

Confirmed Minutes of the Board Meeting on 29 January 2026
Held in 3.7 CQ2 and electronically via Microsoft Teams
Livestreamed on the Internet

Present:		
Clare Jenkins	(CJ)	Chair of Meeting Vice Chair of the Board, Non-Executive Director and Chair of the Quality, Safety and Improvement Committee
Tracey Cooper	(TC)	Chief Executive
Iain Bell	(IB)	National Director for Public Health Knowledge and Research
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
Angela Cook	(AC)	Assistant Director Nursing and Quality
Rosie Dow	(RD)	Head of Arts and Wellbeing, Arts Council Wales
Tom Fowler	(TF)	Deputy Director Health Protection and Screening Services
Jim McManus	(JM)	National Director of Health and Wellbeing
Rebecca Masters	(RM)	Consultant in Public Health
Neil Lewis	(NL)	Director of People and Organisational Development
Dafydd Rhys	(DR)	Chief Executive, Arts Council for Wales
Claire Sullivan	(CS)	Staff Side Representative
Liam Scott	(LS)	Aspiring Board Members Programme
Huw Williams	(HW)	Head of EPRR (For Item x)
Paul Veysey	(PV)	Board Secretary and Head of the Board Business Unit
Apologies:		
Sumina Azam	(SA)	National Director of Policy and International Health
Pippa Britton	(PB)	Chair of the Board, Non-Executive Director
Claire Birchall	(CB)	Executive Director of Nursing, Quality and Integrated Governance

Kate Young	(KY)	Non-Executive Director (Third Sector) and Chair of the Audit and Corporate Governance Committee
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The meeting commenced at 11:15

PHW 2026.01.29/1	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 2026.01.29/2	Declarations of Interest
<p>PB sought Declarations of Interest other than those recorded already on the Declarations of Interest Register. There were none.</p>	
PHW 2026.01.29/3	Board Assurance Framework
PHW 2026.01.29/3.1	Chief Executive's Report
<p>Introducing the Chief Executive's Report, TC drew attention to key highlights:</p> <ul style="list-style-type: none"> • Policy Advocacy and Pre-Election Engagement: TC highlighted the development of five key policy advocacy messages: best start in life, financial well-being, healthy lives in everyday places, responding to local need, and a healthy planet. These areas had been produced into public facing summaries, alongside detailed intervention documents and expanded web resources. TC reported that she, PB, CJ, and other colleagues had met with all opposition parties (except the Green Party) as well as the Cabinet Secretary. Meetings had been constructive and focused on influencing manifesto development and future government programmes during the forthcoming election period. • Structured Assessment: Recognition of the achievement that the latest structured assessment had resulted in no new recommendations. This was noted as a significant achievement for an organisation of Public Health Wales's size and complexity. TC thanked colleagues across the organisation for their contribution to this strong outcome. • Laboratory Services and ISO Accreditation: TC congratulated the Microbiology, Infection Decision Division and the Screening Division for securing ISO accreditation across all laboratories following updates to the standards. Although some areas for improvement were identified, none were considered significant. This represented a strong external assurance of quality and performance. • Health Impact Assessment Regulations: TC provided an update on the implementation of Health Impact Assessment (HIA) regulations and noted that Wales was the first country in the UK to legislate that HIAs should be undertaken for significant public-sector decisions. TC commended the work of Liz Green and the HIA Unit, who had collaborated closely with Welsh Government colleagues to develop a suite of guidance materials. TC proposed a Board development session to prepare for implementation in April 2027. <p>Action: PV</p>	

- **Minority Ethnic Trauma Report:** The launch of a report on the lived realities of minority ethnic people in Wales, produced in collaboration with the Adverse Childhood Experience Support Hub and Ethnic Minorities and Youth Support Team Wales. The report included powerful testimonies of, an animation, and a set of recommendations for integration into future work to tackle these issues.
- **Public Inquiry Updates:** TC noted that the meeting agenda included details and reflections on the Module 2a, 2b, and 2c reports. TC also advised of the forthcoming publication dates for several relevant modules of the UK COVID-19 Inquiry:
 - Module 3: Healthcare System – 19 March
 - Module 4: Vaccines & Therapeutics – 16 April
 - Module 6: Care Sector – approximately late 2026
 - Module 7: Test, Trace and Isolate – approximately late 2026

The organisation would continue preparing reflections and learning to bring back to the Board following publication.

- **Recognition:** TC gave congratulations to Caroline Whittaker for being awarded an MBE in the New Year's Honours, and acknowledged her significant contribution to nursing leadership, standards, and her advocacy for veterans and the armed forces.

CJ thanked TC for the Report and invited questions from the Board.

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 2026.01.29/3.2

Latest Public Health Overview

IB provided an overview of the latest Public Health Overview Dashboard:

- The Referral to Treatment Time (RTT) section had been temporarily removed due to an error with the data pipeline from Welsh Government, resulting in missing or inaccurate statistics, but that corrections were currently being made. IB also noted a quality issue with Betsi Cadwaladr Health Board data, which would be investigated and revised.
- Overall, referral to treatment time statistics were shown to be in decline, with more people waiting over a year for treatment.
- Highlighted emerging concerns in the UK labour market, which included trends of fewer vacancies, declining employee levels, and early signs of rising unemployment. This would be monitored to ensure that any future public health implications could be addressed.
- Indicators for mental health, well being, and healthy behaviours showed no change in the short term, but long term trends in smoking showed improvement.
- Staff vaccination rates were higher across all Welsh health boards this year, though challenges remained for wider population coverage.
- Sustained reductions in C. difficile had been reported across nearly all health boards. MK attributed the continued decline to increased awareness and good antimicrobial stewardship, as part of a national action plan targeting healthcare associated infections and antimicrobial resistance. IB cautioned that this did not necessarily indicate system level success and emphasised the need for continued vigilance, particularly regarding antimicrobial resistance as long term trends remained positive.
- MK reported on the withdrawal of formula milk products by Nestle and Nutricia due to contamination with Bacillus cereus, which can cause gastrointestinal illness. Briefing notes had been sent to stakeholders and frontline services, and three

potential cases in infants in Wales were being investigated. The impacted products had been effectively removed from the market, so no ongoing public health threat was expected.

- MK also outlined continued work with Health Boards to strengthen vaccination uptake in childhood immunisation programmes and noted increasing complexity with the introduction of new vaccines such as chickenpox. MK noted the work of Public Health Wales to support Welsh Government and providers, and to supply data and evidence where needed.

CJ thanked IB and MK for the information and invited questions from the Board.

The Board scrutinised and discussed the Rapid Overview Dashboard and took **assurance** from the report.

PHW 2026.01.29/3.3

Integrated Performance Report (Month 9) and Finance Reports

AW introduced the Performance Insight report to the Board, explaining that there were 4 sections of the report, each Executive would present key updates from their respective Directorates.

Governance and Accountability

People Governance

NL presented this section of the report highlighting:

- The Internal Audit provided Reasonable Assurance to the Organisation regarding Workforce Mental Health Support, the suggestions presented in the Report would be addressed.
- A recent People and Organisational Development Committee meeting received a Deep Dive into Sickness Absence and the Directorate had started proactive work to address lessons learned.
- The Agency spend has followed the Cabinet Secretary's directions with the Organisation was on target for 2025/26 to achieve two of the three targets, the third, would not meet the target. The Organisation would work to learn lessons to clearly define the broad classification of Clerical and Administrative staff and ensure specialist staff were categorised correctly.
- Appraisals and Staff Surveys: The Board explored mechanisms for feedback and learning from appraisals, triangulating data from staff and cultural surveys, trade unions and networks to drive improvements in performance and motivation.
- Sickness Absence: Modest reductions in sickness absence were noted together with ongoing work to support staff well-being and the Directorate's proactive efforts to reduce agency spend. The Organisation was on track to meet key targets but was facing challenges with the classification of agency roles.

Financial Governance

AW highlighted the following from the Financial Governance section of the report:

- Overall, financial performance is positive and on track for year end.
- The Public Sector Payment Policy has consistently tracked in green and it was expected to be achieved by year end.

- Month 9 Revenue Position showed a small surplus of £69,000. Routine monitoring had continued with detailed reviews held with each directorate and AW assured the Board of a break-even position for the year with all risks and opportunities being actively managed.
- The Capital Programme continued to evolve, details of the Strategic capital allocation of £3.1m and Discretionary capital allocation of £1.6m were provided in the Finance Report and showed how allocations would track in quarter four. The schemes expected to deliver had completed in January and gave assurance to the Capital Monitoring Group that programmes remained on track. The largest strategic item of £1.4m, the Digital Health Protection Programme project remained on schedule with milestones expected to be met by the deadline.
- The Balance Sheet was reviewed and there were no issues or concerns to report.

NE asked for clarification of data shown in the graph on page 10 of the Finance Report. AW explained the dotted red line indicated the planned spend based on the Capital Programme. If the spend occurred in a different month, then movement would be observed in preceding or in following months, resulting in the variation documented in the graph.

Corporate Information and Governance

PV highlighted a healthy position on policy compliance and provided a summary of audit tracker activities with positive reports from recent audits and the ongoing focus on areas for improvement.

Clinical Governance, Quality, Safety and Improvement

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

- **Information Governance and Data Breaches:** the Directorate demonstrated sustained performance in subject access and Freedom of Information requests, with an increase in personal data breaches related to email handling, which remained an area of focus and improvement work.
- **Incident Reporting and Closure:** Incident reporting closure rates have improved, with 38 open incidents compared to previous higher backlogs and the Board discussed the volatility in incident numbers, attributing some variation to seasonal factors such as the Christmas period.
- **Early Warning and Patient Safety:** One early warning incident related to safeguarding and governance concerns was under active investigation and the Board was assured that all incidents were reviewed with appropriate management plans.
- **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) Events:** One incident was highlighted which related to an unintended dose of radiation because the Breast Test Wales Service was unaware the patient was under the care of a Health Board.

TC thanked the Nursing, Quality and Integrated Governance and Health Protection and Screening Services Directorates for their work in reducing the time taken to resolve RIDDOR events.

NE asked about the volatility of the number of incidents which were reported. AC informed the Board this was likely to be result from encouraging an open culture of reporting, with all new starters receiving an introduction to incident reporting.

Health Protection and Screening Services, Service Delivery

MK introduced this section and highlighted:

Screening Services Update

- MK confirmed that his focus areas had been on Bowel, Breast, and Diabetic Eye Screening Services, as they remained key priorities due to persistent performance challenges, some of which dated back to the COVID-19-related service pauses.
- Each programme within the Screening Division had a detailed improvement plan in place, covering workforce, service delivery, governance, collaboration, and performance monitoring. Additionally, Health Boards had been asked to provide their own improvement commitments, particularly in regard to the bowel screening service.
- In Bowel Screening, the main bottleneck had been the shortage of Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accredited colonoscopists. Efforts were underway to shorten accreditation time and adjust funding to incentivise activity. Modest improvements in wait times had been seen.
- In Breast Test Wales, the ongoing review was nearing completion. Issues had been identified in North Wales, where delays had caused a backlog resulting from workforce shortages (radiographers, radiologists and surgeons). Mutual aid had been used to support services across the three regions and remote reading was being used, but sustainable local staffing remained a challenge.
- Diabetic Eye Screening: The service was exploring a reduction in the use of eye drops alongside the use of new high resolution cameras to improve patient flow through clinics and greatly improve patient experience. A newly introduced reserve list system had been implemented to notify patients to attend clinics when a cancellation was received or when another patient failed to attend their appointment. Resource efficiency was constantly under review due to rising demand from new diabetes diagnoses.

TC noted on the need for service model transformation, including remote imaging and alternative delivery models, especially where recruitment was persistently difficult. Concerning improvement trajectories, it was important to see clear improvement trajectories and timelines, with full accountability for both Public Health Wales and individual Health Boards.

SG asked if the impact of suboptimal screening (missed morbidity/mortality) is quantified. Meng and Ian confirmed modelling work is underway to estimate this, and results will be shared with the board.

Action: MK and IB

TR asked whether resource constraints were an issue across all screening programmes and if active recruitment was happening, especially for breast and diabetic eye screening. MK explained the challenges resulting from increased service demand. When age was the defining factor, the uptake of demand was quantifiable however, the unpredictability of patients' who failed to take up their offer of screening was challenging. He also noted the

short term challenges which arose during campaigns or which arose following unexpected publicity, these were always discussed with Welsh Government.

Concerning the challenge of recruitment, MK informed the Board that recruitment of surgeons and radiographers in some areas remained a challenge, these areas relied on collaboration with adjoining areas with a resultant impact on service provision.

Addressing the question concerning changing standards for colonoscopy accreditation, MK clarified the standards were set by the UK National Screening Committee and whilst standards were robust, process improvements were being explored to accelerate accreditation.

The Board discussed screen delivery on whether persistent reduced performance should prompt a fundamental rethink of service models, including the use of technology and alternative workforce solutions.

Strategy Delivery

The Report showed a positive delivery of the Strategic Plan with 208 of the 244 milestones completed, with the Report detailing the progress on the remaining milestones.

Outcomes Measurement Section Update

IB explained the outcomes measurement system was being refined to better align indicators with strategic priorities and actions. Recent data from the School Health Research Network was included and showed trends and inequalities which linked to organisational actions and evaluations. Work continued to ensure outcome tracking was fully integrated with the Strategic Plan, to ensure progress towards long-term goals would be clearly measured.

The Board emphasised the importance of tracking outcomes relevant to Strategic Priorities to demonstrate impact by 2035. Interest was expressed in benchmarking outcomes internationally to set appropriate improvement targets.

The Board **noted** the Month 7 Financial Position and appendix and took **assurance** on the Organisation's performance, governance arrangements and progress against delivering its strategy.

PHW 2026.01.29/3.4

Corporate Risk Register

AC presented the Corporate Risk Register, noting a recent Deep Dive received at Leadership Team (LT). LT had agreed to the addition of one new Corporate Risk on achieving net zero emissions. In total there are currently ten Risks on the Corporate Risk Register, two risks were closed and none were deescalated.

RM provided the Board with an update to the risk scoring on the climate change programme risk scoring, at the Climate Change Programme Board a review had reduced the score from the 20 shown in the Report to 12 which resulted from enhanced mitigations which had been implemented.

The Board took **assurance** the Corporate Risks within the Organisation were being appropriately managed.

PHW 2026.01.29/3.5	Committees of the Board: Report from Committee Chairs
<p>PB introduced the Report and invited Committee members to highlight any items from their respective Committee meetings.</p> <p>CJ provided a verbal update of the Quality, Safety and Improvement Committee meeting that was held earlier in the week, highlighting the Infection Services Deep Dive.</p> <p>PB thanked all for the updates.</p> <p>The Board noted the Report and took assurance from the content and the updates provided at the meeting.</p>	
PHW 2026.01.29/3.6	UK Covid-19 Inquiry Module 2 Report
<p>PV presented the UK COVID-19 Inquiry Module 2 report, which examined government decision making during the pandemic and its relevance for Public Health Wales. The Executive Team had reviewed the report, assigning recommendations to Health Protection and Screening Services for further analysis. PV noted that the Welsh Government was expected to respond to the inquiry recommendations within six months, with input from Public Health Wales.</p> <p>MK noted that the paper detailed implications for Public Health Wales.</p> <p>HW outlined the organisational response, highlighting the analysis of recommendations and identification of relevant actions for Public Health Wales as a category one responder under the Civil Contingencies Act. Actions already implemented included strengthened emergency response plans, establishment of a pandemic task and finish group, training of over 300 staff in emergency response, improved communications and situation reporting tested through Exercise Pegasus, and the integration of inequalities considerations into all plans. Planned improvements included developing expert skills registers, enhancing surveillance and intelligence, improving accessible communications, and validating arrangements through a robust exercise programme. Public Health Wales would also contribute to the forthcoming review of the Civil Contingencies Act. HW emphasised alignment with strategic priorities, the Well-being of Future Generations Act, and statutory duties.</p> <p>TC thanked HW, noting the alignment of actions with strategic priorities and statutory duties, and stressed the importance of an "all hazards" approach, including chemical, radiological, and nuclear threats. TC observed that these hazards had not been exercised as thoroughly as infectious threats and advocated for a UK-wide exercise.</p> <p>HW reported ongoing collaboration with other UK agencies via the Four Nations EPRR group, with a UK-wide exercise on chemical, radiological, and nuclear threats planned within four months.</p>	

NE expressed assurance that Public Health Wales was actively addressing the Module 2 report and taking appropriate steps in response. The report and organisational response were described as comprehensive and valuable for future preparedness.

The Board:

- **Noted** the report and considered the summary of the UK Covid-19 Inquiry Modules 2, 2A, 2B, 2C: Core decision-making and political governance
- **Took assurance** in relation to Emergency Preparedness Resilience and Response activity in contributing to the delivery of the Module 2 recommendations as of December 2025.
- **Noted** that the Business Executive Team approved the continued use of existing groups and governance structures to address identified Emergency Preparedness Resilience and Response based recommendations to embed learning and facilitate a programme of change and improvement.

Break

PHW 2026.01.29/4

Strategic Partnership - Arts Council of Wales

JM introduced the Arts Council for Wales members highlighting the importance of partnerships in health and well-being, and specifically the unique impact of the Arts Council's work, especially in mental health.

DG introduced the presentation, providing background on the Arts Council's origins, its response to the Wellbeing of Future Generations Act, and its internationally recognised impact on health. The Arts Council had commissioned academic work to assess the value and impact of their activities and DG expressed pride in the partnership and the benefits it brought to both organisations and wider society, emphasising that partnership working was the way forward.

EvdV highlighted the foundation for arts and health in Wales, noting the signing of an Memorandum Of Understanding (MOU) between Public Health Wales and the Arts Council the previous year. EvdV noted that while significant work was underway, there was potential for greater impact with more system support.

RD summarised the evidence base for the relationship between arts and health, noting the significant growth in research over the past 10–15 years but also the need for further understanding of the mechanisms involved. RD highlighted the complexity of the field and focus on arts as a public health intervention and the need to position arts engagement as a health behaviour. RD referenced the key findings and identified benefits of the commissioned [Assessing the Economic Impact of the Arts on Healthcare Services in Wales](#) report.

EvdV concluded the presentation by referenced a circulated paper outlining joint activities with Public Health Wales, including artist commissions, sector conferences and a creative health review for Wales, with a focus on social prescribing for young people's mental health. EvdV went on to highlight potential future areas of focus around arts as a healthy behaviour, promotion at conferences, a potential board-level arts and health champion and embedding an arts coordinator post within Public Health Wales to enhance collaboration and impact.

The Chair thanked the Arts Council members for their presentation and invited questions from the Board.

MK asked whether the Arts Council worked with professional specialists such as music therapists and whether they had access to the full spectrum of people involved in arts and health. RD clarified that arts and health was generally distinct from arts therapy, with most work delivered by artists alongside health professionals rather than as formal therapy. She explained that while there was a spectrum, there were examples of therapeutic projects delivered in partnership with health professionals.

JM shared an example of using arts with diabetes patients, noting tangible changes in health support material and improved patient experience. RD responded with a similar example from a project with young people in Child and Adolescent Mental Health Services (CAMHS), where arts workshops provided useful tools and improved engagement and satisfaction with CAMHS services.

NL highlighted ongoing work with Health Education and Improvement Wales (HEIW) and across the system on well-being, noting opportunities for further collaboration with the Arts Council.

AC commented on the impact of arts on falls prevention and referencing the self-referral scheme, noting that Public Health Wales often received mental health-related calls and the potential to signpost to the Arts Council services.

TC highlighted the longstanding but recently strengthened partnership, suggested sharing the research report with NHS colleagues and offered to raise the topic with the Director General for Health. TC discussed the importance of mainstreaming arts into social prescribing, suggested a joint summit and reflected on the idea of an executive sponsor for arts and health within Public Health Wales.

SG asked how close the sector was to achieving a “seatbelt moment” for arts and health, and whether the reception was always positive. RD noted that while health professionals increasingly understood the value of arts, public engagement was declining, possibly due to reduced public infrastructure and competing interests, suggesting a campaign around arts as a healthy behaviour could help. SG emphasises the benefits of involving high profile advocates to promote arts and health.

The Board thanked JM, EvdV and the Arts Council members for their contribution.

PHW 2026.01.29/5

Deep Dive - Strategic Risk 3

AC introduced the deep dive paper, which provided a summary of the revised risk score, action and controls.

MK noted that the risk score for delivering excellent public health services (especially in Health Protection and Screening) had increased from 12 to 16 due to recent performance issues and the dynamic risk environment.

MK explained the increased risk score reflected ongoing challenges in screening programme performance and the need for significant transformational change, with some

actions taking time to embed. There was also an ongoing investigation into sexual health services, with more detail to follow when available.

TF outlined the rationale for the risk, highlighting the updated risk management approach using a three lines of defence model which strengthened governance and systems around operational management, risk and compliance and internal audit. TF noted that actions included developing recovery trajectories for screening, executive-to-executive engagement with health boards, a review of Breast Test Wales, improved digital governance, and workforce sustainability. The team was also focusing on innovation, quality improvement, and ensuring lessons from emergency preparedness exercises were embedded. Plans were underway to share detailed improvement plans and progress with the board.

The Chair thanked the team for the presentation and invited questions from the Board.

NE questioned how the Board could be assured that true transformation (not just incremental change) would be achieved and demonstrated. MK reiterated the commitment to full scale transformation, starting with Breast Test Wales, noting the requirement for additional resource, external expertise, clearer improvement trajectories, and structured oversight to monitor progress and drive significant service change. TC supported this, reflecting on the cultural change to transformation needed and reflected on the benefits of a future Board Development session on this.

TR sought practical examples of transformative change. TC highlighted opportunities for radical redesign, such as streamlined digital scheduling and user-centred models such as self smear tests, and NE referenced international models using remote diagnostics.

MK noted that ambitions for transformation were sometimes constrained by UK National Screening Committee standards, requiring robust rationale and policy decisions for deviation. Piloting and risk assessment were key for new approaches. It was noted that public engagement and staff involvement in shaping future service models was key, with recognition that sustained change required cultural as well as operational shifts.

RM reflected on the part that each directorate has to play in transformational change and modelling capacity within the Organisation.

The Chair concluded the item by recognising the system wide collaboration required, including colleagues and public engagement and looked forward to further consideration of the screening services at the next Quality, Safety and Improvement Committee.

The Board **approved** the revised SR3 risk articulation, scoring and action plan as updated after the Business Executive Team Deep Dive; **noted** the revised score of 16 which pushed it out of risk appetite which was Open (with a tolerance of 15) and took **assurance** that the additional detail, actions and controls support were mitigating the risk and would move it toward being back within appetite.

PHW 2026.01.29/6	Items for Approval
PHW 2026.01.29/6.1	Minutes and Action Log from the Board Meetings on 27 November 2025

The Board **approved** the minutes of the Board Meeting held on 27 November 2025 as an accurate record of the meeting, subject to an amendment on page 13, to clarify the question from NE related to whether the resources for current innovations and improvement projects were sufficient, not just about the projects themselves.

The Board **considered** the open Actions on the Action Log and approved the closure of completed actions (4) and changes of dates.

PHW 2026.01.29/6.2	Ratification of Chairs Action and use of the Common Seal
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The Board **noted** there had been two occasions where Chairs Action was taken since the November Board meeting ratified the following:

- **Approved** the 2025-26 Service Level Agreement between Digital Health and Care Wales and NHS Wales Performance and Improvement
- **Approve** the 2025-26 Service Level Agreement between Velindre University NHS Trust and NHS Wales Performance and Improvement

The Board **noted** there had been one use of the Common Seal to report to the Board:

- Deed of Novation for Chrystal Consulting Limited. The Deed was **approved** at Private Board in November 2025 and the seal applied following that approval.
- The Board took **assurance** that the action was taken in accordance with Section 8 of the Standing Orders.

PHW 2026.01.29/7	Items for Noting
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PHW 2026.01.29/7.1	Private Chairs Report (27 November 2025)
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The Board **noted** the Private Chairs Report.

PHW 2026.01.29/7.2	Board Forward Plan
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The Board **noted** the Board Forward Plan.

PHW 2026.01.29/7.3	Private Board papers
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There were no papers from the Private Board agenda to publish.

PHW 2026.01.29/7.4	Audit Wales - Public Health Wales NHS Trust Audit Report 2025
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The Board **noted** the Audit Wales - Public Health Wales NHS Trust Audit Report 2025.

PHW 2026.01.29/8	Date of Next Formal Meeting of the Board
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PB thanked everyone for their contributions to the meeting.

The next meeting would be held on 26 March 2026.

The meeting closed at 14:45