Unconfirmed Minutes of the Board Meeting on 27 November 2025
Held in 3.7 CQ2 and electronically via Microsoft Teams
Livestreamed on the Internet

Present:		
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)
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
Catherine Purcell	(CP)	Non-Executive Director (University)
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
Kate Young	(KY)	Non-Executive Director (Third Sector) and Chair of the Audit and Corporate Governance Committee
In Attendance:		
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Graham Brown	(GB)	Public Health Consultant, Screening (For item 4.4)
Hannah Bruce	(HB)	Board Member, Sport Wales (For item 3)
Rhian Gibson	(RG)	Board Member, Sport Wales (For item 3)
Tanni Grey-Thompson	(TG-T)	Chair, Sport Wales (For item 3)
Sharon Hillier	(SH)	Director of Screening Services (For 4.4)
Bethan Bowden	(BD)	Public Health Consultant, Screening (For item 4.4)
Jim McManus	(JM)	National Director of Health and Wellbeing
Alison Parken	(AP)	Board Member, Sport Wales
Claire Sullivan	(CS)	Staff Side Representative
Graham Williams	(GW)	Director Sport Intelligence and Service Design, Sport Wales

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Jessica Williams	(JW)	Head of Service and Partner Development, Sport Wales
Apologies:		
Neil Lewis	(NL)	Director of People and Organisational Development

The meeting commenced at ***11:15***

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PHW 2025.11.27/1	**Welcome and Apologies**
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. PB welcomed CP to her first Board Meeting as a Non-Executive Director The Board **noted apologies** as listed above.	
PHW 2025.11.27/2	**Declarations of Interest**
PB sought Declarations of Interest other than those recorded already on the Declarations of Interest Register. There were none.	
PHW 2025.11.27/3	**Sport Wales**
PB welcomed representatives from Sport Wales to the meeting. JM introduced the item, highlighting the strong partnership between Public Health Wales and Sport Wales and emphasising the health benefits of physical activity. He referenced recent collaborative work that produced a focused, action-oriented document, ongoing links with Scottish colleagues, and a successful joint event with Wales Council for Voluntary Action (WCVA). He noted that the new partnership agreement aims to create synergies rather than add workload and thanked Sport Wales for their pragmatic and constructive approach. TG-T, Chair of Sport Wales, endorsed the partnership, stressing the shared goal of increasing physical activity across the population. She noted the broader ambition of fostering lifelong health and fitness beyond competitive sport and welcomed the agreement as a strategic step toward more effective joint working. GW described collaborative efforts to support young people in embedding daily physical activity, highlighting the shared commitment of both Organisations to improving public health through physical activity JW highlighted joint work to support young people's mental health and well-being, noting the importance of creating environments that promote belonging, connectedness and activity. The presentation concluded with recognition of the positive learning and strengthened collaboration between the Organisations and a shared intention to progress future joint initiatives in schools and communities, particularly in schools and communities.	

TC thanked TG-T and PB for bringing both Organisations to a closer working arrangement and enabling better collaborative working. TC acknowledged the contributions of PB and TG-G in strengthening collaborative working and noted the value of their leadership to the partnership.

TC emphasised the passion about the health of young people to both Organisations and noted the Sport Wales Young Ambassadors Programme and the refresh of the Public Health Wales Young Ambassadors Programme which was in progress. She emphasised the importance of meeting the needs of the population challenges both for today and for the future.

TR noted it was common across Wales for activities involving children and local communities to struggle to find venues to hold their activities and find suitable infrastructure for sports activities. Increasingly, new sport facilities were built alongside new larger 'model' schools, which the communities found they could not use, either the facilities were locked outside school hours or they were prohibitively expensive to hire. The access to all newly built facilities should be considered at the planning stage going forward.

GW supported these observations, noting Sport Wales's close collaboration with education departments to shape the sporting aspects of school development. This approach allowed them early input into design processes. Additionally, Sport Wales partnered with JM's team on the Daily Active Programme, focusing on community access and helping schools manage cost challenges. They emphasised the need for appropriate access and resources by encouraging after-school activities to keep children active. Sharing facilities was highlighted as essential for ensuring equal opportunities for both schools and the community.

TG-T in England schools were beginning to look at whole school day to ensure better sports partnerships and better local connections.

JM reminded the Board of the whole school collaborative initiative led by the Cabinet Secretary. This included Public Health Wales, Sport Wales, Directors of Education and Estyn, the approach would ensure that an improvement to health is considered in a joined up and fully inclusive approach.

SA noted that Sport Wales messages within its Manifesto were similar to Public Health Wales' policy advocacy messages. It was extremely beneficial to have aligned messaging from both Organisations when providing advice to the Welsh Government and policy makers. She highlighted opportunities for sharing wider international learning and suggested sharing international horizon scanning work and adult survey data results to better understand public behaviours and support joint areas of interest.

AW enquired how the Organisations would ensure that it reached those deprived areas, in a way that suited local communities and whether there more that could be done to support young people who come from the more deprived areas. TG-T described the School Sports Survey which asked the children which sports they were interested in, this question formed an important aspect of engaging with school-aged children to ensure inclusivity and understanding of their interests

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as it ensured inclusion and that opportunities were provided for everyone. Noting the cost of performance pathway and the required investment at a national level, she that the focus should be on inclusivity and providing a wider range of options for children.

JW highlighted the importance of schools engaging children in sports. Sport Wales uses a principle-driven, asset-based community development approach with separate investment streams for non-traditional sports. There were opportunities for Public Health Wales and Sport Wales to collaborate using this approach to better understand and support grassroots and regional initiatives, enabling communities to develop together effectively.

LS noted that whilst smaller Organisations were proficient at working within their own areas, larger Organisations needed to develop alignments between those providing local provisions and asked how do we see our coordination and alignment role developing in a more cohesive manner. GW advised that community-led approaches would be the most effective for developing cohesive local provision.

PB noted that strategic alignment at senior levels would support a more cohesive and coordinated approach

KY provided an example where a local school offered limited diversity of sport opportunities to its pupils and the high monthly costs incurred by parents in supporting these activities. The WCVA had recently launched their barometer check and she suggested that it would be beneficial for both Public Health Wales and Sport Wales to link in with the WCVA concerning the outcome of the initiative on those considered non-sport groups.

MK emphasised the importance of inclusive language and participation. TG-T emphasised the need to advocate for children's development rather than a focus of medals. GW discussed the impact of parental and teacher expectations, emphasising the need to prioritise children's health and enjoyment.

PB asked if teacher training and understanding of physical activity and equality could be improved, proposing a joint statement. SG suggested maximising policy-level collaboration to broaden inclusive health and sport messaging. PB confirmed the signed partnership agreement and looked forward to close cooperation with Sport Wales. TG-T reciprocated and invited PB to a Sport Wales Board meeting.

PB thanked Sport Wales for joining the Public Health Wales Board Meeting and for the rich discussion highlighting a variety of areas of joint working that could have an impact on the shared goals for both Organisations.

PHW 2025.11.27/4	**Board Assurance Framework**
PHW 2025.11.27/4.1	**Chief Executive's Report**

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

- MK summarised Exercise Pegasus, which included three phases: emergence, containment, and recovery planned for next year. An Organisational response team collaborated with local and national partners to test systems, incorporating lessons from COVID-19. The exercise confirmed the Organisation's future pandemic

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readiness. A four nations debrief will follow, with MK representing Public Health Wales. TC noted that over 140 staff participated in the wide-ranging exercise.

- TC thanked MK and Chris Johnson for attending the Senedd committee on 12 November with her, to give evidence into Module 1, Pandemic Preparedness. Special Purpose Committee to identify gaps in Wales in the Module 1 Report. The intention was, pending the Senedd Election, the Public Accounts Committee would identify areas to investigate after each of the ten Reports were been published.
- PV provided an overview of the Module 2 Report, published on 27 November, made 19 recommendations to enhance UK Government decision-making, with an emphasis on early and coordinated Public Health advice. The Organisation was reviewing the report to strengthen resilience and preparedness. Key points included the role of COBRA and SAGE, the sharing of data, ensuring expert input in future pandemics, risk assessment for new pathogens and addressing existing inequalities. The Welsh legislative framework was commended, while other devolved nations were advised to bolster their approaches.
- MK emphasised the need for collaborative action in emergency responses, highlighting advice and expertise as essential for tackling inequalities. The Health Protection Team was developing new methodologies and systems to address vulnerabilities and inequalities, including improvements to public health communications. While recommendations are primarily directed at UK Government and devolved administrations, the Organisation would contribute accordingly.
- The Welsh Public Health Conference took place earlier in November with over 400 attendees. TC thanked the Communications Team and everyone involved for their work to deliver the event.
- TC commended SA and her team on their Silver Award for the Stakeholder Community Award at the CIPR awards.
- Ministers recently published Health Impact Assessment Regulations under the Public Health Wales Act. These regulations require public bodies to conduct health impact assessments for strategic decisions, focusing on health inequality. The Organisation will support and advise with statutory guidance and has scheduled a Board Development session to prepare for the regulations taking effect in 2027.

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

TR asked if the two assessments which would be required could be combined into a single assessment. PB suggested this was something which would be discussed at the Board Development Session. SA agreed and reminded the Board of the importance of the Socio-Economic Duty which would also be considered and the key would be the connection between each of the assessments.

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 2025.11.27/4.2	**Latest Public Health Overview**
IB introduced the latest Public Health Overview Dashboard, reporting that most health indicators, including waiting times, healthy behaviours, mental and social well-being and	

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wider determinants, remained broadly flat with no significant improvement or deterioration.

IB noted ongoing work to analyse healthy life expectancy data, understand causes of recent declines and widening inequalities and identify which interventions and indicators had the greatest impact.

IB explained that the team were developing a measurement framework to model policy outcomes and evaluate the effectiveness of interventions, aiming to determine whether current efforts are preventing further decline or need adjustment.

MK provided an update on communicable disease trends:

- Noting a downward trend in Clostridioides Difficile (CD) infections, attributed to increased vigilance and support from Public Health Wales at the grassroots level.
- Highlighting concerns about declining childhood vaccination rates, with coverage drifting below the 95% World Health Organisation (WHO) target for herd immunity.
- The vaccine preventable disease programme continues to advise Welsh Government and Health Boards, focusing on targeted interventions and improved data sharing to address inequalities and boost vaccination uptake.
- Referencing positive evaluation results from the first year of the RSV vaccination programme and ongoing efforts to mitigate communicable disease threats.
- MK also reported on Public Health Wales' response to recent health protection incidents, including flooding in Monmouthshire and a rise in flu cases, with expert advice provided to partners and continued support for local recovery and vaccination efforts.

SG questioned whether the decrease in CD infections, gram-negative bacteraemia, and antimicrobial usage was part of the same picture, suggesting it reflected a successful communication exercise. MK responded that the reduction in CD rates were directly linked to reduced antimicrobial usage but clarified that the data on antimicrobial usage lags behind the reported infection cases, indicating an association rather than direct causation.

CJ asked about the reasons behind the dip in HPV vaccination rates, noting that capturing people in the same setting (such as schools) should be a reliable way to ensure uptake, and questioned why this method might be failing. MK explained that HPV vaccination was crucial for cervical cancer prevention, with over 90% of cases attributed to HPV. He stated that while the cervical cancer screening uptake was close to the WHO recommendation, HPV vaccination rates were below the 90% target. MK noted the shift to a single-dose schedule, rather than two-dose, which it was hoped would improve rates.

PB queried how our interventions were having an impact on driving results. MK suggested using trajectories to compare expected outcomes if no interventions were made versus current results, which would help assess the impact of interventions. He noted that most interventions were indirect, focusing on guidance and influence rather than direct action, and that sharing public health overviews with Health Boards and local authorities could improve information for action. TC supported the idea of sharing information more widely, emphasising that proactively supplying data (rather than relying on others to seek it out) would be beneficial. IB added that the dashboard was publicly available, but attention needed to be drawn to it for effective use.

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

PHW 2025.11.27/4.3	**Integrated Performance Report (Month 7) and Finance Reports**

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

Governance and Accountability
People Governance
In NL's absence, AW invited any comments or questions on the People Section of the report to be dealt with offline. CS asked what measures were in place to ensure that staff in areas with lower appraisal completion rates were not disadvantaged in terms of career progression, training opportunities, or pay increments.

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

- A break-even revenue position year-to-date and ongoing efforts to deliver the year-end forecast despite in-year cost pressures.
- AW noted rigorous management of risks and opportunities, with mid-year reviews conducted with all directorates to ensure plans for the remainder of the financial year were robust.
- The capital position was detailed, with focus on discretionary and strategic schemes and a healthy cash balance was reported.
- AW emphasised balancing in-year work with forward financial planning for 2026-2027 and beyond, stating this was a routine part of their work programme.

Clinical Governance, Quality, Safety and Improvement
CB highlighted the following from the Clinical Governance section of the report:

- Externally reportable incidents, noting remedial action taken for the Breast Test Wales (BTW) incident and ongoing review of broader infrastructure and water safety issues.
- CB highlighted improvements in Freedom of Information (FOI) response rates, highlighting a few complex cases involving multiple parties, such as those related to the water park at Cosmeston lakes, which would likely become overdue due to the complexity.

Service Delivery
AW introduced the Service Delivery section, highlighting two key areas: Breast Screening Assessment wait times and Bowel Screening Colonoscopy wait times.

Health Protection and Screening Services
Breast Test Wales Update
MK highlighted regional differences in assessment metrics, attributing lower performance in West Wales to clinical capacity issues, especially sickness absence and in North Wales to a lack of radiology-led clinics due to surgeon reluctance to accept referrals. The new IT

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system now allowed remote reading of mammograms, enabling mutual aid between regions, however specialist workforce shortages remained a concern.

An ongoing review of Breast Test Wales are nearing conclusion, with an Executive session planned to discuss quality improvements and performance mitigation.

MK informed the Board of a significant issue that had arisen in North Wales, which had subsequently been escalated to the Chief Executive of Betsi Cadwaladr University Health Board (BCUHB). Specifically, a clinic that could have operated under radiology leadership was not functioning as intended, as the surgeons involved had declined to accept referrals from radiology-led clinics. MK emphasised that this practice was not aligned with established standards, and accordingly, the matter had been raised for urgent consideration at the highest level.

TR queried whether each Health Board sets its own standards, specifically referencing practices in BCUHB. MK clarified that Breast Test Wales defines the standards and expects Health Boards to align with them, but in this case, a unit in BCUHB was not following the policy due to surgeons' refusal to accept referrals from radiology-led clinics. This was described as a breach of commissioning conditions and had been escalated for resolution.

TR queried the patient pathways. MK outlined that Breast Test Wales invited women for screening every three years, with mammograms read by two radiologists and arbitration if required. Abnormal results were assessed according to a two-week image reading standard and a three-week assessment standard. Assessment clinics could be led by radiologists or consultant radiographers, with referrals to multidisciplinary teams for care planning. Although policy permitted radiology-led clinics when a surgeon was unavailable, surgeons in BCUHB had refused referrals from these clinics, resulting in missed assessments for a month due to insufficient surgical resilience. MK deemed this situation unacceptable and clarified the care and treatment planning process.

SG pressed the need to follow up with the Chief Executive of BCUHB urgently about the matter. SG queried whether there was an evidence base supporting radiology-led assessment clinic. MK confirmed that the evidence was good practise guidance which was adopted in other countries. MK raised that the issue in BCUHB was being addressed as a matter of principle to ensure continuity and prevent harm to women, with ongoing efforts to resolve the situation.

HD queried if we could commission the service from another location or provider if the current Health Board was unable to deliver the service as commissioned. MK stated that while commissioning the service from another location was theoretically possible, it was not practical due to logistics, such as the need for surgeons to travel to North Wales. The preferred solution was to improve resilience and widen the pool of breast surgeons within the local Health Board and the issue has been escalated to the Chief Executive for resolution.

TC stated that the principal challenge was the shortage of radiologists and the need for appropriate clinical oversight, despite the presence of skilled consultant radiographers. It was noted that, while AI may assist in the future, there was insufficient capacity within other

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Welsh Health Boards to absorb additional screening for North Wales. The possibility of referring patients to England (Chester) was discussed as a potential interim measure to ensure symptomatic women were prioritised, strategy previously considered in other regions to support operational improvement TC highlighted that workforce resilience in diagnostics, affecting both radiology and colonoscopy, remained a wider NHS issue, and all options, including cross-border commissioning, would be explored, although capacity constraints persisted.
CB expressed her concern around the issue, and the potential impact this could have on access and outcomes, and suggested commissioning the Cancer Network to undertake a peer review. CB noted that the NHS Performance & Improvement (NHSP&I) Clinical Framework Board could also provide support on the matter.

NE queried if we have a mechanism for escalating within the wider system with Welsh Government. PB noted escalation already taken place and explained the next steps.

TC noted the other challenges in BTW and the ongoing review, which would come to the Board in due course.

The Board took **assurance** that the team are taking the right actions to resolve the matter.

Bowel Screening Update
MK reported that an escalation process undertaken over the summer to address long waiting times for screening colonoscopies had led to a temporary improvement in August, followed by a decline the following month. He advised that a report capturing lessons from Health Boards was being prepared for presentation to the Leadership Board and NHS partners to support long-term solutions. He explained that lengthy lead times for Joint Advisory Group (JAG) accreditation, shortages of clinical endoscopists and the need to balance screening and symptomatic referrals had contributed to ongoing pressures. He noted that delays in screening could affect timely treatment, with bowel cancer progression remaining within tolerable limits, although delays in breast screening presented greater concern.

The Board welcomed the clarity of the data and trends.

CJ asked whether the challenges were driven by system culture, team dynamics or financial constraints. MK confirmed that financial factors had played a role and highlighted plans to withdraw funding for underactivity. He also noted logistical issues, including endoscopy suite availability and inconsistent prioritisation of screening across Health Boards.

MK further reported that the team had been reviewing whether training requirements were set too high, as Wales required two years for JAG accreditation compared to one year in England. The aim was to maintain quality while expanding the workforce. He also noted that some Health Boards prioritised screening colonoscopies over symptomatic referrals, but overall recognition of the importance of screening varied.

The Board discussed the need for stronger system leadership to improve early diagnosis and outcomes, including modelling the impact of early versus late intervention on costs and mortality. TC informed the Board that a detailed Situation, Background, Assessment, and

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Recommendation (SBAR) report had been submitted to the Cabinet Secretary for Health and Social Care.

SG asked when sustained improvement could be expected. MK responded that Health Boards had been asked to provide detailed plans to regularise and improve performance, although timelines varied, and confirmed that progress continued to be monitored.

TC also reported that she and SA had met with the Chief Medical Officer for Wales, who had requested analysis of how waiting times affect outcomes across conditions, including screening.
It was agreed that the issue merited further consideration at committee level, particularly regarding the impact of waiting times on population health.
Action: MK

Diabetic Eye Screening Wales Update
MK explained that Diabetic Eye Screening was a large programme in Wales, with tens of thousands of eligible participants and over 80% uptake for first-time screens. The programme consistently meets the target for offering newly diagnosed individuals their first screen within three months. The main challenge was the growing eligible population, leading to a shortfall of about 1,000 screening appointments per month. Low-risk recall pathways have been implemented to help manage capacity, but this alone was not sufficient.

MK noted that there are three improvement projects underway: low-risk nurse-led clinics (shorter appointments for less complex cases), "drop-in" clinics (adding more people per session), and a major innovation project evaluating the use of new camera technology to eliminate the need for eye drops, which would significantly increase throughput. The evaluation of the new camera technology was planned for February, with the expectation that, if successful, it will create a step change in capacity.

MK explained that the programme was piloting targeted interventions for non-responders, using the Health Protection Support Team to contact those who do not attend their first screening invitation. This approach was also being trailed in defined populations for diabetic eye screening and was planned for expansion to bowel and cervical screening for specific groups. The group acknowledged the challenge of keeping up with demand due to the increasing prevalence of diabetes and the need for ongoing innovation to maintain or improve performance.

The Board discussed:
- The importance of accurate modelling to forecast demand and capacity, with the team using real-time data to inform planning and adjust strategies as new information becomes available.
- The need for scalable solutions, particularly through technology and workforce diversification, was emphasised to address the persistent gap between demand and capacity.
- The impact of COVID-19 was noted, as the loss of screening venues during the pandemic set back the programme's recovery and continues to affect capacity.
- The group discussed the importance of right-sizing the workforce, considering factors like annual leave and sickness, to avoid being perpetually in "catch-up" mode.

- There was an offer to analyse rework and rejection rates (e.g., inadequate samples, avoidable repeats) to reduce wasted capacity and improve efficiency.
- The need for a resource-based allocation review was raised, as the programme's funding has not kept pace with the growing eligible population and increasing detection rates.

AW noted the **Research, Data and Digital** and **Health and Wellbeing** sections of the report, in which there were no questions or comments from the Board.

Policy and International Health
MK asked SA about indicators within Policy & International Health (P&IH) and whether there was a way to combine the health inequalities impact assessment and the equalities impact assessment, instead of having two separate assessments, to streamline the process and avoid duplication. SA responded that building impact assessments into decision-making papers was important, and there was an opportunity to think holistically about combining health, equalities, and socio-economic impact assessments to avoid unnecessary duplication and add value. She emphasised the need for coherence and working with government on this, as several pieces of legislation are involved.

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. AW drew attention to a new slide on page 48, which was an action from the last Board meeting to provide an overview of milestone delivery and changes to the baseline for the strategic plan. The new overview shows the reasons for the requests for change in terms of the resources and why requests for change are coming in and how the plan was progressing.

TC informed the Board that mid-year directorate reviews were nearly complete, with tailored versions of the plan for each directorate. TC emphasised the significant change and preparation happening in the Organisation, alongside financial challenges. TC stated that directorates had been instructed to revisit key actions for the remainder of the year, allowing non-essential milestones to be moved to the following year to create capacity.

NE raised a point about resource planning, noting that although the year started with a plan and confirmation of resources, the most common reason for milestone changes was lack of resources. He questioned whether this was due to planning or subsequent developments and stressed the need to learn for future planning cycles. He supported TC's approach to allow flexibility mid-year.

NE and KY also highlighted the use of "other" as a reason for milestone changes, expressing concern that it may obscure underlying issues. AW responded that the "other" category will be removed as a dropdown option going forward. She clarified that, upon review, half of the "other" cases were simple amendments or duplications, and the remaining would be further analysed.

TC added that resource issues often arise from scope creep, with new requests from government not always accompanied by additional resources. She stressed that next year, with anticipated budget constraints, the Organisation must be strict about not taking on new work without resources.

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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.

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.

Break

PHW 2025.11.27/4.4	**Screening Services - Challenges and Opportunities**

MK introduced the item and introduced the Team from Screening Services.

SH provided the Board with a detailed presentation on Screening Services, highlighting:

- The NHS population-based screening programmes delivered by Public Health Wales, noting that these programmes aimed for early detection and prevention of disease. SH outlined the impact of screening on outcomes, with evidence of significant reductions in mortality and morbidity for conditions such as cervical and breast cancer and abdominal aortic aneurysm.
- The alignment of the programmes with the duty of quality and reflecting on the complexity of screening pathways, the importance of end-to-end system performance and the use of detailed metrics to monitor programme delivery monthly.
- Key achievements, challenges and opportunities for improvement in each programme, including:
  - Bowel screening: Optimisation of the eligible screening population led to earlier cancer diagnosis and polyp detection. SH noted delays in colonoscopy due to workforce shortages and accreditation requirements and outlined the actions underway to expand the workforce and improve pathway efficiency.
  - Breast screening: A significant number of breast cancers were identified early, however regional variation in assessment timeliness persisted, with North Wales facing significant delays due to staffing shortages and lack of pathway resilience. Escalation to the Health Board and ongoing review were noted.
  - Cervical screening: A project was established to take forward Human papillomavirus (HPV) self sampling in underserved populations.
  - Diabetic Eye screening: The eligible population continued to grow, resulting in capacity shortfall. Innovated projects were underway to increase clinic capacity, including evaluation of the use of new imaging technology to reduce the need for eye drops.
  - Newborn Screening: Newborn hearing consistently performed in line with standards with coverage and uptake, and there was a readiness to adopt new recommendations from the UK National Screening Committee in Newborn Bloodspot Screening.
  - Abdominal aortic aneurysm (AAA): Efforts to improve equity included interventions for non-responders.
- An update on the forthcoming Lung Cancer Screening programme and the commitment to ongoing evaluation and adaptation of Screening Services to meet population needs.

- MK added to the presentation, highlighting the ongoing developments and anticipated evidence reviews in prostate cancer screening.

PB thanked SH for the Presentation and invited questions from the Board.

NE asked about the difference in Newborn Hearing screening pathways in Wales compared to other UK nations. SH explained the rationale for the Welsh approach and the focus with Ophthalmologists to ensure the screening pathway was as specific as possible.

NE queried whether the current innovations and improvement projects were sufficient to meet rising demand and the needs of the population. SH and BB noted that current modelling suggested that innovations (e.g. new imaging technology, low-risk clinics) should meet projected demand, but continuous evaluation and ongoing adaption was needed.

CB suggested that workforce modelling should account for leave and sickness, similar to nursing establishments in Health Boards and other Trusts, to avoid constant catch-up. She also offered to support work on reducing avoidable repeat rates and sample rejections across programmes, noting the importance of minimising wasted capacity and delay in results for participants, with additional support from the Improvement and Innovation Hub. SH welcomed this offer.

TC reflected on future aspirations, including the adoption of innovative technological solutions and the ongoing review of emerging international evidence, horizon scanning internationally, and the need for Public Health Wales to take a stronger system leadership role, especially in workforce diversification and service delivery models, to address persistent screening challenges.

The Board reflected on wait times and the impact of screening delays on clinical outcomes and the need for right-sizing, workforce capacity modelling and zero based resource reviews given rising demand and detection rates.

NE asked about the timeline for implementing new recommendations in Newborn Blood Spot. SH explained that progress depended on IT system upgrades and laboratory relocation, and that a Cardiff and Vale University Health Board Business Case was with Welsh Government for a decision.

NE queried the status of prostate cancer screening. MK and SH clarified that the UK National Screening Committee was reviewing evidence, with a new position expected; current concerns related to balancing the benefits and harms of screening.

The Board **considered** and **noted** the update.

PHW 2025.11.27/4.5	**Committees of the Board: Report from Committee Chairs**

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

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.

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PB thanked all for the updates.

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

PHW 2025.11.27/5	Items for Approval
PHW 2025.11.27/5.1	**Minutes and Action Log from the Board Meetings on 25 September 2025**

The Board **approved** the minutes of the Board Meeting held on 25 September 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 changes of dates.

PHW 2025.11.27/5.2	Strategic Risk

CB introduced the updated strategic risk register, highlighting the new "risk at a glance" summary for Board members and noting feedback regarding the inclusion of risk appetite tolerances.

CB highlighted the following:

Strategic Risk 1
Current scored at 9 (Open appetite level – within tolerance); recent positive developments to be reflected. JM confirmed satisfaction with the current position and recent progress.

Strategic Risk 2
Current scored at 9 (Willing appetite level – within tolerance); with strengthened wording on workforce capacity and capability following feedback from IB.

Strategic Risk 3
Current scored at 12 (Open appetite level – within tolerance); may require a score review due to recent discussions on screening programme risks.

Strategic Risk 4
Current scored at 12 (Open appetite level – within tolerance); robust with new actions and evidence and that the Climate Change Programme Board structure was under review. And SA confirmed ongoing strengthening of this risk.

Strategic Risk 5
Current scored at 16 (Willing appetite level – within tolerance); progressing in the right direction, with active management through the Integrated Medium Term Plan (IMTP) and a focus on not overstretching digital capacity.

The Board welcomed the clarity of the new risk summary page and the ongoing work to align risk scores and actions with current developments.

The Board **considered** and **approved** the changes requests to the Strategic Risks.

PHW 2025.11.27/6	Items for Noting

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PHW 2025.11.27/6.1	**Private Chairs Report (25 September 2025)**
The Board **noted** the Private Chairs Report.	
PHW 2025.11.27/6.2	**Board Forward Plan**
The Board **noted** the Board Forward Plan.	
PHW 2025.11.27/6.3	**Private Board papers**
There were no papers from the Private Board agenda to publish.	
PHW 2025.11.27/6.4	**Vaping Position Statement**
The Board **noted** the Vaping Position Statement.	
PHW 2025.11.27/7	**Date of Next Formal Meeting of the Board**
PB thanked everyone for their contributions to the meeting. The next meeting would be held on 29 January 2026.	
The meeting closed at 14:45	

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