GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Knowledge, Research and Information Committee **Date of Meeting** 15 September 2026 **Agenda item:** 3.6

Strategic Priority 5 – Delivering Excellent Public Health Services – Health Protection and Infection Services

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Approval/Scrutiny route:	HPSS Directorate Management Team Meeting – 11 August 2026 Executive Lead - Professor Fu-Meng Khaw

Purpose

This paper provides assurance to the Knowledge, Research and Information Committee (KRIC) on Strategic Priority 5: Delivering Excellent Public Health Services.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☐	☐	☐	☐	☒

The Committee is asked to:

- Receive **assurance** that appropriate progress is being made on Strategic Priority 5 within Health Protection and Infection Services.

Link to Public Health Wales Strategic Plan Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives. This report contributes to the following:	
Strategic Priority/Well-being Objective	4 - Delivering Excellent Public Health Services

Summary impact analysis	
Equality and Health Impact Assessment	An Equality and Health Impact Assessment has not been carried out as no decision is required.
Risk and Assurance	The report provides assurance regarding the delivery of Delivering Excellent Public Health Services through established governance, performance management and risk management arrangements.
Health and Social Care (Quality and Engagement) (Wales) Act	This paper supports the implementation of the Health and Social Care (Quality and Engagement) (Wales) Act by demonstrating how the principles of continuous quality improvement, learning, co-production, evidence-based decision-making and service user experience are being embedded across HPSS to support delivery of Delivering Excellent Public Health Services.
Financial implications	Whilst individual programmes and workstreams may carry associated financial implications, there are no direct financial implications arising from this report. The report is presented solely to provide KRIC with an update on delivery progress and assurance activity.
People implications	Whilst individual programmes and workstreams may have associated workforce implications, there are no immediate workforce decisions required as a result of this report. However, workforce capacity, succession planning, specialist capability, and organisational resilience remain critical enablers for the successful delivery of *Delivering Excellent Public Health Services.*

1. Purpose / situation

This paper provides assurance to the Knowledge, Research and Information Committee (KRIC) on Strategic Priority 5: Delivering Excellent Public Health Services.

2. Overview

Achieving excellence in our services is a fundamental strategic priority for Public Health Wales, aligned with our long-term strategy and well-being objectives. It means providing high-quality, equitable and continuously improving health protection and health improvement services that protect the public and maximise population health outcomes. The Delivering Excellent Public Health Services Route Map serves as the overarching framework guiding this work, outlining long-term ambitions to 2035 with clear medium- and short-term milestones. In this paper we outline the Delivering Excellent Public Health Services route map core principles, the activity being undertaken to align planning with those principles (particularly via IMTP processes), steps being taken to embed this approach more broadly than HPSS alone and update specifically on KRIC relevant delivery of IMTP objectives within Infection Services and Health Protection Services.

3. Strategic Context

Our public health services play a vital role in improving health outcomes across Wales. Excellent Public Health Services has been defined within PHW as a system of health protection and promotion that is equitable, evidence-based, responsive, and continuously improving—designed to prevent disease, prolong life, and promote health through organised efforts and informed choices of society, organisations, communities, and individuals.

Our mission is to achieve Excellent Public Health Services by delivering high-quality, responsive public health services that meet community needs. These services need to be safe, data-driven, equitable, innovative, and continuously improving. We are embedding the use of co-design and co-production to enhance care and user experience, ensuring a focus on better health outcomes and reducing inequalities.

As part of the route map development, the original nine strategic objectives set for 2035 have been refined into eight overarching priorities, providing a clearer and more focused direction for achieving long-term public health outcomes:

- Deliver excellent, people-centred screening programmes that improve health outcomes by ensuring equitable access, implementing new UK National Screening Committee recommendations, and continuously adapting to current evidence and innovation.

- Deliver individually tailored and person-centred health protection services that prevent or reduce the impact of communicable diseases and environmental harm.

- Provide clinicians with state-of-the-art diagnostic tools, enhancing the speed and accuracy of patient treatment through the implementation of innovative microbiology services.
- Ensure an effective response to public health emergencies through data-driven and science-based leadership, specialised public health expertise, and coordinated advice and action.
- Have fully integrated genomics into the full spectrum of its public health services, enhancing existing services with genomic advancements and developing transformative new capabilities that use genomic data and associated technologies.
- Ensure fewer infections associated with health and social care settings and promote the appropriate use of antibiotics.
- Deliver excellent public services that have co-production, evidence, and engagement embedded in their design.
- Have excellent public services that establish bilateral partnerships locally, nationally, and internationally to drive knowledge sharing and innovative practices, improving health outcomes for all.

The new approach repositions Public Health Wales as a system leader, embedding co-production, evidence, and engagement across all services. This ensures that public health delivery is inclusive, responsive, and equitable at every level.

The priorities are outcome-driven, focusing on long-term health improvement, equity, and resilience. They aim to transform how services are designed and delivered, creating the conditions necessary for better health outcomes across the population. These priorities recognise the need for streamlined innovative enabling services.

The route map recognises the three types of services that we deliver:

- **Direct Services:** Delivered directly to the public (e.g. Infection, Screening, Health Protection), with quality fully managed by Public Health Wales.
- **Indirect Services:** Support external partners (e.g. training for Health Boards). Public Health Wales influences quality but not the end-user experience.
- **Enabling Services**: Internal functions (e.g. governance, planning, finance) that underpin the delivery of all services and are essential to achieving excellence.

Integrating the route map into our planning processes has been a major step in how we will take forward Strategic Priority 5, and a particular focus of this has been our activity around developing and agreeing Integrated Medium Term Plan (IMTP). This should ensure that progress towards service excellence is embedded in everything from daily operations to multi-year strategy. It is a systemic approach, building on historical work and underpinned by the Duty of Quality in health care, and while needs to be kept under review, in principle should mean improvements in service quality and impact are being pursued in a coherent, planned and sustainable way.

3.1. Embedding Excellence in Planning

IMTP Setting

HPSS divisional plans (including those for Health Protection and Infection services) have been developed using a system-wide approach to reflect Route Map priorities, with clear milestones that feed into the IMTP.

As part of the 2026/27 IMTP setting activity HPSS Directorates and relevant teams (HARP, Office of the Medical Directorate, EPRR, Public Health Genomics) were asked to develop their IMTPs based on commitments and principles outlined in the route map. Of relevance to KRIC is the strong emphasis in route map on the need for the use of data, evidence and evaluation. Digital infrastructure and analytical capabilities are highlighted as key to enhanced to support intelligence-led decision making, and continuous learning is promoted through our research and evaluation functions.

It is fully recognised that embedding the route map as the mechanism to drive more formal integration of the strategic priority into the planning cycle will be an evolution of the current approach and will not yield immediate results. However, an analysis of existing IMTP objectives within HPSS against the route map identified a strong alignment with short term milestones, particularly in Screening, Infection and EPRR. Alignment is more variable in the medium and long term where milestones are not yet included in IMTP, particularly for Health Protection, Genomics and Infection.

Work is being undertaken with enabling functions to ensure that future plans are aligned with route map objectives.

The table below provides an overview of the gaps between the Route Map milestones and the IMTP milestones.

Term	Number of approved milestones in the route map	Number of milestones in the route map NOT mapped to IMTP
By 2035 we will deliver excellent, people-centred screening programmes that improve health outcomes by ensuring equitable access, implementing new UK National Screening Committee recommendations, and continuously adapting to current evidence and innovation.		
Long term	5	3
Medium Term	5	3
Short Term	20	2 (deemed BAU - not for IMTP)
By 2035 we will deliver individually tailored and person-centred health protection services that prevent or reduce the impact of communicable diseases and environmental harm.		
Long term	3	2
Medium Term	3	2
Short Term	7	5 (4 part of digital transformation and 1 progressing outside of IMTP)

Term	Number of approved milestones in the route map	Number of milestones in the route map NOT mapped to IMTP
By 2035 we will provide clinicians with state-of-the-art diagnostic tools, enhancing the speed and accuracy of patient treatment through the implementation of innovative microbiology services.		
Long term	3	2
Medium Term	10	4
Short Term	9	3 (deemed BAU - not for IMTP)
By 2035 we will ensure an effective response to public health emergencies through data-driven and science-based leadership, specialised public health expertise, and coordinated advice and action.		
Long term	3	1
Medium Term	4	2
Short Term	10	1 (deemed BAU – not for IMTP)
By 2035 we will have fully integrated genomics into the full spectrum of its public health services, enhancing existing services with genomic advancements and developing transformative new capabilities that use genomic data and associated technologies.		
Long term	2	0
Medium Term	4	2
Short Term	10	3 (2 milestones included in another priority area within IMTP, 1 removed following review)
By 2035 we will ensure fewer infections associated with health and social care settings and promote the appropriate use of antibiotics.		
Long term	2	2
Medium Term	4	1
Short Term	5	2 (1 deemed BAU – not for IMTP, 1 removed owing to finance / capacity issues)
By 2035 we will deliver excellent public services that have co-production, evidence, and engagement embedded in their design.		
Long term	4	4
Medium Term	5	5
Short Term	8	8
By 2035 we will have excellent public services that establish bilateral partnerships locally, nationally, and internationally to drive knowledge sharing and innovative practices, improving health outcomes for all.		
Long term	3	3
Medium Term	6	6
Short Term	6	6

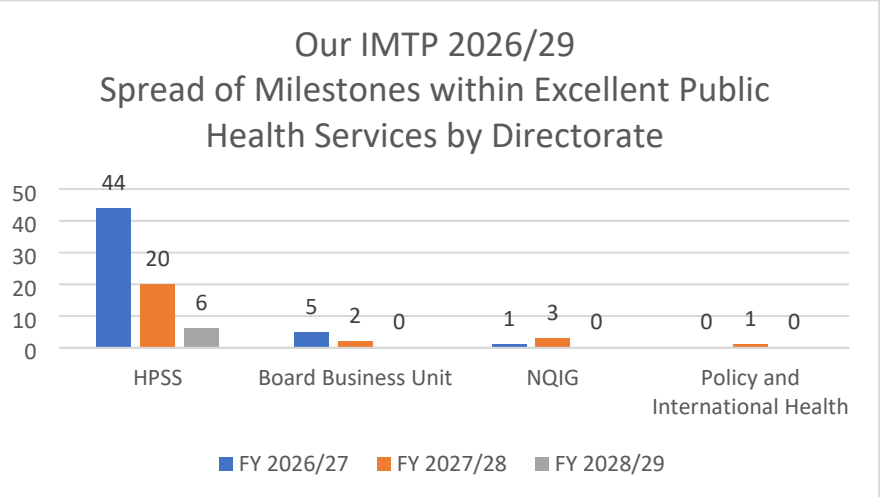
Taking into account this analysis a further review was undertaken to ensure alignment across short-, medium- and long-term ambitions. Where gaps were identified, these

were addressed through targeted refinement, with additional activity continuing through divisional workplans where not explicitly captured within the IMTP.

Overall, the IMTP reflects a coherent and integrated approach in which knowledge, research and information act as core enablers of delivery. Enhanced analytical capability, embedded evaluation, and strengthened digital infrastructure are supporting a shift towards more responsive, intelligence-led services. Delivery remains dependent on key enablers, including digital capacity, data integration and interoperability, robust information governance, and sufficient analytical and research capability.

3.2. Embedding the Excellent Public Health Services across PHW

While the ambition to be excellent in our services is an ethic across all of PHW, the specific focus of this strategic priority is predominantly of relevance to HPSS. This makes the IMTP objectives and activity undertaken currently directly linked to achieving the strategic priority most relevant, outside of HPSS, to the Directorates responsible for key functions that enable delivery (e.g. Workforce, Digital, Finance, Procurement, Research, Integrated Governance etc).



Public Health Wales IMTP setting process requires identification of potential dependencies on Directorates to be declared as part of the objective setting process. Each Directorate then assesses these dependencies to ensure the IMTP can be supported and is achievable. In order to be more proactive for the 26/27 development cycle HPSS internal development processes for IMTPs setting instigated a requirement of active confirmation from the HPSS team or Division proposing an IMTP that it has approached the relevant Directorate where there was a dependency prior to the IMTP submission. It is currently reviewing if this approach has improved coordination and where it needs to be developed further for future years.

3.3. Divisional Updates Health Protection and Infection Services

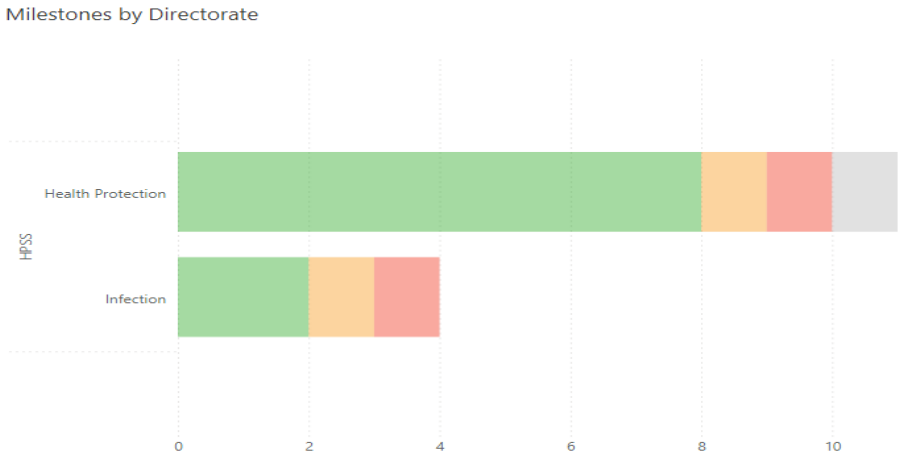
While excellence in public health services spans all our functions, the remainder of this paper focuses on Health Protection and Infection Services. These are front-line service areas critical to protecting the people of Wales from communicable diseases and other health threats. By examining progress in these areas, the Committee can see how the principles and enablers of excellence are being put into practice.

When developing IMTP 2026–2029 milestones, Infection Services and Health Protection Divisions adopted a system-wide approach to ensure full alignment with the *Delivering Excellent Public Health Services* Route Map. This ensures that divisional priorities are directly connected to the organisation's long-term ambitions and contribute to our shared vision of working together for a healthier Wales, where people live longer, healthier lives. Central to this approach is a strengthened focus on knowledge, research and information, ensuring that delivery is underpinned by robust evidence, high-quality data and actionable insight, with innovation and continuous learning

Framed around relevant aspects of IMTP objective the paper will highlight how Health Protection services are strengthening surveillance, emergency preparedness, and response, and how Infection services (Microbiology) are driving innovation in diagnostics, quality improvement, and workforce development – all within the context of the Route Map.

The Committee is invited to consider the progress outlined and take assurance that delivering excellent public health services remains central to our strategic delivery, with effective oversight and enabling measures in place across KRIC's remit

Graph below shows current status of IMTP milestones for Health Protection and Infection in year 1 (2026/27) at M03



3.4. Health Protection Division

3.4.1 Background and context

The Health Protection Division delivers a broad portfolio of national health protection functions that are central to the delivery of excellent public health services. Its core functions include the Health Protection Team and All Wales Acute Response service, the Communicable Disease Surveillance Centre, Environmental Public Health, the Communicable Disease Inclusion Health Programme, the Vaccine Preventable Disease Programme, Training, Guidance and Behavioural Science, and Business and Operations support. These functions collectively support prevention, surveillance, response, specialist advice, vaccination, inclusion health, environmental public health and system assurance across Wales.

The Health Protection IMTP milestones provide a practical delivery mechanism for the Route Map ambition to deliver individually tailored and person-centred health protection services that prevent or reduce the impact of communicable diseases and environmental harm. The milestones and wider work programme translate this ambition into delivery across surveillance, incident response, emergency preparedness, vaccination, disease elimination, inequalities, digital transformation and service modernisation. The July 2026 Health Protection Monitoring Report describes a whole-system perspective across communicable disease surveillance, outbreak and incident response, emergency preparedness, microbiology and genomics, vaccination and disease elimination programmes, Environmental Public Health, infection prevention and control, and health equity.

The current work programme demonstrates strong alignment with the Delivering Excellent Public Health Services Route Map and the KRIC remit. It includes major transformation activity such as the Digital Health Protection Programme, the Sexual Health Case Management System, continued development of surveillance and intelligence, the Health Protection Inequalities Programme, vaccine equity work, tuberculosis and blood-borne virus elimination activity, adverse weather response planning and strengthening of public health emergency preparedness. These areas provide evidence of progress towards more equitable, intelligence-led, digitally enabled and resilient health protection services.

3.4.2 Alignment to the KRIC Agenda

Health Protection's strongest areas of alignment to the KRIC agenda are analysis, surveillance, evidence generation, digital transformation, governance and assurance, inequalities, and national and international system leadership. The KRIC request specifically asks for updates in relation to knowledge, research and impact / research and evaluation; analysis, data science and AI; digital; governance, accountability and risk; inequalities; and global health / system leadership.

The Health Protection Division's work aligns with each of these themes. Surveillance and intelligence functions underpin operational and strategic decision-making; digital programmes are modernising the infrastructure needed for case management, data sharing and analysis; governance arrangements provide oversight of quality, risk, incidents and service improvement; and the Health Protection Inequalities Programme embeds an all-hazards inequalities lens across health protection and emergency

preparedness. The division also contributes to system leadership through partnership with Health Boards, Welsh Government, UKHSA, local authorities, academia, third-sector partners and wider UK and international networks.

Analysis, Data Science and AI

The Route Map emphasises the need for data, evidence and evaluation to support excellent public health services, and this is highly relevant to the Health Protection Division. Surveillance, epidemiology, modelling, health economics, behavioural insight and evaluation are core enablers of health protection delivery. The division uses surveillance and intelligence to identify emerging threats, understand disease trends, target interventions and provide evidence-based advice to partners across the system.

Key examples include enhanced respiratory disease surveillance, including hospital admission forecasts for COVID-19, influenza and RSV; epidemiological protocols for infections such as Hepatitis A and Cryptosporidium; quarterly monitoring of suspected drug-related deaths; and the use of WEDINOS and the Harm Reduction Database Wales to identify jemerging risks and inequities. Disease elimination work is also strongly intelligence-led, with tuberculosis and blood-borne virus programmes using surveillance, health economics and evaluation to inform targeted action.

The current evidence base is stronger in surveillance analytics, epidemiology, health economics and behavioural insight than in AI-specific delivery. However, the structured data environment being developed through digital transformation, surveillance improvement and the Digital Health Protection Programme will create the conditions for more advanced analytics and future AI-enabled approaches where appropriate governance, information standards and assurance are in place.

Progress to date

Progress has been made in strengthening evidence-informed delivery. The division has supported publication of RSV vaccine effectiveness research in The Lancet, publication of HIV and Health Board-specific HIV reports, and delivery of health economic analyses and outbreak cost modelling to inform future investment and prevention strategies. Learning from outbreak investigations, including STEC O26, has also been shared externally to strengthen incident response capability.

Further progress has been made through respiratory forecasting, suspected drug-related death monitoring, tuberculosis health economic analysis and options appraisal, and the use of surveillance and intelligence to support vaccine equity, disease elimination and outreach models. These developments demonstrate an increasingly systematic approach to using knowledge, research, information and evaluation to drive service improvement and public health impact.

Digital

Digital transformation is a central enabler for Health Protection. The Digital Health Protection Programme is intended to address limitations in the existing health

protection digital environment by building an All Wales Digital Health Protection Service that enables better access to, and sharing of, health protection information across Public Health Wales, Health Boards, local authorities and partners. The programme aims to improve equality of health protection, data sharing, cross-border collaboration, surveillance, emergency management and the creation of a Wales-wide health protection network. Digital Health Protection - Transforming health protection together

The Digital Health Protection DPIA describes expected deliverables for the early phases, including a central modular system, identity and access management, links to LIMS, links back to Tarian, extractable data for analysis, an analysis function for major analytical user groups, test links to UKHSA, user acceptance criteria and proof of concept from start to finish. These deliverables align closely with the Route Map emphasis on digital infrastructure, interoperable systems, intelligence-led services and improved analytical capability.

The digital portfolio also identifies areas requiring active management. The August 2026 HPSS digital portfolio reported the Digital Health Protection Programme as amber, with Phase 1 remaining on track for July 2026, Phase 2 requiring close attention for January 2027, and ongoing focus needed on benefits, readiness and rollout. The same report notes that although the dependency on the NDR had been removed, an alternative route for accessing LIMS data had not yet been fully scoped or commissioned, meaning this requires close monitoring.

Progress to date

Significant digital progress has been achieved through implementation of the WEDINOS WIMS system and completion of the Sexual Health Case Management System Alpha phase, both of which are expected to strengthen service effectiveness, data quality and future learning opportunities. The Digital Health Protection Programme has progressed as a major transformation programme, with ongoing attention required to dependencies, readiness, benefits and rollout.

Within specialist service improvement, digital and information governance risks are also being actively managed. The Sexual Health Incident update reports improvements in clinical record keeping through migration of some recording to Tarian and development of a plan to increase automation of data processing, while also noting that continued reliance on complex manual handling and spreadsheet-based processes remains a significant patient safety and information governance risk until further digital improvement is delivered.

Governance

Governance is a core enabler of excellent health protection services. HPSS operates a Three Lines of Defence governance model, embedding accountability for quality, safety and performance at service level, providing structured oversight and challenge through divisional and directorate governance arrangements, and delivering

independent assurance through corporate governance mechanisms, internal audit, QSIC and Board scrutiny. This enables risks, incidents, performance, workforce and financial intelligence to be triangulated and escalated appropriately.

The Health Protection Division has strengthened its own governance framework through dedicated senior management groups covering quality and clinical governance, workforce, planning, finance, communications and risk. This creates a coordinated model for operational grip, strategic oversight and assurance, supporting evidence-informed decision-making, regulatory compliance and continuous service improvement.

Programme-level governance is also visible across key areas. The Digital Health Protection Programme includes cyber and information governance arrangements, DPIA review and Information Asset Owner review; the Health Protection Inequalities Programme has a defined governance and work planning structure; and specific incident governance arrangements have been used to oversee service risks and recovery activity.

Progress to date

Governance progress is evident through strengthened divisional governance arrangements, performance and risk oversight, and programme-specific arrangements for transformation, inequalities and incident management. The July Monitoring Report notes that the division has strengthened governance and accountability arrangements while progressing digital initiatives, surveillance, research, vaccine equity, workforce development and national programme delivery.

Specific examples include HPD Senior Management Team approval and submission to Welsh Government of the Wales Tuberculosis Infection Screening Health Economic Analysis and Options Appraisal Report, development of the Health Protection Inequalities Programme workplan and tracker, and structured incident governance for sexual health service improvement and recovery.

Accountability and Risk

The Health Protection Division operates in a complex and evolving risk environment, balancing increasing service demand, workforce pressures, digital transformation programmes and emerging public health threats. The July Monitoring Report identifies ongoing risks relating to workforce capacity and service resilience, digital transformation and programme delivery, service systems and governance, learning and organisational capability, and emerging threats such as hantavirus and Ebola preparedness.

IMTP monitoring provides a mechanism for formal accountability and escalation. At Month 2, HPSS reported 53 milestones across the plan, with 43 green, seven amber, one red and two completed. The Month 2 report identifies one red milestone for Health Protection relating to finalisation of the All-Wales TB Action Plan and one Health Protection amber milestone relating to strengthening surveillance capabilities through

integration of respiratory surveillance in line with Mosaic and pandemic preparation work.

The IMTP Monthly Milestones tracker provides further detail on specific risks and dependencies. The All-Wales TB Action Plan milestone was amber due to delays with Welsh Government sign-off, although preparatory work continued on Health Circular actions, public awareness, advocacy, TB infection and disease screening, and economic analysis. The Environmental Public Health service schedule milestone also had external dependency risks, with delays in discussions between Welsh Government, UKHSA and Public Health Wales due to competing priorities and the complexity of the issue.

Progress to date

Despite these risks, the division has maintained essential services, strengthened mitigation measures and prioritised resources towards areas of greatest need. The July Monitoring Report states that, despite workforce, operational and out-of-hours pressures, the division maintained service continuity, strengthened governance arrangements, progressed digital initiatives and continued to respond effectively to emerging public health threats.

Risk mitigation is also being delivered through flexible deployment of resources, incident learning, strengthened surveillance and preparedness arrangements, digital programme oversight, and escalation through established governance routes. Continued focus will be required on workforce sustainability, service resilience, digital dependencies and the delivery of key transformation programmes during the remainder of 2026.

Inequalities

Inequalities are a defining feature of the Health Protection Division's work and are central to the Route Map ambition for excellent public health services. The Health Protection Inequalities Programme is a cross-cutting programme that aims to embed an all-hazards inequalities lens across health protection, emergency preparedness, surveillance, inclusion health, vaccination, HARP and genomics workstreams. The 2026/27 HPIP tracker shows seven core workstreams, quarterly review arrangements and an amber overall status, with key achievements including publication of the Vaccine Equity Toolkit, completion of TB economic analysis, development of the Health Inequalities Decision-Making Tool, maintenance of WEDINOS and Harm Reduction Database Wales surveillance outputs, and continuation of self-testing, outreach and probation-based models to improve access for underserved groups.

Health Protection's inequalities work is both programme-wide and service-specific. Vaccine equity activity includes the co-produced Vaccine Equity Toolkit, targeted engagement with underserved communities, accessible resources, and work with schools, criminal justice settings and community partners. Disease elimination work includes tuberculosis outreach, development of a Wales TB Service Specification,

blood-borne virus testing, co-produced Hepatitis C materials and outreach through community events such as Cardiff Mela and Refugee Week.

Surveillance and intelligence also support inequalities work by helping identify where poorer outcomes or barriers to access exist. Systems such as WEDINOS and the Harm Reduction Database Wales, together with improved inequalities data through CDSC audit and standardisation work, support targeted action. Genomics, accessible training resources and public-facing materials also contribute to more equitable service delivery.

Progress to date

Progress to date includes publication of the Vaccine Equity Toolkit, completion and submission of TB economic analysis, implementation work on the Health Inequalities Decision-Making Tool, and continued development of outreach, self-testing and probation-based access models. The July Monitoring Report also notes public engagement and insight work focusing on GBMSM, older adults, Integrated School Age programmes and teenage catch-up vaccination cohorts, as well as Immune Patrol and Deep End Cymru work to understand barriers to vaccination uptake in disadvantaged communities.

These activities demonstrate a shift from describing inequalities to embedding equity into surveillance, service design, outreach, preparedness and evaluation. Further work will be needed to monitor uptake, demonstrate impact, improve data completeness and ensure that learning from pilots and outreach models is translated into sustainable service change across Wales.

Global Health/System Leadership

Health Protection contributes to system leadership locally, nationally, across the UK and internationally. The division works with Health Boards, Welsh Government, UKHSA, local authorities, academia, third-sector organisations and wider system partners to deliver a resilient, evidence-informed and equitable health protection system. EPRR activity also demonstrates leadership across UK and Welsh resilience arrangements, including UK Four Nations, Wales Resilience Partnership and other strategic and operational fora.

The division is increasingly contributing to wider knowledge exchange and public health learning. The July Monitoring Report highlights RSV vaccine effectiveness research published in The Lancet, the delivery of the 23rd Annual Welsh Immunisation Conference, multiple abstracts accepted for the Five Nations Conference, presentations on tuberculosis health economics and outbreak management, and representation at ESCAIDE and the Five Nations Respiratory Surveillance Group Meeting.

The Health Protection Inequalities Programme is also being positioned as a platform for international learning and potential WHO Collaborating Centre readiness. The WHOCC readiness paper describes HPIP as a cross-cutting programme spanning

Health Protection, EPRR, surveillance, Environmental Public Health and Inclusion Health, and proposes that routine work should generate transferable methods, tools and lessons relevant to WHO and Member States without creating a parallel programme.

Progress to date

Progress is evident through national and international dissemination, conference participation, strategic partnerships, and the development of work that can be framed for wider system learning. HPIP's 2026/27 planning expectations include explicit WHO relevance, at least one transferable output per team per year, built-in evaluation and evidence capture, and clear routes to dissemination through WHO technical work, WHO Europe webinars, international networks and existing PHW WHOCC outputs.

By continuing to strengthen surveillance, emergency preparedness, inequalities, vaccine equity, disease elimination and digital transformation, the Health Protection Division is contributing not only to delivery in Wales but also to transferable learning that can inform wider UK and international public health practice.

3.4.3 Conclusion

Overall, the Health Protection Division's work demonstrates how the Delivering Excellent Public Health Services Route Map is being translated into operational delivery through surveillance, evidence generation, digital transformation, governance, risk management, inequalities work and system leadership. The division has made demonstrable progress in strengthening surveillance, research, vaccine equity, digital transformation, sexual health service improvement, governance, workforce development, disease elimination and national programme delivery.

Delivery remains dependent on key enablers, including workforce capacity, resilient out-of-hours arrangements, digital dependencies, data quality, partner engagement and the successful delivery of major transformation programmes. However, the evidence reviewed demonstrates continued service resilience, strengthened governance, active mitigation of key risks and a clear trajectory towards more equitable, intelligence-led and digitally enabled health protection services for Wales.

3.5. Infections Services Division

Infections IMTP provides a practical delivery mechanism for strategic priorities described within the Route Map, translating long-term organisational ambition into defined milestones with named leads, delivery dates and articulated dependencies.

The strongest areas of alignment to the KRIC agenda remit are in research and evaluation, digital transformation, genomics-enabled diagnostics, governance and assurance, and risk-managed delivery. The Infection milestones also contribute to wider organisational priorities around equity, system leadership and the use of data to improve diagnostic pathways and surveillance.

Infection's IMTP milestones are a strong example of how route map ambition is being embedded operationally through the Infection Services Laboratory Modernisation programme and associated service development activity.

3.5.1 Background and Context

The Infection IMTP 2026–29 milestones contain a focused set of Infection milestones, primarily aligned to the Infection Services Laboratory Modernisation programme. These milestones include laboratory service transfer arrangements, automation, updating of diagnostic testing models, optimisation of quality assurance testing frameworks, options appraisals for new services, and genomics-enabled service development.

The Route Map and the Infection IMTP demonstrate the relationship between strategic policy direction and operational delivery. The Route Map sets the strategic intent; the IMTP milestones provide a structured mechanism through which that intent can be implemented, monitored and assured.

3.5.2 Alignment to the KRIC Agenda

Analysis, Data Science and AI

The Route Map identifies the need for improved data systems, interoperable reporting, automated reporting functions, advanced surveillance and the future use of AI and behavioural insight to support public health services. It also highlights the role of genomics data and integrated information systems in improving service effectiveness and preparedness.

Within Infection's IMTP, these ambitions are supported through milestones that strengthen data quality, reporting capability and surveillance intelligence. Routine genomic evaluation of antimicrobial resistance and strain typing for priority sentinel organisms (HPSS_091) is a particularly strong example, as it includes accredited methods, defined reporting standards and integration into national surveillance dashboards.

Further alignment is evident in the transition of STEC O145 testing capability into Public Health Wales (HPSS_086), which strengthens surveillance capacity, and in the optimisation of quality assurance testing frameworks (HPSS_085), which improves data consistency and comparability at demonstrated value for money. Collectively, these milestones create the structured and standardised data environment necessary for more advanced analytics and future AI-enabled service improvement.

Progress to date

Transition of STEC 0145 testing capability into PHW (HPSS_086)

At the laboratory level the verification of the chromogenic agar at Singleton is completed and the document has been signed through internal governance. Next

steps will include sending out a verification panel to other laboratories but this will be completed with the clinical guidance on the initial verification has been completed. Discussions are underway regarding the Whole Genome Sequencing element of this service.

Routine genomic evaluation of antimicrobial resistance and strain typing for priority sentinel organisms (HPSS_091)

The pipeline for the MVP is built and updated. SACU and PenGU, with input from the quality team, have agreed a combined validation process involving comparing our results with analysis of our data set by Norwegian Centre for Detection of Antimicrobial Resistance. We have just shared the data with our external partners and are awaiting their analysis, after which we will be able to complete validation. The timeline plan is to be in a place to have a soft go-live, where we would actively use the validated MLST service to support outbreak investigations, with the plan for validation to be complete and service live after we have had stable running on the new LIMS.

Quality assurance testing frameworks (HPSS_085)

A cost of quality report has been drafted to outline the staff resource and financial cost of assuring the high quality of service. This is currently being reviewed and actions being set to outline next steps. The Quality team are capturing changes to process and programmes in the Infection Division as they arise which will be added to the final report. This is an ongoing process within Infection Division.

Digital

Digital transformation is a central theme of the Route Map, which references integrated systems, digital infrastructure, interoperable platforms, remote service technologies, case management systems, genomics data environments and end-to-end digital workflows.

The Infection IMTP embeds these ambitions through milestones with explicit digital dependencies and digital outcomes. Formal arrangements with Health Boards to support microbiology service transfer appraisals (HPSS_042–044) identify digital and wider enabling dependencies. The business case to replace Kiestra automation in North Wales (HPSS_050) and the scoping of automation requirements for South, Mid and West Wales (HPSS_127) demonstrate direct digital modernisation of laboratory infrastructure. HPSS_091 further contributes through digital reporting and dashboard integration.

Infection's IMTP is dependent upon digital services and actively contributing to digitally enabled transformation by modernising diagnostic infrastructure and supporting the development of connected scalable service models.

Progress to date

Formal arrangements with Health Boards to support microbiology service transfer appraisals (HPSS_042–044) This has been progressed at varying degrees dependant on Health Board interaction. Cwm Taf have proactively produced an internal options appraisal document and we are engaging with them to understand all elements of the scoping process. Engagement with Hywel Dda and Aneurin Bevan Health Boards has not progressed to this stage and proactive engagement from PHW is planned.

Replacement Kiestra automation in North Wales (HPSS_050) and the scoping of automation requirements for South, Mid and West Wales (HPSS_127)

The business case to detail the requirements to replace the automation in North Wales has been finalised. This has been completed in partnership with finance, capitol planning, procurement and DDDA. The paper is due to be presented at DMT in June 2026 for onward agreement to BET and then Welsh Government.

The replacement of automation for South and Mid and West Wales is on the workplan but on pause as the North Wales Automation has to be prioritised due to it being past end of life and critical.

Governance

The Route Map highlights the importance of standards, assurance, measurable progress, agreed metrics, approved plans and coordinated delivery. Governance is therefore a core enabling theme that underpins successful implementation of excellent public health services.

The Infection IMTP reflects this through milestones that establish formal governance arrangements and structured decision-making pathways. The Health Board-related milestones (HPSS_042–044) focus on formal arrangements to support options appraisals. Milestones such as HPSS_088 and HPSS_092 are explicitly framed as structured options appraisals, while HPSS_050 requires a formal business case to Welsh Government and a procurement route for implementation. All demonstrating a commitment to appropriate governance within and external to PHW.

In addition, HPSS_085 strengthens governance through the optimisation of national Quality Assurance testing frameworks, reinforcing standard setting, consistency and assurance across services. These features demonstrate clear alignment with the governance dimension of the KRIC remit.

Progress to date

Progress on some of the identified IMTP deliverables – HPSS_042-044 and HPSS_050 has been detailed in the above sections. *HPSS_088* –an options appraisal has been completed to assess the feasibility, clinical value and operational requirements of an All Wales Faecal Microbiota Transplant service and support to complete the finance elements is being sought. This will then come back for ratification to Infection Leadership Team.

HPSS_092 – to undertake a structured options appraisal to understand the implications and feasibility of extending the current provision of C.parvum MLVA clustering to the rest of the UK, beyond Wales and North West England is in progress. Previous work concluded that the best approach was for MLVA profiles to be captured in the UKHSA's Second Generation Surveillance System (SGSS), enabling the model process developed for Wales to be replicated in England and allowing for cross-border clusters to be identified and investigated. Supporting documentation attached. This is being actively worked on. The process is discussed at the joint CRU/UKHSA GIFSOH surveillance monthly meetings and has been outlined, with detailed process to be established once the data capture has been established. Further documentation will be developed for UKHSA e.g. guidance for interpretation

Accountability and Risk

The Route Map emphasises safety, quality, resilience, monitoring and benefits realisation. It also recognises that successful service transformation depends upon the management of risk, dependencies and delivery assurance.

The Infection IMTP makes accountability and risk visible through named leads, delivery dates and clearly articulated dependencies. Across multiple milestones, dependencies are identified in relation to finance, procurement, digital support, Welsh Government approval and Health Board engagement. For example, automation-related milestones require business case development, procurement support and funding approval, while service transfer milestones require formal arrangements with partner organisations.

This demonstrates a mature and risk-aware approach to delivery. The milestones show not only what Infection intends to achieve, but also the enabling conditions and risks that must be managed to achieve successful implementation. This aligns strongly with the KRIC remit for accountability, assurance and risk-managed change.

Progress to date

All updates to the specific milestones are detailed in the above sections. All IMTP deliverables have named leads and all processes follow internal governance processes to ensure accountability and mitigate risk.

Inequalities

The Route Map identifies equity as a defining characteristic of excellent public health services and links high-quality service delivery to reducing barriers to access and reducing health inequalities. The STEEEP principles explicitly include equity as a core component of service excellence.

Within the Infection IMTP, alignment to the inequality's agenda is more embedded than explicit. The optimisation of Quality Assurance testing frameworks (HPSS_085)

is intended to reduce unwarranted variation, which supports more equitable and consistent service quality while also demonstrating a value-based service delivery. Formal arrangements with Health Boards (HPSS_042–044) support more consistent national service models, while the transition of STEC O145 capability into PHW (HPSS_086) improves access to specialist diagnostics and strengthens surveillance capacity across Wales.

In addition, several Infection milestones are linked to the Well-being of Future Generations goal of 'A more equal Wales'. Taken together, these milestones support the inequalities agenda through standardisation, improved access, reduced variation and strengthened national consistency.

Progress to date

The specific milestone updates can be found earlier in the paper. Infection Division is committed to ensure equality of diagnostic services across Wales. Milestones to re-introduce testing of some pathogens into Wales by innovative developments is being progressed at pace and in line with expected delivery dates.

Global Health/System Leadership

The Route Map sets out an ambition for Public Health Wales to strengthen partnerships locally, nationally, across the UK and internationally. It refers to collaboration with organisations such as UKHSA and WHO and positions PHW as a system leader in public health excellence, preparedness and innovation.

The Infection IMTP supports this through milestones that demonstrate both national leadership and outward-facing capability development. The transition of STEC O145 testing from UKHSA into PHW (HPSS_086) strengthens national diagnostic sovereignty and surveillance capability. The exploration of extending C. parvum MLVA clustering beyond Wales and Northwest England (HPSS_092) demonstrates a wider contribution beyond local service boundaries. The national Quality Assurance optimisation milestone (HPSS_085) and the formal partnership arrangements with Health Boards (HPSS_042–044) further demonstrate leadership in shaping all-Wales service models.

These milestones therefore align to the KRIC remit by reinforcing PHW's role as a strategic and system-wide leader in infection diagnostics, genomics-enabled services and partnership-based transformation.

3.5.3 Conclusion

Overall, the Infection IMTP milestones demonstrate how route map ambition is being embedded within practical delivery arrangements. They demonstrate how strategic intention is being translated into accountable, time-bound and evaluable service transformation activity within Infection.

3.6. Healthcare Associated Infection, Antimicrobial Resistance & Prescribing Programme (HARP)

The Healthcare Associated Infection, Antimicrobial Resistance and Prescribing (HARP) Programme continues to provide national leadership in infection prevention and control (IPC), antimicrobial stewardship (AMS), surveillance, and preparedness, helping to protect the health of the population of Wales. Working collaboratively with Welsh Government, NHS Wales organisations, local authorities, academic partners and UK-wide networks, HARP has supported delivery of the Antimicrobial Resistance (AMR) National Action Plan and strengthened national arrangements for the prevention, surveillance and response to antimicrobial resistance and healthcare-associated infections.

Supporting the Route Map's focus on data, evidence and evaluation, HARP has continued to enhance surveillance, intelligence and assurance capabilities across NHS Wales. A significant achievement has been the migration of critical antimicrobial surveillance data to the cloud through the Data, Analysis, Registers and Cloud (DARC) programme, requiring the successful rebuild of the national MEDUSA data processing system following the withdrawal of services from a key external provider. Alongside management of the national ICNET system, surveillance reporting, audit programmes and prescribing intelligence, these developments have strengthened the ability of organisations to identify emerging risks, target interventions and support more consistent, intelligence-led decision making.

HARP has also continued to drive improvements in equity, workforce capability and system resilience through the development of evidence-based all-Wales guidance, national education and training programmes, and public awareness initiatives focused on infection prevention and antimicrobial resistance. Working closely with Health Boards, Trusts and national partners, the programme has strengthened professional capability, promoted consistent approaches across Wales and supported preparedness for current and emerging infection threats. Collectively, this work contributes directly to the ambition of delivering excellent, equitable and continuously improving public health services for the people of Wales.

3.7. Emergency Preparedness, Resilience and Response

Over the last year, EPRR has made a significant contribution to strengthening Public Health Wales' preparedness, resilience and organisational learning capability. The development of the new NHS Wales EPRR Core Standards, revision of Public Health Wales' Emergency Response Plan and support for implementation of recommendations arising from the UK Covid-19 Inquiry have enhanced governance, assurance and preparedness arrangements, ensuring that future emergency responses are increasingly informed by evidence, best practice and lessons identified.

A major focus has been the generation and application of knowledge through exercising, evaluation and continuous improvement. Exercise PEGASUS informed the review of pandemic preparedness arrangements, while Exercise PRISON TB tested

multi-agency public health response arrangements and identified learning to strengthen future incident management. In addition, EPRR is leading the delivery of Chemical, Biological and Radiological (CBR) preparedness workshops in collaboration with Welsh and UK partners, supporting capability development, knowledge exchange and increased readiness for complex and emerging threats.

Through ongoing collaboration with Local Resilience Fora, the Wales Resilience Partnership Team, the Wales Resilience Forum and Four Nations public health partners, EPRR has strengthened the use of risk intelligence and evidence-based planning to inform preparedness activity. Alongside a coordinated programme of business continuity training, exercising and assurance, this work has improved organisational understanding of risk, supported assessment of capability against hazards and threats and enhanced Public Health Wales' ability to maintain critical services and respond effectively to future emergencies and major incidents.

3.8. Enabling functions

We have also engaged with enabling functions to gather examples of how excellence in public health services is being supported across their respective areas. This predominantly focuses on Health Protection and Infection Services but may have crossover/relevance to Screening Services. While this does not represent all activity, it highlights key areas of relevance and achievement. Several functions have advised that elements of their work are reported and monitored through alternative governance routes and committee structures.

3.9.1 Behavioural Science Unit

The Behavioural Science Unit (BSU) continues to support the delivery of Delivering Excellent Public Health Services through its collaboration with Health Protection and Infection Services and other service areas across Public Health Wales. The Unit provides specialist behavioural science advice, consultation and evidence synthesis to inform service design, public communications and improvement activity. Whilst current operational support is primarily focused on screening services, including the Lung Cancer Screening Programme and the Cervical Screening Wales self-sampling pathway, the approaches and learning generated have wider applicability to Health Protection and Infection Services, particularly in relation to improving engagement, uptake and reducing inequalities in access to services.

The BSU is also contributing to research and evidence generation through collaborative programmes, including work with Cardiff University via the SGRINIO partnership to identify behavioural approaches that can reduce inequalities in screening uptake. This supports the strategic ambition to strengthen the use of evidence, research and intelligence in service planning and delivery. Findings and methodologies emerging from this work are expected to have wider relevance across Health Protection and Infection Services, supporting the development of more targeted and equitable interventions.

In support of organisational resilience and preparedness, the BSU is an active contributor to the Pandemic Preparedness Task and Finish Group, helping to develop behavioural evidence and "sleeping studies" that can be rapidly activated during outbreaks or future pandemics. The Unit is also supporting work to better understand behaviours associated with antibiotic use and antimicrobial resistance, aligned to the UK National Action Plan for AMR (2024-2029). In parallel, exploratory work is underway to assess opportunities to use digital tools, including a Copilot-enabled solution, to increase the scale and consistency of evidence-informed communications across Health Protection and Infection Services and wider Public Health Wales programmes.

3.9.2 Communications

The Communications Team continues to play a key role in supporting the delivery of Health Protection and Infection Services through the provision of evidence-based, audience-focused communications that support public engagement, awareness and service access. During the reporting period, significant progress was made in enhancing Public Health Wales' digital communications infrastructure through the launch of the new organisational website. This included refreshed content relating to sexual health services and the establishment of a dedicated WEDINOS platform, improving accessibility of information and supporting strategic priorities relating to digital transformation, user insight and service improvement.

The team has also worked collaboratively across NHS Wales to support priority public health campaigns, including winter preparedness and vaccination communications. These activities contribute directly to improving public understanding and engagement, supporting prevention and early intervention objectives across Health Protection and Infection Services.

Communications remains a critical component of organisational resilience and system leadership. During the quarter, the team provided communications support to a range of significant incidents and outbreaks, including adverse weather and fire-related events, ensuring the timely provision of clear, accessible and actionable information to the public, stakeholders and partners. The function also continues to promote the integration of user perspectives into organisational learning and service development, helping to ensure that patient, service user and public experiences inform the planning, design and continuous improvement of public health services.

3.9.3 Capturing people’s experiences with the AWARe service.

As part of the commitment within the Route Map towards Delivering Excellent Public Health Services to strengthen the routine collection and use of service user feedback, a pilot project has been undertaken within the AWARe service in partnership with the Service User Experience Team Improvement, Innovation Hub and Clinical Governance Team. The pilot has explored the feasibility of systematically capturing stakeholder experience data to inform service evaluation, quality improvement and organisational learning. Initial implementation focused on organisations that regularly

engage with the service, including schools, care homes, nurseries and childminders, with consideration being given to future expansion through digital feedback mechanisms.

Between 9 June and 21 July 2026, the pilot received 24 responses from organisations across Wales, demonstrating that experience data can be collected routinely within a Health Protection service setting. Feedback was consistently positive, with all respondents rating their overall experience as either "Good" or "Very Good". Positive responses were also reported across measures relating to dignity and respect, involvement in decision-making, responsiveness and the clarity of information provided. Qualitative feedback further highlighted the value stakeholders place on timely, supportive and accessible communication.

The pilot provides assurance that stakeholder experience data can be successfully incorporated as an additional source of intelligence alongside existing performance and quality measures. The findings support ongoing service evaluation and continuous improvement activity, whilst also contributing to a developing evidence base to better understand stakeholder needs and experiences across Health Protection services. Subject to further evaluation, the approach has the potential to be scaled across additional services within Public Health Wales, supporting a more systematic and insight-driven approach to service improvement and engagement.

3.9.4 Well-Being Economics and Value

The well-being economics and value team (WEAVE) have been working with Pan American Health Organisation on a project around social value of vaccines. This includes producing a scoping review on social value of vaccines, and a paper on applying social value methods to vaccines, as well as an in-depth social value analysis focusing on influenza vaccines for pregnant individuals in Ecuador. There are outputs from this work that will be published in coming months, and WEAVE team are working with the VPDP colleagues to apply these methods in Wales as well.

Recommendation

Elements of this strategic priority fall within KRIC's remit. This report demonstrates that Delivering Excellent Public Health Services is embedded across planning, performance management and operational delivery within Health Protection and Infection Services. Good progress has been made in aligning IMTP objectives with longer-term strategic ambitions, strengthening the application of evidence, intelligence and research, advancing digital transformation, and delivering improvements in surveillance, diagnostics, health inequalities and system leadership.

Whilst a number of strategic dependencies and risks remain, particularly in relation to digital infrastructure, workforce capacity, partner engagement and the delivery of longer-term transformation programmes, appropriate governance, assurance and

performance management arrangements are in place to support delivery, monitor progress and mitigate associated risks.

The Committee is asked to:

- Receive **assurance** that appropriate progress is being made on Strategic Priority 5 within Health Protection and Infection Services.

The table below shows all milestones in IMTP 2026/29 for Health Protection and Infection Services (in order of delivery date over the three years)

2627 Milestone Ref	Lead Division	Milestone Description	Delivery Date
HPSS_131	Health Protection	Completed a full validation of all outstanding safeguarding related Test & Post cases and deliver a time bound and tracked backlog clearance plan in line with Public Health Wales governance	30/09/2026
HPSS_132	Health Protection	Commissioned and initiated the independent external review of the Sexual Health Test & Post service with agreed scope, methodology, and timeline approved via Public Health Wales governance.	30/09/2026
HPSS_106	Health Protection	Supporting delivery of Phase 1 and collaborating on the development of Phase 2 of the Digital Health Protection Programme (DHPP), contributing to the establishment of a validated platform for implementation across Wales	31/12/2026
HPSS_112	Health Protection	Completed the redesign and implementation of an integrated structural and operational model across Health Protection Division programmes—including Communicable Diseases, Inclusion Health, Environmental Public Health, Sexual Health (Test and Post), and Vaccine Programmes.	31/12/2026
HPSS_109	Health Protection	Utilised Alpha phase outputs of the national Sexual Health Case Management System to develop a robust business case for progression to Beta.	31/03/2027
HPSS_133	Health Protection	Implemented all priority (“early action) recommendations generated during the external review and incident response, focused on safeguarding, data handling and quality governance	31/03/2027
HPSS_025	Health Protection	Realigned Environmental Public Health functions with communicable disease and all hazards response to improve operational performance and strengthen proactive and reactive capacity, consistent with the Environmental Public Health route map.	30/06/2027

HPSS_114	Health Protection	Completed a systematic review of report dissemination against publication standards and implement an enterprise protocol with SOPs, training and a compliance baseline to improve timeliness, accessibility and transparency.	30/06/2027
HPSS_107	Health Protection	Supporting delivery of Phase 2 of the Digital Health Protection System (DHPP) as a key step in modernising digital infrastructure and strengthening health protection	30/09/2027
HPSS_113	Health Protection	Deliver an Integrated operating model for enhanced proactive and reactive communicable disease and all hazards encompassing Health Protection and Environmental Public Health services that offers a sustainable long term model that drives excellence	30/09/2027
HPSS_108	Health Protection	Commenced full implementation of the Digital Health Protection Case System, establishing a unified digital infrastructure for surveillance and incident management across Wales.	31/12/2027
HPSS_110	Health Protection	Initiated the Beta phase of the national Sexual Health Case Management System, enhancing interoperability, reporting capability, and user centred service design.	31/12/2027
HPSS_026	Health Protection	Implemented a performance and evaluation framework to measure progress against the long term Environmental Public Health vision, including agreed metrics, baselines and an annual reporting cycle.	31/03/2028
HPSS_111	Health Protection	Collaborated to finalise a Minimum Viable Product (MVP) platform for the national Sexual Health Case Management System, establishing a validated, scalable and sustainable digital service for Wales with a defined roadmap to full release and benefits realisation.	31/12/2028
HPSS_042	Infection	Establish formal arrangements with Cwm Taf University Health Board to support the development of an options appraisal in line with potential transfer of the health boards microbiology services to Public Health Wales	31/03/2027
HPSS_043	Infection	Establish formal arrangements with Hywel Dda University Health Board to support the development of an options appraisal in line with potential transfer of the health boards microbiology services to Public Health Wales	31/03/2027
HPSS_044	Infection	Establish formal arrangements with Aneurin Bevan University Health Board to support the development of an options appraisal in line with	31/03/2027

		potential transfer of the health boards microbiology services to Public Health Wales	
HPSS_086	Infection	Completed the transition of Shiga toxin producing E. coli (STEC) O145 testing capability from UKHSA into Public Health Wales, reducing turnaround times, improving cost effectiveness for Health Boards, and strengthening national infectious disease surveillance capacity.	31/03/2027
HPSS_087	Infection	Completed systematic reviews of the sepsis identification pathway and the network wide approach to the diagnosis and isolation of Neisseria gonorrhoeae, ensuring alignment with national best practice, improved diagnostic consistency, and enhanced patient outcomes.	31/03/2027
HPSS_089	Infection	Reviewed and options appraised the potential to test additional gastrointestinal pathogens on existing platforms to improve diagnostics that directly relate to patient care	31/03/2027
HPSS_092	Infection	Undertook a structured options appraisal to understand the implications and feasibility of extending the current provision of C.parvum MLVA clustering to the rest of the UK, beyond Wales and North West England	31/03/2027
HPSS_088	Infection	Undertook a structured options appraisal to assess feasibility, clinical value, operational requirements and cost effectiveness for an all Wales Faecal Microbiota Transplant (FMT) service.	30/06/2027
HPSS_050	Infection	Completed a business case proposal to Welsh Government for financial support to replace the Kiestra automation in North Wales and proceed to procurement and implementation.	31/12/2027
HPSS_085	Infection	Lead a national programme to optimise Quality Assurance testing frameworks, strengthening consistency, reducing unwarranted variation and delivering measurable reductions in Quality Premium expenditure.	31/12/2027
HPSS_127	Infection	Produced a scoping document to understand the requirements for automation in South and Mid and West Wales	31/12/2027
HPSS_091	Infection	Introduced routine genomic evaluation of antimicrobial resistance and strain typing for priority sentinel organisms, with accredited methods, defined reporting standards and integration into national surveillance dashboards.	31/12/2028