Questions for the Board from the AGM 2026

Question 1

"Would PHW consider introducing long service recognition for staff?"

Director of People and Organisational Development: Public Health Wales do have an Employee Recognition Procedure in place. The purpose of this procedure is to ensure employees are recognised for their contribution to the Organisation and for their commitment to the NHS. Our Employee Recognition Procedure comprises four in-service awards and one award receivable upon retirement.

Further details can be found on our Workforce Policy page and on the Employee Recognition page of the Intranet.

Question 2

"With the ongoing workforce pressures, and with business cases for clinical posts in screening division being rejected (even if they are within establishment), how does the board plan to improve clinical staff morale in the next 12 months?"

National Director of Health Protection and Screening Services and Executive Medical Director: We recognise that ongoing workforce pressures, together with the inability to approve some Screening Division posts, can impact on staff morale. Owing to the financial constraints, not all workforce requests can be supported, the Division is committed to improving the experience of our clinical workforce through a broader programme of support and engagement, including strengthening workforce planning, prioritising recruitment to critical frontline posts, investing in equitable training and development opportunities, improving leadership visibility and staff engagement, and addressing the cultural and operational issues highlighted through recent staff feedback and service reviews.

We are committed to ensuring workforce decisions are transparent, evidence-based and aligned to safety, sustainability, and the long-term organisational vision. We will continue to work with Divisional teams to identify opportunities to reduce pressure, improve working environments, and support staff wellbeing, retention and professional development across the Screening Division. This a key priority for the Screening Division.

Question 3

"How will the views of screening participants and screening division staff be sought for any proposed service changes in next 12 months?"

National Director of Health Protection and Screening Services and Executive Medical Director: Any proposed service changes will be developed through a

programme of engagement and involvement with both screening participants and Screening Division staff. Staff will be provided with opportunities to review proposals, contribute ideas and help shape implementation plans before significant changes are introduced. Feedback will actively influence decision-making, with clear communication on how views have been considered and incorporated into final proposals.

For participants, we have partnerships with community and voluntary sector groups to support insight gathering through targeted surveys, focus groups and engagement events to gather intelligence, using local surveys, online forms and SMS texting, to inform service design, through co-design and co-production where appropriate. Changes in service delivery will require involvement and consultation with Llais to ensure that due consideration is given to the impact of any proposed changes in service delivery on participants.

Executive Director of Nursing, Quality and Integrated Governance: Any proposed service changes will centre around improving the Quality of our services in line with the Duty of Quality and our commitment to Safe, Timely, Effective, Efficient, Equitable and Person-Centred services. Engagement and coproduction are central to this approach.

We also recognise that some groups in the population will experience different barriers to taking part in screening.

Our Screening Equity Strategy, developed in partnership with stakeholders from across health and the third sector, sets out our vision that is that everyone in Wales who is eligible for screening can easily get their screening test and has a fair chance to take part. This strategy sets out how we will work together with Local Health Boards, the Third Sector, and people across Wales to make this happen. The strategy reinforces our commitment to working with professionals in healthcare but also people who work with communities in local government, public sector and charities. We will use well established relationships to include the service user voice in any changes, including ensuring that we have representation for under serviced groups.

As well as engaging around planned changes, Screening Division has worked hard with colleagues from Nursing, Quality and Integrated Governance to improve how we enable service users to feedback to us, and how we listen to responses as a matter of course as part of business as usual.

Question 4

"How have the Board's strategies successfully reduced health inequalities in our local communities over the past year?"

Chair: Recognising and doing something about health inequalities is the best way to make a difference to the long term health of our friends, families and communities. When we are talking about the building blocks of health, we really can't do it alone and so in the past year, we have done more work that ever with Sport Wales and

WCVA, where we work together with the voluntary and community sectors alongside sport and physical activity to try and tackle just some of the issues. It will take time to turn things around, but we have some great projects such as Pipyn and Pipyn actif that show us just what can be achieved when we all work together.

National Director of Health and Wellbeing: The tobacco programme is one of our strongest examples of proportionate universalism and response to health inequalities in practice. We use detailed monitoring of deprivation, age, ethnicity, gender and sexual orientation to shape delivery and have demonstrated equitable quit outcomes across these groups.
We don't just measure how many people quit; we measure who is quitting, and our data shows equitable outcomes across deprivation, ethnicity, gender and sexual orientation. We do regular public health audits of this.
Through targeted campaigns, hospital-based services, maternity support and community delivery, we are reducing smoking prevalence while helping to reduce health inequalities across Wales.

National Director of Health Protection and Screening Services and Executive Medical Director: Our work on tackling inequalities through our screening programmes is underpinned by the Screening Equity Strategy. This is focussed on supporting people and communities who are under-screening to take up their screening offer, including communities of common interest and geographical communities. Co-production, involvement and collaboration with partners are at the core of our work to ensure optimal engagement with underserved communities, such as people with learning disabilities, neurodiversity, trans and non-binary, and faith communities. We deliver screening awareness training to community health workers and champions to support work at a community level. We also improve access through the use of mobile screening units in local community venues.

Each of these areas of focus helps to reduce inequalities and we recognise the need to continue to develop evidence-based and innovative approaches.

National Director of Policy and International Health: Our long-term strategy sets out our commitment to reducing health inequalities. The scale of the challenge is significant with recent data showing that healthy life expectancy fell for the third period in a row (2019/21 to 2021/23), for both males and females and since 2020-2022, female healthy life expectancy has been lower than male. Moreover, the gap in healthy life expectancy between those living in the most and least deprived fifth of areas has been increasing for both females and males.
We have a cross-organisational programme to address health inequalities and ensure that tackling health inequalities is embedded in our six strategic priorities. We do this through a persistent focus on addressing health inequalities through our services (for example our screening services and our smoking cessation services), supporting policy development and implementation, working with and through our partners including the health and care system, utilising data, research, evaluation and international learning and improving health inequalities data.

Question 5

"What are Public Health Wales doing for dementia?"

Chair: Dementia prevention is embedded in the Organisation's life course approach, with work spanning early years, healthy behaviours, and support for carers, as well as collaboration with networks and the older persons commissioner.

National Director of Health and Wellbeing: Because risk factors linked to dementia are also linked to other major health conditions, including smoking, physical inactivity, harmful alcohol use, obesity, diabetes, high blood pressure, cardiovascular disease, social isolation and poor mental wellbeing. We focus on reducing dementia risk through a range of prevention programmes that support people to stop smoking, be more physically active, achieve and maintain a healthy weight, improve cardiovascular health and wellbeing, and reduce health inequalities. Keeping people healthy for longer and reducing the risk factors associated with dementia will make a difference to onset and rates of dementia in the population.

We also support NHS Wales and Welsh Government in understanding future population needs for dementia care and planning services for an ageing population. A recent example of this has been working partners to provide evidence and public health advice to support brain health awareness campaigns, including the Take Five for Dementia campaign, which encourages people to take practical steps to look after their brain health throughout life

Alongside this, we work closely with Welsh Government, NHS Wales, the Older People's Commissioner for Wales, third sector organisations and dementia networks to support national dementia priorities. This includes work to support unpaid carers, promote age-friendly and dementia-friendly communities, and ensure that prevention and healthy ageing are embedded across policy and practice in Wales.