Unconfirmed Minutes of the Board Meeting on 30 July 2026
Held in 3.7 CQ2 and electronically via Microsoft Teams
Livestreamed on the Internet

Present:		
Clare Jenkins (Chair)	(CJ)	Vice Chair of the Board, Non-Executive Director and Chair of the Quality, Safety and Improvement Committee
Tracey Cooper	(TC)	Chief Executive
Sumina Azam (left at 14:20)	(SA)	National Director of Policy and International Health
Iain Bell	(IB)	Executive Director of Research, Data and Digital
Claire Birchall	(CB)	Executive Director of Nursing, Quality and Integrated Governance
Huw David (left at 13:45)	(HD)	Non-Executive Director (Local Authority)
Nick Elliott	(NE)	Non-Executive Director (Data and Digital)
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
Catherine Purcell	(CP)	Non-Executive Director (Universities)
Kate Young	(KY)	Non-Executive Director (Third Sector) and Chair of the Audit and Corporate Governance Committee
In Attendance:		
Graham Brown	(GB)	Consultant in Public Health, Screening General (for item 3.4)
Nathan Jones	(NJ)	Head of Strategy, Planning and Corporate Affairs on behalf of Zoe Pietrzak
Heather Lewis	(HL)	Consultant in Public Health, Screening General (for item 3.4)
Neil Lewis	(NL)	Director of People and Organisational Development
Jim McManus	(JM)	National Director of Health and Wellbeing
Liam Scott	(LS)	Aspiring Board Member (observing)
Neil Stoodley (left at 13:02)	(NS)	Head of Finance (for item 3.3)
Claire Sullivan	(CS)	Staff Side Representative
Christopher Thomas	(CT)	Head of Operations, Health Protection Team (for item 3.4)
Paul Veysey	(PV)	Board Secretary and Head of the Board Business Unit
Reanne Reffell	(RR)	Board Governance and Policy Manager (Secretariat)

Stefanie Humphries	(SH)	Board Support Officer (Secretariat)
Apologies:		
Pippa Britton	(PB)	Chair of the Board
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Elisabeth Evans	(EE)	Staff Side Representative
Sian Griffiths	(SG)	Non-Executive Director (Public Health) and Chair of the Knowledge, Research and Information Committee
Zoe Pietrzak	(ZP)	Executive Director of Strategy, Finance and Performance

*The meeting commenced at **11:45***

PHW 2026.07.30/1	**Welcome and Apologies**
CJ welcomed everyone to the meeting which was being held in person at CQ2 and extended a warm welcome to those observing the proceedings online. The Board **noted apologies** as listed above.	

PHW 2026.07.30/2	**Declarations of Interest**
CJ sought Declarations of Interest other than those recorded already on the Declarations of Interest Register. There were no other declarations.	

PHW 2026.07.30/3	**Board Assurance Framework**
PHW 2026.07.30/3.1	**Chief Executive's Report**
TC presented the Chief Executive's Report and highlighted the recent Annual General Meeting in North Wales, which provided an opportunity for staff to engage directly with Board members. She thanked all colleagues involved in organising the event and showcasing the work of Public Health Wales. TC reported that she had attended an initial meeting with the Deputy Minister for Mental Health and Wellbeing and Public Health. Discussions focused on the Welsh Government's ambition to strengthen prevention across all areas, and opportunities for further engagement would be explored. TC noted the staff conferences held in Cardiff and Llandudno in July, which were attended by more than 400 staff. Both events included a presentation from Steve Gilbert, who shared his personal experience of mental health and wellbeing. Thanks were extended to all colleagues involved in organising and delivering the conferences. TC also highlighted work to improve vaccine equity across Wales. She noted that learning from the COVID-19 pandemic had reinforced the importance of using data to identify inequalities in vaccine uptake and support targeted interventions for vulnerable populations.	

TC congratulated Emily Van de Venter and Lewis White on receiving professional recognition through the Sarah Stewart Brown Award for Public Mental Health and appointment as Professor of Medical Mycology respectively. She noted that these achievements reflected both individual excellence and the Organisation's contribution to internationally recognised public health and scientific work.

PV updated the Board on the UK COVID-19 Public Inquiry. He advised that the Module 5 report on pandemic procurement had been published on 14 July 2026 and would be reviewed by relevant teams to identify any learning for the Organisation. He noted that the report's recommendations were primarily directed at the UK Government and devolved administrations. PV also advised that the Module 6 report, relating to the care sector, was expected later in 2026.

TC updated the Board on recent organisational changes affecting a number of directorates and the Board Business Unit. She advised that the new Population Screening and Quality Directorate would be established from 1 October 2026, with CB having assumed interim Executive responsibility for Screening Services from 28 July 2026.

The new Directorate would bring together Screening Services, Quality and Clinical Governance, and the National Safeguarding Service, while a separate Health Protection and Infection Services Directorate would focus on health protection, infection prevention, preparedness, and environmental health. Staff engagement remained ongoing to support implementation of the new arrangements.

TC thanked MK for his leadership of screening services and acknowledged his significant contribution to the development and delivery of screening programmes across Wales. TC also thanked CB for taking on executive responsibility for Screening Services.

The Board **noted** the Chief Executive's Report and Directorate Reports and took **assurance** from the reports and the discussion at the meeting.

PHW 2026.07.30/3.2	**Latest Public Health Overview**

IB provided the Board with a comprehensive overview of the latest public health position, drawing on the Rapid Overview Dashboard, which brought together key indicators across population health, outcomes, inequalities and system performance.

He noted the wider determinants of health remained broadly stable, although cost of living pressures continued to affect the population with no significant changes in measures relating to labour market conditions, mental wellbeing or healthy behaviours observed since the last report.

Whilst mortality data had not identified any significant changes which required particular attention, IB advised the Board that analysis of health outcomes would continue, in addition to monitoring the impact of recent environmental factors including recent heatwaves.

The Board noted the continued reduction in referral-to-treatment pathways which exceeded 36 weeks. Whilst recognising progress, they acknowledged the improvements with the longest waiting times did not necessarily reflect equivalent improvements across all patient pathways and further work was needed to improve access to continuing care. The

Board noted the Organisation supported work with the Chief Medical Officer which related to healthy life expectancy and waiting times as part of wider improvement activity.

The Board noted levels of antimicrobial resistance had stabilised following a sustained period of decline and further noted childhood immunisation rates remained below the desired target levels, work continued to address inequalities in vaccine uptake through targeted interventions and the improved use of data.

MK provided an update on the Ebola outbreak in the Democratic Republic of Congo and noted that while the number of confirmed cases and associated deaths remained significant, the outbreak continued to be largely contained within the affected areas due to effective contact tracing arrangements. He reported that vaccine trials continued and the Organisation worked closely with UK partners to monitor any potential risks to Wales. They had not identified any immediate risk.

MK reminded the Board of the impact of recent heatwaves and wildfires across Wales, the Organisation had continued to provide public health advice relating to smoke exposure and health protection and supported the multi-agency response arrangements. He noted that many of the fires were beginning to subside and preparedness arrangements remained in place to respond to any future incidents.

The potential health impacts of extreme heat were discussed, including excess mortality and the effects on vulnerable populations. The available evidence suggested that periods of hot weather could accelerate mortality amongst those already nearing the end of life, further analysis would be undertaken as additional data became available. The Communicable Disease Surveillance Centre routinely reviewed health impacts associated with significant weather events and any concerns identified would be reported through established arrangements.

TR discussed the need to strengthen understanding of heat-related mortality and the wider impacts of climate change on health and care services. CB and SA noted ongoing planning and collaborative work with other organisations, including consideration of vulnerable groups such as care home residents and individuals receiving care in their own homes. The Board also recognised the importance of supporting staff working in challenging environmental conditions.

The Board considered the Latest Public Health Overview Report and took **assurance** from the information provided and noted the updates presented.

PHW 2026.07.30/3.3	**Integrated Performance Report and Finance Reports Month 3**

NJ and NS presented the Integrated Performance Report and Finance report, advising that the report now incorporated reporting against the Cabinet Secretary's enabling actions and provided an overview of organisational performance against key indicators.

NJ noted that sickness absence remained above target, while staff appraisal rates were slightly below target and Statutory and Mandatory Training compliance remained above target. NL discussed investments in prevention work, manager capability and risk training, while noting the aim to reduce agency spend, particularly in admin and clerical areas.

CB noted the increasing demand in Information Governance services and PV highlighted a reduction in the number of out of review date corporate policies.

NJ noted ongoing challenges within the breast, bowel and diabetic eye screening programmes. MK highlighted improvements in blood culture incubation compliance and advised that work continued with Health Boards and courier providers to address delays in sample collection times.

SA highlighted work underway to reduce the carbon footprint associated with infection services and antimicrobial use, and noted continued work relating to health and housing and wider policy influence activity.

JM drew the Board's attention to improvements in smoking cessation outcomes, increasing numbers of young people accessing smoking cessation support, and strong performance against measures supporting children's health and wellbeing.

The Board discussed barriers to participation and completion rates within the National Exercise Referral Scheme (NERS). JM outlined factors affecting programme engagement and advised that work was underway to better understand behavioural influences and strengthen local delivery models. Board Members agreed that NERS remained an important prevention programme and recognised the need for a broader community-based physical activity offer across Wales.

NJ updated the Board on delivery of the Integrated Medium Term Plan, noting that 85% of organisational actions were currently on track. Amber and red milestones largely reflected external dependencies, internal tactical decisions and ongoing discussions with Welsh Government. NJ also highlighted the successful completion of the North Wales accommodation programme and the launch of the Organisation's new website.

TC noted that, as the new Welsh Government remained within its first 100 days, further policy developments may require refinement of the Organisation's three-year plan.

TR queried the progress made to improve facilities across the Organisation's estate. MK acknowledged long standing laboratory accommodation challenges, and noted the need for a longer-term estates and laboratory strategy highlighted the need to ensure facilities remained fit for future service requirements, including new technologies and automation. She noted that consideration would also be given to short-term measures to mitigate the impact of extreme temperatures on staff and services.

NE noted delays to a milestone reported in Appendix A and consultant job planning performance. In response, MK outlined the support provided, noting that work was underway across NHS Wales to establish a consistent approach to reporting and measuring consultant job planning.

NJ commented on the strategic importance of job planning in assuring delivery of organisational priorities. CJ suggested further consideration of work force planning at a future People and Organisational Development Committee.

Action: NL

NS presented the financial position, noting that both revenue and capital forecasts remained on track to achieve a break-even position at year end and confirmed that public sector payment performance continued to exceed targets. He also noted that all Screening Service Level Agreements had been signed and were awaiting final health board approval.

The Board took **assurance** from the Month 3 Finance Report and Integrated Performance Report and the discussions.

NS left the meeting at 13:02.

PHW 2026.07.30/3.4	**Screening Programme Improvement Plans Update**

MK introduced the report on updated improvement plans for the breast, bowel and diabetic eye screening programmes.

MK advised that the plans had been enhanced since their previous submission to the Board through the inclusion of performance trajectories, which provided greater visibility of the planned pathway back to target performance. He highlighted that the plans remained focused on addressing the most significant performance challenges across each programme.

Breast Screening Programme

GB outlined the key areas of focus within the Breast Test Wales Improvement Plan, including reading timeliness, assessment clinic waiting times, implementation of recommendations arising from the Breast Test Wales review, achievement of the 36-month round length standard, and addressing inequalities in screening uptake. GB highlighted workforce and capacity challenges within the Health Boards as a main area of focus, particularly in surgical capacity.

TC highlighted continuing challenges in North Wales, where the availability of consultant assessment capacity within Betsi Cadwaladr University Health Board continued to affect performance. She advised that a number of escalation discussions had taken place and that further correspondence had recently been issued to reinforce concerns regarding the impact on service delivery.

TR welcomed the inclusion of trajectories and sought assurance regarding the assumptions underpinning the anticipated improvements. GB explained that the forecast improvements reflected both seasonal recovery following annual leave periods and the introduction of additional reading capacity and radiologist-led clinics.

NE acknowledged the considerable work undertaken but commented that, whilst the planned actions and trajectories provided greater assurance than previously, further evidence was required to demonstrate how the proposed interventions would deliver the scale of improvement anticipated. MK advised that the improvement trajectories were not linear in order to allow for realistic timescales and inclusion of narrative to explain them. TC agreed that future reporting should strengthen the linkage between specific improvement actions and projected performance gains to demonstrate how trajectories would be achieved.

Bowel Screening Programme

GB presented the Bowel Screening Improvement Plan, which remained focused on the timeliness of a patient receiving a screening colonoscopy within 28 days following a positive FIT result. He outlined the collaborative work being undertaken with Health Boards (such as the Screening Colonoscopy Improvement Programme) to address workforce capacity constraints, improve pathway performance, and reduce reliance on temporary solutions such as insourcing. He reported that, while performance remained below the required standard, improvements were already being observed as a result of the collaborative approach being adopted.

TC reiterated the Board's longstanding concerns regarding colonoscopy waiting times. She noted that performance at the beginning of the pathway remained strong but that delays in diagnostic colonoscopy continued to create a significant risk to timely diagnosis and prevention. She advised that Public Health Wales continued to escalate concerns nationally, and highlighted the need to diversify the endoscopy workforce through the development of clinical endoscopists alongside existing medical staffing models.

TR sought assurance that the current improvement programme would deliver meaningful improvements within a short timescale. MK advised that the Screening Colonoscopy Improvement Programme was generating positive engagement across health boards and was beginning to deliver measurable improvements, although some elements, particularly workforce development, would require longer-term investment. GB added that the programme built upon several years of previous engagement and that the collaborative arrangements were helping to build momentum and support confidence in future improvements.

Diabetic Eye Screening

HL reported that the Diabetic Eye Screening Improvement Plan remained focused on improving screening coverage and that overall delivery remained on track. Key achievements included increased clinic capacity, completion of retinal imaging for camera evaluation, strengthened oversight of the low-risk recall pathway, and sustained improvements in clinic utilisation.

She highlighted several amber-rated areas, including delays to the camera evaluation report affecting implementation timescales, outstanding assurance work on the low-risk recall pathway, workforce culture and sickness absence challenges, and an investigation into a potential issue with the coverage metric denominator that may have affected reported performance.

NE welcomed the progress achieved and noted the significant operational improvements that had been made, but questioned whether the actions identified would be sufficient to deliver the trajectory of progress expected.

IB agreed to assist with the investigation into the denomination issue, and HL provided assurance that the investigation was already underway.

TC emphasised the need to diversify the delivery model if the service was to respond effectively to growing demand, and suggested that future solutions would need to offer greater flexibility and accessibility for users rather than relying solely on existing models.

HL agreed that the lack of improvement in coverage, despite high activity levels, may suggest that appointment prioritisation was not working as intended and noted that this would be explored further with the relevant team.

KY emphasised the importance of understanding staff concerns and involving staff in change processes. HL agreed, while noting the need to address inappropriate behaviours and provide teams with the support required to do so.

MK acknowledged the contribution of the relevant teams and welcomed Christopher Thomas to his role as Head of Operations for Screening Services. CJ similarly thanked the teams for their work and the quality of the papers presented, while emphasising the need to strengthen assurance in future reports.

The Board took **assurance** from the progress and trajectories outlined in each programme specific improvement plan.

Break

PHW 2026.07.30/3.5	**Sexual Health Incident Update**

MK introduced the report, noting that the Incident Management Team continued to oversee investigation, mitigation and assurance activity. He advised that the response remained focused on addressing safeguarding concerns relating to children under 16 years of age and ensuring that individuals living with HIV had received appropriate Hepatitis C testing.

Reviews of safeguarding Cohorts 1 and 2 had been completed, with no serious concerns identified in Cohort 1 and learning from both reviews shared with health boards. A proportionate, risk-based approach had been agreed for the review of historical cases within Cohort 3.

An update was also provided on the Hepatitis C testing workstream, where follow-up activity for affected individuals was nearing completion and a final report was expected shortly. Work was progressing to strengthen data-processing arrangements through increased automation, while the Best Practice Advisory Group and independent external review had both commenced. A draft review report was expected in October 2026, with the final report due to be presented to the Board in January 2027.

The Board took **assurance** of the development and progress of the management of the sexual health incident, and the actions to review and improve service delivery.

PHW 2026.07.30/3.6	**Committees of the Board: Report from Committee Chairs**

CJ introduced the report, which summarised activity undertaken by the Board's Committees since 28 May 2026. She noted that all Committees had met and provided assurance within their respective remits.

CJ highlighted that the Emergency Response Plan had been approved by the Quality, Safety and Improvement Committee at its meeting on 4 June 2026.

The Board took **assurance** from the work undertaken by its committees.

PHW 2026.07.30/3.7	Corporate Risk Register

CB introduced the Corporate Risk Register, which provided an overview of the organisation's principal risks and the actions being taken by the Leadership Team to manage them. She highlighted that the Register contained eleven risks, with no new risks added during the reporting period, and advised that the Sexual Health Service incident had been escalated to the Register to reflect its strategic significance and ongoing management.

CB reported that two risks relating to Disclosure and Barring Service (DBS) compliance and declining surveillance response rates had been closed following the successful implementation of mitigating measures. She noted that enhanced Leadership Team scrutiny had strengthened executive ownership of risks, mitigation actions and assurance arrangements.

MK provided an update on the risk relating to the condition of the Breast Test Wales mobile screening units. He advised that interim mitigations introduced following the dust contamination investigation had prevented further equipment failures and contamination incidents. Detailed assessments of all units had now been completed and would inform a refurbishment programme to address dust ingress and other maintenance issues, including water-related defects. He noted that contractual matters remained under consideration and that the risk would continue to be monitored.

The Board discussed the wider challenges associated with ageing infrastructure and estate management, particularly where services were delivered from partner-owned premises, and emphasised the need to develop long-term solutions while maintaining practical measures to protect staff, equipment and service delivery in the short term.

Board noted the connection between the Corporate Risk Register and the Strategic Risk Register and took **assurance** that risks continued to be actively monitored, reviewed and managed through well established governance arrangements.

PHW 2026.07.30/4	Items for Approval
PHW 2026.07.30/4.1	Strategic Risk Register

CB introduced the report and reflected on the significant development of the Strategic Risk Register, noting that the register had matured considerably through Board and Executive discussions. She thanked Board members and colleagues for their continued engagement in strengthening the organisation's approach to strategic risk management.

CB provided updates against each of the Strategic Risks, highlighting:

Strategic Risk 1 – Improving Healthy Life Expectancy
CB advised that the risk score remained at 9 against a target score of 6. Further refinement of the risk would be required to reflect emerging policy development. JM explained that the risk would require further revision to reflect developments such as Community by Design, the organisation's preventative health agenda and wider policy changes. He noted that many of the determinants of healthy life expectancy were outside the direct control of Public Health Wales and that the risk should focus on the organisation's contribution and influence within the wider system.

Strategic Risk 2 – Organisational Capability and Capacity

CB highlighted the revised scoring which reflected ongoing concerns relating to organisational capacity, capability, workforce resilience, culture and behaviour. She also noted that further consideration would be required regarding the organisation's risk appetite in this area.

NL advised that further work had been undertaken to strengthen the assessment of the risk and confirmed that additional refinement would continue following recent discussions at the People and Organisational Development Committee to ensure the risk was reflective of broader challenges.

Strategic Risk 3 – Service Delivery and Performance
CB advised that the score remained unchanged and continued to reflect operational performance challenges and workforce resilience issues across a number of service areas. MK reported that the risk continued to reflect some operational performance challenges and areas of service discontinuity arising from operational pressures.

SA highlighted work being undertaken through Policy and International and Infection Services, including work to reduce the carbon footprint associated with infection services and antimicrobial use. She also noted activity relating to health and housing and wider policy influence work, which supported delivery against organisational priorities and contributed towards mitigating aspects of the risk.

Strategic Risk 4 – Climate Change and Environmental Resilience
CB highlighted the ongoing work relating to climate resilience and environmental sustainability and drew attention to the increasing operational impacts of extreme weather events. SA noted that the scoring would be updated to reflect recent climate / temperature changes and the resulting impact. MK informed the Board that recent discussions through the Climate Change Programme Board had identified the need to increase the risk score in future reporting to reflect growing concerns regarding organisational resilience and adaptation to climate-related pressures.

Strategic Risk 5 – Organisational Transformation and Digital Capability
CB reported that significant work had been undertaken to refine Strategic Risk 5. She advised that the risk now reflected the organisation's broader capability to deliver transformation and change, rather than focusing solely on digital and data-related issues. IB commented that the revised risk better described the organisation's transformation challenge and reflected the need to strengthen capability and capacity to deliver change. He noted that the risk and associated actions would continue to evolve as organisational arrangements matured.

Reflecting on the Strategic Risk Register, CB noted that some elements had become increasingly detailed and appeared to overlap with organisational planning and performance management activity. CB advised that following the move of Risk to the Board Secretary, a key challenge would be to refine the executive Director update to make it more concise and avoid unnecessary bureaucracy. TC agreed that the Executive Director commentary had originally been intended to provide a concise Senior Risk Owner assurance statement. She suggested that future reports should focus more clearly on the level of assurance being provided, progress in mitigating risks and any significant issues requiring Board attention, rather than detailed descriptions of activity.

The Board:

- **Approved** the change requests to the Strategic Risks.
- Took **assurance** on the management of Strategic Risk within the Organisation.

PHW 2026.07.30/4.2	**Minutes and Action Log from the Board Meetings on 28 May, 25 June and 7 July 2026 and Notes from the AGM 14 July 2026**

The Board **approved** the minutes of the Board Meetings held on 28 May, 25 June and 7 July 2026, and the Notes from the AGM 14 July 2026 as accurate records of the meetings.

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

PHW 2026.07.30/4.3	**Joint Working Framework**

PV introduced the report and advised that the Joint Working Framework was a key governance document setting out how Public Health Wales established, managed and monitored partnership and joint working arrangements with other organisations.

PV advised that the review had included engagement with colleagues across the organisation to understand how the framework operated in practice and identify opportunities for improvement. As a result, the revised framework incorporated a number of enhancements, including strengthened requirements relating to due diligence, data protection, intellectual property and risk management. He noted that Executive Team discussions had reinforced the importance of considering intended impacts and outcomes as part of the due diligence process and reflecting these within joint working arrangements. The framework had also been updated to clarify the Leadership Team's role in reviewing such arrangements.

The Board **approved** the revised Joint Working Framework.

PHW 2026.07.30/5	**Items for Noting**
PHW 2026.07.30/6.1	**Private Chairs Report (28 May 2026)**

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

PHW 2026.07.30/6.2	**Board Forward Plan**

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

PHW 2026.07.30/6.3	**Private Board papers**

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

PHW 2026.07.30/7	**Date of Next Formal Meeting of the Board**

PB thanked everyone for their contributions to the meeting.

Any Other Business:
None.

The next formal meetings of the Board:
24 September 2026

The meeting closed at 14:15