

# Section 2

# Accountability Report

# Section 2: Accountability Report

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## Introduction

The Accountability Report is part of a collection of reports that form Public Health Wales' Annual Report and Accounts.

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

The requirements of the accountability report are based on the matters required to be dealt with in a Directors' Report, as set out in Chapter 5 of Part 15 of the Companies Act 2006 and Schedule 7 of SI 2008 No 410, and in 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 contains staff information regarding numbers, composition, and sickness absence, together with expenditure on consultancy and off-payroll expenditure.

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

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

# Part A: Corporate Governance Report

## Public Health Wales Directors' Report 2024/25

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

Requirement	Cross-Reference
The names of the Chair and Chief Executive, and the names of any individuals who were directors of the entity at any point in the financial year and up to the date the ARA was approved.	See Appendix 1 in the Annual Governance Statement.
The composition of the management Board (including advisory and non-Executive members) having authority or responsibility for directing or controlling the major activities of the entity during the year.	See Appendix 1 in the Annual Governance Statement.
The names of the directors forming an Audit Committee or committees.	
Details of company directorships and other significant interests held by members of the management Board, which may conflict with their management responsibilities. Where a Register of Interests is available online, a web link may be provided instead of a detailed disclosure in the annual report.	See the <a href="#">Register of Interests 2025/26</a>
Information on personal data related incidents where these have been formally reported to the Information Commissioner's Office. Reporting of personal data related incidents including "serious untoward incidents" involving data loss or confidentiality breaches and details of how the risks to information are managed and controlled.	See <a href="#">Section 8.2</a> of the Annual Governance Statement.
Information on environmental, social and community issues.	See <a href="#">Section 10.3</a> of this the Annual Governance Statement.
As a public sector information holder, Public Health Wales has complied with the cost allocation and charging requirements set out in HM Treasury guidance.	

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

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

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

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

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

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

XXXX

Date: 25 June 2026

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

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

In preparing those accounts, the Directors are required to:

- ❖ Apply, on a consistent basis, accounting 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:

	<b>xxxx</b>	<b>25 June 2026</b>
Chair:		
	<b>xxxx</b>	<b>25 June 2026</b>
Chief Executive:		
	<b>xxxx</b>	<b>25 June 2026</b>
Director of Finance:		

# 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 2025/26.

This Annual Governance Statement is intended to demonstrate to the Welsh Government how we managed and controlled resources in 2025/26 and the extent to which we complied with our own governance requirements.

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

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

## 2. Scope of Responsibility

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

I have personal overall responsibility for the management and staffing of the organisation, and 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 effective governance during this time, in the context of the challenges we face as an organisation.

### 3. Governance Framework

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

In particular, the Board has responsibility for

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

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

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

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

The Board is committed to operating in as transparent, open, and accountable way as is possible. The [Protocol for Reserving Matters to a Private Board \(or Committee\)](#)<sup>1</sup>, 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.

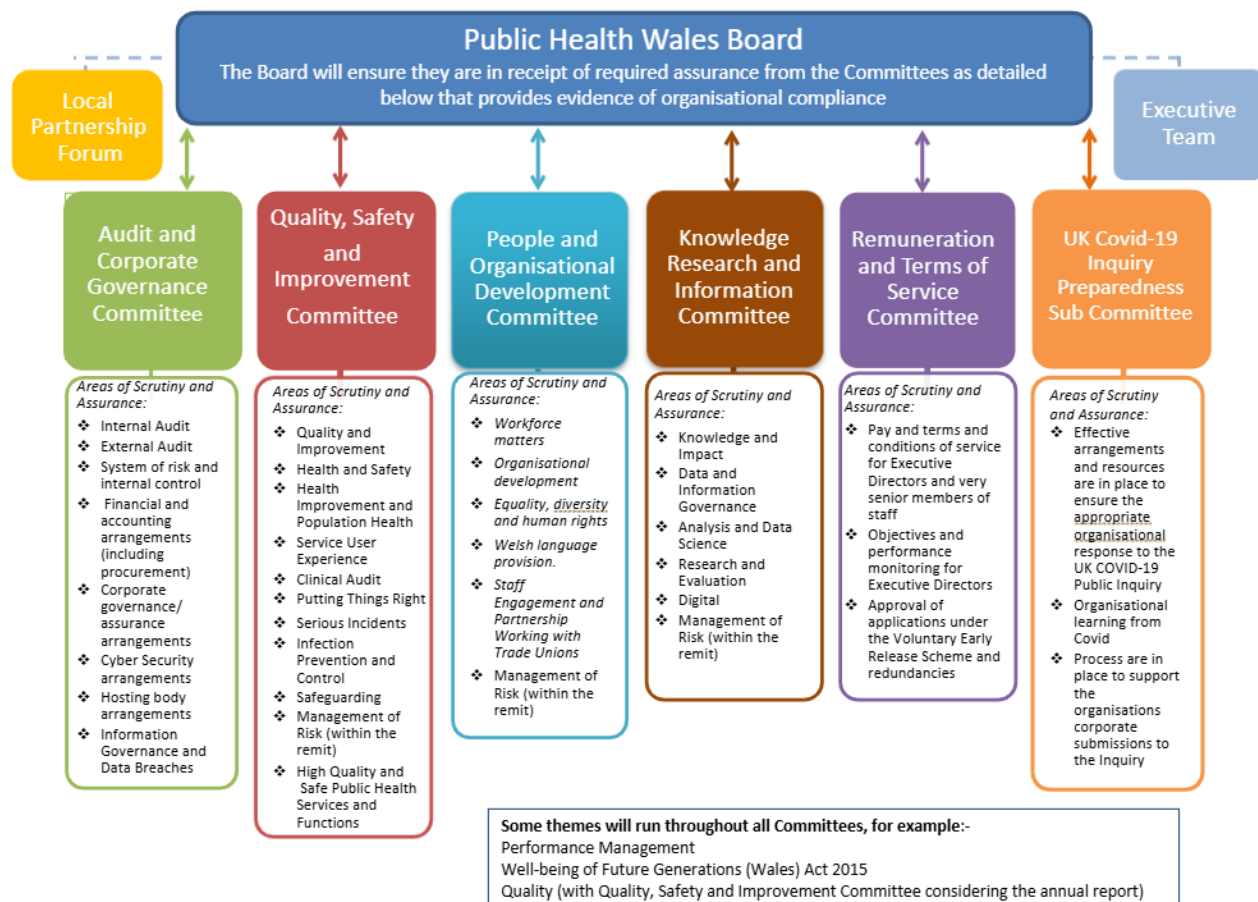
We have also updated our [Board Assurance Framework](#) to summarise how Public Health Wales delivers and sustains good corporate governance to ensure the delivery of its strategic objectives outlined within our Long-Term Strategy to improve

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<sup>1</sup> Approved by the Board in May 2021, and further updated in September 2022 and September 2023.

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

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



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

## 3.1 The Board

The key business and risk matters considered by the Board during 2025/26 are outlined in this statement and further information can be obtained from the published meeting papers on our [website pages](#).

**Figure 2** outlines the dates of Board and Committee meetings held during 2025/26.

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

The Board held its Annual General Meeting on Wednesday 17 September 2025. This was held in person and livestreamed on our website providing members of the public with the opportunity to access and engage in the meeting as it happened.

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

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

- ❖ Notification of Board meetings are published on the website in advance of the meetings.
- ❖ Agendas and reports are published at least 5 clear days before the meeting on the website.
- ❖ Public Health Wales has continued to livestream all Board meetings during 2025/26. 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 2025/26.

**Meetings of the Committees** of the Board have met during 2025/26 and are not currently livestreamed. In line with Board meetings, agendas and reports for these meetings are published on the website 7 days prior to the meeting, and draft minutes are published as soon as possible following the meeting.

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

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

### 3.1.1 Variations to the Standing Orders

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

In March 2025, the Welsh Government issued Model Standing Orders, which were fully adopted by Public Health Wales at the Board meeting on 29 May 2025, with the exception of:

- ❖ Reference to Independent Members. Public Health Wales' membership regulations define our Board members as Executive Directors and Non-Executive Directors.

A summary of the changes made are available within the [covering report](#) on the Board Meeting agenda page.

**Figure 2: Board and Committee Meetings 2025/26**

<b>Board meetings:</b>						
29 May	25 Jun	31 July	25 Sept	27 Nov	29 Jan	26 Mar
<b>Quality, Safety and Improvement:</b>						
2 Jun	26 Aug	29 Sept	25 Nov	24 Feb		
<b>Audit and Corporate Governance:</b>						
8 May	23 Jun	30 Sept	16 Dec	23 Mar		
<b>People and Organisational Development</b>						
29 Apr	15 July	22 Sept	21 Oct	17 Feb		
<b>Remuneration and Terms of Service:</b>						
7 Aug	24 Sep	30 Oct	29 Jan	12 Feb	17 Mar	26 Mar
<b>Knowledge, Research and Information</b>						
16 Jun	15 Sept	15 Dec	16 Mar			
<b>COVID-19 Public Inquiry Preparedness Sub-Group</b>						
None						

## 3.2 Board Activity

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

Board Assurance Framework	
<b>Chief Executive's Report</b>	<p>The Board received regular reports from the Chief Executive at each Board meeting, providing a summary of key organisational activity to update the Board. This included:</p> <ul style="list-style-type: none"> <li>❖ Key engagement with Welsh Government, including meetings with the Cabinet Secretary, Chief Medical Officer and officials, and updates on priority areas for Public Health Wales.</li> <li>❖ Organisational and workforce updates, including leadership and governance developments such as the successful completion of the first cohort of the Empowered Nurses, Midwives and Excellence programme.</li> <li>❖ Updates on the UK COVID-19 Public Inquiry, including module timetable, organisational preparedness and review of published reports and recommendations.</li> <li>❖ Updates on Executive Team changes.</li> <li>❖ Directorate reports and highlights, summarising delivery across portfolios and emerging issues.</li> </ul>
<b>Integrated Performance Report and Financial Report</b>	<p>The Board received the Integrated Performance Report at each Board meeting, providing a summary of key information including performance highlights, trends, and issues. This was read in conjunction with the Performance and Assurance Dashboard, which highlighted the latest available performance in an interactive format.</p> <p>The presentation at Board meetings included updates from Executive Leads to highlight any specific issues including Workforce, Finance, Operational Planning, Service Delivery and Quality. Key themes focused on Workforce pressures and sickness absence, Screening Service performance, delivery of the Integrated Medium</p>

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

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

	routine updates from committee chairs, the 2025/26 committee annual report and the annual review of committee effectiveness, with agreed improvement actions.
<b>NHS Performance and Improvement (formerly NHS Executive) Hosting Agreement</b>	Considered and approved a revised Hosting Agreement reflecting the change of name from the NHS Executive to NHS Wales Performance and Improvement, clarification of senior accountability arrangements, and updates to governance and levy calculations. Following further review with Welsh Government and the Director General, the Board approved an updated Hosting Agreement and hosting fee effective from April 2026.
<b>Plans and Strategies</b>	
<b>Annual Report and Accounts</b>	Approved the Annual Report 2024/25 for submission to Welsh Government, following consideration by the Audit and Corporate Governance Committee and completion of the Audit Wales process.
<b>Integrated Medium Term Plan (IMTP) - Annual Plan 2026/27</b>	Approved the Integrated Medium Term Plan (IMTP) 2026–29, including the Annual Plan, financial strategy and capital programme, taking assurance on the clear line of sight from strategy to delivery. The Board scrutinised the ambition, affordability and deliverability of the Plan, including feasibility, workforce capacity, business change capability and alignment with the Strategic Risk Register. Particular focus was placed on quality and service delivery, financial sustainability, inequalities, and system alignment with Welsh Government priorities.
<b>People Strategy</b>	Considered and approved a revised People Strategy. The Strategy linked with our Long Term Strategy and clearly set out our vision for the next 10 years in relation to our people.
<b>Capital Plan 2025/26</b>	Considered and approved the 2025-26 Capital Plan.
<b>Duty of Quality Annual Report</b>	Noted and took assurance that the Quality, Safety and Improvement Committee approved the final draft Annual Quality Report 2024 -2025 (for publication in line with the requirements of the Duty of Quality).
<b>Climate Response Plan</b>	The Board received and approved the Public Health Wales Climate Response Plan 2026–2028 and the accompanying Adaptation Work Programme. The Plan represents the organisation’s third decarbonisation action plan and integrates both decarbonisation and climate adaptation in line with Welsh Government guidance, aligned to the Integrated Medium Term Plan. Board

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

	community service delivery, partnership work, antimicrobial resistance monitoring, and future priorities such as expanding PrEP access and improving contraception pathways.
<b>Sexual Health Test and Post Service Incident</b>	<p>Considered an update on the Sexual Health Test and Trace Service incident, which arose following concerns raised in November regarding the handling of safeguarding information and information governance arrangements. The Board noted the incident had been escalated and was being managed under enhanced governance arrangements, reflecting the scale and complexity of the issues identified. A comprehensive look-back exercise was underway to review safeguarding information and to validate actions taken by Health Boards following referrals, with completion expected in April.</p> <p>The Board was informed that an independent external review had been commissioned, alongside the establishment of a best practice advisory group to define what good looks like for the service in the medium to long term. In parallel, a Sexual Health Improvement Group had been established to oversee immediate service improvements and ensure safe transitional arrangements while longer term solutions are developed.</p>
<b>Breast Test Wales</b>	Considered a commission for a systematic evaluation of the Breast Test Wales programme that highlighted areas for performance and business improvement. The review aimed to ensure the programme is efficient, effective and meets quality standards, using the STEEP (Safe, Timely, Effective, Efficient, Equitable, Person-Centred) framework.
<b>UK COVID-19 Inquiry Module 2 Report</b>	Considered the summary of the UK COVID-19 Inquiry Modules 2, 2A, 2B, 2C: Core decision-making and political governance, which examined government decision-making during the pandemic and its relevance for Public Health Wales.
<b>Annual Review of Estates</b>	Considered the Annual Estates report to the Board, which provided a high level overview of the organisation's estate, including sites not directly managed by Public Health Wales. The report

	set out the composition and condition of the estate, and was intended to give the Board assurance on how the estate is being managed and monitored.
<b>Public Mental Health Focus</b>	Discussed Public Mental Health as part of Strategic Priority Two and heard an overview of Public Health Wales’ work across prevention, access to services, recovery, and research/evaluation. It highlights initiatives such as preventing adverse childhood experiences, developing national frameworks and new service models, integrating the Hapus programme into recovery colleges, and improving suicide surveillance and data. Board members also discussed how impact is measured, the need to maintain an advisory (not overly delivery-focused) role, and gaps such as support for older adults, coordination across teams/partners, and addressing inequalities, with an emphasis on growing post-pandemic demand among children and young people.
<b>Strategic Partnerships and Joint working</b>	
<b>Strategic partners</b>	The Board considered strategic partnerships and engagement, including sessions to strengthen joint working and collaboration to support delivery of Public Health Wales priorities. This included welcoming partners to Board meetings, including Sport Wales and the Wales Council for Voluntary Action (WCVA), to support shared understanding of priorities and opportunities for joint working.
<b>Local Partnership Forum</b>	Considered and approved the Local Partnership Forum Terms of Reference.

### 3.2.1 Private Board Sessions

The Board held a Private Board session alongside every public session in 2025/26 to consider business of a confidential nature, considering aspects of significant issues including:

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

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

### 3.2.2 Board Development

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

The Board has considered its effectiveness and ongoing development throughout 2025/26.

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

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

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

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

### 3.2.3 Board Briefings

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

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

### 3.3 Committees and Sub-Groups of the Board

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

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

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

During 2025/26 all five of the standing Board Committees were in operation, chaired by Non-Executive Directors. The Committees have key roles in relation to the system of governance and assurance, decision-making, scrutiny, development discussions, assessment of current risks, and performance monitoring.

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

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

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

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

Committees operate in accordance with the [Protocol for Reserving Matters to a Private Board \(or Committee\)](#).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### 3.3.1 Audit and Corporate Governance Committee

During 2025/26, the Committee met five times and was quorate on all occasions.

The Committee’s remit covers the following areas:

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

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

The Committee considered the following items:

Topic	Purpose
<b>Internal Audit</b>	<ul style="list-style-type: none"> <li>❖ Took assurance from the Head of Internal Audit Opinion for 2025/26 and Annual Report for 2025/26, noting the organisation had received an overall reasonable assurance.</li> <li>❖ Considered regular Internal Audit Progress Reports</li> <li>❖ Considered the Final Internal Audit workplan for 2025/26 and subsequently a draft for approval for the 2026/27 work plan.</li> <li>❖ Considered xx (TO BE ADDED FOLLOWING ACGC IN May) completed Internal Audit Reports.</li> <li>❖ The Committee noted that no reports had been received with limited assurance this year.</li> </ul>
<b>External Audit</b>	<ul style="list-style-type: none"> <li>❖ Considered the Audit Wales Audit of Accounts report for 2024/25 and financial statements, noting the unqualified audit opinion.</li> <li>❖ Considered the Draft External Audit Work Plan for 2026/27 which outlined areas of audit investigation and considered regular progress reports during the year.</li> <li>❖ Considered 3 external audit report into:               <ul style="list-style-type: none"> <li>❖ Annual Audit Report for 2024-2025</li> <li>❖ Improving Quality Governance</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>❖ Structured Assessment report for 2025.</li> </ul>
<b>Audit Recommendations</b>	<ul style="list-style-type: none"> <li>❖ Considered a quarterly report on the <b>Audit Recommendations tracker</b> and report by the Leadership Team, taking assurance on its effective management.</li> <li>❖ This report highlighted the current position and progress made to implement the management actions arising from internal and external audit recommendations.</li> </ul>
<b>Financial and Accounting Arrangements (including procurement)</b>	<p><b>Accounts</b></p> <ul style="list-style-type: none"> <li>❖ Considered a presentation on the draft 2024/25 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.</li> <li>❖ Took assurance that the Trust had an appropriate plan in place for the production of the Financial Statements and Accountability Report for 2024/25 in line with the statutory deadlines.</li> </ul> <p><b>Procurement</b></p> <ul style="list-style-type: none"> <li>❖ 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.</li> <li>❖ Took assurance that the write off of obsolete stock had been approved in accordance with the Financial Scheme of Delegation.</li> </ul>
<b>Information Governance and Data Breaches</b>	<ul style="list-style-type: none"> <li>❖ Took regular assurance on the <b>Quarterly Integrated Governance Performance Report</b> which outlined key information related to Information Governance performance such as <b>Freedom of Information requests, Subject Access requests, staff training, records management updates and data breaches.</b></li> </ul>
<b>Systems of Risk and Internal Control</b>	<ul style="list-style-type: none"> <li>❖ Reviewed the system of risk and internal control in place within Public Health Wales, including that there is an effective system in place for review of the Risks by the relevant Committees.</li> <li>❖ Considered the <b>Strategic Risk Register</b> and <b>Corporate Risk Register.</b></li> <li>❖ Took assurance on the development of the <b>Risk Management Maturity Plan.</b></li> </ul>
<b>Corporate Governance and</b>	<ul style="list-style-type: none"> <li>❖ Recommended the adoption of the latest model of Standing Financial Instructions to the Board.</li> </ul>

<p><b>Assurance Arrangements</b></p>	<ul style="list-style-type: none"> <li>❖ Took assurance on Public Health Wales’ compliance with Corporate Governance in Central Governance Departments: Code of Practice 2017.</li> <li>❖ Approved 2 <b>policies</b> within its remit during 2025-26.</li> <li>❖ Considered bi-annual Governance updates, taking assurance on: <ul style="list-style-type: none"> <li>• The implementation of Standards of Behaviour Policy (Board and Staff Declarations of Interests and Gifts and Hospitality).</li> <li>• The management of the process for ensuring the Organisation’s compliance with Welsh Health Circulars.</li> <li>• Prioritisation and progress being made to review corporate policies and procedures within the remit of the Committee.</li> </ul> </li> </ul>
<p><b>Hosting Body Arrangements</b></p>	<ul style="list-style-type: none"> <li>❖ Took assurance that the NHS Performance and Improvement had complied with standing orders and financial instructions, policies and procedures during 2024/25.</li> <li>❖ Took assurance on the Hosting arrangement for 2024/25.</li> </ul>
<p><b>Cyber Security Arrangements</b></p>	<ul style="list-style-type: none"> <li>❖ Regularly took assurance on the management of the Cyber Security related Strategic Risk within the Organisation, considering these updates at each Private meeting.</li> <li>❖ Considered the Cyber Security Assurance report, Cyber Security Assessment and reported findings from Digital Health Care Wales in the Private meeting.</li> </ul>
<p><b>Counter Fraud Arrangements</b></p>	<ul style="list-style-type: none"> <li>❖ Regularly took assurance on the management of the Counter Fraud arrangements within the Organisation, considering these updates at each Private meeting.</li> </ul>

### 3.3.2 Quality, Safety and Improvement Committee

The Quality, Safety, and Improvement Committee met five times during 2025/26 and was quorate on all five occasions. The Committee assists the Board in discharging its functions in meeting its responsibilities with regard to quality and safety. The Committee is responsible for seeking assurances on all aspects of quality of services and clinical care, governance systems including risk for clinical, corporate, and regulatory standards for quality and safety.

In May 2020, the Committee increased the frequency of meetings during this period to one meeting approximately every eight weeks (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 2025/26:

<p>Quality and Improvement (Including Clinical Governance, Putting Things Right, Serious Incidents)</p>	<ul style="list-style-type: none"> <li>❖ Approved the <b>Duty of Quality Annual Report 2025</b> which celebrated the Organisation’s achievements within healthcare standards and identified areas requiring further improvement.</li> <li>❖ Took assurance via the <b>Duty of Candour Annual Report 2025</b> that Duty of Candour cases were being managed in accordance with regulatory guidance and the relevant policies and procedures, including organisational learning and the reasonable assurance received from the Internal Audit report.               <ul style="list-style-type: none"> <li>❖ Took assurance via the <b>Putting Things Right Annual Report 2025</b> on the organisation’s effective</li> </ul> </li> </ul>
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	<p>management of the Putting Things Right Regulations (2011).</p> <ul style="list-style-type: none"> <li>❖ Considered a <b>Complaints and Incidents deep dive</b> and patient story which focused on service user engagement, and improvement work around processes, investigation and shared learning.</li> <li>❖ Took assurance on the <b>NHS Performance and Improvement Unit Quarterly Governance Compliance</b> report, on areas including health and safety, safeguarding, reportable incidents, complaints and claims.</li> <li>❖ Took assurance on the Organisation’s effective management and learning from <b>Claims, Redress and Duty of Candour incidents and inquests</b> (taken in private session).</li> <li>❖ The Committee considered the Quality Governance Performance Report which continued to refine the approach to quality reporting, aligned to the Health and Care Quality Standards.</li> <li>❖ The Committee noted the performance standards being achieved and areas for improvement, and took assurance that appropriate governance was in place to ensure Safe, Timely, Effective, Efficient, Equitable and Person-Centred services.</li> </ul>
Safeguarding	<ul style="list-style-type: none"> <li>❖ Took assurance on the arrangements in place for the Organisation to meet its <b>Safeguarding</b> responsibilities through the: <ul style="list-style-type: none"> <li>❖ <b>NHS Safeguarding Network for Wales Annual Report 2024-25</b></li> <li>❖ Quarterly Safeguarding updates via the Quality Governance Performance Reports.</li> <li>❖ The Safeguarding Group Terms of Reference</li> </ul> </li> </ul>
Infection Prevention and Control (IPC)	<ul style="list-style-type: none"> <li>❖ Took assurance on the arrangements in place for the Organisation to meet its <b>Infection Prevention and Control</b> requirements through the: <ul style="list-style-type: none"> <li>❖ <b>Staff Influenza Vaccination Campaign Annual Report</b> for 2024-25 and the programme for 2025-26.</li> <li>❖ Quarterly IPC updates via the Quality Governance Performance Reports.</li> <li>❖ The IPC Group Terms of Reference</li> </ul> </li> </ul>
Risk	<ul style="list-style-type: none"> <li>❖ Took assurance on the management of both <b>strategic and corporate risks</b> within remit of the Committee.</li> <li>❖ Noted the change from Strategic Risk 5 to Strategic Risk 3.</li> </ul>
Clinical Audit	<ul style="list-style-type: none"> <li>❖ Took assurance on the <b>Quality and Clinical Audit Annual Report</b> for 2024-25 and approved the plan for 2025-26.</li> </ul>

	<ul style="list-style-type: none"> <li>❖ Took assurance against the plan via the quarterly updates in the Quality Governance Performance Reports.</li> </ul>
Policies	<ul style="list-style-type: none"> <li>❖ Considered bi-annual reports on the <b>status of policies</b>, procedures and other written control documents within its remit, and took assurance on the management of the review of Policies within its remit.</li> <li>❖ Approved 4 policies within its remit during 2025-26.</li> </ul>
Service User Experience (Engagement)	<ul style="list-style-type: none"> <li>❖ Took assurance on the arrangements in place to monitor the voice of the <b>service user</b> as being central to improving the quality and effectiveness of services, functions and programmes.</li> <li>❖ Considered a presentation on the activities being undertaken to support <b>engagement with the public</b>, in support of the long-term strategy.</li> </ul>
High Quality and Safe Public Health Services and Functions	<ul style="list-style-type: none"> <li>❖ Took assurance that there was a focus on working to deliver quality <b>screening programmes</b> in line with delivery of excellent public health services to the population in Wales.</li> <li>❖ Considered the challenges and mitigating actions within <b>Bowel Screening Wales</b>, with a focus on colonoscopy waiting times, including escalation and joint meetings with Health Board Chief Executives.</li> <li>❖ Considered a <b>deep dive</b> into screening services, which included an in-depth assurance and improvement reports on Breast, Bowel and Diabetic screening services, alongside a focus on performance and key improvements.</li> <li>❖ Considered an update on the <b>Breast Test Wales</b> Healthcare Inspectorate Wales re-inspection and Breast Test Wales Review.</li> <li>❖ Took assurance on the progress of actions to strengthen governance around <b>Medicines Management</b> within the organisation.</li> <li>❖ Took assurance on the 2025-26 <b>winter/seasonal planning</b> approach and implementation for Health Protection and Infection Services, via planning, implementation and post implementation update reports.</li> <li>❖ Took assurance in relation to the organisation's compliance with the requirements of the Civil Contingencies Act [2004] and the NHS Wales Emergency Planning Core Guidance [2015], took assurance on the review of the <b>Emergency Response Plan and Business Continuity Strategy</b>. The Committee approved the <b>Health Emergency Planning Annual Report</b>.</li> </ul>

	<ul style="list-style-type: none"> <li>❖ Considered a <b>deep dive</b> into the <b>Infection Division</b>, which provided an overview of the service and scope across Wales, and the impact of improvement works on patient care, service efficiency and alignment with quality principles.</li> </ul>
Health and Safety	<ul style="list-style-type: none"> <li>❖ Considered quarterly <b>Health and Safety</b> progress reports, taking assurance that measures were in place to monitor compliance with Health and Safety requirements using audits, Datix, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reporting and supported by appropriate policies and procedures, and that areas identified for improvement were addressed.</li> <li>❖ Considered a <b>deep dive</b> into Organisation’s Health and Safety management and delivery arrangements, noting the work to ensure safe environments.</li> <li>❖ Took assurance on the <b>Health and Safety Annual Report</b> for 2024-25, the workplan for 2025-26, and the Health and Safety Groups Terms of Reference.</li> </ul>
Health Improvement and Population Health	<ul style="list-style-type: none"> <li>❖ Considered a high-level overview of the <b>Population Health Programmes</b> delivered by the Health and Wellbeing Directorate and their associated governance arrangements and system wide improvement aims.</li> <li>❖ Considered an update on the <b>Oral Health</b> programme and took assurance that the dental public health team was working effectively to deliver its national strategic leadership role for population oral health improvement, oral health intelligence and other dental public health functions.</li> </ul>

### 3.3.3 People and Organisational Development Committee

The People and Organisational Development Committee met four times during 2025/26 and was quorate on all four occasions. The Committee assists the Board in discharging its functions in meeting its responsibilities with regard to overseeing the People and Organisational Development strategies and plans ensuring they are consistent with the Boards overall strategic direction; with particular reference to Equality, diversity and human rights; and Welsh language provision.

The Committee’s remit covers the following areas:

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

The Committee undertook further scrutiny of the following areas during 2025/26:

<b>Workforce Matters</b>	<ul style="list-style-type: none"> <li>❖ Considered the progress with the implementation of action 599, resulting from the Audit Wales report into the Review of Workforce Planning Arrangements within Public Health Wales</li> <li>❖ Took assurance on the work into <b>Organisational Change Management</b>, 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.</li> <li>❖ Took assurance on the <b>Annual Registration Audit 2024-25</b>, which provided assurance that all registrants across Public Health Wales were appropriately registered with the relevant body.</li> <li>❖ Took assurance on <b>sickness absence</b> and management of sickness absence updates following the deep dive.</li> <li>❖ Considered an update on the refreshed <b>People Strategy</b></li> <li>❖ Took assurance on the <b>NHS Performance and Improvement Report</b>, which detailed report which covered the work towards addressing Equality, Diversity and Inclusion and Welsh language reported concerns and grievances, and plans around workforce planning.</li> </ul>
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	<ul style="list-style-type: none"> <li>❖ Approved the revised <b>Disclosure and Barring Service (DBS) Policy</b>, emphasising its role as a significant mitigator of Corporate Risk 1541.</li> <li>❖ Noted the approved <b>Nursing and Midwifery Objectives</b> for 2025-26</li> </ul>
Organisational Development	<ul style="list-style-type: none"> <li>❖ Took assurance on the progress to realise the vision within the People Strategy</li> <li>❖ Took assurance that the implementation of the <b>Job Family Approach</b> was progressing in line with the People Strategy implementation plan and associated IMTP commitment.</li> <li>❖ Took assurance on the work towards the <b>IMTP commitment</b> to create and exceptional employee experience, including the development of an Employee Experience Roadmap.</li> </ul>
Staff Engagement and Partnership Working with Trade Unions	<ul style="list-style-type: none"> <li>❖ Took assurance on the progress of the <b>Culture Action Plan</b> as part of the action associated with Strategic Risk 4 to deliver desired culture through a high-level action plan.</li> <li>❖ Considered regular updates from the <b>Local Partnership Forum</b> and took assurance on the annual report, which had focused on strategic issues, and had been crucial in driving the Organisation’s work into culture and employee value proposition.</li> <li>❖ Took assurance on the progress made with <b>Trade Union partnership</b> working arrangements.</li> <li>❖ Considered an update on the <b>Staff Networks</b> and took assurance on the progress with actions and requests made to the Board by the Staff Diversity Networks to date.</li> <li>❖ Considered an overview of the results of the 2024 <b>staff survey</b>.</li> </ul>
Risk	<ul style="list-style-type: none"> <li>❖ Regularly considered and took assurance on the management of both strategic and corporate risks within remit of the Committee.</li> </ul>
Policies	<ul style="list-style-type: none"> <li>❖ The Committee:</li> <li>❖ 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.</li> <li>❖ Approved 4 <b>policies</b> within its remit during 2024-25.</li> </ul>
Workforce Equality, Diversity and Human Rights	<ul style="list-style-type: none"> <li>❖ Took assurance on progress made towards the organisation’s <b>Strategic Equality Plan 2024-2028</b> objectives.</li> <li>❖ Considered the findings and approved the <b>Annual Equalities Report 2024-25</b>.</li> </ul>

	<ul style="list-style-type: none"> <li>❖ Considered the findings and approved the <b>Gender Pay Gap Annual Report 2024-25</b>.</li> </ul>
Welsh Language Provision	<ul style="list-style-type: none"> <li>❖ Took assurance on the Organisation's efforts to embed the requirement for the provision of <b>Welsh Language</b> in its work throughout the Organisation via regular Welsh Language compliance updates. These included a focus on areas of progress such as the work underway improve the Welsh translation system, the work to embed a <b>bilingual culture</b> within the Organisation, and the identification and plan to address areas of weakness.</li> <li>❖ Took assurance on the <b>Welsh Language Annual Report 2024-25, More than Words Annual Report</b> and the introduction of the Welsh Translation Portal</li> </ul>
Deep-Dives	<ul style="list-style-type: none"> <li>❖ People and OD IMTP commitments for 2025-26</li> <li>❖ Culture and Engagement (Including the 2024 Staff Survey Results)</li> <li>❖ People Strategy</li> <li>❖ Sickness Absence (including data quality improvements)</li> <li>❖ Sickness Absence</li> </ul>
Speaking Up Safely and Raising Concerns	<ul style="list-style-type: none"> <li>❖ Considered the <b>Speaking Up Safely Annual Report</b> (previously Raising Concerns Annual Report) and took <b>assurance</b> on the management of speaking up safely within the organisation.</li> </ul>

### 3.3.4 Knowledge, Research and Information Board Committee

The Knowledge, Research, and Information Board Committee met four times during 2025/26 and was quorate on all occasions. The Committee assists the Board in discharging its functions in meeting its responsibilities with regard to overseeing quality and impact of our knowledge, health intelligence and research activities and also the data quality and information governance arrangements in the organisation and cross sector where applicable.

The Committee’s remit covers the following areas:

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

The Committee undertook further scrutiny of the following areas during 2025/26:

<b>Research and Evaluation</b>	<ul style="list-style-type: none"> <li>❖ Considered regular updates on the implementation of the Research and Evaluation Strategy, which aimed to make measurable improvements to the health of the population in Wales by leading and supporting population-level health research and evaluation. It also highlighted areas of research which would be crucial to the Organisations role to deliver on its Long-Term Strategy. The updates included the following areas:               <ul style="list-style-type: none"> <li>❖ Academic Public Health research: the vision and subsequent identification of relevant strategic partners.</li> <li>❖ Academic Institutions: including efforts to develop strong strategic partnerships including Cardiff and Bangor Universities, as well as other Universities.</li> </ul> </li> <li>❖ Regularly considered and took assurance on the development of an Outcomes Framework to measure the impact of Public Health Wales’s work.</li> </ul>
<b>Knowledge and Impact</b>	<ul style="list-style-type: none"> <li>❖ Considered and supported the work undertaken to deliver and improve Public Health Wales screening programmes as part of <b>Strategic Priority 5</b>.</li> <li>❖ Considered and took assurance the progress to date against <b>Strategic Priority 1</b> (Influencing the Wider Determinants of Health) and the planned next steps.</li> <li>❖ Considered and took assurance on the progress to date of the <b>International Health Strategy</b>, which included</li> </ul>

	<p>Public Health Wales becoming a WHO Collaborating Centre in Digital Health Equity.</p> <ul style="list-style-type: none"> <li>❖ Took assurance that research, data, evidence and evaluation activity is progressing to support <b>Strategic Priority 2</b> (Promoting Mental and Social Wellbeing).</li> <li>❖ Took assurance on the <b>Pathogen Genomics Delivery Plan</b> for 2026-2029.</li> <li>❖ Took assurance on progress to date and plans for future of the Our Approach to <b>Health Inequalities</b> programme.</li> <li>❖ Took assurance that research, data, evidence and evaluation activity is continuing to support <b>Strategic Priority 3: Promoting Healthy Behaviours</b>.</li> </ul>
<b>Analysis and Data Science</b>	<ul style="list-style-type: none"> <li>❖ Considered and took assurance on the implementation of the findings of the annual <b>Monitoring Impact Report</b>, noting the areas identified for improvement and the plans to formulate detailed actions plans to take forward the findings.</li> </ul>
<b>Digital</b>	<ul style="list-style-type: none"> <li>❖ Considered updates on the implementation of the <b>Digital and Data Strategy</b>, noting progress in delivering the strategy through the agreed Roadmap and that robust governance is in place for managing digital and data work, including through linked programmes.</li> <li>❖ Considered the development on the use of <b>artificial intelligence (AI)</b> within the organisation.</li> </ul>
<b>Risk</b>	<ul style="list-style-type: none"> <li>❖ Regularly considered and took assurance on the management of both <b>strategic and corporate risks</b> within remit of the Committee.</li> <li>❖ Considered <b>Strategic Risks 1, 4 and 5</b> under the remit of the Committee.</li> </ul>
<b>Policies</b>	<ul style="list-style-type: none"> <li>❖ 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.</li> </ul>
<b>Deep Dives</b>	<ul style="list-style-type: none"> <li>❖ The Committee undertook the following cross cutting deep dives based on the Organisation's strategic priorities: <ul style="list-style-type: none"> <li>• Priority 4 (Supporting the development of a sustainable health and care system focused on prevention and early intervention)</li> <li>• Primary Care</li> <li>• Innovation within Infection Services</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>❖ Considered the following updates to deep dive items from previous meetings.</li> <li>❖ Inequalities – Inclusion</li> </ul>

	<ul style="list-style-type: none"><li>❖ Priority 5 (Protecting Public from infection and environmental threats to health) - National Population Screening Programmes</li><li>❖ Priority 1 (Influencing the wider determinants of health)</li></ul>
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### 3.3.5 Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee met 6 times during 2025/26 and was quorate on all occasions.

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

The Committee also approved proposals regarding termination arrangements, including those under the Voluntary Early Release Scheme, ensuring the proper calculation and scrutiny of termination payments in accordance with 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 2025/26.

### 3.3.6 UK COVID-19 Public Inquiry Preparedness Sub-Group

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

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

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

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

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

The Sub-Group has not been required to meet in 2025/26 and assurance has been provided to the Board via each Chief Executive report as well as upon the publication of a Module Report by the Inquiry.

## **The Inquiry**

In December 2021, Rt Hon Baroness Heather 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.

Public Hearings for the 10 Modules of the Inquiry have now concluded. Public Health Wales was a Core Participant in 5 of the 10 Modules, and provided oral evidence in Modules 1 (Resilience and preparedness), 2B (Decision-making and Political Governance – Wales), 3 (Impact on Healthcare Systems), 4 (Vaccines and Therapeutics), 5 (Procurement), 6 (Care Sector) and 7 (Test, Trace and Isolate).

The Inquiry published its reports and recommendations for Module 1 (July 2024), Module 2 (November 2025), Module 3 (March 2026) and Module 4 (April 2026). The Board receives a full update on the report recommendations and, with Health Protection and Screening Services as the lead directorate, the Board is provided with assurance on the actions taken to support the recommendations.

The Board will be further updated as the balance of the module reports are produced. Reports for Modules 6 and 7 are planned for publication later in 2026. These reports will consider the Care Sector and Test, Trace and Isolate. The remaining 3 reports covering Modules 8 to 10 on Children and Young People, Economic Response and the Impact on Society will be published in the first half of 2027.

## **Wales COVID-19 Inquiry Special Purpose Committee**

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

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

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

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

### 3.3.7 Young Ambassadors

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

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

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

#### **New Proposed Model\***

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

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

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

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

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

An initial round of recruitment will take place in April 2026, with the view to have young consultants in post from May / June 2026. This will allow for an opportunity for the young consultants to attend a Board Development session in the summer of 2026, giving them a chance to share their ideas, influence Public Health Wales' plans for the future, and help shape its long-term strategy by speaking up about what matters most to young people across Wales.

\*Note: This proposed model is subject to Business Executive Team review and approval in May 2026.

### 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 2025/26.

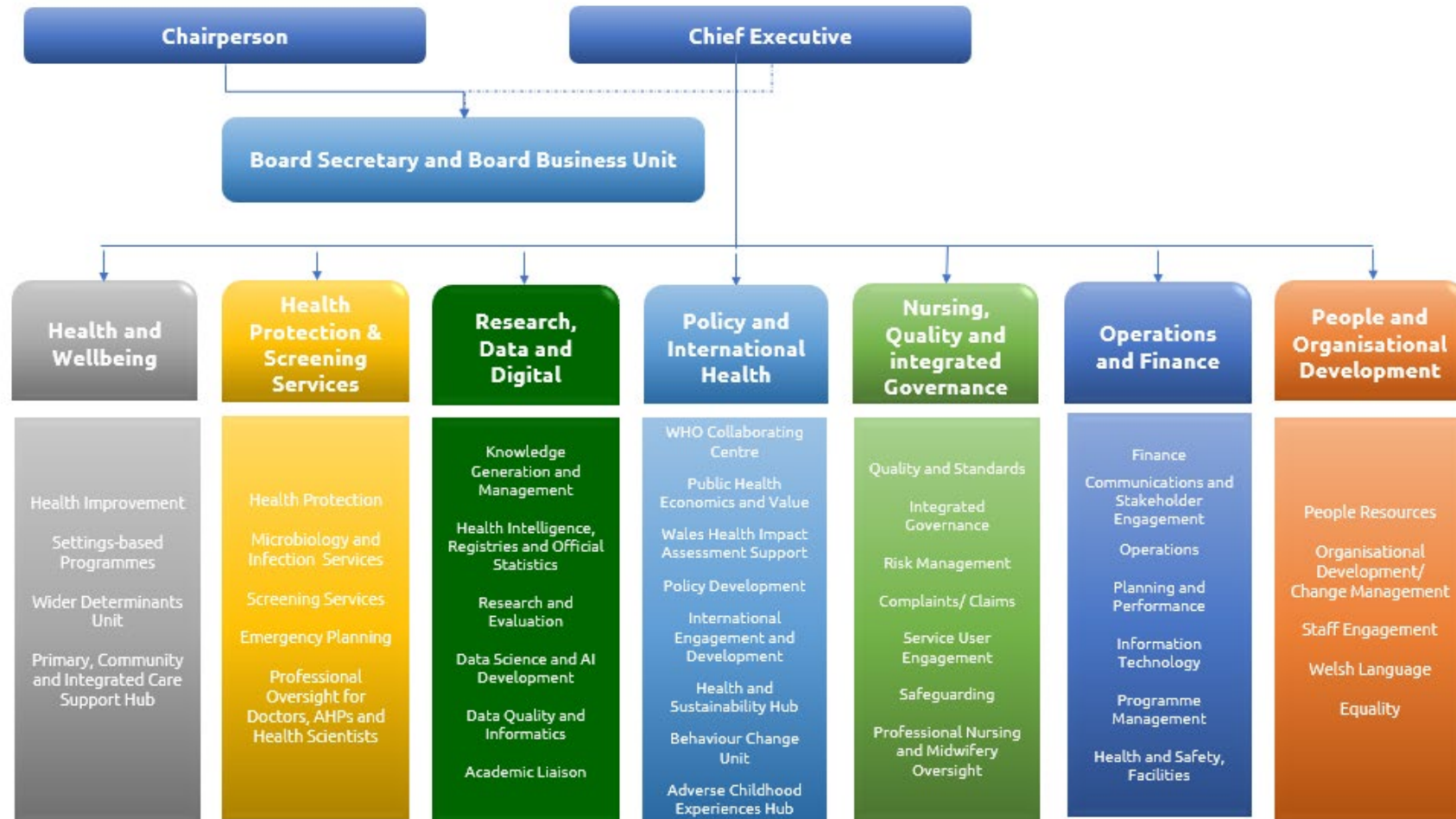
### 3.3.1 Business Executive Team

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

- ❖ Ensuring the correct balance of strategic and operational time is invested to effectively and collectively lead (Executive) and oversee the management of the organisation.
- ❖ Overseeing, receiving assurance from 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 dedicated specifically to strategic and pan-organisational items.

**Figure 3: Executive Team and Directorate Structure in operation during 2025/26:**



## 3.4 Board and Executive Team Membership

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

In addition to the Executive Directors appointed in accordance with the Regulations, individuals have also been appointed to other Director positions. 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.

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

#### Non Executive Director – Local Authority

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

A public recruitment process was undertaken in March 2025 to fill the vacancy. As of 6 May 2025, Huw David was appointed to this position.

Huw David stepped back from his role as Non-Executive Director from 1 January 2026 temporarily due to the election period. Arrangements were put in place to manage to ensure Board and Committee business continued to discharge statutory responsibilities effectively during this time.

#### Non Executive Director – University

As of 31 March 2025, Diane Crone stepped down as a Non-Executive Director (University) at Public Health Wales. As of 1 April 2025, there was a vacancy on the Public Health Wales Board for this position. A public recruitment process was undertaken in 2025/26 to fill this position. Dr Catherine Purcell was appointed as Non-Executive Director (University) with effect from 27 October 2025.

### 3.4.2 Board Succession Planning

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

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

### 3.4.3 Senior Staff Appointments and Departures

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

#### Executive Director Operations and Finance

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

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

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

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

### 3.4.4 Staff Representation at Board and Committee Meetings

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

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

### **3.4.5 Board Diversity and Inclusion**

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

As of 31 March 2026, the Board had a gender balance of 75%(9) female, 25% (3) male, 25% (3) members were from a Black and Ethnic Minority background, 8.3% (1) has declared a disability.

One Board member is a fluent Welsh speaker.

The Board is very committed to enhancing diversity and ensuring an appropriate range of skills and experiences to fulfil its role and has a range of initiatives in development for 2026/27.

## 4. Improvements to the Governance Framework

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

### 4.1 Review of the Board Committee Terms of Reference

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

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

The Board considered a review of the Terms of Reference for the Committees and approved revised versions in May 2025

### 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 2025**, focusing on corporate arrangements, including the governance arrangements, for ensuring that resources are used efficiently, effectively and economically. (Refer [Section 12.3](#))
- ❖ We have completed an assessment against the Corporate Governance in Central Governance Departments: **Code of Good Practice 2017**. We used the "Comply" or "Explain" approach in relation to the Code of Good Practice. This was presented to the Audit and Corporate Governance Committee in **March 2026** who took **assurance** of our compliance with the Corporate Governance

in Central Government Departments – Code of Practice 2017. (Further information is provided in [Section 11.1](#) of this report.)

## **b) Board Committee Effectiveness**

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

- ❖ Terms of Reference and Operating 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 2026, an online questionnaire was completed by members of all Committees. The questions were based primarily on the Audit Committee Handbook (2012) suggested self-assessment questions and National Audit Office good practice guidance and were adapted for the Committees.

Workshops were held in February 2026, with Committee Members and the Executive Leads for each of the Committees to discuss the common themes and committee wider learning from the survey results. A summary of the themes from this meeting will be provided to each Committee, and to the Board in May 2026.

Relevant learning from the overall review of effectiveness will be fed into the Board performance review in 2026/27: a summary of the Committees' considerations and outcomes of this review will be reported to the Board in quarter 1 of 2026/27 as part of the wider Board effectiveness review.

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

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

A full Board review of performance and effectiveness will take place in 2026/27 as part of the implementation of a high performing Board Model and will incorporate learning from the Committee reviews outlined in b) above.

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

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

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

#### **e) Chief Executive Appraisal**

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

#### **f) Non-Executive Director appraisal with 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.

#### **g) Board Secretary and Head of the Board Business Unit appraisal**

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

#### **h) Accountability Review with Welsh Government**

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

### 4.3 Protocol for Reserving Matters to Private Session

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

The Board has approved a Protocol for the matters considered in private session, outlining the commitment of the Board to operate in as transparent, open and accountable a way as possible. This document is reviewed annually in May each year.

The document was developed to help identify the 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, this report also included reference to any relevant material that had been circulated to the Board outside of the formal meetings.

A review of the matters taken in private session will take place for the 2025/26 period. This review will be presented to the Board in May 2026.

## 5. Hosted Bodies – NHS Performance and Improvement

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

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

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

From 1 April 2024, the following functions moved into the NHS Executive;

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

TEC Cymru transferred into the NHS Executive from September 2024.

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

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

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

## 5.1 Hosted Bodies: Board Level Assurance

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

### Assurance Reporting to Committees

<b>Audit and Corporate Governance Committee</b>	Quarterly Assurance report covering: <ul style="list-style-type: none"> <li>❖ Risk Management (Quarterly)</li> <li>❖ Audit Activity (Quarterly)</li> <li>❖ Counter Fraud Compliance (Quarterly)</li> <li>❖ Information Governance compliance (Quarterly)</li> <li>❖ NHS Executive Agreements Register (Bi Annual)</li> <li>❖ Declarations / Registers (Bi-Annual)</li> </ul>
	<p><b>Annual Assurance Statement</b></p> <p>The Annual Assurance statement for 2024/25 was considered by the Audit and Corporate Governance Committee in May 2025.</p> <p>The Annual Assurance statement for 2025/26 is due to be presented to Quality, Safety and Improvement Committee and Audit and Corporate Governance Committee in May / June respectively for this period.</p>

<b>Quality, Safety and Improvement Committee</b>	Quarterly Assurance report covering: <ul style="list-style-type: none"> <li>❖ Health and Safety Compliance</li> <li>❖ National Reportable Incident Reporting compliance</li> <li>❖ Complaints (including PTR if applicable) compliance.</li> <li>❖ Claims reporting</li> <li>❖ DATIX compliance</li> <li>❖ Safeguarding compliance</li> </ul>
<b>People and Organisational Development Committee</b>	Bi-Annual Assurance report covering: <ul style="list-style-type: none"> <li>❖ Equality, Diversity and Inclusion (Bi-Annually)</li> <li>❖ Welsh Language (Bi-Annually)</li> </ul>

## 6. 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 2026 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.

## 6.1 Capacity to Handle Risk

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

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

During 2025/26, a renewed and refreshed version of the Risk Management Policy and associated procedure was developed and consulted on, in line with organisational due diligence. This was consequently approved and adopted by Public Health Wales during Q3 2025/26 through Audit and Corporate Governance Committee. This has enabled a refreshed approach to training and development of Enterprise Risk Management principles and standards. We plan to build on this further as we progress from a Risk Management Development Plan to the recently approved Risk Management Maturity Plan.

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

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

Each Committee considers an extract of the SRR and CRR at each meeting. These papers are published on our website with the relevant Committee papers. During the 2025/26 year, an updated reporting template for Strategic risk was developed and implemented. This allowed for gaps in assurance to be highlighted and addressed with full transparency and enabled more focussed discussions at Leadership Team, Business Executive Team, Committees and the Board, in taking assurance on the risk. The revised template also highlighted where the risk was

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

The SRR and CRR are published on our website.

### **Revised Strategic Risks**

As part of the planning process and development of our Strategic Plan (our Integrated Medium-Term Plan – IMTP) and Long-Term Strategy, which included full engagement with stakeholders, the Board revised the Strategic Risk descriptors and approved additional risks for inclusion in the register, during 2025/26. This was formally approved by the Board in July 2025.

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

Risk Reference (new)	New Risk Descriptor
SRR1	<p><b>There is a risk that:</b> We fail to deliver our role to influence a system shift to prevention, reduce health inequalities and address determinants of health.</p> <p><b>Caused by:</b></p> <ol style="list-style-type: none"> <li>1. Poor alignment of PHW specialist resources, capabilities and programmes with our long-term strategy</li> <li>2. Failure to generate the quality of evidence and supporting data to shape our influencing and delivery</li> <li>3. Insufficient/Ineffective public health advice, evidence and action <i>within our remit</i></li> <li>4. Ineffective engagement with and communication to partners, the public and policymakers</li> <li>5. Insufficient system leadership and co-ordination with stakeholders and partners</li> <li>6. Programmes which do not support our population in achieving healthier lives</li> </ol> <p><b>Resulting in:</b></p> <p>We fail to have the impact required to reverse the worsening healthy life expectancy of the population of Wales. Wales fails to close widening gaps in health outcomes between our most and least deprived populations.</p>
SRR2	<p><b>There is a risk that:</b> The organisation could experience poor organisational health.</p> <p><b>Caused by:</b></p> <ol style="list-style-type: none"> <li>1. Ineffective organisational leadership and governance</li> <li>2. Lack of progress towards our ideal organisational culture</li> <li>3. Inability to appropriately engage, develop and enable our people to deliver our Long-Term Strategy</li> </ol>

4. Lack of adequate capacity or capability to deliver BAU/IMTP/SP route maps and flexibility/ adaptability/ readiness for change. This includes capacity and capability for change management and benefits realisation in light of the significant change agenda particularly in the digital and data space.
5. Lack of integrated and strategic workforce planning

**Resulting in:** diminished ability to deliver strategic priorities, reduced adaptability and innovation, poor attraction, engagement and retention, and erosion of stakeholder confidence.

Risk Reference (new)	New Risk Descriptor
SRR3	<p><b>There is a risk that:</b></p> <p>We fail to deliver our contribution to excellent public health services in population health screening, infection, health protection and emergency response.</p> <p><b>Caused by:</b></p> <ol style="list-style-type: none"> <li>1. Weakness in clinical governance, clinical and administrative systems and digital processes, service planning and operational delivery.</li> <li>2. Inability to maintain capacity and capability of the specialist workforce.</li> <li>3. Absence of innovation and continuous quality improvement.</li> <li>4. Exceedance in unplanned activities arising from unexpected acute threats to health.</li> </ol> <p><b>Resulting in:</b> Poor quality and unsafe services, sub-optimal population health outcomes for population screening and health threats, and a breach of legal duties on Civil Contingencies and Duty of Quality.</p>
SRR4	<p><b>There is a risk that:</b> we fail to effectively mitigate the public health impacts of climate change on the Welsh population</p> <p><b>Caused by:</b></p> <ol style="list-style-type: none"> <li>1. Failure to identify and monitor climate change threats to health</li> <li>2. Failure to effectively inform actions of partner organisations and policymakers so that health is considered as part of their climate action</li> <li>3. Failure to effectively engage with our population, partner organisations and policymakers</li> <li>4. Failure to prioritise resources to actions that make a measurable difference to the health of our population</li> <li>5. Insufficient leadership in Wales to achieve a joined up and aligned system response to climate change.</li> <li>6. Failure to take co-ordinated actions with partner organisations across the UK 4 Nations and advocate for UK climate policies that protect and promote health</li> </ol>

	<p><b>Resulting in:</b> Failure to prevent harm to the health of our population as a result of climate change, resulting in worse health outcomes and widening of health inequalities.</p>
<p><b>SRR5</b></p>	<p><b>There is a risk that:</b> we fail to fully exploit digital and data to improve public health in Wales.</p> <p><b>Caused by:</b></p> <ol style="list-style-type: none"> <li>1. capacity and capability within PHW and external partners.</li> <li>2. lack of digital and data literacy within PHW as a whole</li> <li>3. lack of business change capability across Public Health Wales</li> <li>4. dependency on other organisations</li> </ol> <p><b>Resulting in:</b></p> <p>Poorer public health outcomes for the people of Wales</p>
<p><b>SRR6</b></p>	<p><b>There is a risk that:</b> The organisation suffers loss of sensitive information and/or disruption to services.</p> <p><b>Caused by:</b></p> <ol style="list-style-type: none"> <li>1. Cyber incidents</li> <li>2. other external factors,</li> <li>3. weaknesses in digital resilience,</li> <li>4. silo working and lack of strategic oversight of digital and data outputs.</li> </ol> <p><b>Resulting in:</b> Poorer Public Health Outcomes, disrupted services and loss of trust in Public Health Wales.</p>

## Corporate Risks

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

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

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

**Figure 6:** Outlines the key corporate risks together with the assessed risk scores (once existing risk control measures have been taken into account) as of 31<sup>st</sup> March 2026.

**Figure 6: Public Health Wales Key Corporate Risks 2025/26**

Corporate risk	Risk Score*
Failure to effectively implement the HIA statutory regulations that form part of the Public Health (Wales) Act which requires the Public Health Wales to give assistance to other public bodies carrying out health impact assessments	9
Failure of organisations to carry out renewal disclosure and barring service checks to prevent unsuitable people from working with vulnerable groups, including children, therefore placing them at risk of harm, abuse and neglect.	10
Failure to demonstrate that the quality standards and the Duty of Quality are embedded in all aspects of Public Health Wales business.	6
Public Health Wales may lose access to Primary Care data due to Audit+ being discontinued	12
Public Health Wales may lose ability to monitor our impact due to declining survey response rates across many sources of official statistics	12

including the National Survey for Wales, the Annual Population Survey and the Labour Force Survey	
Failure to provide sufficient assurance that it is identifying and managing risks effectively through the endorsed Risk Management Procedure and failing to identify themes and trends	15
Failure to implement a suitable Datix Web replacement that matches the current risk maturity when the system is decommissioned in November 2027	12
Failure to deliver an effective long-term sustainable and excellent Environmental Public Health service to the population of Wales	12
Failure to achieve our net zero target by 2030 and the carbon negative target by 2035 as set out in the Public Health Wales Long Term Strategy	12
Service disruption due to excessive dust damaging the detectors of the mammography units on the MBSU's. 1 mobile unit is currently out of service due to this issue. 9 other units could potentially be at risk	12
Service users may have a clinical procedure undertaken or make decisions on planned care without being fully informed if the All-Wales consent process is not adhered to. This could be from direct service delivery in PHW or as a result of national advice and guidance being published by PHW without taking consent and decision making into consideration	9
Failure to meet the legal duties set out in the Equality Act 2010/Public Sector Equality Duty and respond to the needs of the population. It may be unable to enable and demonstrate full compliance with the newly published Accessible information standards	9

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

There are now in excess of 130 Risk Handlers trained across the organisation whose role is to support Executive 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.

A public recruitment process was undertaken in January 2026 to fill the reconfigured substantive post of Executive Director of Strategy, Finance and

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

### **Risk Management Policy and Procedure**

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

### **Risk Appetite**

Board development sessions took place in 2025/26 to agree a revised risk appetite framework. The revised framework was developed in conjunction and in consultation with colleagues from across the organisation and reflects most recent best practice and Risk Management Standards such as ISO31000.

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

## 7. Quality Governance Arrangements

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

### 7.1 Quality Governance

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

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

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

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

These include:

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

## ❖ Quality Oversight Group

The 2024/25 Annual Quality Report was published during 2025/26, demonstrating the steps Public Health Wales has taken to comply with the Duty of Quality and how the organisation has reported and ensured improvement in the quality of its services. The report included an assessment of the extent of any improvement in outcomes, and further work planned for the next stage of our Long-Term Strategy delivery. The Annual Quality report was first published in 2024/25 and will continue to be developed and published every year as part of our responsibility under the Duty of Quality.

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

## 7.2 Duty of Quality

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

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

There is regular reporting on the continued delivery of the Act to the Business Executive Team, and to the Quality, Safety and Improvement Committee. In addition, the Duty of Quality and all key actions are noted on the Corporate Risk Register which is monitored through the Business Executive Team and the Quality, Safety and Improvement Committee (See [Section 3.3.2](#)).

### Quality Management System

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

quality management system is also a key expectation of organisations within the Duty of Quality.

Building on the work during 2024/25 PHW, as part of its commitment to the Duty of Quality, continued to develop its QMS as an approach to be a quality-driven organisation at its heart. We have developed our approach to quality and continuous improvement utilising a QMS to effectively describe organisation design and participate in system transformation and continuous quality improvement. We are committed to operating this Quality Management System which is designed for excellent outcomes and driven by the needs of the population we serve. This in turn enables a quality culture and learning environment which supports our staff and provides a great place to work and flourish. This, together with the Improvement and Innovation Hub, supports work identified for improvement and innovation priorities at strategic, directorate and team level. An approach which supports the achievement of our strategy and strategic priorities, and our ambition about the culture we want as an organisation.

The information below summarises the key activities undertaken and outlines the core elements that collectively underpin each aspect of the Quality Management System. All elements are interconnected and evolving and are detailed below.

<b>Quality Planning</b>	<b>Quality Control</b>
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<ul style="list-style-type: none"> <li>• Service User Experience (feedback, surveys and compliments) via CIVICA digital platform identifying the needs of service users</li> <li>• Strategic planning process through the IMTP</li> <li>• Annual Business planning to support the IMTP</li> <li>• Integrated Planning Group</li> <li>• Performance and Assurance dashboard, and Integrated Performance report at Board level</li> <li>• Strategic Improvement Priorities identified through the Business Executive Team</li> <li>• Quality Impact Assessment digital tool</li> <li>• Health and Care Quality Standards self-assessment digital tool</li> <li>• Contracting, Service Level agreements and Memorandums of Understanding.</li> <li>• Engagement activities to understand the needs of the population/service users to plan or redesign services</li> <li>• Service Reviews</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Power BI</a> Quality dashboard, including: <ul style="list-style-type: none"> <li>◦ Quality metrics</li> <li>◦ Health and Care Quality Standards</li> <li>◦ Incidents and complaints</li> <li>◦ Service User Experience</li> </ul> </li> <li>• <a href="#">Visual</a> Performance and Assurance dashboard</li> <li>• Time series data visualisation</li> <li>• Health and Care Quality Standards self-assessment</li> <li>• 'Always on' reporting</li> <li>• Patient Safety Incidents/Concerns reporting and management with escalation</li> <li>• Weekly to incident management meetings</li> </ul>
<p><b>Quality Improvement</b></p>	<p><b>Quality Assurance</b></p>
<ul style="list-style-type: none"> <li>• Model for Improvement methodology</li> <li>• Standardised and simplified training offer <a href="#">to</a> build capacity and capability in improvement.</li> <li>• Improvement and innovation coaching support</li> <li>• Tailored support and training available where service needs require <a href="#">based on risk and quality issues</a></li> <li>• Online tools to support the workforce</li> <li>• Streamlined process for requesting improvement and innovation support</li> </ul>	<ul style="list-style-type: none"> <li>• Quality Governance Report presenting data for consistent quality measure at Quality, Safety and Improvement Committee</li> <li>• Digital audit platforms (AMaT and iPassport)</li> <li>• Annual audit plan and monitoring/<a href="#">Action tracking</a></li> <li>• Mature incident and risk management via Datix <a href="#">Web</a></li> <li>• Health and Care Quality Standards self-assessment digital tool</li> <li>• Health and Care Quality Standards self-assessment peer review</li> <li>• Quality Impact Assessment process and governance</li> <li>• External Audits and Inspections</li> <li>• Quality Walks</li> </ul>

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Library of learning from improvement and innovation work and SharePoint resources</li> <li>• Data analysis support and coaching</li> </ul> |  |
|---|--|

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

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

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



### 7.3 Health and Care Standards

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

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

## 7.4 Duty of Candour

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

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

The key points within the Duty of Candour are that:

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

### Training

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

## 7.5 Health and Safety

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

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

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

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

The Head of Health and Safety and Health and Safety Advisor meet on a regular basis with health and safety representatives from Health Protection and Screening Services in between each formal meeting and provide ongoing proactive and reactive support to teams across the organisation to support the the safe delivery of their activities. The terms of reference for the group were reviewed in March 2024, and approved by the Business Executive Team. The Health and Safety Group keeps the terms of reference under review to ensure opportunities for enhancement to address changing circumstances are appropriately reflected.

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

During 2025 /26, these included:

- ❖ Actively reviewing and managing incidents and Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR's), identifying lessons learned and sharing across the organisation.
- ❖ Undertaking health and safety audits, and producing recommendations for action .
- ❖ Continual reviewing and updating of risk registers including the identification of issues and actions to mitigate risks.
- ❖ Reviewing, revising and monitoring existing policies and procedures and development of new processes and procedures where and when required.
- ❖ Taking action to implement alerts and notifications as appropriate for the organisation. All health and safety alerts and notifications received within the reporting period have been reviewed and addressed, with appropriate actions taken where required.
- ❖ Increasing compliance to meet the organisations target of 85% of staff who have completed dedicated online training to support safe home working.

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

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

## 7.6 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 [The National Health Service \(Concerns, Complaints and Redress Arrangements\) \(Wales\) \(Amendment\) Regulations 2025](#) and the All Wales Listening to People: NHS Wales Complaints, Incidents and Redress process. The Quality, Safety and Improvement Committee has oversight of complaints and concerns.

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

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

## 8. Information Governance

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

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

The Caldicott Guardian (CG) is the responsible person for arrangements to protect the confidentiality of patient and service-user personal information and arrangements for appropriate information sharing. In Public Health Wales, the National Director of Screening and Health Protection Services / Medical Director, performs this role. However, due to the All-Wales remit of Public Health Wales, along with the diverse services it provides, it is acknowledged that the CG requires the support of appropriate delegates to enable 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 NHS Wales Performance and Improvement (formerly known as the NHS Executive), which is a hosted body within Public Health Wales, has presented a number of challenges in terms of information governance which the team has worked collaboratively across the year to mitigate. A Joint Data Controller Agreement has been signed between Public Health Wales and Welsh Government to provide structure and assurance for the data protection requirements of the Executive. Deputy SIRO and Deputy CG positions are now in effect within the NHS Executive. The role of Deputy SIRO is filled by the Deputy Director of Data and Analytics and Deputy CG is the Clinical Director of Networks in the NHS Executive.

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

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

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

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

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

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

## 8.1 Freedom of Information Requests

The Freedom of Information Act (FOIA) 2000 gives the public right of access to a variety of records and information held by public bodies and provides commitment to greater openness and transparency in the public sector. In 2025/26, we received 231 requests for information which were handled under the FOIA.

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

## 8.2 Data Breaches

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

During 2025/26, five reportable data breaches were recorded. All five data breaches were reported to the Information Commissioner's Office (ICO). For four of the five reported, the ICO response stated that they were satisfied with the action taken by Public Health Wales and that no further action was required on their part. The response for one of the incidents is yet to be received from the ICO.

### 8.3 Subject Access Requests

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

In 2025/26, 44 Subject Access Requests were received, which represents an increase of 100% on last year. We are also seeing an increase in the complexity of the requests submitted and this year 91% (40) were sent within the timescale to respond but 4 were not compliant, primarily due to the complexities of handling them.

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

## 9. People Governance

### 9.1 Staff Engagement

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

In support of the Board and Executive, we have a formal advisory group - the Local Partnership Forum. The Local Partnership Forum has met five times during 2025/26 and considered the following matters:

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

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

There is a well-established Joint Medical and Dental Negotiating Committee (JMDNC). The JMDNC meets 4-6 times per year, and we have continued regular informal meetings with representatives from this group throughout the year.

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

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

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

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

In 2023, Public Health Wales used the Organisational Culture Inventory (OCI®), a leading evidence-based assessment tool, to measure our current operating culture and identify our ideal culture. All staff were invited to take part. We subsequently undertook a Culture Pulse Survey over a six-week period in 2025, designed to help us understand where we have made progress in moving towards the culture that colleagues told us we want and need. We achieved double the response rate of the original OCI® survey, showing growing engagement, with culture remaining a shared priority across Public Health Wales.

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

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

## 9.2 NHS Pensions Scheme

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

## 9.3 Equality, Diversity and Human Rights

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

We launched our Strategic Equality Plan for 2024–2028 in April 2024, following a consultation with members of staff and the public, and continue to work towards achieving the targets and objectives we set out in the plan.

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

In line with the Public Sector Equality Duties, we have recently published our [Annual Equality Report for 2024-25](#)

<https://phw.nhs.wales/publications/publications1/phw-gender-pay-gap-report-2024/>.

We have also published a separate report on our [Gender Pay Gap for 2025](#) <https://phw.nhs.wales/publications/publications1/phw-gender-pay-gap-report-2024/> which has 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 our workforce is diverse. Our organisation and directorates and teams are encouraged to consider the impact of their work to ensure it is inclusive and links with our strategic equality priorities. Work continues to reduce inequalities, and we have engaged with people from under-represented and disadvantaged communities to inform this. In adopting this practice, we develop strong partnerships with people from diverse communities and learn from and understand their needs. We renewed our Disability Confident Leader Level 3 status, which is valid for three years, and achieved accredited Living Wage employer status, demonstrating our commitment to ensuring colleagues receive a wage that reflects the true cost of living.

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

## 9.4 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 quarterly Welsh Language Group, and this is the vehicle by which information is disseminated. Annual reporting templates are received in order to inform statutory and organisational reporting. While all Board members demonstrate leadership and

commitment towards the language, there is a Board-level Welsh-language champion, Neil Lewis (Director of People and Organisational Development).

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

The People and Organisational Development Team provide regular assurance to the People and Organisational Development Committee, via the Executive Team. This includes reporting against the Welsh Language Standards, as informed by the annual reporting templates from members of the Welsh Language Group and proactive monitoring undertaken by the Welsh Language Team within the People and Organisational Development Directorate. In addition, the Welsh Language team provides annual reports to Welsh Government against the More Than Just Words initiative and the Health and Social Care Standards, and an [Annual Welsh Language Standards Report](#) is published on the Public Health Wales website by the end of September, in accordance with Standard 120 of the Regulations.

Our Welsh Language Network, Ymlaen, was established in March 2023. So far, over 120 members of staff have joined the network. Ymlaen promotes the Welsh Language, culture and heritage, as well as supporting staff to learn and enjoy the language. The network has organised a number of activities throughout the year, including "Welsh Language week," which involved a range of activities and speakers to celebrate the language and encourage more people to use it. Welsh Language Week took place at the end of February 2026 with colleagues from across the NHS in Wales invited to join the online events. The last event, a face-to-face celebration at our office in CQ2, Cardiff, was held at the end of March.

## 10. Strategy and Plans

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

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

Our strategic priorities are:

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

During 2025/26, to support the delivery of our Strategy, we approved a set of strategic priority route maps for the six strategic priorities. The route maps are internal planning documents that connect our 2035 strategic outcomes to where we are now. They help us to identify opportunities and solutions in partnership with key stakeholders and provide transparency in our direction of travel.

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

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

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

## 10.2 Our Strategic Plan (Integrated Medium Term Plan)

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

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

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

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

## 10.3 Sustainability and Climate Response Plan

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

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

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

To support these strategic documents, our Climate Response Plan for 2026-2028 replaces the organisation’s previous Decarbonisation and Sustainability Action plans (2022-2024 and 2024-2026). This plan combines actions for decarbonisation and climate resilience planning into one cohesive plan, which was approved in March 2026. It outlines the work Public Health Wales will be undertaking over the next two years to meet the NHS Wales target of net zero by 2030 and our carbon negative objective (removing more carbon dioxide from the atmosphere than we release) by 2035, as set out in our Long-Term Strategy.

Despite achieving significant carbon savings in our fleet, homeworking, and waste categories, our overall reported emissions increased by 17.96% between 2023/24 and 2024/25 (10,547,435.31 to 12,441,877 kgCO<sub>2</sub>e). The table below provides more detail on reported emissions categories:

Table 1: Emissions reported in kgCO<sub>2</sub>e (Kilograms of Carbon dioxide equivalent)

	2023-24 kgCO <sub>2</sub> e	2024-25 kgCO <sub>2</sub> e	% of total emissions
<b>Buildings &amp; Stationary Assets</b>	416,380	489,211	3.9
<b>Business Travel</b>	274,677	384,782	3.1
<b>Fleet</b>	265,681	180,434	1.5
<b>Homeworking</b>	560,682.31	327,210	2.6
<b>Supply Chain</b>	8,949,281	10,987,401	88.3

<b>Waste</b>	80,734	72,839	0.6
<b>Total</b>	10,547,435.31	12,441,877	100

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

We are understandably concerned of our position and recognise the risk of missing the 2030 net zero target. [Our Climate Response Plan 2026-2028](#), therefore places a stronger focus on our supply chain. We are also working closely with NHS Wales Shared Services Partnership and will take recommendations from their planned supply chain route map. This is reflective of a targeted approach to tackle our largest emissions source.

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

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

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

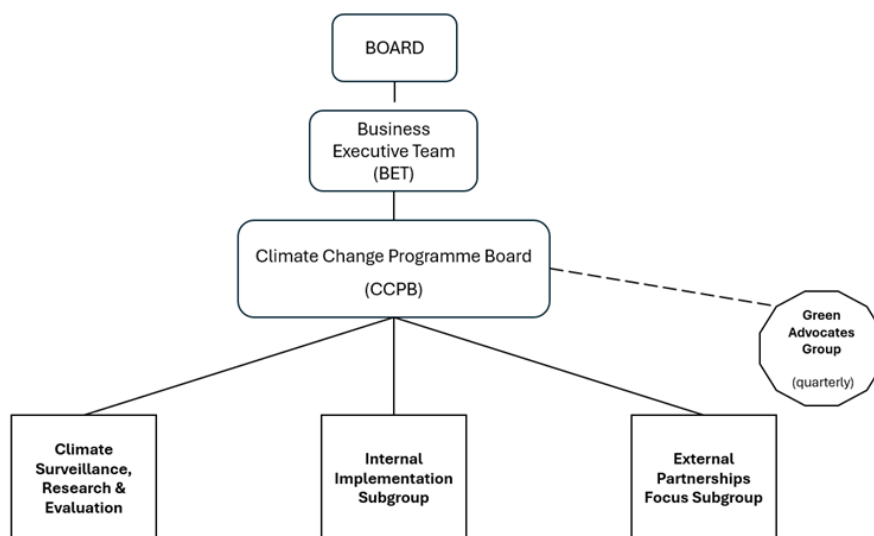
Taking lessons learned from our previous Decarbonisation Action Plans, we have modified action streams to more closely align with the NHS Wales Strategic Delivery Plan and adapted our governance arrangements to ensure we are contributing to and supporting the collective net zero NHS Wales target. The impact we are making on the environment is considered in everything we do and consistent methodologies for calculating our carbon footprint are embedded in our decision making.

## Managing our Plan

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

CCPB will continue to oversee Route Map implementation, manage strategic risks, and ensure robust governance and reporting, supported by three subgroups:

1. **Climate Surveillance, Research and Evaluation:** This sub-group will oversee the delivery of actions on climate and health surveillance, research and evaluation related to climate change. The group will be multidisciplinary, involving relevant colleagues with responsibility to contribute, develop and deliver the operational plan relating to this.
2. **Internal implementation focus:** This sub-group will oversee the delivery of our organisational commitments to progress our Climate Response Plan, Net Zero actions, climate adaptation and mitigation, biodiversity and capacity building. This group will be responsible for communicating progress across the organisation and helping to embed sustainable behaviours within Public Health Wales.
3. **External implementation focus:** This sub-group will oversee external partnership working, focussing on supporting and mobilising actions on climate mitigation and adaptation, adverse weather, environmental public health, health inequalities and health co- benefits.



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

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

### **Monitoring Implementation**

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

## **10.4 Emergency Planning/Civil Contingencies and Business Continuity**

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

### **Governance and Assurance**

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

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

### **Excellent Public Health Services**

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

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

## Key Achievements 2025/26

### 1. Exercise Delivery and Preparedness

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

- ❖ **SOLARIS;** Wales-wide pandemic preparedness exercise enhancing multi-agency coordination.
- ❖ **PEGASUS;** UK-wide Tier 1 national pandemic response exercise designed to test and strengthen multi-agency preparedness and coordination across the Four Nations.
- ❖ **ERIS series;** Digital disruption exercises validating organisational resilience during system outages.
- ❖ **BITE BACK;** Vector-borne disease response exercise with CDSC, testing environmental and epidemiological response capability.
- ❖ **ANADL;** Major Incident and Pandemic Response showcasing event, strengthening PHW's command and communication model.
- ❖ **CLYWED;** Joint PHW/Welsh Government crisis communications exercise improving strategic messaging.
- ❖ **Control of Major Accident Hazards (COMAH) engagement;** Participation in high-hazard site exercises (Ventus, Rosa, Stikstof), supporting statutory duties under major accident hazard regulations.
- ❖ **Internal capability-building;** Delivery of strategic, tactical, loggist and watchkeeper training to enhance organisational response capacity.

### 2. Incident Response and Learning

Public Health Wales supported more than **118 incidents** across Wales, including fires, flooding, storms, severe utility disruption (including multiple DCWW events), carbon monoxide cases, communicable disease alerts, transport collisions, cyber-related queries and unexploded ordnance events.

Key learning activities included:

- ❖ Debriefs for Salmonella (Llanelli) and Clostridium Perfringens (Crickhowell).
- ❖ System-level debriefs for Hepatitis A (Swansea) and Salmonella (Aberystwyth).
- ❖ Participation in multi-agency debriefs for Exercise PEGASUS, peat fires and COMAH-related incidents.

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

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

### 3. Strategic Preparedness and Policy Development

Major strategic outputs included:

- ❖ Publication of the Emergency Response Plan (V4) and Pandemic Response Arrangements (V1).
- ❖ Release of the COVID Learning Series to embed organisational lessons.
- ❖ Public Health Wales contribution to drafts of the UK Respiratory Pandemic Guidance, strengthening UK-wide alignment.

### 4. National and International Collaboration

PHW strengthened its presence in multi-nation resilience structures through active participation in UK-wide EPRR forums and cross-border coordination groups. Internationally, PHW delivered a public health emergency preparedness workshop in Maputo, Mozambique, contributing to the IANPHI/PHAC global programme.

### 5. Workforce and Capability Development

- ❖ Completion of the Executive On-Call Handover Process, improving leadership continuity.
- ❖ Delivery of talks and workshops at internal PHW conferences.
- ❖ Expansion of internal awareness sessions for STAC, AQC and lead officer roles.

### 6. Community and System Engagement

- ❖ Development of community workshops through the Inequalities in EPRR project, embedding equity-focused readiness.
- ❖ Delivery of Mass Casualty Awareness Events to raise awareness for Arrangements across Wales.

### Business Continuity

The organisation progressed its Business Continuity Strategy with updated Business Impact Analyses and refreshed service-level plans. EPRR provided support during live incidents including digital outages, utility failures, severe weather, key service disruptions and site security events.

### Forward Look 2026/27

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

## 11. Corporate Governance

### 11.1 UK Corporate Governance Code

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

The information provided in this governance statement provides an assessment of how we comply with the main principles of the Code 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 in March 2026 outlining how the organisation has complied with the code, the report noted that there have been no reported departures from the Corporate Governance Code.

### 11.2 Ministerial Directions

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

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

The Primary Care (Contracted Services: Immunisations) (RSV) Directions 2026 (NWSI 2026 No. 18)	5 February 2026
Code of Practice Quality Assurance and Performance Management, Escalating Concerns, and Closure of Regulated Care and Support Services 2026	4 February 2026
Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2026	16 January 2026
The Nursery Milk Scheme (Wales) Directions 2026	14 January 2026
The Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Wales) (Amendment) (No 5) Directions 2025	23 December 2025
The Directions to Local Health Boards as to the General Dental Services Statement of Financial Entitlements (Wales) (Amendment) (No 5) Directions 2025	23 December 2025
The Primary Medical Services (Minor Surgery) (Directed Supplementary Services (Wales) Directions 2025	22 December 2025
Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 7) Directions 2025	3 December 2025
Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2026	2 December 2025
Statement of general ophthalmic services remuneration and fee directions: 2025	11 November 2025
The Primary Care (Contracted Services: Outpatients Waiting Lists First Appointment Scheme) Directions and Specification 2025	14 October 2025
The directed supplementary services directions and specification for people living with severe frailty in their own homes 2025	30 September 2025
The Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Wales) (Amendment) (No 4) Directions 2025	4 September 2025
The Directions to Local Health Boards as to the General Dental Services Statement of Financial Entitlements (Wales) (Amendment) (No 4) Directions 2025	4 September 2025
The Primary Medical Services (Type 2 Diabetes Mellitus Care Scheme for Adults) (Directed Supplementary Service) (Wales) Directions 2024	13 August 2025
The Primary Medical Services (Type 2 Diabetes Mellitus Care Scheme for Adults (Directed Supplementary Service) (Wales) (Amendment) Directions 2025	13 August 2025
Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 5) Directions 2025	13 August 2025
Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 4) Directions 2025	23 July 2025
Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2025	9 June 2025

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

### 11.3 Welsh Health Circulars

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

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

Of the 44 issued:

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

The following 21 WHCs were applicable to Public Health Wales:

WHC No.	Title	Status	Compliance
WHC 2025/8	Part 4 of the Public Health (Wales) Act 2017: Introduction of a National Mandatory Licensing Scheme for Special Procedures in Wales	Action, Information	<p>This has been enacted. The WHC has been circulated to key health professionals in PHW Trust i.e., the health protection team.</p> <p>The HARP IPC were co- authors of this document in collaboration with Welsh Government. The legislation document has been placed on the HARP IPC web page as a resource for organisations within Wales. Hyperlink: Infection Prevention and Control - Public Health Wales = <a href="https://phw.nhs.wales/services-and-teams/antibiotics-and-infections/infection-prevention-control/">https://phw.nhs.wales/services-and-teams/antibiotics-and-infections/infection-prevention-control/</a></p>
WHC 2025/11	Introduction of The NHS Wales Digital Health Identity Standard for Primary Care (NHS Login) Date of Review: September 2025	Information	This has been enacted. Relevant action has been incorporated in to the planning for the Digital and Data Portfolio.
WHC 2025/12	Interim Amendments to the Model Standing Financial Instructions Chapter 11 for Local Health Boards and NHS Trusts in Wales, and Chapter 12 for Health Education and Improvement Wales (HEIW) and Digital Health and Care Wales (DHCW)	Compliance	This has been enacted. It was Approved by Board on 31 July 2025.

WHC No.	Title	Status	Compliance
WHC 2025/13	2025/26 NHS Wales Financial Monitoring Return Guidance	Compliance	This has been enacted at PHW, it is applicable to all NHS organisations and therefore confirm that it was enacted at PHW and adhered to for Month 1 reporting timescales. It is a well-rehearsed process that we will follow for 25/26 financial reporting.
WHC 2025/19	Changes to the routine childhood vaccination schedule and to the selective hepatitis B vaccination programme from 01 July 2025	Action	This has been enacted. PHW was fully compliant when the programme launched on the 1 July 2025.
WHC 2025/20	The National Influenza Immunisation Programme 2025-26	Compliance, Action	This has been enacted. All our actions have been delivered. Public Health Wales produced the enabling materials and appropriate surveillance to support Local Health Boards in their delivery of the programme it was incorporated into our work planning and delivered before the programme formally launched in September 2025.
WHC 2025/21	Introduction of routine vaccination programmes for the prevention of mpox and gonorrhoea	Action	This has been enacted and the programme commenced. Enabling materials, and appropriate surveillance produced by Public Health Wales to support Local Health Boards in their delivery of the programme was developed.
WHC 2025/22	The national COVID-19 vaccination programme autumn 2025	Compliance, Action	This has been enacted and the programme commenced. Enabling materials, and appropriate surveillance produced by Public Health Wales to support Local Health Boards in their delivery of the programme was developed. The programme formally launched in October 2025.
WHC 2025/23	PPE stockpile volumes in Wales	Information	This has been enacted. Relevant actions have been incorporated in to the planning for PPE for business as usual and pandemic: <ul style="list-style-type: none"> <li>• It is applicable to purchasing for PHW Trust corporate services for screening services and microbiology etc.</li> </ul>

WHC No.	Title	Status	Compliance
			<ul style="list-style-type: none"> <li>The WHC has been circulated to key health professionals in PHW Trust who are responsible for ordering and managing PPE and cleaning products in their services and does not change the current ordering process for business as usual products.</li> <li>PHW corporate services will adhere to national IPC guidance for PPE and consumables as advised to WG by HARP team, PHW. The specification of PPE ensemble items is detailed in NIPCM Wales for transmission based precautions</li> </ul>
WHC 2025/28	Expansion of the shingles immunisation programme for severely immunosuppressed individuals aged 18-49	Action	This has been enacted. The delivery of the enabling materials, and appropriate surveillance produced by Public Health Wales to support Local Health Boards in their delivery of the programme was incorporated into our work planning and delivered prior to the start of the campaign. The programme formally launched in August 2025
WHC 2025/38	All-Wales NHS Accessible Communication and Information Standards	Compliance	This is in progress. Leadership Team were undertaking a PHW wide assessment of the requirements for compliance.
WHC 2025/39	AMR and HCAI IMPROVEMENT GOALS FOR 2025-2027	Action, Information	This has been enacted. This is primarily directed at Health Boards and Trusts who provide direct healthcare. The HARP programme provides advice to Welsh Government in the development of the Circular and provide the surveillance data that underpins the improvement goals. In that respect we have incorporated reporting against these improvement goals as part of our HCAI/AMU and AMR surveillance outputs. We also provide support to the Health Boards and Trusts in Wales in relation to IPC and Antimicrobial Stewardship activities that may assist them to meet these improvement goals.

WHC No.	Title	Status	Compliance
			In those terms above therefore, the actions relevant to PHW from this WHC have been enacted and we remain in close contact with colleagues in Welsh Government in regard to the monitoring of the Health Boards and Trusts against this WHC.
WHC 2025/46	The introduction of a routine NHS varicella (chickenpox) vaccination programme for young children in Wales from 1 January 2026	Action	This has been enacted. Our actions were completed in time for the programme launch on 1 January 2026.
WHC 2025/49	Welsh Health Circular in respect of development and implementation of a Patient Travel Policy	Compliance, Policy	This is in progress. COVID-19 spring vaccination programme 2026
WHC 2025/52	COVID-19 spring vaccination programme 2026	Action, Compliance	This has been enacted. Relevant action has been incorporated in to the planning for the COVID-19 spring vaccination programme 2026.
WHC 2025/53	Expansion of RSV vaccine eligibility to adults aged 80+ and residents in a care home for older adults	Action, Compliance	This has been enacted. Relevant action has been incorporated in to the planning and delivery of the expansion of RSV vaccine eligibility to adults aged 80+ and residents in a care home for older adults ready to go live in April 2026.
WHC 2025/54	A change of vaccine product for the routine adult pneumococcal vaccination programme, and those with certain clinical risk conditions.	Action	This has been enacted. Relevant action has been incorporated into the planning and delivery of the change of vaccine product for the routine adult pneumococcal vaccination programme, and those with certain clinical risk conditions. This programme went live at the end of January 2026

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

## 12. Review of Effectiveness

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

The Board and Committees have reviewed the effectiveness of the system of internal control in respect of the assurances received. The Strategic Risk Register is 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 2025/26 via Committee Effectiveness questionnaire, and a workshop session to discuss the findings and outcomes of the survey. The outcomes of these discussions will feed into the wider review of Board effectiveness scheduled for Quarter 1 2026.

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

### 12.1 Internal Audit

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

The overall opinion for 2025/26 is that:

**Reasonable assurance**



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

## Summary of Audits 2025/26

<b>Substantial Assurance</b>	<ul style="list-style-type: none"> <li>• Policies and procedures management</li> <li>• NHS Performance and Improvement Hosting Arrangements</li> <li>• Financial management</li> <li>• Welsh Risk Pool</li> <li>• Cyber Security – Governance and Risk Management</li> </ul>
<b>Reasonable Assurance</b>	<ul style="list-style-type: none"> <li>• Non-core funding – Health Improvement</li> <li>• Speaking up Safely (SUS)</li> <li>• Patient pathways: Diabetic Eye Screening Wales (DESW) and Wales Abdominal Aortic Aneurysm Screening Programme (WAAASP)</li> <li>• Workforce – Mental health support</li> <li>• Corporate risk register effectiveness</li> <li>• Digital – Audit logging</li> </ul>
<b>Limited Assurance</b>	None
<b>Unsatisfactory</b>	None
<b>Advisory/Non-Opinion</b>	None

The audit work undertaken during 2025/26, 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 2025/26.

## 12.2 Counter Fraud

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

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

During the course of this financial year a total of 19 new referrals have been received and investigated by the team. 2 of these have been promoted to formal investigation. One of these remains open awaiting financial recovery following a disciplinary outcome. The other investigation was closed with no offence proven.

Counter Fraud reports and updates are provided to the Audit and Corporate Governance Committee throughout the year. At the beginning of the year an Annual Workplan is provided to Committee that has been reviewed and endorsed by the Executive Director of Finance. At the close of the year the Counter Fraud Manager provides 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 2025, AW reported:

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

*“ ..The Trust continues to strengthen its corporate systems of assurance, with good oversight and scrutiny of risks and performance provided by the Board and its committees.”*

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

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

*“ ...The Trust continues to have good financial controls in place, and good arrangements to monitor and report its financial position..”*

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

## 13. Conclusion

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

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

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

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

**Signed:**

Date: **25 June 2026**

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