

Confirmed Minutes of the Board Meeting on 25 September 2025
Held in 3.7 CQ2 and electronically via Microsoft Teams
Livestreamed on the Internet

Present:		
Clare Jenkins (Chair of Meeting)	(CJ)	Vice Chair of the Board, Non-Executive Director and Chair of the Quality, Safety and Improvement Committee
Tracey Cooper	(TC)	Chief Executive
Sumina Azam	(SA)	National Director of Policy and International Health
Iain Bell	(IB)	National Director for Public Health Knowledge and Research
Claire Birchall	(CB)	Executive Director of Nursing Quality and Integrated Governance
Huw David	(HD)	Non-Executive Director (Local Authority)
Nick Elliott	(NE)	Non-Executive Director (Data and Digital)
Sian Griffiths	(SG)	Non-Executive Director (Public Health) and Chair of the Knowledge, Research and Information Committee
Meng Khaw	(MK)	National Director Health Protection and Screening Services, Executive Medical Director
Tamsin Ramasut	(TR)	Non-Executive Director (Equality and Diversity) and Chair of the People and Organisational Development Committee
Angela Williams	(AW)	Interim Executive Director Operations and Finance
In Attendance:		
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Liz Heath	(LH)	Staff Side Representative
Neil Lewis	(NL)	Director of People and Organisational Development
Jim McManus	(JM)	National Director of Health and Wellbeing
Paul Vaisey	(PV)	Board Secretary and Head of the Board Business Unit
Apologies:		
Pippa Britton	(PB)	Chair of the Board
Claire Sullivan	(CS)	Staff Side Representative
Kate Young	(KY)	Non-Executive Director (Third Sector) and Chair of the Audit and Corporate Governance Committee

The meeting commenced at 11:15

PHW 2025.09.25/1	Welcome and Apologies
<p>CJ welcomed everyone to the meeting which was being held in person at CQ2 and extended a warm welcome to those observing the proceedings online.</p>	
<p>The Board noted apologies as listed above.</p>	
PHW 2025.09.25/2	Declarations of Interest
<p>CJ sought Declarations of Interest other than those recorded already on the Declarations of Interest Register. There were none.</p>	
PHW 2025.09.25/3	Sexual Health - Deep Dive
<p>In introducing the Deep Dive into Sexual Health, CJ and TC thanked ZC for her work in this area and wished her well for her retirement. MK echoed this and provided the Board with a brief summary of the groundbreaking work in Wales ZC had led over many years.</p>	
<p>ZC provided the Board with a comprehensive presentation on sexual health activities and strategy in Wales. As part of this presentation, she highlighted the following key points:</p>	
<ul style="list-style-type: none"> • The broad impact of sexual health on physical and mental well-being and the societal and healthcare burdens of poor sexual health, particularly in relation to infections such as HIV when diagnosed late. She noted that the work within Public Health Wales in relation to Sexual Health spanned education, Primary Care, Policy and Research, with collaborative efforts across Directorates and external partners to optimise outcomes. • An outline of the proposed framework for sexual health, aiming for optimal well-being across the lifespan, guided by quality standards such as safety, timeliness, efficiency and equity. ZC emphasised the importance of mapping current activities, resource allocation and partnership working to deliver effective services. • The role of Public Health Wales' was to provide education, training, information provision and to counter misinformation; it monitored behaviour change, engagement and monitor data for service planning. • Reference to the strategic alignment with Welsh Government programmes and international targets, which included the World Health Organisation's 2030 elimination goal for STIs. With oversight groups for an HIV Action Plan for Wales, the elimination of Hepatitis B and C and a Women's Health Plan. A Sexual Health Priorities Plan was currently in preparation with Welsh Government. • Highlighted data showed a slight increase in STI diagnoses, attributed to increased testing, with positivity rates beginning to decline. She noted a concerning drop in uptake of long-acting reversible contraception, linked to misinformation and a corresponding rise in abortion rates, particularly among non-teenage groups. • The Sexual Health Programme was integrated within the Communicable Disease Inclusion Health Programme (CDIHP) at Public Health Wales, working with the Inclusion Health Programme which mainly focused on underserved populations which areas at higher risk. • The evolution of the Frisky Wales website, its origins in HIV campaigns and its current role in providing trusted information and services, including the test and post service, condom distribution and the C card scheme for young people. She shared usage statistics, such as 8,000–8,500 test kit orders and 3,500 condom requests per month and outlined the support provided to service users and professionals. Over 28,900 kits have been distributed through community services since January 2024. 	

- Ongoing and future initiatives, including expanding online access to PrEP, developing contraception pathways, engaging with substance use and trans communities and piloting community pharmacy provision. ZC also highlighted the challenges in monitoring Chemsex and the need for improved case management systems.

CJ thanked ZC for the presentation and invited questions from the Board.

CB asked about access to clinical advice for treatment protocols. ZC responded that clinical guidance was provided through the Sexual Health Wales Advisory Board, which included representatives from relevant professional bodies and government and that all test and post results were networked with local sexual health services for follow-up.

SG inquired about the integration with primary care and data management. ZC explained that the team worked closely with GP practices, primary care and pharmacy networks, including using GP practices as community kit outlets and participating in training days. ZC acknowledged the challenge of outcome measurement due to legislative constraints but noted ongoing efforts to link data systems for improved case management.

LH asked about antimicrobial resistance monitoring for gonorrhoea and the linkage with pharmacies and clinics. ZC confirmed collaboration with the Cardiff lab and the micro-resistance team, explaining that positive gonorrhoea results from the test and post service were referred for further resistance testing and integrated into surveillance systems.

TR asked why substance use and sexual health were grouped together and about the structure of sexual health clinics. ZC clarified that all face-to-face clinics were delivered by partners, with Public Health Wales providing a virtual clinic. She also explained the overlap in populations served by substance use and sexual health programmes, justifying their integration to address holistic needs.

MK added that the inclusion health programme structure was designed to address overlapping needs in vulnerable populations, such as those in prisons or experiencing homelessness and updated the Board on progress toward a unified sexual health case management system, noting recent funding for the next development phase.

HD queried the team's capacity to reach all target populations and the effectiveness of building capacity through partnerships. ZC advised that recent temporary posts had enabled greater outreach, especially during events like Pride and Freshers' weeks and described ongoing collaboration with youth services, domestic abuse services and other partners to maximise reach and impact.

CJ thanked ZC for the engaging and informative session.

With regard to the Sexual Health Management System, MK agreed to report to the Board on progress following completion of the alpha phase, in January or March Board.

Action: LB/MK

PHW 2025.09.25/4

Board Assurance Framework

PHW 2025.09.25/4.1

Chief Executive's Report

Introducing the Chief Executive's Report, TC drew attention to key highlights:

- Designation of Public Health Wales as a second WHO Collaborating Centre, this time focused on Digital Health Equity. TC and IB commended Alisha Davies for her leadership in this area and noted that the new centre would integrate with the existing Collaborating Centre on Investment for Health and Well-being.
- A planned launch event with the Minister for Mental Health and Well-being.
- Updated on Exercise Pegasus, a UK-wide pandemic preparedness exercise, noting the completion of phase one and thanking Tom Fowler, Wendi Shepperd and Huw Williams for their leadership and coordination. The Board was advised that learning from phase one would inform the response to phase two.
- The recent Annual General Meeting held in Carmarthen, which included presentations from the infectious disease and microbiology teams, as well as Diabetes UK Cymru. Thanks were extended to Stefanie Humphries, PV and LB for organising the event.
- Three nurses from the organisation were finalists in the Royal College of Nursing Year Awards, with results expected in November.
- An update on the UK COVID Public Inquiry, noting that the report for Modules 2 to 2C, covering UK and devolved government decision-making, would be published in November. Arrangements were in place for senior staff to review the report under embargo prior to publication.

The Board congratulated IB and the Research, Data and Digital Directorate on attaining WHO Collaborating Centre designation.

The Board **noted** the Chief Executive's Report the Directorate Reports and took **assurance** from the Reports and the discussions at the Board meeting.

PHW 2025.09.25/4.2 **Latest Public Health Overview**

IB introduced the latest Public Health Overview Dashboard, highlighting:

- The National Survey for Wales smoking prevalence data, which showed a decline to 10%. He cautioned that survey response rates were falling, affecting data reliability and noted the need to reconcile differences between national and ONS data.
- No significant trends in other healthy behaviours and mentioned that a previous upturn in problem drinking had subsided, though it was unclear if this was due to data collection issues or real-world changes.
- Mental health and well-being indicators remained stable, while cost of living pressures continued to affect about a third of the population, particularly regarding housing and utility bills.
- Persistent high levels of economic inactivity due to long-term sickness and described ongoing collaboration with Health Education and Improvement Wales (HEIW) to address workforce health and extend support into the community.
- Continued positive trends in antimicrobial resistance and concluded by emphasising that slow improvements in referral-to-treatment times may be contributing to declines in healthy life expectancy, urging further system-wide efforts.

CJ thanked IB for the overview and invited questions from the Board.

TR sought clarity on how the healthy behaviour indicators were interpreted and whether static figures should be considered a success, or halting back negative trends. IB

acknowledged this point and would reflect on this with further consideration needed on the approach.

Action: IB

JM added to this point, commenting that stability in smoking rates represents the ‘least worst’ scenario, emphasising the need for continued prevention efforts, especially in light of rising cardiovascular disease rates.

NE queried the frequency changes in mental and social well-being graphs, specifically for children, with IB explaining that the Office for National Statistics (ONS) had deliberately scaled back survey frequency post-COVID. Discussion followed on the importance of system-wide collaboration, including with clinicians, to address environmental and social determinants of health and the need to assess whether current efforts were sufficient to impact healthy life expectancy trends.

MK updated the Board on current public health matters:

- Reported on two major incidents: a wildfire in the Green Mile area in Gwent affecting 150 hectares, with Public Health Wales providing expert advice and air quality assessment; no reported health impacts and the incident was stood down (on the 5 of September 2025) after the fire was extinguished.
- Described a water supply incident at Bretton Water Treatment Works in Flintshire, which escalated to a major incident affecting about 20,000 properties; Public Health Wales was involved in coordination and communication until the situation was resolved and the incident was stood down (on the 17 of August 2025).
- Welsh Government announced it would introduce routine chickenpox (varicella) vaccination into the national childhood immunisation schedule from January 2026, following Joint Committee on Vaccination and Immunisation (JCVI) advice.

HD asked for reassurance and timelines for delivering the new chickenpox vaccine programme; MK confirmed that the vaccine preventable disease programme team was already engaged in implementation planning and resource development to support rollout by partners in local Health Boards.

CJ thanked IB and MK for the information. The Board scrutinised and discussed the Rapid Overview Dashboard and took **assurance** from the report.

PHW 2025.09.25/4.3	Integrated Performance Report (Month 3) and Finance Reports
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AW introduced the Performance Insight and drew the Boards attention to four key areas where performance remains challenging: sickness absence, personal data breaches, externally reported incidents and incident closure rates. The report was structured into four sections, the cover paper provided an assessment of areas with ongoing performance challenges and supports the main information pack.

Each Executive presented key updates from their respective Directorates.

Governance & Accountability

People Section

NL highlighted the following from the People section of the report:

- A slight decrease in sickness absence levels during August, but noted that levels remained above target, with long-term sickness accounting for 70% of days lost.
- Ongoing proactive and reactive work to address sickness absence, including collaboration with directorates, support for line managers and an ongoing audit to provide further insights. A more detailed report would be presented to the Business Executive Team and the People and Organisational Development Committee focusing on this.
- NL highlighted agency spend as a new area of focus in people governance, with a report on admin and clerical agency spend to be provided after the October Business Executive Team meeting.

TC asked about the breakdown of sickness absence (30% short-term, 70% long-term), specifically whether this ratio was consistent over time and how it compared to broader trends in society, with a specific interest in understanding how much long-term absence was due to work-related stress versus long-term conditions.

Adding to this NL suggested that a deeper analysis of long-term sickness absence trends over recent years, including comparison with wider public sector data would be helpful and IB offered the assistance of the data and digital team to support this. NL agreed to collaborate on this analysis and to incorporate broader Wales-level data as part of the next report.

Action: NL

Clinical governance

CB highlighted the following from the Clinical Governance section of the report:

- Ongoing weekly meetings with teams to monitor information governance queries, focusing on understanding the nature of queries, improving turnaround times and escalating issues as needed. She noted improvements in these areas.
- Freedom of Information (FOI) requests were becoming more complex, often involving multiple partners and sensitive issues, which increases response times and sometimes requires legal advice.
- In relation to data breaches, she noted that future reports would include more detail on the number of people affected and the nature of breaches, with additional assurance being developed.
- A reportable incident relating to the Tarian system, which required a significant look-back exercise and an Incident Management Team review. MK added that there were no clinical impacts found to date, but the review continued.
- A recent decline in incident closure rates after a period of improvement, attributing this to increased incident reporting and staffing gaps during summer months. She described weekly safety huddles to address ongoing and complex incidents, especially in high-volume areas.

NE asked when the look-back exercise related to the Tarian incident would be complete. MK explained that there were thousands of records in the latest incident, which related to non-Wales residents, therefore he was confident that the notifications would have been dealt with in England predominately. He explained that the team were trying to decipher whether

any of those were cases should have been handled by Public Health Wales in the first instance because the individual was either; in Wales or in a Welsh hospital. MK noted that he would query the timescale with the team and report back, but he expected it to take a couple of months.

Action: MK

Finance

AW highlighted the following from the Finance section of the report:

- A small revenue underspend as of month five and noted that the organisation was entering the mid-year review period, with month six data expected soon.
- Detailed financial discussions and performance reviews with directorates were planned to ensure the year-end position aligns with the financial plan.
- A significant increase in Welsh Risk Pool contributions was managed through slippage in investments and cost pressures and a detailed report on this was available.
- The capital position, including discretionary and strategic capital, was covered in detail within the report and the balance sheet demonstrated a good position.

TC raised a concern on the Welsh Risk Pool increase, expressing disappointment at the significant in-year increase and its impact on available funds for other organisational cost pressures. AW clarified that, although the increase was significant, it is less severe than some other organisations, but it still presented a cost pressure for NHS Wales.

Service Delivery

AW introduced the Service Delivery section, highlighting two key areas: breast screening assessment waits and bowel screening colonoscopy waits.

MK explained that there were persistent challenges in meeting breast screening assessment targets, especially in North Wales, due to workforce shortages and reliance on surgical input for clinics. Technology had helped with mutual aid for mammogram reading, but surgical capacity remained a bottleneck. Plans were in place to engage with the local Health Board (Betsi Cadwaladr University Health Board) to address these issues in North Wales and potentially escalate if needed.

SG asked about clinical standards; MK clarified that clinical standards were set nationally by the UK National Screening Committee, but one North Wales unit applies them more rigidly, limiting flexibility for radiology-led clinics, which was accepted practice elsewhere in the UK.

SG highlighted the urgency that this matter needed to be addressed and MK confirmed that a letter would be sent to the new Medical Director at Betsi Cadwaladr University Health Board upon their arrival.

For bowel screening, MK reported improvement in colonoscopy wait times following escalation and direct engagement with each health board. Systematic learning had been summarised for NHS Wales leadership and shared with local teams. The main dependency is colonoscopist capacity to undertake these procedures.

SG asked whether diversification of the clinical workforce (e.g., non-medical colonoscopists) was being pursued. TC acknowledged that the diversification of a clinically governed, multi-professional group of colonoscopists has been a recurring topic of discussion across all health boards. TC observed that Wales currently not as progressive in this area, with one of the principal challenges being the lengthy accreditation process required for new practitioners. TC emphasised the need to explore ways to expedite this process. TC further advised that MK would be attending the Leadership Board in October and would be able to provide feedback on the suggestions regarding workforce diversification at that forum.

CB queried whether as an organisation we should be asking more of National Endoscopy Programme. There had been investment made around 5 years ago within a workstream within the NHS Personalised and Integrated Planned Care for upscaling non medical workforce.

Strategy Delivery

AW introduced the section, noting it covered updates on each strategic priority and their delivery status, with a clear overview and narrative provided for each.

NE observed that several actions were now rated amber, mostly due to capacity issues and challenged the team to reflect on whether these were genuine capacity problems or planning issues, referencing earlier assurances about having sufficient capacity at the start of the year.

TC responded that while most actions were green, the Business Executive Team reviewed requests for variation monthly and tracked and challenged actions that request extensions into the next year. She acknowledged that some delays were due to interdependencies, such as awaiting Welsh Government approval, but agreed to do a mid-year deep dive on amber and red actions to better understand the causes and report back to the Board. The discussion emphasised the importance of distinguishing between unavoidable delays and those that could have been anticipated or planned for, with a commitment to improve tracking and reporting on these issues.

Action: AW

Outcome Measurement

AW noted that this section was introduced to provide the latest updates on outcome measures, with most indicators not moving significantly in the desired direction. TC challenged the team to ensure that actions were having the intended impact on outcomes and to ensure links priorities to measurable results.

SG highlighted the inequalities data, noting the stark map showing Wrexham as one of the poorest areas and the growing healthy life expectancy gap, especially for cancer. This was described as a longstanding, deeply entrenched issue.

SA explained that the inequalities analysis used Health Foundation data and found that even after accounting for socioeconomic status, migration and ethnicity, unexplained differences remain, highlighting the complexity of the challenge.

JM emphasised the need to raise expectations for health in Wales, noting a cultural issue of expecting less and advocated for targeted, system-wide action over the next 5–10 years to address entrenched health inequalities.

The discussion concluded that more data and engagement with communities and the third sector are needed to drive improvement and that the organisation must galvanise efforts to prevent further deterioration in non-communicable diseases and cancer outcomes.

The Board **noted** the Month 5 Financial Position and appendix and took **assurance** on the Organisation's performance, governance arrangements and progress against delivering its strategy.

Break

PHW 2025.09.25/4.4

Breast Test Wales Review Framework

MK introduced the report which presented as a systematic evaluation of the Breast Test Wales programme, prompted by recent events (including inspections and a gateway review) that highlighted areas for performance and business improvement. The review aims to ensure the programme is efficient, effective and meets quality standards, using the STEEP (Safe, Timely, Effective, Efficient, Equitable, Person-Centred) framework.

Objectives included reviewing the end-to-end pathway, strengthening governance, assessing compliance with national standards and developing a prioritized improvement plan. The review would be led by Tom Fowler and Michelle Battlemuch, with cross-organisational involvement and monthly updates to the executive team. The expected duration was three to four months.

HD emphasised the importance of ensuring user (patient) and partner (e.g., primary care) input was included, with suggestions to use complaints, incidents and direct engagement for richer insights. He also suggested exploring best practice internationally where possible and exploring insights from the WHO Collaborating Centre. TC noted that international benchmarking would be useful, though differences in standards and delivery models were acknowledged.

NE suggested that there would be value in including an external expert from another service, such as Public Health Scotland, in the review team to provide objective insights and avoid internal bias. Separate to this, he noted that it would also be useful to consider how the service would embed external quality assurance.

MK agreed to review the Board suggestions and incorporate these suggestions, with TC summarizing the next steps: build in user experience, seek a trusted external expert and pursue international benchmarking.

The Board **noted** and took assurance on the Commission of the Review by the Business Executive Team and **considered** and **noted** the allocation of resources required for the review. The Board **noted** and **took assurance** on the adoption of the Framework proposed for the Review.

PHW 2025.09.25/4.5

Committees of the Board: Report from Committee Chairs

CJ introduced the Report and invited Committee members to highlight any items from their respective Committee meetings.

CJ noted the recent meeting of the Quality, Safety and Improvement Committee focusing on the Annual Quality report, which was presented to Board later in the agenda.

SG provided a verbal update on the meeting of the Knowledge, Research and Information Committee held on 23 September, highlighting the following:

- A deep dive into primary care, highlighting strong research and evaluation work and the need for better primary care data, which remained a recurring challenge.
- Recognition of the strength of dental public health research.
- Assurance on progress with the data programme and updates on mental health and genomics, with a recommendation for the genomics plan to go out for consultation and return for finalisation.
- Review of digital and data delivery, touching on Artificial Intelligence and international work and congratulations for the WHO centre achievement.

CJ thanked all for the updates.

The Board **noted** the Report and took **assurance** from the content and the updates provided at the meeting.

PHW 2025.09.25/4.6	Duty of Quality Annual Report
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In introducing the Report, CB explained that this was the second year of reporting on the Duty of Quality Act, covering improvement work across the organisation using the STEEP (Safe, Timely, Effective, Efficient, Equitable Person-Centred) and enabling domains. The report included equity stories and examples from all directorates, with input from the Quality Oversight Group and external support to refine language and demonstrate the improvement journey.

The report was intended for the public, emphasising clear language and showcasing technical achievements. Plans were mentioned to explore a more web-based, interactive format in future years. CB advised that the Quality, Safety and Improvement Committee had previously reviewed and approved the report.

CJ thanked CB for the report and commented on the breadth and quality of the report.

TC echoed this, noting the importance of showcasing organisational work and suggesting a visual disability assessment to ensure accessibility for readers with visual impairments.

The Board **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).

PHW 2025.09.25/5	Items for Approval
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PHW 2025.09.25/5.1	Minutes and Action Log from the Board Meetings on 31 July 2025
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The Board **approved** the minutes of the Board Meeting held on 31 July 2025 as an accurate record of the meeting.

The Board **considered** the open Actions on the Action Log and approved the closure of completed actions and one change of date relating to the screening review.

PHW 2025.09.25/5.2	NHS Performance and Improvement Hosting Agreement
<p>PV introduced the NHS Performance and Improvement Hosting agreement for approval. He highlighted the changes since the last review by the Board, including renaming of the NHS Executive, functional changes and the appointment of a Managing Director. The agreement now reflected these updates and changes in Executive responsibilities.</p> <p>PV noted that the hosting fee was not yet finalised but was close to agreement; NL was in discussions with Welsh Government to ensure adequate resourcing for People and OD input, which is expected to be higher than initially planned.</p> <p>The Board approved the revised NHS Wales Performance and Improvement Hosting Agreement and delegated the approval of the hosting fee to the Chief Executive.</p>	
PHW 2025.09.25/5.3	Risk Management Policy
<p>CB introduced the Risk Management Policy Paper explaining the updated policy reflected increased risk maturity, updates roles and responsibilities, strengthens the use of datix and simplifies organisational risk registers. It also included changes around training and aligned with current organisational practices. The policy was accompanied by an Equality, Quality Health Impact Assessment.</p> <p>NE raised a minor point about removing the word interim from job titles in the policy and TC noted that there was an error in the title for MK.</p> <p>The Board</p> <ul style="list-style-type: none"> • Considered the information contained within the Risk Management Policy and Equalities Impact Assessment (Appendix 1) • Noted that the Leadership Team had endorsed the policy and procedure at its meeting on 18 September 2025 • Noted that the Procedure will be submitted for approval at the Audit and Corporate Governance Committee at its meeting on 30 September 2025 • Approved the policy as amended (Appendix 1), subject to the minor changes discussed and delegated the updating of titles to the Executive Team to amend within the document. 	
PHW 2025.09.25/5.4	Ratification of Chair's Action and Affixing of the Common Seal
<p>PV presented the report, seeking ratification from the Board on one use of the affixing of the common seal.</p> <p>The Board noted there had been no occasion where Chair's Action had been taken since the July Board meeting;</p> <p>The Board noted there has been one use of the Common Seal to report to the Board:</p> <ul style="list-style-type: none"> • Commencement of a new lease for No.3 Parc Dewi Sant, Carmarthen. • That this was approved by the Board on 31 July 2025. <p>The Board took assurance that the action was taken in accordance with Section 8 of the Standing Orders.</p>	



PHW 2025.09.25/6	Items for Noting
PHW 2025.09.25/6.1	Private Chairs Report (31 July 2025)
The Board noted the Private Chairs Report.	
PHW 2025.09.25/6.2	Board Forward Plan
The Board noted the Board Forward Plan.	
PHW 2025.09.25/6.3	Private Board papers
There were no papers from the Private Board agenda to publish.	
PHW 2025.09.25/7	Date of Next Formal Meeting of the Board
CJ thanked everyone for their contributions to the meeting.	
The next meeting would be held on 27 November 2025.	
The meeting closed at 14:15.	

Confirmed