

**Confirmed Minutes of the Public Health Wales  
Knowledge, Research and Information Committee  
Public Meeting, 09 December 2025, 13:30  
Held in 4.5 CQ2 and via Microsoft Teams**

<b>Present:</b>		
Sian Griffiths	(SG)	Committee Chair and Non-Executive Director (Public Health)
Tamsin Ramasut	(TR)	Non-Executive Director (Equality and Diversity)
Clare Jenkins	(CJ)	Vice Chair of the Public Health Wales Board and Non-Executive Director
<b>In Attendance:</b>		
Alisha Davies	(AD)	Head of Research and Development
Claire Birchall	(CB)	Executive Director of Nursing, Quality and Integrated Governance
Danielle Gething	(DG)	Head of Risk Management (for item 2.6.1 and 2.6.2)
Elen de Lacy	(EDL)	Research and Evaluation Strategic Partnership Lead (for item 2.1)
Iain Bell	(IB)	National Director for Public Health Knowledge and Research
Jenna Goldsworthy	(JG)	Portfolio Lead (Research, Data and Digital Directorate) (for item 2.4)
Jim McManus	(JM)	National Director Health and Wellbeing
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Louisa Nolan	(LN)	Head of Data Science (for item 2.5)
Paul Veysey	(PV)	Board Secretary and Head of the Board Business Unit
Rebecca Hill	(RH)	Senior Public Health Specialist (deputising for SA for part of meeting)
Robin Howe	(RH)	Consultant Microbiologist, Director Infection Services (for item 4)
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Sumina Azam	(SA)	National Director of Policy and International Health
Tom Fowler	(TF)	Deputy National Director Health Protection and Screening Services
<b>Apologies</b>		
Pippa Britton	(PB)	Chair
Tracey Cooper	(TC)	Chief Executive

Meng Khaw	(MK)	National Director of Health Protection and Screening Services, Executive Medical Director
<b>Secretariat</b>		
Ffion Lloyd	(FL)	Board Support Officer
<i>The meeting commenced at 14:00</i>		
<b>KRIC 1/2025.12.09 Welcome, Introductions and Apologies</b>		
The Chair opened the meeting and welcomed all present.		
The Committee <b>noted</b> that the meeting was being recorded to support the accuracy of the minutes, the recording would be deleted once the minutes had been agreed at the following meeting on 17 March 2026.		
<b>KRIC 1.1/2025.12.09 Declarations of Interest</b>		
There were no declarations of interest made, in addition to those already declared on the Declarations of Interest Register.		
<b>KRIC 2/2025.12.09 Items for Assurance</b>		
<b>KRIC 2.1/2025.12.09 Research and Evaluation Strategy</b>		
AD and EDL provided an update on the implementation of the Research and Evaluation Strategy.		
AD highlighted the positive activity and engagement undertaken across Public Health Wales, and noted the impacts and outcomes listed in the paper.		
EDL outlined key points of recent progress towards the strategy:		
<ul style="list-style-type: none"> <li>• Public Health Wales had organised the second year of the mentorship programme for the Healthcare Research Wales Faculty Awards to encourage staff careers around healthcare research.</li> <li>• Two new members of staff had joined: one for climate change research (linked to Strategic Priority six) and one for gambling harms/prevention, with the latter funded by the gambling levy.</li> <li>• Priority Documents on climate change work were produced</li> <li>• The Climate Change Research Network was launched to foster collaboration and showcase work, with a focus on external funding opportunities.</li> <li>• The development of a gambling harms research programme was ongoing, which included environment scanning and internal/external engagement.</li> <li>• The evaluation champions scheme in January 2025 which aimed to build evaluation capacity was launched with good uptake across divisions,.</li> <li>• Progress had been made with the development of academic public health partnerships, with a new strategy to be shared.</li> <li>• The Research and Evaluation Strategy for 2026 onwards would be developed and be reported back to KRIC.</li> </ul>		
The Committee discussed:		

- Whether Public Health Wales continued to be a leader in the academic research space: AD confirmed Public Health Wales was still leading the academic public health vision, with strong support from Welsh Government and universities, and that plans for operationalising the vision further were being discussed .
- The progress towards academic experience for public health specialist registrars: AD clarified that all specialist registrars had academic supervisors and opportunities for academic placements, which aimed to foster an academic mindset even outside university settings.
- Whether cross-referencing was undertaken with other areas of work, and whether evaluation findings were used to inform learning and resource allocation: AD agreed on the need for clearer cross-referencing and described transparent reporting and separation of evaluation from delivery. AD also explained that strategic priorities guide internal research needs, with external collaborations (e.g. with local authorities) where interests align, but noted capacity constraints. IB highlighted recent strong quantitative evaluations (e.g., diabetes prevention, RSV vaccine uptake), but noted challenges in evaluating less successful areas and reallocating resources.
- SG confirmed that research metrics (bids awarded, peer-reviewed papers) were now tracked in the dashboard with all parts of the organisation feeding into a clear research picture, and encouraged continued research applications and fostering an academic approach across the organisation.

SG thanked EDL and AD for the update.

The Committee **took assurance** on progress on the implementation of the organisational Research and Evaluation Strategy.

<b>KRIC 2.2/2025.12.09</b>	<b>Health Inequalities</b>
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SA provided an update on the cross-organisational approach to health inequalities following a deep dive in March 2025.

SA highlighted the work of the cross organisational Health Inequalities steering group to coordinate, align, and identify gaps in health inequalities work to ensure alignment with organisational planning.

For 2025-26, two priority areas were identified:

- **Data Analysis and Evaluation:** A subgroup was working to improve data use for analysis in order to understand current problems and inform actions. The Performance and Insight Report submitted to Board now included health inequalities data, and more evaluation was planned. IB's team was conducting work on the widening gap in healthy life expectancy.
- **Health Inequalities Framework:** A framework focused on embedding a common language and narrative across the organisation, and included understanding where Public Health Wales could have the biggest impact.

SA also shared inequalities work across divisions, such as the refresh of the screening division's Screening Equity Strategy.

The Committee discussed:

- Whether clear measurements were in place to track the impact of this work. SA explained that a theory of change underpinned the programme, and that "soft" impacts (e.g., organisational culture, decision-making, shared understanding) were hard to measure but were improving, whereas harder measures relied on health inequalities data and tracking the outcomes of strategies.
  - Whether intersectionality had been embedded into the approach. SA noted that intersectionality was not yet fully embedded in public health practice but was a growing area, and that a deep dive on intersectionality was planned as part of the Health Inequality Solutions Platform.
  - The meaning of "inclusion health populations". SA clarified that this referred to groups with the worst health outcomes due to multiple disadvantages (e.g., prisoners, homeless, Traveller communities).
  - Praise for the work done on inequalities within Primary Care. JM explained that the equity checklist for this work was being embedded at the Strategic and practice level, and was being promoted as part of the shift to prevention. IB suggested that evaluation could be done on the impact of the checklist. It was agreed that the Committee would revisit the primary care checklist's impact at a future meeting, with a joint presentation from relevant teams.
- Action: SA/JM**
- Update on progress with accessing Census 2021 data (which included protected characteristics): IB provided an update on the ongoing efforts to secure primary care data access, with Welsh Government now prioritising the legal framework changes needed.

SG thanked SA for the update, and the Committee took **assurance** on progress to date and plans for future of the Our Approach to Health Inequalities programme.

**KRIC 2.3/2025.12.09**

**Update on Strategic priority 3: Promoting Healthy Behaviours**

JM provided an update on the work towards Strategic Priority 3, which covered the main behaviours in the long-term strategy (smoking, healthy weight, physical activity, and alcohol). The report included a full list of 21 major strategic programmes, and detailed achievements, gaps, and next steps.

JM noted key points from the report:

- Policy impact and influence on legislation were now key monitored outcomes for the directorate.
- The five identified principles that guided the work of the directorate: inclusivity, multidisciplinary approaches, influence, joined-up working, and openness.
- Areas of new and unexpected work (such as the gambling prevention coordinator role), and collaboration with research and evaluation teams, especially around gambling and clustering of risk behaviours, posed an additional workload burden.

The Committee discussed:

- The directorate’s influence on government policy and importance of ensuring work has impact, and asked about the integration of workstreams (e.g., cardiovascular and healthy eating) to avoid silos. JM emphasised that impact and delivery was the main focus of this work, with regular reviews conducted to ensure the directorate is making a difference for the population. JM also acknowledged the risk of siloed working due to the large number of programmes, and described efforts to reduce this which included cross-directorate/organisational forums (e.g. the Drug and Alcohol Forum/Gambling Forum) and a greater focus on integration and outcomes.
- Engagement with Directors of Public Health and Local Authorities on issues such as barriers to data sharing and meeting their needs. JM identified local capacity as a barrier and described efforts to streamline engagement, such as assigning a lead consultant for each health board to reduce duplication and improve communication. The opportunity for the Board to gain greater understanding of the work of DsPH with Public Health Wales by meeting them was flagged.
- IB highlighted :
  - the need for better segmentation and understanding of overlapping behaviours (e.g., smoking, obesity, alcohol), and the challenge of prioritising support for Directors of Public Health given limited resources.
  - The importance of place-based and intersectional approaches, especially in deprived communities, and the potential for Artificial Intelligence (AI) to support this work in the future.
  - The potential for a more strategic, person-centred approach, with a focus on how multiple programmes and interventions reach individuals with poor health and how to coordinate offers to them.

JM described efforts to join up offers (using primary care data to risk-stratify and offer packages, integrating offers in screening programmes) and the need to improve self-care and self-management support.

SG thanked JM for the update.

The Committee noted the progress outlined, and took **assurance** that research, data, evidence and evaluation activity is continuing to support Strategic Priority 3: Promoting Healthy Behaviours.

**KRIC 2.4/2025.12.09**

**Data and Digital Strategy**

IB provided an update on the work towards the implementation of the Data and Digital Strategy

IB provided an overview of ongoing digital projects:

- Digital Health Protection: A supplier had been selected and was ready to start, though procurement delays had impacted expected timelines.
- Lung Cancer Screening: The business case had been advanced with a more cost-effective solution. The main identified challenge was to ensure reliable digital connectivity for mobile units.



- Sexual Health Case Management: Welsh Government funding had been received for the alpha phase.
- Gambling Prevention: A contractor was planned to be brought in using gambling levy funds to shape the digital agenda, with a focus on online interventions and potential All-Wales approaches.
- Obesity Pathway: Public Health Wales had submitted a bid for innovation funding to support the Once for Wales pathway in collaboration with Digital Health Care Wales (DHCW).
- Laboratory Information Management System (LIMS): The project is slipping due to issues with DHCW and health board management; Tom and Iain are working to mitigate delays.
- Discussions are ongoing with DHCW about the future role of the NHS app and integration opportunities.

IB highlighted two main risks:

- Capacity and Skills: The digital programme had grown rapidly, which had raised concerns about having sufficient skills and capacity within the team.
- Change Management: There were challenges in organisational readiness for business change, with the risk of digitising existing processes without real transformation if change management does not keep pace.

IB noted the mitigation efforts in place:

- Working with colleagues to improve readiness for change.
- Collaborating with People and Organisational Development and senior management to address strategic risks and support benefits realisation.
- Investing in additional roles for team development, such as cloud engineer, architect roles, and coaching.
- Using gambling levy funds to increase senior leadership capacity.
- Careful management of ambition and project load through the Integrated Medium Term Plan process.

SG raised the issue of balancing pace and stability, and asked if slowing down or limiting new projects was necessary to maintain safety and effectiveness. IB agreed with the need to manage the amount of digital change and highlighted the importance of leadership readiness for service transformation. He suggested this could be a topic for Board Development or further discussion at Board level.

SG thanked IB for the update, and the Committee took **assurance** that Public Health Wales was delivering its Digital and Data Strategy through the agreed Routemap and had robust governance in place for managing digital and data work.

**KRIC 2.5/2025.12.09**

**Outcomes Framework**

LN provided an update on the work towards the Outcomes Framework, and noted the aims to measure the impact of Public Health Wales’s work, inform prioritisation and decision-making, and support horizon scanning for gaps and future needs.

LN highlighted the following key points:

- The measurement system was now operational, with indicator reporting now being submitted to the Board within the Performance and Insight Report. New indicators had been added, which included climate change-related morbidity and mortality.
- The framework was now embedded in Integrated Medium Term Plan guidance, ensuring it is considered in planning processes.
- Modelling work was underway to support future planning, and an evaluation plan had been developed by AD's team. Organisational ambitions around healthy life expectancy had been agreed.
- LN highlighted a significant decline in healthy life expectancy, and that the next focus was on the impact of waiting lists on healthy life expectancy, especially regarding self-reported health, and plans to examine the process for GP appointment access.

SG asked if the hypothesis was that longer waits reduce healthy life expectancy due to prolonged illness and increased anxiety. LN confirmed this was the working assumption, and noted the importance of considering both physical and mental health, especially for younger people. LN clarified that healthy life expectancy was based on self-reported health, which was subjective and influenced by how well conditions were managed. The data was cross-sectional, not longitudinal, but there were plans to explore longitudinal analysis using census data.

SG raised the issue of access to primary care data, and that Public Health Wales must pay for access to Secure Anonymised Information Linkage (SAIL) data. LN and AD explained that feasibility checks were undertaken before committing to costs, and efforts were underway to coordinate access across the organisation and advocate for NHS data to be more readily available for research. SG asked for this to be kept under active review .

The Committee welcomed the clarity and focus of the framework, especially the work on waiting lists and healthy life expectancy, but queried the subjectivity of self-reported health and its implications for measurement.

SG thanked LN for the update, and the Committee took **assurance** progress with the Public Health Wales outcomes measurement system since June 2025.

**KRIC 2.6/2025.12.09**

**Managing Risk**

**KRIC 2.6.1/2025.12.09**

**Strategic Risk Register**

CB/DG provided an overview of Strategic Risks 1, 4 and 5 that fall under the remit of the Committee.

DG highlighted that the rationale for reporting each strategic risk to the relevant committee had been updated and included in the report as previously requested.

DG highlighted updates to the Strategic Risks under the remit of the Committee:

- **Strategic Risk One** (failure to deliver our role to influence a system shift to prevention, reduce health inequalities and address determinants of health) – this risk was being managed within the agreed risk tolerance levels.

- **Strategic Risk Four** (failure to effectively mitigate the public health impacts of climate change on the Welsh population) – this risk was being managed within the agreed risk tolerance levels.
- **Strategic Risk Five** (to fully exploit digital and data fully to improve public health in Wales) – this remained the most significant area of risk, with a detailed assessment included in the meeting papers.

DG noted that the links between the Corporate Risk Register and the Strategic Risk Register had been reintroduced following structured assessment interviews, to provide additional assurance and demonstrate dependencies.

The Committee commended DG for the clear and accessible layout of the risk reports.

SG thanked DG for the update, and the Committee took **assurance** on the management of Strategic Risk within the Organisation.

<b>KRIC 2.6.2/2025.12.09</b>	<b>Corporate Risk Register</b>
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DG provided a verbal update on the Corporate Risk Register, and noted that the version presented was the version presented to the September Leadership Team meeting. The register was being updated for the January Board meeting, with a review by the Leadership Team scheduled for December 2025.

DG highlighted two new risks that had been added to the register:

- **Risk 2003** (risk of failing to achieve the net zero target by 2030) – this risk was accepted onto the register in November 2025, and aligned with Strategic Risk Four. Action plans were being developed for 2026–2028, with directorates asked to consider how to reduce carbon emissions in future projects.
- **Risk 2078 (Equality Act)** – this risk was accepted onto the register in November 2025. Work was underway to recommend resourcing and the prioritisation of a centralised approach, which would include broader impact assessment work and a review of Equality Impact Assessments.

SG raised concern about capacity for health impact assessments, especially if demand increases and responsibility falls to Public Health Wales. SA clarified that the organisational duty is to support other organisations in conducting impact assessments, not to do them directly, and that current efforts focus on training and guidance.

SG thanked DG for the update.

The Committee took **assurance** that corporate risks were being scrutinised appropriately.

<b>KRIC 2.6.2/2025.12.09</b>	<b>Bi-Annual Corporate Policies Update</b>
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LB provided an overview of the Corporate policies under the remit of the Committee. LB noted that the two policies contained in the report for this Committee were both within date and raised concerns to draw to the attention of the Committee.

The Committee **took assurance** on the prioritisation and progress being made to review policies, procedures and other written control documents within the remit of the Committee.

**KRIC 3/2025.12.09**

**Items for Approval**

**KRIC 3.1/2025.12.09**

**Minutes, Action Log and Matters Arising of meeting (23 September 2025)**

The Committee **approved** the minutes of the 23 September meeting as an accurate record. Updates were provided on any outstanding actions:

- Action 2025/06 (timeline for new IT system)
- Action 2024/6 (development of the NHS app)

LB noted that both actions had updates and were in progress. LB proposed to change the due date for both open actions to the next meeting in March for further updates.

The Committee **approved** the changes to the action log.

**KRIC 4/2025.12.09**

**Deep Dive - Innovation within Infection Services**

RH presented a deep dive into innovation in Infection Services, which included diagnostic microbiology, infectious diseases, and several UK national and regional reference laboratories. RH noted that Innovation was embedded in both the tests offered and service delivery, and was now recognised in the organisation’s Long-Term Strategy under Strategic Priority 5.

RH highlighted key points from the report:

- **Examples of Diagnostic Innovation**
  - Rapid Joint Infection Molecular Testing: Introduction of a multiplex PCR test for joint infections that enabled faster, more accurate diagnosis and treatment, which reduced hospital stays and identified pathogens previously hard to detect.
  - Genital Ulcer Molecular Testing: Developed in response to monkeypox, this was now expanded to include other causes of genital ulcers, improving sensitivity and specificity of diagnosis.
  - Expanded STI Testing: New in-house tests for mycoplasma genitalium and trichomonas vaginalis, which increased diagnostic capacity and cost-effectiveness.
  - Faecal Parasitology via Artificial Intelligence (AI): Planned implementation of AI-supported pattern recognition for faecal samples, which would aim to improve efficiency, accuracy, and the ability for remote expert review.
- **Service Delivery Innovations**
  - Value-Based Healthcare Programme: Projects were planned to improve pre-analytical (sample collection), analytical (standardising Standard



Operating Procedures), and post-analytical (narrative reporting) phases, which would include training for wound swab collection and use of nudge theory in reporting to improve clinical decision-making and reduce unnecessary testing.

- Robotics: A long-term pilot of robotic bacteriology in North Wales, with plans to expand to other regional labs, with aims to improve efficiency, accuracy, and resilience.
- Innovative Stock Control: A trial of a real-time inventory management system for laboratory supplies.

● **Workforce and Skills Mix Innovation**

- Blended Clinical Workforce: Due to consultant shortages, a multi-professional team was developed, which included physician assistants, clinical liaison biomedical scientists, and specialty doctors. Remote working models allowed trainees and consultants to provide cover across regions and internationally.
- Training Expansion: Increased training for clinical scientists and international graduates, with successful outcomes in specialty exams.

● **Research Innovations**

- Cryptosporidium Typing: Development and rollout of a new molecular typing method for outbreak investigation, which was now used in Wales, England, and other countries.
- Aspergillosis Diagnostics: A bespoke molecular tests and pathways for early detection and targeted antifungal treatment, reducing costs and improving patient outcomes, had now been adopted UK- and Europe-wide.

The Committee discussed:

- The progressive nature of the service, especially the innovative skills mix, but asked whether the blended model was preferable to traditional consultant-heavy teams. RH confirmed the model was effective but would further benefit from more consultants.
- Innovations such as rapid molecular testing and improved sample selection had demonstrated cost savings for the NHS, though benefits may not always accrue directly to Public Health Wales.
- The blended workforce model could be championed more widely, as it addressed workforce shortages and supported innovation. RH agreed to share experiences with other regions. SG proposed sharing the infection services innovation work with the board to promote understanding and support.

SG thanked RH for the presentation, and the Committee took **assurance** that innovation was embedded in the operations of the Infection Division, and was focused on all elements of delivering excellent Public Health Services.

<b>KRIC /2025.12.09</b>	<b>Items to Note</b>
<b>KRIC 5.3/2025.12.09</b>	<b>Committee Workplan</b>
The Committee noted the work plan.	
<b>KRIC 7/2025.12.09</b>	<b>Closing Administration</b>
Any other business: None.	



The Committee were invited to provide feedback from the meeting via e-mail to LB, including any areas that worked well, and any areas for improvement.

Date of Next Meeting: **17 March 2026.**

The meeting closed at 16:21

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