

Confirmed Minutes of the Board Meeting on 31 July 2025
Held in 3.7 CQ2 and electronically via Microsoft Teams
Livestreamed on the Internet

| Present: | | |
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| Pippa Britton | (PB) | Chair of the Board |
| 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) and Chair of Audit and Corporate Governance Committee |
| Sian Griffiths | (SG) | Non-Executive Director (Public Health) and Chair of the Knowledge, Research and Information Committee |
| Clare Jenkins | (CJ) | Vice Chair of the Board, Non Executive Director and Chair of the Quality, Safety and Improvement Committee |
| Meng Khaw | (MK) | National Director Health Protection and Screening Services, Executive Medical Director |
| 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 |
| Neil Lewis | (NL) | Director of People and Organisational Development |
| Jim McManus | (JM) | National Director of Health and Wellbeing |
| Paul Veysey | (PV) | Board Secretary and Head of the Board Business Unit |
| Liam Scott | (LS) | Aspiring Board Member |
| Emily Van De Venter | (EV) | Consultant in Health Improvement |
| Claire Sullivan | (CS) | Staff Side Representative |
| Apologies: | | |
| Tamsin Ramasut | (TR) | Non-Executive Director (Equality and Diversity) |
| Kate Young | (KY) | Non-Executive Director (Third Sector) and Chair of the People and Organisational Development Committee |

The meeting commenced at 11:30

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| PHW 2025.07.31/1 | Welcome and Apologies |
| <p>PB 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>PB welcomed HD and LS to their first Public Health Wales Board meeting.</p> <p>The Board noted apologies as listed above.</p> | |
| PHW 2025.07.31/2 | 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 2025.07.31/3 | Public Mental Health Focus |
| <p>JM introduced the Public Mental Health Focus, highlighting the link to Strategic Priority Two on 'promoting mental and social well-being' and the work across the organisation to define public mental health and address gaps in provision.</p> <p>EV provided an overview of the wider activity on mental health across the organisation which contributed towards a public mental health approach. This included information on the key areas of focus around prevention, early intervention, recovery and research, examples of the development of services and programmes, and the challenges faced going forwards:</p> <p>Prevention</p> <ul style="list-style-type: none"> • Targeted efforts to prevent adverse childhood experiences and violence, supported by dedicated units and advocacy around child protection and financial insecurity. • Collaboration with the Violence Prevention Unit and delivery of health improvement programmes via Healthy Working Wales and the Wider Determinants Division. • Launch of the Early Years Framework for Action to support mental resilience from early childhood. <p>Access to Services</p> <ul style="list-style-type: none"> • Development of a Wales National Framework with the Primary Care Division to enhance support for children, young people, and adults. • Healthy Schools programme promotes supportive environments and equips staff to support student wellbeing. • Exploration of new care models, including open access/same-day mental health support. <p>Recovery</p> <ul style="list-style-type: none"> • Work underway to integrate the Hapus programme into recovery colleges to support individuals with mental health diagnoses. • Development of a suicide surveillance system to identify risk factors and clusters, with a call for stronger leadership to reduce variation in local public health involvement. <p>Research, Data and Evaluation</p> | |

- Collaboration with academic partners to build evidence on effective wellbeing activities and community engagement.
- Identified need for a unified data source to track risk/protective factors and service outcomes, improving data availability and impact measurement.

EV summarised that there was a current strong focus on mental health and wellbeing but that more could be done, particularly in the areas of early intervention and children/young people. EV highlighted the increased need for young person's support post-pandemic, with one in five children and young people having a mental health diagnosis, and noted the economic impact of poor mental health in Wales as a population healthcare concern.

PB thanked EV for the presentation and invited questions from the Board.

MK asked how the impact of mental health initiatives was measured and predicted. EV referred to key Welsh indicators—wellbeing, sense of community belonging, and loneliness—and noted increasing demand for youth mental health services. Predictive challenges were attributed to the COVID-19 pandemic and cost-of-living crisis.

SG highlighted a gap in focus on older adults (60+), citing issues of isolation and lifestyle. EV explained that data showed mental wellbeing was lowest among young people, hence the current focus. EV agreed that more support was needed for older populations, including loneliness and dementia prevention.

TC praised the framework but emphasised the importance of PHW maintaining its advisory role rather than becoming overly delivery focused. TC also stressed the need to equip people with tools to build resilience. EV confirmed that the work centred on guidance and data-sharing to support community-based systems, citing the Hapus programme as a key example. TC suggested further promotion of Hapus.

CB acknowledged the impact of early years work but raised concerns about team capacity. EV agreed to relay this to the programme lead.

NE called for improved coordination across Public Health Wales Teams and external partners. EV agreed and noted the need for greater internal awareness of mental health work.

SA commended diversity efforts and academic partnerships, and asked how mental health inequalities were being addressed. EV confirmed plans to include priority groups in programmes and advisory groups, and to ensure inclusive messaging.

IB highlighted inconsistent approaches to suicide cluster investigations across regions and suggested a need for a more consistent national approach. The Board discussed the potential value of Public Health Wales having a national voice in crisis care groups.

NL highlighted opportunities to link the work to NHS staff wellbeing initiatives, including mental health sickness data and Health Inspectorate Wales activity. EV agreed and highlighted the importance of promoting purpose and wellbeing among staff.

CJ recommended sharing Public Health Wales' role overview with partners to clarify responsibilities and expectations.

AW emphasised the need to triangulate programme data with performance reports to better demonstrate impact, using identified indicators.

The Board thanked EV and discussed expanding the 'Mental and Social Wellbeing' strategic priority to formalise a public mental health approach.

The Board thanked EV for the presentation and considered position on expanding work on the 'Mental and Social Wellbeing' strategic priority to formalise a public mental health approach.

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| PHW 2025.07.31/4 | Board Assurance Framework |
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| PHW 2025.07.31/4.1 | Chief Executive's Report |
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Introducing the Chief Executive's Report, TC drew attention to key highlights:

- Positive meetings had taken place with the Cabinet Secretary, Chief Medical Officer, and Welsh Government officials regarding public health. TC noted strong engagement and interest from those present.
- Public Health Wales had been invited to participate in a wide range of Senedd committee hearings. TC thanked colleagues for their contributions, including preparation and evidence provision.
- MK reported the Cabinet Secretary's formal announcement of a lung cancer screening programme on 28 June. The programme is scheduled to begin in 2027 and was expected to significantly improve early detection.
- JM noted that Public Health Wales had been appointed lead prevention coordinator for gambling prevention in Wales. This included advising the National Health Security Preparedness Index on the treatment pathway, with PHW leading prevention efforts across Wales, Scotland, and England. Weekly meetings were underway, and PHW was working with Welsh Government to prepare for the statutory levy launch on 1 April 2026. JM thanked the Programme Management Office and AW's team for their contributions.
- IB confirmed Welsh Government approval of the outline business case for a new digital health protection system. The system will support PHW, local authorities, and health boards in responding to communicable disease and environmental health threats. Work would now progress towards a full business case and identifying delivery partners.
- TC thanked the Communications team for organising the North and South Wales staff conferences, highlighting strong staff participation and the quality of workshops and lightning talks.
- TC acknowledged Sue Mably's recognition with a rare Ministry of Defence medal for her service.
- TC also thanked the public inquiry team and presenters for their strong preparation and evidence in recent UK COVID-19 Inquiry modules, particularly Module 6 (care sector) and Module 7.

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 2025.07.31/4.2

Integrated Performance Report (Month 3) and Finance Reports

AW introduced the Quarter 1 Performance and Insight Report, outlining delivery highlights, challenges, and the report's structure. Each Executive presented key updates from their respective Directorates.

Governance & Accountability

NL summarised the "People in Focus" section, noting that sickness absence trends had improved following targeted interventions, particularly around mental health and anxiety. Appraisal and development targets had progressed, and agency spend was being addressed. TC emphasised the importance of regular staff engagement and open conversations about sickness absence causes, especially mental health, and suggested involving Staff Networks and Local Partnership Forums.

CB reported improvements in incident reporting and closure times, with a focus on timely learning and FOI compliance. NE queried the scale of personal data breaches; CB agreed to review and clarify the number of individuals affected.

Action: CB

AW reported a positive financial position for Quarter 1, with break-even targets on track and only minor slippage in investments. Risks were noted around National Insurance funding and increased Welsh Risk Pool contributions. TC and PV discussed the unpredictability of these contributions and the challenge of managing such financial risks in-year.

Service Delivery

MK updated the Board on delays in bowel screening, attributing them to external service providers. There were ongoing escalations with health boards to reduce waiting times for screening colonoscopy. National oversight was deemed necessary but there was currently no formal mechanism for this. Breast Test Wales was also experiencing delays in assessment clinics, particularly in North Wales. A systematic review of the programme was planned to identify improvement opportunities. Diabetic Eye Screening was continuing to work on improving efficiencies, including research into reducing eye drop use and prioritising new diagnoses.

Strategy Delivery

AW and JM highlighted workforce capacity as a recurring risk across strategic priorities, with ongoing efforts to improve efficiency, skill mix, and streamline processes.

Outcome Measurement

IB noted the publication of Healthy Life Expectancy data, which revealed a significant deprivation gap and underscored the scale of the public health challenge. Plans to set an ambition around reducing this gap would be brought to a future Board meeting.

ACTION: IB & PV

The Board **noted** the Month 3 Financial Position and appendix and **took assurance** on the Organisation's performance and governance arrangements, progress against delivering its strategy.

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| PHW 2025.07.31/4.3 | Latest Public Health Overview |
| <p>IB introduced the latest Public Health Overview Dashboard.</p> <p>Referring to the Dashboard, IB highlighted:</p> <ul style="list-style-type: none"> • Childhood Vaccination: Uptake remained below target across all health boards. Efforts to address hesitancy, scepticism, and access issues were ongoing. National and local campaigns, supported by behavioural science approaches, were in place, though impact may be delayed. • Healthcare-Associated Infections (HCAI): A downward trend in C. difficile and Gram Negative Bacteraemia infections was observed, partly due to reduced antimicrobial usage. National coordination continued, but the sustainability of this trend remained uncertain. • Waiting Lists and Health System Sustainability: Reductions in waiting lists were noted, particularly in ophthalmology and general surgery. A link between waiting times and healthy life expectancy was recognised. • Avoidable Mortality and Inequalities: Avoidable mortality by deprivation remained relatively static. A slight narrowing of pay inequality ratios was observed. Economic inactivity due to long-term sickness and disability had become the leading cause. • Healthy Behaviours: <ul style="list-style-type: none"> • Post-COVID trends showed increased deaths from alcohol and substance misuse, with higher-risk drinkers consuming more. A needs assessment and improvement plan were underway. • Smoking rates remained flat or had increased, moving away from the 2030 target of 5% prevalence. Concerns included new starters, migration effects, and illegal tobacco access. An incident response group and further analysis were planned. • No strong evidence of a gateway effect from vaping to tobacco was found, but monitoring continued, particularly among young people. • Cost of Living and Labour Market: While some indicators suggested easing, the cumulative impact of cost-of-living increases remained significant. Labour market data was being interpreted cautiously due to survey changes. <p>The Board discussed the presentation and raised concerns about vaccine hesitancy, the need for accurate information, and the importance of understanding population subgroups (e.g. migrants, young people) in smoking and alcohol trends. Suggestions included using the upcoming lung cancer screening programme as a communication tool and leveraging trading standards to address illegal tobacco access.</p> | |
| PHW 2025.07.31/4.4 | Screening Data - Systematic Review |
| <p>This update was provided as part of the discussion of the Integrated Performance Report at Item 4.2.</p> | |
| PHW 2025.07.31/4.5 | Committees of the Board: Report from Committee Chairs |
| <p>The Chair introduced the Report and invited Committee members to highlight any items from their respective Committee meetings.</p> | |

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| <p>The Chairs confirmed all relevant information was captured in the Report and CJ highlighted the continued improvements in performance and contingency planning recorded in the Putting Things Right Annual Report</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 2025.07.31/5 | Items for Approval |
| PHW 2025.07.31/5.1 | Minutes and Action Log from the Board Meetings on (30 May 2025 and 25 June 2025) |
| <p>The Board approved the minutes of the Board Meeting held on 30 May 2025 as an accurate record of the meeting.</p> <p>The Board approved the minutes of the Board Meeting held on 25 June 2025 as an accurate record of the meeting.</p> <p>The Board considered three open Actions on the Action Log and approved the closure of thirteen completed actions.</p> | |
| PHW 2025.07.31/5.2 | Local Partnership Forum Terms of Reference |
| <p>NL introduced the updated Local Partnership Terms of Reference for approval. He summarised the process undertaken to update these and the positive engagement with the Trade Unions.</p> <p>PV provided a brief overview of the governance arrangements and summarised the meetings with staff side representatives and staff side Chair CS, to present the paper for approval.</p> <p>CS confirmed that the Trade Union engagement had been positive and was pleased with the position reached and the positive outcome.</p> <p>The Board approved the updated Local Partnership Forum Terms of Reference. PB thanked CS.</p> | |
| PHW 2025.07.31/5.3 | Standing Financial Instructions |
| <p>AW introduced the Standing Financial Instructions Paper and the Model supplied by Welsh Government and informed the Board that a new chapter (chapter 11) concerning changes to procurement was included.</p> <p>The Board approved the adoption of the latest version of the Model Standing Financial Instructions from Welsh Government.</p> | |
| PHW 2025.07.31/5.4 | Board Committee Membership and Board Champion Roles |
| <p>PV introduced the paper on Board Committee Membership and Board Champion Roles, seeking Board approval for proposed changes to committee composition.</p> | |

PB thanked the Non-Executive Directors for their flexibility in accommodating the revised memberships. She also expressed appreciation to NE for his contributions as Chair of the Audit and Corporate Governance Committee, and to KY for her leadership of the People and Organisational Development Committee.

As part of the proposal, TR and KY would assume new Chair roles. PB extended her best wishes to both as they began their new responsibilities.

PV highlighted one amendment: the Violence and Aggression Board Champion role, which falls under the Office of Operations and Finance, would be assigned to AW.

The Board noted the amendment and approved the proposed changes to Board and Committee Membership and Champion roles, with the revised membership taking effect from 31 July 2025.

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| PHW 2025.07.31/5.5 | Managing Risk |
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CB introduced the Strategic Risk Register and the process and methodologies used to develop the revised risk appetite for each of the Organisation's Strategic Priorities. The Risks and the associated architecture were explained and set out in the Appendix.

The new Strategic Risks were summarised:

- Strategic Risk 1: Refined to focus on deliverables within Public Health Wales' control;
- Strategic Risk 2: Enabling risk related to workforce capacity and skills;
- Strategic Risk 3: Service delivery risk, especially in light of Breast Test Wales issues;
- Strategic Risk 4: New climate change risk, still evolving;
- Strategic Risk 5: New enabling risk from the Corporate Risk Register, which focused on readiness for change and digital/data.

The Board emphasised the importance of ensuring that risk scoring reflected only the elements within the Organisation's control, particularly in relation to the climate change agenda. The Board acknowledged that the new risk architecture would continue to evolve and should be reviewed regularly.

The Board thanked DG and SS for their contributions and approved the revised Strategic Risks, supporting architecture, and the updated approach to risk appetite, including the realignment between strategic objectives and associated risks.

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| PHW 2025.07.31/6 | Items for Noting |
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| PHW 2025.07.31/6.1 | Private Chair's Report (29 May 2025) |
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The Board **noted** the Private Chair's Report.

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| PHW 2025.07.31/6.2 | Board Forward Plan |
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The Board **noted** the Board Forward Plan.

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| PHW 2025.07.31/6.3 | Private Board papers |
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There were no papers from the Private Board agenda to publish.

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| PHW 2025.07.31/7 | 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 25 September 2025.

The meeting closed at 14:30.

Confirmed