Unconfirmed Minutes of the Board Meeting on 28 May 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)	Executive Director of Research, Data and Digital
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
Zoe Pietrzak	(ZP)	Executive Director of Strategy, Finance and Performance
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)
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
Jim McManus	(JM)	National Director of Health and Wellbeing
Ilona Johnson	(IJ)	Consultant in Public Health, Health Improvement (for Item 3)
Huw Williams	(HW)	Head of Emergency Preparedness and Response (for item 4.7)
Paul Veysey	(PV)	Board Secretary and Head of the Board Business Unit
Apologies:		
Elisabeth Evans	(EE)	Staff Side Representative
Neil Lewis	(NL)	Director of People and Organisational Development
Liam Scott	(LS)	Aspiring Board Member Programme
Claire Sullivan	(CS)	Staff Side Representative

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Kate Young	(KY)	Non-Executive Director (Third Sector) and Chair of the Audit and Corporate Governance Committee
Huw David	(HD)	Non-Executive Director (Local Authority)

*The meeting commenced at **11:20***

PHW 2026.05.28/1	**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 2026.05.28/2	**Declarations of Interest**

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

There were no other declarations.

PHW 2026.05.28/3	**Children and Families Programme (PIPPYN) Deep Dive**

JM introduced the item.

IJ provided the Board with a presentation on the PIPPYN Children and Families Programme, a Welsh Government-funded pilot delivering early intervention to address childhood overweight and obesity. She highlighted the following:

- PIPPYN was a Welsh Government-funded pilot within the Healthy Weight: Healthy Wales strategy.
- The programme operated across three pilot areas: Anglesey, Cardiff and Merthyr.
- It addressed childhood overweight and obesity, with around 27.3% of children affected by school entry.
- The programme responds to health inequalities, recognising greater impact across socio-economic groups.
- It used a whole-system approach, working with local partners to improve environments, access to services and community support.
- It also delivered a family-centred intervention, supporting at-risk children and families with diet, physical activity and lifestyle behaviours.
- Delivery was supported through partnership with Sport Wales (Pippyn Active) and other local stakeholders.
- Early findings are positive, showing:
  - improved engagement from families;
  - earlier access to support;
  - positive changes in diet and physical activity;
  - wider benefits across the whole family; and
  - stronger multi-agency and community partnerships.
- The programme highlighted that whole-system, place-based approaches were essential and that no single model would suit every area.
- Evaluation and data collection was ongoing, with further work planned to strengthen the evidence base and support scalability and sustainability.
- Early examples of local expansion through additional funding were also noted.

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JM concluded that the programme was demonstrating early positive impact, particularly in engaging families earlier and driving system-wide change. It provided compelling evidence that tackling childhood obesity required coordinated and long-term, partnership-based approaches, rather than isolated interventions.

TR noted feedback from families that the programme was valued by communities and was having a positive impact across the whole family, not only the referred child. IJ confirmed that family-wide behaviour change was a key outcome of the model. TR also queried the resource implications of the family-centred approach. IJ advised that delivery involved a combination of one-to-one and group-based support, with learning indicating that group approaches were often preferred by families and more sustainable. She added that community organisations were helping to build local capacity and mitigate resource pressures, although initial delivery could be resource intensive.

CP welcomed the approach and emphasised the importance of robust evaluation, including understanding what works, for whom and in what context. IJ confirmed that an initial evaluation had been undertaken and that further formal evaluation was planned, including strengthened data collection. IB supported the need for strong evaluation to demonstrate measurable impact and policy relevance. JM highlighted key learning from the programme, re-iterating that whole-system approaches and partnership working were essential, that the work was complex, long-term and resource intensive, and that early targeting of families was critical to achieving impact. He emphasised the need for sustained investment and endurance if long-term benefits were to be realised.

TC raised concerns regarding sustainability, particularly the risk of support ending when pilot funding ceased. IJ advised that sustainability would depend on continued partnership working and active management, supported by the development of community networks and partner engagement. JM added that there was an ethical imperative to sustain interventions shown to be effective and that programmes should not end without clear continuation or exit arrangements. TC also highlighted practical examples of community-based support, reinforcing the importance of understanding lived experience, which IJ agreed was central to programme design and effectiveness.

PB noted the potential to expand local mapping approaches across Wales, including schools, food outlets and activity opportunities, to support system understanding and scalability. CP agreed that combining data, mapping and contextual insight would strengthen the case for effective national rollout.

PB thanked IJ for the presentation. The Board **noted** its strong support for the programme, recognising its positive impact, its value as a whole-system preventative approach, and the importance of ongoing evaluation, sustainability and scalability.

PHW 2026.05.28/4	**Board Assurance Framework**
PHW 2026.05.28/4.1	**Chief Executive's Report**

TC presented the Chief Executive's Report, which highlighted a range of internal and external engagement activity and organisational developments, including:

- Progress on pandemic preparedness and emergency response planning;
- Acknowledgement of work on new accommodation at Seasons House, highlighting improved working environments and sustainability considerations;

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- Introduction of the new Executive Director of Strategy and Performance; and
- Ongoing work relating to public inquiry responses and organisational learning.

MK provided an update on current health protection issues, including the Hantavirus outbreak linked to a cruise ship and the Ebola outbreak in the Democratic Republic of Congo. He advised that established pathways were in place for monitoring, care and wellbeing support, with ongoing coordination across health boards, local authorities, NHS partners and UK-wide health protection structures.

The Board noted that Public Health Wales was maintaining a proactive and coordinated approach to emerging threats, supported by strong multi-agency collaboration and continued preparedness planning.

NE queried the temporary suspension of UKAS accreditation for screening laboratories, the anticipated timescale for resolution and the impact on service delivery. MK advised that work was underway to implement the required mitigations, and that restoration of accreditation would require a formal re-inspection process, with timescales dependent on meeting the necessary conditions. He confirmed that screening services were continuing and that there was no requirement from the UK National Screening Committee for accreditation to be in place for ongoing processing. He added that further work was underway to strengthen oversight and management arrangements for screening laboratories.

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

PHW 2026.05.28/4.2	**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.

IB highlighted that the overall position presented a mixed picture:

- Improvement was noted in some healthcare-associated indicators, including reductions in C. difficile infections across most health boards.
- Antimicrobial resistance trends appear to have stabilised, though further analysis is required.
- Childhood immunisation rates remain below target, presenting an ongoing challenge requiring system-wide action.
- In relation to healthcare system performance:
  - There has been a reduction in very long waiting times (over 36 weeks).
  - However, overall waiting list performance remains largely static, with limited improvement in shorter waiting categories.
- Indicators relating to health behaviours and outcomes were reported as broadly stable, with no significant improvement observed. Concern was noted regarding a decline in fruit and vegetable consumption.
- Emerging pressures from wider determinants of health, including:
  - Increasing cost of living concerns, and
  - Signs of a tightening labour market, both of which are likely to impact population health and inequalities.

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CB queried whether reductions in very long waits reflected sustainable system change or short-term measures. IB advised that the position was likely to be mixed across organisations, with some improvements reflecting short-term actions and others more sustainable change, and noted that continued focus on accountability had supported progress.

PB asked whether lessons could be learned from higher-performing areas in relation to childhood immunisation uptake. IB agreed to follow this up with the team. MK added that work was ongoing with health boards through improvement plans and oversight arrangements, and that challenges related to delivery models, access and the reliance on primary care.

NE queried the increase in emergency admissions and whether this reflected elective activity or wider system factors. IB noted that further analysis would be required, acknowledging that there may be correlation but that causation could not yet be confirmed. TC supported further exploration of the issue, highlighting the need to better understand the relationship between demand, activity and wider system pressures.

MK highlighted seasonal spikes in avoidable mortality, particularly in more deprived communities, and queried the underlying causes. IB confirmed that the data could be broken down into preventable and treatable causes and that further analysis would be undertaken to understand the drivers in more detail.

JM added that emerging evidence pointed to preventable deaths associated with factors such as smoking and delayed care, reinforcing the need for targeted prevention and behavioural interventions.

TC suggested the development of a women's health profile or dashboard to better understand gender differences in outcomes and service access. IB agreed that more detailed analysis could be produced to support this, and JM noted that further data would assist in identifying differences in how women engage with services and waiting lists, thereby supporting more targeted interventions.

CP queried whether this may be linked to cost-of-living pressures. SA advised that this aligned with wider work on winter wellbeing and behavioural insights, with ongoing activity to better understand and respond to these issues. IB also emphasised the importance of data and digital capability, including the continued development of integrated dashboards and improved access to timely, actionable intelligence to support decision-making, prioritisation and accountability. Members noted the need to balance short-term operational pressures with longer-term strategic priorities, particularly to ensure that prevention and early intervention were not displaced by immediate service demands.

The Board scrutinised the Public Health Overview and the Rapid Overview Dashboard and took **assurance** from the report and the discussion, noting the continued importance of data-driven, partnership-based approaches to improving population health and reducing inequalities.

PHW 2026.05.28/4.3	**Integrated Performance Report and Finance Reports**
PHW 2026.05.28/4.3.1	**Month 12 and 2025/26 Overview**

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ZP introduced the five papers under the item, explaining that the first two provided an overview of organisational performance for 2025/26 and the final three papers set out the Month 1 position for 2026/27, including finance. She advised that, as she was new in post, she intended to undertake a stocktake of how performance was reported across the organisation to ensure a consistent approach to the metrics used, strengthen assurance regarding delivery and improvement, support effective use of resources, and improve the linkage between performance measures and outcomes. ZP noted that this work would include engagement with stakeholders, including Executive and Non-Executive colleagues, and would be brought back through the appropriate governance arrangements.

In relation to 2025/26 performance, ZP reported that the overall position was broadly positive, although some areas of escalated challenge remained and would be explored further under the Month 1 report. She highlighted a continued gradual increase in overall Organisational sickness absence rates, noting that this was likely to be linked to pressures within Health Protection and Screening Services. She also noted good performance in statutory and mandatory training, including appraisals.

Persistent challenges remained in the delivery of some national standards and within screening services, particularly breast screening, bowel screening and diabetic eye screening, for which improvement plans were in place. ZP further advised that there had been one major breach in relation to the early publication of statistical and analytical information, that good performance had continued against the 90% target for Help Me Quit, and that 82% of Integrated Medium Term Plan milestones had been delivered by the year end.

PHW 2026.05.28/4.3.2	**Month 1**

ZP introduced the Month 1 Integrated Performance Report on a section-by-section basis.

People Governance

RA reported that long-term sickness absence remained stable between Month 12 and Month 1 but continued on an upward trajectory above target, with long-term cases accounting for most lost days, particularly in Health Protection and Screening Services. Statutory and mandatory training compliance remained high across all directorates, although appraisal compliance had deteriorated at the start of the year and would require monitoring.

NE queried whether current reporting sufficiently captured the underlying drivers of absence, including cultural and systemic factors, and stressed the need to triangulate absence data with wider organisational pressures. RA advised that a more integrated dashboard was in development and confirmed that the current absence target was also under review. MK added that absence in Health Protection and Screening Services was largely driven by long-term cases and reflected the nature of frontline roles. TC sought deeper analysis of the causes of long-term absence, including physical health, cancer, stress and burnout, together with a more granular breakdown over time and by directorate. TR noted that detailed discussion had previously taken place at the January People and Organisational Development Committee and emphasised the need for a clearer understanding of baseline organisational culture.

The Board agreed that a more holistic and triangulated assessment of sickness absence was required to strengthen assurance. A further detailed review, through the People and

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Organisational Development Committee, would be scheduled approximately a year on from the previous deep dive.

Financial Governance
ZP reported a broadly break-even Month 1 position, with a small variance of approximately £5k and an early forecast in line with plan. She advised that work was underway to review and strengthen grip and control in response to a national request and that a baseline review exercise in response to the remit letter was also underway. Further detail, including capital bids and discretionary schemes, would be included from Month 2 onwards.

Corporate Governance
PV reported an overall positive and stable position. He highlighted improved corporate policy management, with fewer policies out of date and more in consultation, supported by the appointment of a Corporate Policy Manager. He also reported a strong Audit Tracker position with limited extensions and advised that all audits considered by the Audit Committee had received substantial or reasonable assurance, with no limited or ineffective opinions. The Board received assurance that corporate governance arrangements remained effective.

Information Governance
CB advised that information governance arrangements remained mature and well controlled, albeit requiring continued organisational focus. She highlighted an increase in subject access requests, mainly linked to HR matters, which was placing additional demand on resources, although no clear trend had yet been identified. Concerns and incidents remained relatively low and regulatory changes would be reflected in future reporting. The Board received assurance that appropriate controls remained in place.

Screening Services Update

Breast Test Wales MK reported improved performance against the three-week assessment standard, with North Wales achieving the 90% standard in the most recent month and South Wales approaching target; the all Wales position had increased to 63.5% from around 8–10% earlier in the year, although workforce constraints and backlog pressures in North Wales remained.

Bowel Screening Uptake remained above the 60% standard and laboratory turnaround times were fully compliant, but performance against the four-week colonoscopy standard remained significantly below target, with average waits of around seven weeks and only approximately 2[illegible]% of patients seen within standard. MK outlined recovery work with health boards, including recovery plans, workforce and endoscopy optimisation, quality improvement and stronger contractual monitoring through quarterly allocations. TC expressed concern that progress remained insufficient and variable, noting previous under-delivery of around £1m and the need for stronger system action, including possible escalation with Welsh Government and NHS performance mechanisms.

Diabetic Eye Screening
MK advised that uptake remained above the 80% standard at 80.6%, but rising demand was creating pressure and performance for higher-risk patients remained significantly lower than for lower-risk groups. TC noted that the service was underfunded and operating to a

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model that was no longer fit for purpose, and advised that a more diversified and sustainable model, supported by engagement with Welsh Government, would be required.

TR queried the downstream implications of delayed diabetic eye screening, including potential sight loss and any relationship with wider ophthalmology waiting lists. MK advised that no increase in sight loss attributable to screening delay had been identified, although further work was needed to understand the impact more fully.

PB asked what proportion of ophthalmology demand related to screening referrals. MK advised that the impact was likely to be relatively small compared with the wider ophthalmology caseload, although a clearer analysis would be helpful.

CB added that ophthalmology referrals were categorised by urgency and that more detailed intelligence should be available.

PB concluded that a deeper review of the impact of screening delays on downstream services would be helpful, initially through QSIC, with consideration thereafter as to whether a wider Board deep dive was required. MK agreed that further detail could be developed on tolerable delay and treatment impact.
Action: LB/MK

The Board noted the targeted improvement actions across all screening programmes and the continuing impact of capacity, workforce and demand pressures.

Data and Digital
IB reported the first major breach relating to the premature publication of statistical information, caused by a process failure which resulted in a press release being published approximately 45 minutes early. It was advised that further work was underway with the relevant teams to reinforce controls and ensure full understanding of the requirements for statistical release processes.

Policy and International Health
SA advised that a rolling programme was being developed to consider health inequalities across each strategic priority during the year, with an initial focus on housing. JM and IB noted that one of the first requests from the new government had been for a briefing on how health inequalities were being monitored. CP welcomed the inclusion of links within the papers to support further scrutiny.

Health and Wellbeing
JM advised that the timeliness of first contact for Help Me Quit had dipped in March due to staff training days, but performance had otherwise been at or above 90% and was expected to recover. He also highlighted that referrals to the exercise referral programme continued to rise beyond system capacity and that further work was needed to develop a more sustainable model.

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Strategy Delivery
ZP reported that more than 90% of Integrated Medium Term Plan (IMTP) milestones were on track at Month 1, with a small number rated lagging amber due largely to external factors. Two milestone amendments had been agreed to address duplication. JM advised that the IMTP remained with Welsh Government pending the remit letter and that the emerging policy landscape, including a new government, 100-day plan and forthcoming programme for government, was likely to require mapping against current priorities and may necessitate adjustments to organisational plans.

NE supported this approach but stressed the need for full transparency where milestones or priorities were reset so that the Board retained a clear line of sight on what had changed and why. TC similarly noted that mapping against the new government agenda could lead to reprioritisation and re-evaluation of the remit letter. PB agreed that agility would be required and that the organisation would need to respond realistically and in a controlled way to likely change during the year.

Outcomes Measurement Section Update
IB reminded the Board that the intention was to develop an overall outcomes framework linking healthy life expectancy and longer-term measures with real-time intelligence from the Rapid Overview Dashboard and delivery metrics. Further work was underway on policy impact modelling and evaluation to strengthen understanding of impact and delivery. ZP acknowledged the need to make greater dynamic use of data, evidence and evaluation findings in decision-making.

NE observed that some outcome measures relied on dated information and lacked clear targets, making interpretation difficult. IB acknowledged this and advised that work was ongoing to improve the timeliness and utility of data, including in cancer registration and adolescent health metrics. PB noted that this would remain an important area of discussion until system-wide timeliness improved.

PB thanked ZP and colleagues for the reports and discussion. The Board considered the 2025/26 overview, the strategic plan milestone change requests and the Month 1 Integrated Performance Report, and took **assurance** from the reports, the discussion and the actions being progressed.

Break

PHW 2025.26.4.4	**Sexual Health Incident Update**

MK presented an update on the ongoing management of the sexual health post-test and post-service incident, noting that it had occurred approximately six months previously and had been subject to regular oversight through an Incident Management Team, including a period of escalation to an enhanced response.

Key actions included:
- Completion of look-back and safeguarding activity;
- Strengthening of governance arrangements;
- Implementation of revised business processes, supported by updated Data Protection Impact Assessments (DPIA) and Standard Operating Procedures (SOP)s; and
- The Sexual Health Improvement Group (SHIG) was stood down as processes transitioned back to business-as-usual arrangements.
- Ongoing work included:

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- A Best Practice Advisory Group, led by the Director of Health Protection, to define future service standards, and
- Establishment of an independent external review panel, although progress had been delayed due to challenges in appointing a Chair. Revised timelines would be required once appointed.

TC added that most elements of the response were now progressing towards closure, with consideration being given to standing down the incident in the near future, and emphasised that the appointment of an independent Chair remained critical to ensure appropriate governance of the external review.

IB noted that a key area of focus moving forward was the reduction of manual processes, with a programme of work underway to increase automation and reduce future risk, and that progress would continue to be reported through existing programme governance arrangements, alongside the development of a formal closure report.

PB thanked MK for the update. The Board took **assurance** from the progress made in managing the sexual health incident and the actions being taken to review and improve service delivery.

PHW 2026.05.28/4.5	**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.

IB noted that, following discussion at the Audit and Corporate Governance Committee, most health bodies had now completed their digital transformation audit self-assessments, providing a comparative position across the system. He highlighted that Public Health Wales had also completed its self-assessment, enabling benchmarking against peers and helping to identify areas of relative strength and areas for further improvement. IB advised that the assessment was intended to support a clearer understanding of digital maturity and to inform future priorities within the organisation's digital transformation programme, thereby helping to ensure that digital developments remained aligned with wider system expectations and supported ongoing improvement.

PB thanked everyone for their updates.

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

PHW 2026.05.28/4.6	**Committee Annual Reports and Work Plans**

PV introduced the Committee Annual Report, noting that it provided a comprehensive overview of committee activity and governance arrangements during 2025–26. He extended thanks to LB and the Board Support team for their work in compiling the report and supporting the governance process. The report provided assurance on Committee attendance and engagement, governance and reporting arrangements between committees and the Board, the development and oversight of Committee work plans, and the management of action logs and tracking of progress against agreed actions. It was

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noted that the report demonstrated that Committee structures were operating effectively and were fit for purpose in providing assurance to the Board.

PV also outlined the organisation's Committee effectiveness process, which formed part of the annual report, explaining that this reviewed how effectively committees were operating, including their structure, focus and ability to provide assurance. Key themes and learning points had been identified and would be used to inform improvements to committee arrangements in the coming year, with these themes described as practical and actionable and supporting continued strengthening of governance. He further highlighted potential future development of committee structures, including consideration of additional arrangements in relation to performance and escalation oversight.

Members welcomed the report, in particular the inclusion of cross-cutting themes, which were considered to provide a clearer line of sight across committee activity and strengthen overall assurance to the Board.

The Board took **assurance** from the work of the Committees during 2025/26 and **noted** the Committee Annual Report and Work Plans.

PHW 2026.05.28/4.7	**Public Inquiry Stock Take Report**

MK provided an update on the organisation's response to the UK COVID-19 Public Inquiry, noting that evidence sessions had concluded and that Inquiry reports for Modules 1 and 2 had now been published. He advised that these modules focused on civil contingencies, governance, decision-making and scientific advice and, whilst many recommendations were directed to Welsh Government and UK Government, a number were also relevant to Public Health Wales in its role as a Category 1 responder. MK reported that Public Health Wales had undertaken a systematic stocktake of recommendations and was using these to inform improvements to organisational preparedness and response arrangements.

MK highlighted that key actions implemented included development of a revised Emergency Preparedness, Resilience and Response (EPRR) plan, establishment of a pandemic preparedness task and finish group, and creation of a draft pandemic response plan which had been tested through a live exercise, Exercise Pegasus. He advised that, as a result of this work, the organisation had strengthened its EPRR governance arrangements, developed a more structured programme of training and exercising, and implemented a lessons management system to capture and track learning. These arrangements were being kept under regular review through the relevant governance structures to support ongoing oversight and continuous improvement.

NE welcomed the update and the breadth of work undertaken but queried the scope of digital preparedness. He asked whether existing programmes, particularly digital health protection work, were being assumed to fully address digital maturity risks, noting that the issue was broader and could include wider system infrastructure and access to critical data. NE emphasised the need to ensure that the organisation did not take a narrow view and instead maintained a comprehensive understanding of digital capability gaps across the system.

IB responded that digital health protection formed only one component of the response and that wider work was underway to address broader digital and data infrastructure

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requirements, including surveillance systems and system-wide access to critical data. He highlighted ongoing collaboration with Welsh Government and system partners to ensure access to operational data, including system capacity and intelligence, during emergencies. IB advised that lessons from the pandemic, particularly in relation to the availability and timeliness of data, had informed current work to strengthen digital readiness, and reassured the Board that a broader, system-wide approach was being taken to digital preparedness rather than a single programme focus.

PV reinforced IB's position, noting that Public Health Wales had identified the key areas requiring improvement, particularly in relation to digital maturity and wider system capability. He acknowledged that, whilst progress had been made, not all areas were yet fully resolved and work remained ongoing to address the remaining gaps. PV emphasised that the organisation had a clear understanding of the issues and the direction of travel in strengthening digital infrastructure and preparedness.

HW summarised the findings from Module 3 of the UK COVID-19 Public Inquiry, which focused on the impact of the pandemic on healthcare systems. He noted that the United Kingdom had entered the pandemic underprepared and that healthcare systems had experienced significant strain, particularly in relation to infection prevention and control arrangements, disruption to patient care including delays and restricted access to services, and workforce pressures associated with sustained stress, burnout and trauma. HW further advised that the report highlighted longer-term consequences, including backlogs in care, ongoing disruption to non-COVID services and widening health inequalities, particularly for more vulnerable groups.

HW reported that Module 3 had identified 10 recommendations, primarily focused on strengthening future preparedness, improving infection prevention and control, and enhancing workforce and data systems. He advised that, although these recommendations were largely directed at system and government level, they remained highly relevant to Public Health Wales. HW confirmed that the organisation had already made progress in a number of key areas, including infection prevention and control, data capability and workforce wellbeing, but emphasised that further progress would depend on national-level decisions, sustained resourcing and coordinated action across the wider system.

NE queried whether the issue of system capacity, particularly in relation to hospital and diagnostic capacity, had been addressed within the Public Inquiry findings. He sought clarification as to whether this had been considered within Module 3 or whether it was expected to be addressed in subsequent Inquiry modules.

HW advised that system capacity had been touched on within Module 3 in the context of disruption to services and the wider pressures experienced by healthcare systems during the pandemic, although not always as a distinct standalone theme. He noted that further detail on capacity issues may also emerge through later Inquiry modules as the programme progressed.

The Board

- **Noted** the report and considered the summaries of progress made in response to UK COVID-19 Inquiry Modules 1, 2 and 3.
- **Took assurance** in relation to organisational activity contributing to the mitigation of the recommendations and the continued use of existing Public Health Wales

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groups and governance structures to address identified actions, embed learning, and support a coordinated programme of change, preparedness and continuous improvement.

PHW 2026.05.28/5	**Items for Approval**
PHW 2026.05.28/5.1	**Minutes and Action Log from the Board Meetings on 26 March 2026**

The Board **approved** the minutes of the Board Meeting held on 26 March 2026 as an accurate record of the meeting, subject to CP being added to the attendance list.

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

PHW 2026.05.28/5.2	**Ratification of Chair's Action and Use of Common Seal**

The Board **noted** there had been two occasions where Chair's Action was taken since the March Board meeting.

The Board ratified:

- **Approval** of the award of the Direct Award Call-Off Contract via G-Cloud 14 for Remote Patient Monitoring for the period 24 April 2026 to 31 March 2027.
- **Approval of:**
  - an admission of breach of duty and to concede the Claimant has developed cancer as a result (leaving the value of compensation in issue).
  - Settlement and the making of payments up to the reserve of £676,260.00 under the supervision of the Board Secretary and Head of the Board Business Unit.
- **Noted** that there had been no use of the Common Seal to report to the Board
- Took **assurance** that the action was taken in accordance with Section 8 of the Standing Orders.

PHW 2026.05.28/6	**Items for Noting**
PHW 2026.05.28/6.1	**Private Chairs Report (26 March 2026)**

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

PHW 2026.05.28/6.2	**Board Forward Plan**

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

PHW 2026.05.28/6.3	**Private Board papers**

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

PHW 2026.05.28/7	**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 were scheduled for 26 June 2026 and 30 July 2026.

The meeting closed at 14:15

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