negligence	11	771,393
Personal injury	4	3,569
All other losses and special payments	5	364,559
Total	20	1,139,521

26.2 Analysis of number of cases and associated amounts paid out during the financial year

Case Type	In year claims in excess of £300,000		Cumulative amount £	
	Case Number	£		
Cases in excess of £300,000:				
CNHI-032	Clinical negligence	1	482,300	487,325

	No of cases	£	£
Sub-total	1	482,300	487,325
All other cases paid in year	19	657,221	968,195
Total cases paid in year	20	1,139,521	1,455,520

26.3 Analysis of number of cases and associated amounts where no payments were made in financial year

	Number	£
Cumulative amount up to £300k	10	252,743
Cumulative amount greater than £300k	1	503,658
Total	11	756,401

27. Right of Use / Finance leases obligations**27.1 Obligations (as lessee)****Amounts payable under right of use asset leases:****2023-24**

	LAND	BUILDINGS	OTHER	TOTAL
	31 March	31 March	31 March	31 March
	2024	2024	2024	2024
	£000	£000	£000	£000
Minimum lease payments				
Within one year	0	1,566	691	2,257
Between one and five years	0	4,630	1,267	5,897
After five years	0	304	0	304
Less finance charges allocated to future periods	0	(227)	(93)	(320)
Minimum lease payments	0	6,273	1,865	8,138
Included in:				
Current borrowings	0	1,488	650	2,138
Non-current borrowings	0	4,785	1,215	6,000
	0	6,273	1,865	8,138
Present value of minimum lease payments				
Within one year	0	1,488	650	2,138
Between one and five years	0	4,499	1,215	5,714
After five years	0	286	0	286
Present value of minimum lease payments	0	6,273	1,865	8,138
Included in:				
Current borrowings	0	1,488	650	2,138
Non-current borrowings	0	4,785	1,215	6,000
	0	6,273	1,865	8,138

2022-23

	LAND	BUILDINGS	OTHER	TOTAL
	31 March	31 March	31 March	31 March
	2023	2023	2023	2023
	£000	£000	£000	£000
Minimum lease payments				
Within one year	0	1,876	410	2,286
Between one and five years	0	5,344	686	6,030
After five years	0	441	0	441
Less finance charges allocated to future periods	0	(269)	(14)	(283)
Minimum lease payments	0	7,392	1,082	8,474
Included in:				
Current borrowings	0	1,799	401	2,200
Non-current borrowings	0	5,593	681	6,274
	0	7,392	1,082	8,474
Present value of minimum lease payments				
Within one year	0	1,799	401	2,200
Between one and five years	0	5,179	681	5,860
After five years	0	414	0	414
Present value of minimum lease payments	0	7,392	1,082	8,474
Included in:				
Current borrowings	0	1,799	401	2,200
Non-current borrowings	0	5,593	681	6,274
	0	7,392	1,082	8,474

27.2 Right of Use Assets / Finance lease receivables (as lessor)

The Trust has no amounts receivable under right of use asset or finance leases as lessor.

Amounts receivable under right of use assets / finance leases:

	31 March 2024 £000	31 March 2023 £000
Gross investment in leases		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Present value of minimum lease payments	0	0
Included in:		
Current assets	0	0
Non-current assets	0	0
Total	0	0
Present value of minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Total present value of minimum lease payments	0	0
Included in:		
Current assets	0	0
Non-current assets	0	0
Total	0	0

27.3 Finance Lease Commitment

The Trust does not have any commitments becoming operational in a future period.

28. Private finance transactions

Private Finance Initiatives (PFI) / Public Private Partnerships (PPP)

The Trust has no PFI or PPP Schemes.

29. Financial Risk Management

IFRS 7, Derivatives and Other Financial Instruments, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities.

NHS Trusts are not exposed to the degree of financial risk faced by business entities. Financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which IFRS 7 mainly applies. NHS Trusts have limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing NHS Trusts in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The Trust treasury activity is subject to review by the Trust's internal auditors.

Liquidity risk

The Trust's net operating costs are incurred under annual service agreements with various Health bodies, which are financed from resources voted annually by parliament. NHS Trusts also largely finance their capital expenditure from funds made available from the Welsh Government under agreed borrowing limits. NHS Trusts are not, therefore, exposed to significant liquidity risks.

Interest-rate risks

The great majority of NHS Trust's financial assets and financial liabilities carry nil or fixed rates of interest. NHS Trusts are not, therefore, exposed to significant interest-rate risk.

Foreign currency risk

NHS Trusts have no or negligible foreign currency income or expenditure and therefore are not exposed to significant foreign currency risk.

Credit Risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures are in receivables from customers as disclosed in the trade and other receivables note.

General

The powers of the Trust to invest and borrow are limited. The Board has determined that in order to maximise income from cash balances held, any balance of cash which is not required will be invested. The Trust does not borrow from the private sector. All other financial instruments are held for the sole purpose of managing the cash flow of the Trust on a day to day basis or arise from the operating activities of the Trust. The management of risks around these financial instruments therefore relates primarily to the Trust's overall arrangements for managing risks to their financial position, rather than the Trust's treasury management procedures.

30. Movements in working capital	31 March	31 March
	2024	2023
	£000	£000
(Increase) / decrease in inventories	997	831
(Increase) / decrease in trade and other receivables - non-current	3,307	(3,020)
(Increase) / decrease in trade and other receivables - current	(2,423)	(495)
Increase / (decrease) in trade and other payables - non-current	(274)	(1,437)
Increase / (decrease) in trade and other payables - current	(1,261)	235
Total	346	(3,886)
Adjustment for accrual movements in fixed assets - creditors	75	1,532
Adjustment for accrual movements in fixed assets - debtors	0	0
Adjustment for accrual movements in right of use assets - creditors	336	0
Adjustment for accrual movements in right of use assets - debtors	0	0
Other adjustments	0	1,506
Total	757	(848)

31. Other cash flow adjustments	31 March	31 March
	2024	2023
	£000	£000
Other cash flow adjustments		
Depreciation	6,835	6,136
Amortisation	348	392
(Gains)/Loss on Disposal	0	(118)
Impairments and reversals	11	1,235
Release of PFI deferred credits	0	0
NWSSP Covid assets issued debited to expenditure but non-cash	0	0
NWSSP Covid assets received credited to revenue but non-cash	0	0
Donated assets received credited to revenue but non-cash	0	(673)
Government Grant assets received credited to revenue but non-cash	0	0
Right of Use Grant (Peppercorn Lease) credited to revenue but non cas	0	0
Non-cash movements in right of use assets	(1,501)	0
Non-cash movements in provisions	(464)	1,090
Total	5,229	8,062

32. Events after reporting period

Appointment of Interim Chair

Jan Williams, who has been the Chair of Public Health Wales NHS Trust since 2016, left the Trust on 31st May 2024. Interim arrangements have been established and Nick Elliott, Non-Executive Director, was appointed by the Welsh Government Cabinet Secretary for Health and Social Care as the interim Chair for the Trust until a substantive Chair is appointed. This interim arrangement ensures continuity of the delivery of the Chair's responsibilities including the approval of the 2023-24 Annual Report and Accounts.

Medical Pay Awards

NHS Wales bodies were notified on 28th June 2024 of the revised pay arrangements for employees covered by medical and dental terms and conditions of service in Wales, which will be funded by Welsh Government. The arrangements are confirmed in the following pay letters:

- Pay Letter M&D(W) 04/24 applying to junior doctors. This confirms an overall 12.4% pay award backdated to 1 April 2023 and includes the 5% pay award already implemented and recognised in the accounts for 2023-24.
- Pay Letter M&D(W) 02/24 confirms the reform of the consultant (amended Welsh contract) pay scale from 1 January 2024.
- Pay Letter M&D(W) 03/24 confirms the pay scales applicable from 1 January 2024 for medical and dental consultants employed on national terms and conditions on the 2021 Specialty and Specialist contracts and the closed 2008 Associate Specialist contract in Wales.

The additional 7.4% for junior doctors, and the increases for consultants and specialists have not been recognised in the 2023-24 financial statements because the obligating event was the publication of the pay circular issued on 28 June 2024. These costs will be accounted for in the 2024-25 Annual Accounts.

These financial statements were authorised for issue by the Chief Executive and Accountable Officer on 11 July 2024.

33. Related Party Transactions

The Welsh Government is regarded as a related party. During the year the LHB have had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body, namely

Related Party	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Please list all related party transactions to include;				
Welsh Government	10,368	204,614	1,857	9,977
Welsh LHBS:				
Aneurin Bevan University Health Board	4,253	1,588	654	377
Betsi Cadwaladr University Health Board	5,250	6,503	695	710
Cardiff and Vale University Health Board	6,663	7,702	591	936
Cwm Taf Morgannwg University Health Board	4,613	1,947	713	512
Hywel Dda University Health Board	3,111	2,485	548	398
Powys Teaching Health Board	1,259	148	290	27
Swansea Bay University Health Board	3,988	5,111	1,085	565
Welsh Health Specialised Services Committee/Emergency Ambulances Services Committee	0	232	0	82
Welsh NHS Trusts:				
Velindre University NHS Trust	10,265	352	1,141	78
Welsh Ambulance Service NHS Trust	72	7	1	1
Welsh Special Health Authorities:				
Digital Health and Care Wales	2,117	840	348	358
Health Education and Improvement Wales	178	1,969	18	88
NHS Wales Charities:				
Velindre University NHS Trust Charitable Funds	1	0	0	0
Local Authorities	0	228	1,429	0
Board members with related party interests:				
	0	0	0	0
Arts Council of Wales				
	9	0	0	0
EuroHealthNet				
	9	0	0	0
Faculty of Public Health				
	34	0	0	0
Hafren Dyfrdwy				
	1	0	0	0
Macmillan Cancer Support				
	0	60	0	5
National Museums and Galleries of Wales				
	2	0	0	0
RBW Executive and Professional Coaching Ltd				
	3	0	0	0
Tenovus Cancer Care				
	26	0	4	0
Tenovus Trading Ltd				
	90	0	22	0
The Health Foundation				
	610	772	610	474
	52,922	234,558	10,006	14,588

Kate Eden, former Vice Chair and Non-Executive Director, is a Board member of the Arts Council for Wales, Chair for Welsh Health Specialised Services Committee and Chair for Museum Wales.

Dr Sumina Azam, Acting National Director of Policy and International Health, World Health Organisation Collaborating Centre, is an Executive Board Member at EuroHealthNet.

Angela Jones, former Acting Director for Health and Wellbeing, is a Trustee of Faculty of Public Health.

Rhiannon Beaumont-Wood, former Executive Director of Quality, Nursing and Allied Health Professionals, is the owner of RBW Executive and Professional Coaching Ltd.

Mohammed Mehmet, Non-Executive Director, is a Trustee of Macmillan Cancer Support and a Non-Executive Director for Hafren Dyfrdwy.

Jan Williams, Chair, is a Trustee and Board member for Museum Wales.

Huw George, Deputy Chief Executive and Executive Director of Operations and Finance is a Trustee of Tenovus.

Dr John Boulton, National Director of NHS Quality Improvement and Patient Safety/Director of Improvement Cymru, is a Board member of Q Network (sponsored by the Health Foundation).

34. Third party assets

The Trust held £nil cash at bank and in hand at 31 March 2024 (31 March 2023, £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 2024 (31 March 2023, £nil).

35. Pooled budgets

Public Health Wales NHS Trust has no pooled budgets.

36. Operating Segments

IFRS 8 requires organisations to report information about each of its operating segments.

	PHW NHS Trust		NHS Executive		NHS Collaboratives		Finance Delivery Unit		TOTAL		ELIMINATIONS		TOTAL	
	2023-24	2022-23	2023-24	2022-23	2023-24	2022-23	2023-24	2022-23	2023-24	2022-23	2023-24	2022-23	2023-24	2022-23
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Operating Revenue														
Segmental Income	204,275	202,438	31,341	0	0	28,402	0	1,650	235,616	232,490	(527)	(691)	235,089	231,799
	204,275	202,438	31,341	0	0	28,402	0	1,650	235,616	232,490	(527)	(691)	235,089	231,799
Operating expenses														
Local Health Boards	20,144	16,771	2,738	0	0	6,932	0	0	22,882	23,703	(527)	(691)	22,355	23,012
Welsh NHS Trusts	701	518	1,843	0	0	1,544	0	51	2,544	2,113	0	0	2,544	2,113
Welsh Special Health Authorities	244	178	812	0	0	1,404	0	19	1,056	1,601	0	0	1,056	1,601
Goods and services from other non Welsh NHS bod	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WHSSC & EASC	0	144	0	0	0	0	0	0	0	144	0	0	0	144
Local Authorities	4,228	4,120	0	0	0	0	0	0	4,228	4,120	0	0	4,228	4,120
Purchase of healthcare from non-NHS bodies	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Welsh Government	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other NHS Trusts	54	211	0	0	0	0	0	0	54	211	0	0	54	211
Directors' costs	1,834	1,744	0	0	0	0	0	0	1,834	1,744	0	0	1,834	1,744
Operational Staff costs	118,375	114,126	20,285	0	0	11,352	0	1,449	138,660	126,927	0	0	138,660	126,927
Single lead employer Staff Trainee Cost	484	88	0	0	0	0	0	0	484	88	0	0	484	88
Collaborative Bank Staff Cost	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Supplies and services - clinical	28,628	32,413	31	0	0	20	0	0	28,659	32,433	0	0	28,659	32,433
Supplies and services - general	2,091	1,381	68	0	0	4,367	0	3	2,159	5,751	0	0	2,159	5,751
Consultancy Services	1,226	663	223	0	0	58	0	0	1,449	721	0	0	1,449	721
Establishment	11,305	10,323	995	0	0	1,229	0	30	12,300	11,582	0	0	12,300	11,582
Transport	781	907	11	0	0	9	0	0	792	916	0	0	792	916
Premises	6,819	8,256	1,875	0	0	437	0	60	8,694	8,753	0	0	8,694	8,753
Impairments and Reversals of Receivables	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Depreciation	4,740	4,464	0	0	0	0	0	0	4,740	4,464	0	0	4,740	4,464
Depreciation (RoU Asset)	2,095	1,672	0	0	0	0	0	0	2,095	1,672	0	0	2,095	1,672
Amortisation	348	392	0	0	0	0	0	0	348	392	0	0	348	392
Impairments and reversals of property, plant and eq	11	1,235	0	0	0	0	0	0	11	1,235	0	0	11	1,235
Fixed asset impairments and reversals (RoU Assets)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Impairments and reversals of intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Impairments and reversals of financial assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Impairments and reversals of non current assets hel	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Audit fees	196	185	0	0	0	0	0	0	196	185	0	0	196	185
Other auditors' remuneration	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Losses, special payments and irrecoverable debts	235	(223)	0	0	0	0	0	0	235	(223)	0	0	235	(223)
Research and development	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expense related to short-term leases	5	345	0	0	0	0	0	0	5	345	0	0	5	345
Expense related to low-value asset leases (excluding	2	16	0	0	0	0	0	0	2	16	0	0	2	16
Other operating expenses	615	2,228	2,460	0	0	1,050	0	38	3,075	3,316	0	0	3,075	3,316
Total	205,161	202,157	31,341	0	0	28,402	0	1,650	236,502	232,209	(527)	(691)	235,975	231,518
Investment Revenue	1,083	577	0	0	0	0	0	0	1,083	577	0	0	1,083	577
Other Gains and Losses	(11)	118	0	0	0	0	0	0	(11)	118	0	0	(11)	118
Finance Costs	(135)	(81)	0	0	0	0	0	0	(135)	(81)	0	0	(135)	(81)
Total	937	614	0	0	0	0	0	0	937	614	0	0	937	614
Retained surplus	51	895	0	0	0	0	0	0	51	895	0	0	51	895

NHS Executive was established on 1 April 2023 and took over the functions of NHS Collaboratives and the Finance Delivery Unit on that date. NHS Executive is a hosted body of the Public Health Wales NHS Trust.

37. Other Information

37.1. 6.3% Staff Employer Pension Contributions - Notional Element

The value of notional transactions is based on estimated costs for the twelve month period 1 April 2023 to 31 March 2024. This has been calculated from actual Welsh Government expenditure for the 6.3% staff employer pension contributions between April 2023 and February 2024 alongside Trust data for March 2023.

Transactions include notional expenditure in relation to the 6.3% paid to NHS BSA by Welsh Government and notional funding to cover that expenditure as follows:

	2023-24	2022-23
STATEMENT OF COMPREHENSIVE INCOME		
FOR THE YEAR ENDED 31 MARCH 2024	£000	£000
Revenue from patient care activities	5,869	5,134
Operating expenses	5,869	5,134
3. Analysis of gross operating costs		
3. Revenue from patient care activities		
Welsh Government	5,208	4,696
Welsh Government - Hosted Bodies	661	438
5.1 Operating expenses		
Directors' costs	76	63
Staff costs	5,793	5,071

THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH SCHEDULE 9 SECTION 178 PARA 3(1) OF THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY

NHS TRUSTS

1. Welsh Ministers direct that an account shall be prepared for the financial year ended 31 March 2010 and subsequent financial years in respect of the NHS Wales Trusts in the form specified in paragraphs [2] to [7] below.

BASIS OF PREPARATION

2. The account of the NHS Wales Trusts shall comply with:

(a) the accounting guidance of the Government Financial Reporting Manual (FReM), which is in force for the financial year for which the accounts are being prepared, as detailed in the NHS Wales Trust Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Government.

FORM AND CONTENT

3. The account of the Trust for the year ended 31 March 2010 and subsequent years shall comprise a foreword, an income statement, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity as long as these statements are required by the FReM and applied to the NHS Wales Manual for Accounts, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2010 and subsequent years, the account of the Trust shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive.

MISCELLANEOUS

6. The direction shall be reproduced as an appendix to the published accounts.

7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.

Signed by the authority of Welsh Ministers

Signed : 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)