Unconfirmed Minutes of the Board Meeting on 26 March 2026
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
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
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:		
Rachel Attwood	(RA)	Deputy Director People and Organisational Development
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Amy Burgess	(AB)	Engagement and Collaboration Manager
Dr Lindsay Cordery-Bruce	(LC-B)	Chief Executive of WCVA
Jim McManus	(JM)	National Director of Health and Wellbeing
Nathan Jones	(NJ)	Head of Strategy and Planning
Danielle Selvwright	(DS)	Strategy & Planning Manager
Claire Sullivan	(CS)	Staff Side Representative
Emily van de Venter	(EV)	Consultant in Health Improvement
Paul Veysey	(PV)	Board Secretary and Head of the Board Business Unit
Apologies:		
Neil Lewis	(NL)	Director of People and Organisational Development

*The meeting commenced at **12:00***

PHW 2026.03.26/1	**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.

The Board **noted apologies** as listed above.

PHW 2026.03.26/2	**Declarations of Interest**

PB sought Declarations of Interest other than those recorded already on the Declarations of Interest Register.

KY advised of her declaration already on the register as the Vice Chair of Wales Council for Voluntary Action (WCVA), relevant to item 3 on the agenda.

There were other declarations.

PHW 2026.03.26/3	**Strategic Partnership - Wales Council for Voluntary Action (WCVA)**

CB introduced LC-D, AB and EV from Wales Council for Voluntary Action (WCVA) for this item. The meeting was a milestone for both Public Health Wales (PHW) and WCVA as it introduced the Partnership Agreement to the Board.

AB presented the proposed Partnership Agreement between Public Health Wales (PHW) and the WCVA, outlining shared aims, principles, roles and governance arrangements focused on improving population health and reducing health inequalities. The vision was to strengthen public health and community wellbeing through prevention, protection and healthier generations, building on the complementary strengths and shared values of both organisations.

LC-D explained that the partnership aimed to move from ad-hoc collaboration to a mature, trusted relationship characterised by proactive working, sustained investment in prevention and community-led initiatives, and a stronger evidence base to influence policy and services. The Action Plan focused on strengthening collaboration, increasing investment in prevention and evidence generation, with short-term outcomes to be developed jointly. Arrangements for maintaining the partnership included joint coordination, leadership support, regular meetings, annual reviews and clear monitoring and evaluation. Arrangements for partnership maintenance were outlined, including joint coordination, leadership support, regular meetings, annual reviews of progress, and the development of clear monitoring and evaluation arrangements.

LC-D advised that WCVA welcomed the formalisation of the partnership, emphasising parity of esteem and long term collaboration. The significant contribution of the voluntary and community sector in Wales was highlighted, including opportunities for Public Health Wales to act as a trailblazer in supporting volunteers and utilising sector networks to support public health priorities such as vaccination and prevention.

PB thanked LC-B and AB for the presentation and expressed strong support for the partnership, noting the value of formalising the relationship and the potential to further

strengthen connections between national public health priorities and community level action.

TC noted the importance of committing to a small number of purposeful actions initially and allowing the partnership to develop over time.

PB noted the unique reach of the voluntary and community sector in Wales into local communities, which the WCVA in partnership with Public Health Wales together could now reach. This was demonstrated in the presentation.

MK noted that Public Health Wales recognised the potential which existed in the voluntary sector to develop resourcing and mobilisation opportunities more effectively for future emergency situations to health threats by utilising volunteers' local knowledge and skills. LC-B agreed and noted that early inclusion in strategic planning would be advantageous to both Organisations.

JM reminded the Board of the work already undertaken with the voluntary sector in the diabetes arena, volunteers had written and created a point of diagnosis pack and they had taken the pack into their communities to support diabetic patients. He cited the importance of supporting the voluntary sector to support all patients with long term conditions.

The Board **supported** the further development and alignment of this important partnership and **noted** the draft action plan, **welcomed** the strengthened strategic relationship and its potential contribution to prevention, community wellbeing, and reducing health inequalities in Wales.

The Board asked for an annual update to be submitted to the Board which documented the work of the Board with the WCVA.
Action: CB

PHW 2026.03.26/4	**Board Assurance Framework**
PHW 2026.03.26/4.1	**Chief Executive's Report**

The Board received the Chief Executive's Report, highlighting a range of internal and external engagement activity and organisational developments.

Introducing the Chief Executive's Report, TC drew attention to recent meetings. The recent Public Accounts Committee engagement, noting that the meeting had taken place with members of the Board following earlier Advisory Group discussions. The session with the Cabinet Secretary covered a wide agenda and had been constructive. The follow up correspondence was received and further actions were identified to provide additional assurance to the Cabinet Secretary. TC also updated the Board of a meeting with the Deputy First Minister and Cabinet Secretary for Climate Change and Rural Affairs and PB and SA, which was positive and focused on how Public Health Wales could support national priorities from a public health perspective.

TC formally noted and welcomed the re-designation of Public Health Wales as a World Health Organisation Collaborating Centre (WHO CC) for Investment for Health and Wellbeing, marking a third designation and recognising this as a significant achievement for

the organisation. She thanked SA and her team on the designation and invited SA to add to this.

SA highlighted:

- WHO Collaborating Centre (Investment for Health and Wellbeing) re-designation extended to 2030; valued by WHO and Welsh Government, reflecting external recognition of expertise and leadership.
- Supports delivery of agreed Welsh Government/WHO Europe priorities (including MoU-aligned work) and enables international learning with direct benefit to Wales.
- Launched Wellbeing Economics and Environment (WEE) Team (consolidated existing resources) to strengthen economic insight for prevention and investment in health and wellbeing.
- Engagement to raise awareness underway, including a webinar with Welsh Government, WHO and NHS colleagues.

CB highlighted the successful completion of the first cohort of the Empowered Nurses, Midwives and Excellence programme, delivered in partnership with the Royal College of Nursing. The programme involved senior nurses from across the organisation and was positively evaluated with participants reporting that they felt invested in and supported. It was noted this was the first time the programme had been level 7 accredited, with final assignments in progress. PB thanked CB for the update and welcomed the achievement and commended the quality of the work produced, recognising it as an important investment in leadership, quality improvement and professional development.

TC highlighted forthcoming changes to the Executive Team, and thanked AC for her both for contributions to the Organisation and for her 38 years services in the NHS, which included her work over the last 14 months as a valued member of the Board and Executive Team. TC also thanked Neil Stoodley who will assume the role of acting Director of Finance in April.

PV informed the Board about the UK Covid-19 Public Inquiry's Module 3, released March 19, 2026. While not a core participant, the Organisation contributed evidence and attended hearings. The report included ten recommendations mainly for government but relevant to areas such as infection prevention and governance. The Health Protection and Screening Services Directorate is reviewing the report and woud present a detailed update in May alongside other modules.

MK informed the Board about the implications of Module 3 of the UK Covid-19 Public Inquiry, noting key recommendations on infrastructure, workforce, and guidance. He emphasised the relevance for the Organisation, particularly around workforce resilience, infection control guidance, and the need for enhanced preparedness and governance.

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 2026.03.26/4.2	**Latest Public Health Overview**

IB provided the Board with an update on analysis of healthy life expectancy. He emphasised that no single dataset could conclusively prove causation of any health issue, the Organisation's current approach relied upon triangulating the multiple sources of evidence

available. The data showed a steep and ongoing decline in healthy life expectancy in Wales which was greater than in many other parts of the UK. When examining the data more closely, it was worrying that in some local authority areas the decline was more concerning when focusing on the impact on women and the younger age groups. There was new evidence regarding waiting lists where there was a disproportionate increase in risk by age, particularly of children up to age 17.

IB made reference to published evidence which indicated increased mortality risk associated with longer waiting times, particularly in cancer pathways. It was noted that whilst wider determinants such as the cost of living crisis remained as significant factors, the data suggested an immediate and potentially compounding impact of waiting times on population health outcomes, particularly for younger cohorts.

NE noted that the data could be interpreted in different ways and emphasised the importance of careful presentation to support accurate understanding. He highlighted the need for a balanced narrative, so that discussion of waiting times did not inadvertently outweigh the continued focus on prevention and population health. NE also noted that messaging should remain proportionate and continue to support the shift towards long-term prevention alongside healthcare performance.

SG suggested a programme of research which moved beyond the socio-economic and geo-political issues would be necessary. A review with a robust evidence base should be considered as a research priority, drawing on behavioural and wider determinants expertise, to better understand the drivers of declining healthy life expectancy. It should connect the evidence, research and narrative more effectively, to support clearer messaging to be given on prevention and to help shape improved outcomes, particularly for women and the other affected groups.

IB acknowledged the need to present the findings carefully and in a balanced way, emphasising that waiting list data should be used as one indicator within a broader triangulation of evidence rather than as a standalone driver of narrative or action. He stressed that the analysis was not intended to shift focus away from prevention, but to highlight emerging signals requiring careful interpretation alongside wider determinants. Further triangulation work was being undertaken including analysis of preventable mortality and other indicators and highlighted a particular concern regarding the impact on children as a key system level takeaway. He confirmed the work was being shared with Welsh Government colleagues, including the Chief Medical Officer, to support a joined-up consideration of evidence, prevention and healthcare impacts. IB noted an update of this research would be brought to the Board.
Acton: IB

TR acknowledged the importance of considering the wider causes which impacted on younger people many factors, economical inactivity, mental health and well being could all be playing a factor. The data as presented also showed those young people were waiting a long time to access services, however it also showed the numbers were relatively low, further triangulation was therefore necessary. TR asked if Public Health Wales should suggest targeting the areas of the population where it was perceived the greatest impact would be observed in improving life expectancy and overall health benefits.

SA noted that it provided new insights, particularly regarding the impact on younger people and noted that wider contributory factors, including economic conditions, economic inactivity. and mental health and wellbeing, required further consideration. She emphasised the importance of ongoing work in this area and noted that while data showed a proportion of young people waiting a long time, the absolute numbers were relatively low and required further analysis.

JM noted that interventions would be required in different spaces, the challenge would be to work out which space, the healthcare, the primary prevention or the wider determinant.

MK provided the Board with an update on the Meningococcal outbreak in Kent. Whilst there were not any linked cases in Wales, the Organisation was aware that some students at the University in Kent were Welsh residents. It was believed the outbreak would be closed imminently, typically 20 days since the date of onset of the last case, for meningococcal disease. From a Welsh perspective, it was recognised a cluster of this nature could arise in Wales and the Organisation was working with NHS P&I to carry out a rapid assessment of the system to deal with a cluster, such as the current one in Kent, should it arise in Wales.

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

PHW 2026.03.26/4.3	**Integrated Performance Report (Month 11) and Finance Reports**

AW introduced the Performance Insight Report to the Board, and inviting each Executive to present key updates from their respective Directorates.

Governance and Accountability – People Governance
RA presented the in focus section update on sickness absence and highlighted key insights, assurance, actions and supporting data on sickness absence across directorates. She reported a drop in sickness as recorded from 5.1 to 3.9%, the 12 month rolling average remained above the target 4.5% and long term absence accounted to 1%. These figures were similar to external absence figures published nationally, the figures indicated an increasing rate of sickness absence.

Financial Governance
AW presented the Financial and Capital section of the report and the Organisation remained on track to meet its statutory financial duties, including compliance with the Public Sector Payment Policy, with non-NHS invoices paid within 30 days. The month 11 revenue position showed a small underspend, with close monitoring of commitments and risks as the Organisation moved towards year-end. The Board was advised that active management was underway to deliver a balanced out turn. A capital programme update was provided, progress against planned schemes was detailed in the report and assurance was given on ongoing oversight and delivery.

Corporate Information and Governance
PV presented the Board with an update on the Governance, highlighting the current position concerning corporate policy management and noted a more detailed paper on policies would be considered later on the agenda. He also provided an update on Welsh Health Circulars, referencing recent discussion at the Audit and Corporate Governance

Committee and confirming that actions were in hand to strengthen oversight and assurance arrangements. The update provided assurance on governance controls and ongoing improvements in monitoring and compliance.

Clinical Governance, Quality, Safety and Improvement
CB presented an update on the Clinical and Information Governance section of the Report. She reported improving performance against Freedom of Information Requests and Subject Access Request response times, and noted that requests received were becoming increasingly complex, particularly those linked to employment matters and the use of Artificial Intelligence (AI) by those seeking information was impacting the workload. An update was provided on data breaches, including reference to the previously discussed sexual health incident. The position on incidents and complaints was described as broadly stable, with performance close to target and low levels of escalation to the Ombudsman, providing assurance on the effectiveness of current governance and oversight arrangements.

Health Protection and Screening Services, Service Delivery
Screening Services Update
MK presented separate Screening Service updates:

Bowel Screening Service
MK presented the Bowel Screening Service update and noted performance against bowel cancer screening standards remained below target despite earlier escalation to Health Boards and that improvement plans had been requested and were being actively reviewed. The challenges were described as primarily related to capacity constraints, particularly in endoscopy, with significant variation in waiting times across Wales. It was noted that while overall pathway performance remained challenging, specialist screening practitioner waiting times were within standard, providing some assurance. He outlined ongoing actions including a national screening colonoscopy improvement project, workforce development initiatives, and strengthened contractual measures with Health Boards to address under delivery, with continued close monitoring planned.

NE had asked about Health Board recovery timelines and the viability of their plans. MK had replied that timelines had differed: one board might have recovered soon but sustainability had been uncertain; another had relied on unsustainable insourcing; most others had been unlikely to achieve short-term recovery. Ongoing engagement and monitoring was needed.

Breast Test Wales
MK presented the update on Breast Test Wales.

SG noted that screening services were susceptible to disruption, as the absence of even a few essential personnel could markedly affect their performance. She emphasised that this underscored broader issues related to resilience and capacity planning, indicating the importance of exploring options to reinforce services and reduce their vulnerability to temporary workforce absences. In response, MK acknowledged the fragility of all services particularly in Breast Test Wales, where a small number of staff absences had a disproportionate impact on overall performance. He advised that this risk was most evident within breast screening and outlined that a service improvement programme was underway

to strengthen resilience, including greater use of mutual aid and cross regional working. He noted that while improvements could be made through better use of existing capacity, some vulnerability would remain due to workforce establishment and funding constraints.

Diabetic Eye Screening Service

MK presented the update on Diabetic Eye Screening and reported a slight improvement in the 12-month average performance, noting that delivery remained heavily dependent on workforce availability. It was highlighted that demand continued to increase due to the growing number of people eligible for screening which created ongoing capacity pressures. Priority was given to newly diagnosed patients, which could contribute to volatility in performance against standards. The update noted continued focus on workforce management, reducing long term absence and alignment with wider diabetes prevention and management programmes to help manage demand and support service sustainability.

In closing this section, AW suggested that future IPR in focus sections were less narrative and more clearly focused on impact to include metrics which showed how actions taken were influencing performance trajectories over time.

MK supported the principle but cautioned that, while some actions lend themselves to measurable impact, for example, increased clinic capacity, others were less tangible and it would be harder to attribute directly to outcomes. It was emphasised that a balanced and realistic approach would be needed to avoid over interpretation while still strengthening assurance and oversight.

NE suggested a balanced approach would be preferable as not all actions were equated to a visible impact in service delivery.

In concluding his update, MK highlighted an ongoing issue within Health Protection and Screening Services which related to specimen rejection rates, noting that this was highly inefficient and impacted on service delivery. He explained that rejections were largely due to incomplete or incorrectly completed request forms, which prevented processing for patient safety reasons. Some improvement had been observed but rejection rates remained around 5% and further work was required to identify new approaches to reduce avoidable rejections.

NE asked whether the specimen rejection rate within Health Protection and Screening Services was being benchmarked against other equivalent laboratories to understand whether current performance was an outlier or consistent with sector norms. In response, MK advised that his understanding was that rejection rates were broadly consistent with other laboratories, though he offered to provide further detail to confirm the comparative position.

Action: MK

NE asked whether there was a link between laboratory delays and courier arrangements, particularly in relation to blood culture samples. In response, MK clarified that laboratory performance with samples received within the four hour window was strong and targets were consistently met for processing and incubation. The main delays occurred prior to receipt at the laboratory, relating to sample collection and transportation, which were largely outside the Organisation's control. He advised that work was underway with

partners to better understand and address the delays prior to the receipt of specimens, which included consideration of rapid testing and logistics arrangements.

Health and Well-being Update

The Board considered an update on prevention and well-being programmes from JM. He reported continued strong performance in smoking cessation services, with increased activity, high levels of timely contact and quit rates consistently exceeding target, with equitable outcomes across population groups. He also provided an update on mental health in schools, noting that all secondary schools and the majority of primary schools were now engaged in mental health action planning, with positive assurance from Welsh Government. The presentation highlighted the contribution of these programmes to wider prevention priorities, including tackling health inequalities, reducing early mortality and supporting population wellbeing, and noted their relevance to the broader discussion on healthy life expectancy.

Strategy Delivery

AW updated the Board on Strategy Delivery, detailing progress against the Organisation's strategic priorities and change programmes. She reported that delivery was on track to achieve approximately 84% of planned milestones by year end, noting that this figure reflected the original plan and did not include additional in-year work which had been later incorporated. A review of the strategic change programmes was provided and two programmes were tracking Amber-Red, reflecting delivery risks requiring continued monitoring.

TR noted the inequalities focus within the data presented and asked why particular areas (including drug-related deaths) had been highlighted and how these linked to the wider analysis of healthy life expectancy. He emphasised the importance of understanding how the evidence reflects inequalities across population groups and places, and how this might inform future prioritisation and targeting of action.

In response IB explained that the inequalities examples highlighted research within the Organisation where data and policy analysis had begun to come together, drawing on work led through the Organisation's policy and evidence functions. The intention was to illustrate areas where inequalities were becoming more visible through emerging data, rather than to signal a fixed set of priorities. It was noted that this approach would continue to evolve as the evidence base develops, to better inform understanding of inequalities and support future targeting and narrative development.

JM noted that a significant amount of relevant evidence already existed within communities and the voluntary sector, including data held by organisations working with carers, young people and other affected groups. He emphasised that better use of this existing intelligence would help strengthen understanding of inequalities, inform the evidence base, and support clearer narratives about where action could have the greatest impact, reinforcing the value of collaboration in shaping future priorities.

Outcomes Measurement Section Update

The Board considered the Outcomes Measurement Section from JM. He noted the impact of healthy behaviours work was moving in the right direction and that the improvement in oral health continued.

MK asked about the rise in recorded hypertension, questioning if it reflected poorer health or better detection, and sought guidance on interpreting it in a prevention context. JM responded that the increase is expected and positive, due to improved case finding after a national quality focus. He stressed effective management prevents heart attacks, strokes, saves lives, and eases NHS strain. This area allows healthcare and prevention to deliver measurable short-term impact, especially in reducing inequalities.

The Board **noted** the Month 11 Financial Position and appendix and took **assurance** on the Organisation's performance, governance arrangements and progress against delivering its strategy.

Break	
PHW 2026.03.26/4.4	**Sexual Health Test and Post Service Incident**

MK provided an update on the Sexual Health Test and Trace Service incident, which arose following concerns raised in November regarding the handling of safeguarding information and information governance arrangements. He advised that the incident had been escalated and was being managed under enhanced response arrangements, reflecting the scale and complexity of the issues identified. A comprehensive look-back exercise was underway to review safeguarding information and to validate actions taken by Health Boards following referrals, with completion expected in April.

MK referenced the independent external review that had been commissioned to review, which would commence shortly, alongside the establishment of a best practice advisory group to define what good looks like for the service in the medium to long term. In parallel, a Sexual Health Improvement Group had been established to oversee immediate service improvements and ensure safe transitional arrangements while longer term solutions are developed.

PB thanked MK for the update.

PHW 2026.03.26/4.5	**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. She noted that all Committees had met, with assurance provided on the work undertaken within their respective remits. No written update was included from the Audit and Corporate Governance Committee, as it had met earlier in the week and there had been a tight turnaround for reporting.

KY provided a verbal update summarising the activity at ACGC; a written updated would be included in the written update for the next board meeting.

SG referenced recent discussion on artificial intelligence, with a view that this is a rapidly evolving area and that further consideration at full Board level would be beneficial, including assurance on governance, use and impact across the organisation.

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 2026.03.26/4.6	**Annual Summary of Corporate Policies**

PV presented the Annual Report on Corporate Policies, providing assurance on the management and oversight of corporate policies, procedures and control documents across the organisation. He reported that the organisation currently holds 166 corporate policies and procedures, with the majority in date and a proportion requiring review. It was emphasised that policies identified as out of date remain operational, with risk-based oversight in place and prioritisation agreed with Executive leads where updates are required. Each Committee receives regular assurance on policies within its remit, and that this annual report provided an overall view for the Board.

PV also referenced a recent internal audit of corporate policy management had provided substantial assurance rating.

NE asked for additional insight into how long the longest out-of-date corporate policy had been overdue, to support oversight of policy management. In response, it was explained that timescales vary and that policies may remain out of date for valid reasons, such as dependency on wider changes or planned revisions, with risk-based oversight in place. PV agreed to provide this in future iterations of the reporting.

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

PHW 2026.03.26/4.7	**Annual Review of Estates**

AW presented the Annual Estates report to the Board, which provided a high level overview of the organisation's estate, including sites not directly managed by Public Health Wales. The report set out the composition and condition of the estate, and was intended to give the Board assurance on how the estate is being managed and monitored. AW advised that the paper brought together information previously requested by the Board and provided a baseline view to support understanding and future prioritisation.

PB thanked AW for the report, and invited questions from the Board.

TR welcomed the report and found it useful to understand the overall position, she asked how the information could be used to support prioritisation of investment and improvements, particularly where parts of the estate were identified as being in poorer condition.

In response, AW explained that the report establishes a baseline position, which would inform future planning and support more strategic consideration of where improvement or investment may be required. She advised that this work would feed into the development of a wider spatial strategy, which would go beyond a traditional estates approach to consider how Public Health Wales uses space and works with partners across the wider public sector estate in Wales.

CB highlighted the importance of considering accessibility factors such as location, parking and ease of access when planning and delivering services, noting that these practical issues can significantly influence people's willingness and ability to participate. She emphasised that estate and spatial planning should support service uptake and equity of access, particularly for public facing services and community-based activity.

TC highlighted the challenges in the build element where our services were located in Hospitals or other Health Board sites which were outside of our control.

CB added to this, and highlighted the added complications where we commission services.

PB expressed gratitude to the team for their report and highlighted the forthcoming Board Development session, where the Board would explore strategic management in greater depth. The information presented in the report had allowed the Board to conduct thorough scrutiny; it served as an excellent foundation that raised important questions and had proven to be highly valuable.

The Board **noted the report and took assurance** from the update, recognising its value in supporting future strategic discussions on estates, accessibility and service delivery.

PHW 2026.03.26/5	**Items for Approval**
PHW 2026.03.26/5.1	**Strategic Risk**

CB presented the Strategic Risk Register, reflecting the position as at 1 February. It was noted that the Risk Management Development Plan has now transitioned into a Risk Management Maturity Plan, with recent discussion at the Audit and Corporate Governance Committee indicating that this approach had been well received.

CB confirmed that four of the five strategic risks remained within appetite and one outside of appetite. She had reference to a recent debate about adding a financial strategic risk, but confirmed that financial pressures were already covered under the existing risk for capacity, capability, and skills. A new corporate risk is also being developed related to finance.

Reference was made to how emerging issues, including service pressures and business change capacity, would continue to be reflected through existing strategic and corporate risks, with further actions to be incorporated through the Integrated Medium Term Plan and supporting risk management arrangements.

Updates were provided on each strategic risk, with reference to ongoing actions, alignment with the Integrated Medium Term Plan, and links to relevant corporate risks. The Board noted the connection between Strategic Risk 1 (population health outcomes) and the earlier discussion on healthy life expectancy, prevention and system leadership, and the importance of advocacy, partnership working and evidence based influence.

Strategic Risk 1 – Population Health Outcomes and Inequalities
CB noted that the risk remained above target but within risk appetite. She linked the discussion reflected the earlier agenda item on healthy life expectancy, with emphasis on the importance of robust, triangulated evidence, prevention, system leadership and advocacy. The ongoing action through policy influence, partnership working and primary care and cluster engagement was also highlighted.

Strategic Risk 2 – Workforce, Capacity and Capability
CB noted that this risk remained above target but within a willing risk appetite. Reference was made to actions underway through the People Strategy, workforce planning and management of sickness absence, including recent deep-dive scrutiny at Committee level. CB referenced the additional workforce related pressures would continue to be reflected through this risk as part of the Integrated Medium Term Plan.

Strategic Risk 3 – Service Delivery and Quality
CB noted this risk remained outside of appetite; updates were provided on ongoing challenges within Health Protection and Screening Services, including sexual health, environmental health on-call arrangements and screening resilience. Actions to strengthen governance, service improvement and transformation were noted, alongside continued workforce pressures in some areas. The Board noted ongoing mitigating actions were in place and that progress would continue to be monitored.

Strategic Risk 4 – Climate Change and Sustainability
CB noted that this risk was reported as within risk appetite; work continued through the climate change programme, including alignment with the organisational route map and growing understanding of climate-related risks and opportunities. She noted the links between this risk and wider organisational commitments, including carbon reduction and sustainability.

Strategic Risk 5 – Digital, Data and Business Change
CB noted that this risk remained above target but within risk appetite; the scale and complexity of digital and transformation activity, alongside reliance on system partners, continued to present challenges.

The Board discussed the importance of ensuring that digital investment enables wider organisational change and delivery, rather than being treated solely as a technical programme. Ongoing work to mature business change capability and align actions through the Integrated Medium Term Plan was noted.

The Board **noted the update and took assurance** on the ongoing development and oversight of the Strategic Risk Register.

PHW 2026.06 26/27	**Integrated Medium Term Plan (IMTP) - Annual Plan 2026/27**

AW presented the Integrated Medium Term Plan (IMTP) for the period 2026–29, including the supporting financial strategy and Capital Plan. AW advised that the IMTP set out a clear line of sight from strategy to delivery, supported by strengthened feasibility assessment and prioritisation.

AW highlighted that the plan reflected a high level of ambition, with a significant programme of change to be delivered over three years. The feasibility work undertaken informed the phasing of activity and reinforced the importance of managing capacity, capability and business change, which was reflected in the strategic risk position. Particular emphasis was placed on strengthening quality and service delivery, including screening, sexual health and organisational clinical governance arrangements.

AW noted that flexibility would be required to respond to emerging priorities, with the IMTP treated as a live and adaptive document. Reference was made to alignment with the Strategic Risk Register and the need for continued focus on delivery, transformation and system partnership working.

NE asked about the relationship between the IMTP and the Welsh Government remit letter, noting references in the plan to areas where further clarity or development might be required. NE observed that, while the IMTP was strong and well-developed, there were instances where the narrative acknowledged the need to understand more about certain areas, and questioned how this aligned with existing work and expectations set out in the remit letter. NE noted the importance of maintaining alignment between strategic planning, delivery commitments and external expectations as the IMTP strengthens over time.

TC responded that the IMTP should be regarded as a live document and confirmed that further dialogue with Welsh Government was ongoing to clarify elements of the remit letter, including ensuring alignment of expectations and avoiding duplication across the system. She noted that some areas referenced in the IMTP reflected requests for clarification rather than gaps in delivery, and that these would be addressed through continued engagement with Welsh Government.

JM added that discussions were already underway with Welsh Government officials on specific areas referenced in the remit letter, including agreement on where Public Health Wales added most value. He emphasised that this approach was intended to ensure appropriate focus, proportionality and system alignment, rather than committing to activity better delivered elsewhere.

IB emphasised that the remit letter should be viewed through the lens of impact and added value, noting the importance of focusing on where Public Health Wales could make the greatest difference to outcomes, rather than treating the remit as a list of activities to be delivered. IB highlighted the need to prioritise interventions that demonstrably improved population health and to ensure that commitments within the IMTP were aligned to impactful delivery, system leadership and prevention, rather than dispersing effort across areas with limited influence.

TR welcomed the explicit acknowledgement of inequalities within the IMTP and noted this as a positive step. She emphasised that, as the plan continued to develop, there was a strong expectation that inequalities would be more fully integrated and embedded throughout the IMTP, including within priorities, actions and delivery plans, rather than remaining a standalone theme.

SA responded acknowledging the positive step of explicit reference to inequalities in the IMTP, and agreed that further work was required to embed inequalities more fully across priorities, actions and delivery plans. SA noted that, in some areas, inequalities were currently addressed implicitly rather than explicitly, and confirmed the intention to strengthen this integration over time as the plan developed, ensuring that impact on inequalities was more clearly reflected throughout the IMTP. ;

AW presented an overview of the Financial and Revenue plan underpinning the IMTP:

- The plan had required the identification of approximately £3m of cash releasing savings to deliver a balanced position; significant work had been undertaken with Directorates to identify and agree these savings.
- The revenue plan was balanced and robust, whilst acknowledging ongoing national and local cost pressures.
- The plan reflected the full scope of organisational activity, with the overall revenue budget distributed across Directorates and aligned with strategic priorities and delivery commitments.
- Emphasised the need for continued financial discipline, monitoring and flexibility, due to the ambitious scale of the IMTP and the requirement to respond to emerging pressures throughout the planning period.
- The revenue plan was explicitly mapped to the organisation's strategic priorities; budgets were allocated by Directorate and tied to delivery against those priorities.
- This mapping showed a clear connection between funding, strategic objectives and planned activity, offering assurance that resources are focused on areas of greatest impact.
- Confirmed that further work was planned with Executive leads to enhance understanding of this alignment and support ongoing monitoring through the IPR.

NE queried whether the revenue plan and savings programme were realistically profiled and deliverable, asking how confident the organisation was that the required savings would be achieved in a timely and sustainable way. NE expressed concern seen elsewhere in the system where savings plans were back-loaded, and sought assurance that the phasing of savings was robust and would not create undue pressure later in the year.

AW confirmed that the £3m savings programme was fully developed, profiled and subject to close oversight. AW described the included savings schemes as high-confidence and deliverable, with detailed tracking in place and no schemes included unless assessed as achievable. AW noted that the majority of savings were non-pay, with a smaller element relating to income and pay, and that additional pipeline schemes were being developed to provide further resilience should risks emerge. AW assured the Board that the savings were appropriately phased, with active monitoring throughout the year to avoid back-loading or in-year delivery pressures.

TC highlighted the assumptions for year 2 and 3 inflation within the IMTP. She confirmed that the financial assumptions within the IMTP included an assumed inflation uplift of 1.1% for years two and three of the plan. Tracey noted that this assumption had been discussed with Welsh Government as part of ongoing engagement, and emphasised the importance of transparency regarding the basis of planning assumptions, while recognising the uncertainty and risk associated with future funding and inflation levels.

AW provided an update on the capital programme supporting the IMTP, highlighting that the programme had been brought forward early in the planning cycle, providing greater assurance and avoiding late year delivery pressures. The proposed plan set out the use of discretionary capital, informed by statements of need from across the organisation and assessment through the asset management framework, including replacement requirements where assets were reaching end of life.

AW also provided an overview of strategic capital schemes, including those in development and those requiring further business case approval, with ongoing engagement with Welsh

Government. The capital programme was aligned to strategic priorities and service delivery requirements, and took assurance on the robustness of planning, prioritisation and oversight arrangements.

NE asked whether the capital plan included visibility of bids that were not funded, and whether the full list of submitted bids and their relative prioritisation was available. NE sought assurance that the Board could understand not only what was being progressed, but also what had not been funded at this stage, to provide context on unmet need and future pressure within the capital programme. AW agreed to include this information in reporting from month 1.
Action: AW

The Board **approved** the Strategic Plan (IMTP) for 2026-29, amended strategic risk 5 and Budget Strategy/Financial Plan.

PHW 2026.03.26/5.3	**Climate Response Plan**

The Board received a presentation on the Climate Response Plan from SA for approval and submission to Welsh Government. It was noted that this was the organisation's third decarbonisation action plan, covering 2026–28, and that it combined decarbonisation and climate adaptation in a single plan in line with Welsh Government guidance. The plan built on progress to date, was structured around six activity streams and included milestones to 2030. It aligned with the Integrated Medium-Term Plan and reflected a maturing approach to climate action, while recognising that further progress was required. The Board was also informed of a supporting adaptation work programme, summarising activity from the previous year and underpinned by a climate risk assessment involving staff across the organisation.

NE queried whether the actions set out in the Climate Response Plan were sufficient to deliver the required level of impact, noting that while the activity streams were clear, there was less visibility on how far these actions would move the organisation towards its longer term climate goals and how progress would be measured.

In response, SA acknowledged that measuring impact remains challenging, particularly as carbon accounting methodologies continue to evolve and improve. It was noted that work is underway to strengthen measurement and tracking, especially in relation to procurement related emissions, which represent the largest proportion of the organisation's carbon footprint. The response emphasised that the current plan represents a step change in maturity, with clearer milestones and activity streams, while recognising that further refinement will be required to better articulate impact and progress towards longer-term climate goals.

TR emphasised the importance of considering how resilient Wales is to climate change, noting that while organisational decarbonisation is important, a key public health challenge is supporting population and community resilience, particularly for those most vulnerable. The point highlighted the need for Public Health Wales' climate work to contribute to understanding and strengthening systemwide and societal resilience, alongside reducing the organisation's own environmental impact.

The Board requested that future updates provide clearer insight into how actions contribute to resilience and outcomes, including wider population and system resilience,

and that progress against the plan was kept under review and reported back as the approach continues to mature.
Action: SA

SG highlighted the importance of recognising the two distinct but related strands of climate change work: decarbonisation and adaptation/resilience. While welcoming progress on reducing the organisation's carbon footprint, it was emphasised that equal attention is needed on climate resilience, particularly understanding and responding to the impacts of climate change on population health and vulnerable communities. The point reinforced the need for Public Health Wales to balance action on its own emissions with a strong focus on supporting systemwide and societal resilience.

MK reported that climate health surveillance remained underdeveloped, despite access to relevant data. He noted the need for further clarity on system actions and emphasised ongoing collaboration with Welsh Government and partners to define how intelligence would inform planning and adaptation.

The Board **approved** the Public Health Wales Climate Response Plan 2026-2028 and the Public Health Wales Adaptation Work Programme Qualitative Report in advance of submitting to Welsh Government by 30 April 2026.

PHW 2026.03.26/5.4	**Environmental Policy**

AW presented the draft Environmental Policy, which was presented to the Board for approval. It was noted that the policy had undergone rigorous review and assurance, including input from relevant Executive Leads and subject matter experts. The policy set out Public Health Wales' commitment to environmental responsibility and provided the overarching framework to support delivery of the organisation's environmental and sustainability objectives.

AW advised that, following approval, the policy would be supported by the development of a procedural framework to ensure effective implementation and operational clarity across the organisation.

The Board **considered** the information contained within the Equalities Impact Assessment (Appendix 2a), **approved** the Environmental Policy and **noted** the Business Executive Team had endorsed this Policy for Board **approval.**

PHW 2026.03.26/5.5	**Minutes and Action Log from the Board Meetings on 29 January 2026**

The Board **approved** the minutes of the Board Meeting held on 29 January 2026 as an accurate record of the meeting.

The Board **considered** the open Actions on the Action Log and **approved** the closure of actions on the log.

PHW 2026.03.26/5.5	**NHS Performance and Improvement Hosting agreement**

PV provided an update on the Hosting Agreement, presented, explaining that the agreement had previously been approved by the Board but had been revisited following the

NHS Wales Hosting Review and Shared Services work, at the request of the Director General.

PV highlighted that the revised agreement remained largely unchanged, with the key amendments clarifying roles and accountabilities, in particular distinguishing between:

- Performance management responsibilities, which sit with the Director General and Welsh Ministers; and
- Hosting responsibilities, which remain with Public Health Wales through the Chief Executive.

It was noted that the agreement includes a change control mechanism to manage any future changes in scope or cost.

The Board **noted** the update and **approved** the revised Hosting Agreement, taking assurance on the clarified governance and hosting arrangements.

PHW 2026.03.26/6	**Items for Noting**
PHW 2026.03.26/6.1	**Private Chairs Report (29 January 2026)**

The Board **noted** the Private Chairs Report.

PHW 2026.03.26/6.2	**Board Forward Plan**

The Board **noted** the Board Forward Plan.

PHW 2026.03.26/6.3	**Private Board papers**

There were no papers from the Private Board agenda to publish.

PHW 2026.03.26/7	**Date of Next Formal Meeting of the Board**

PB thanked everyone for their contributions to the meeting.

Any Other Business

PB noted that a new staff induction session would take place on 1 April and invited Non-Executive Directors to attend where possible, to support visibility and engagement.

The Board noted thanks to Wedinos for hosting a recent visit, with reference made to positive feedback received from service users, illustrating the impact of the service.

PB formally acknowledged Angela Williams' final Board meeting and thanked her for her significant contribution to Public Health Wales and the NHS over her career, and in particular for her leadership and support during her time as an Executive Director.

The next meeting would be held on 28 May 2026.

The meeting closed at 14:45