# Draft Minutes of the Public Health Wales Knowledge, Research and Information Committee Public Meeting, 15 September 2026 13:00 Held in 3.5 CQ2 and via Microsoft Teams

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| **Present:** | | |
| Catherine Purcell | (CP) | Committee Chair and Non-Executive Director (University) |
| Clare Jenkins | (CJ) | Vice Chair of the Public Health Wales Board and Non-Executive Director (for items 2.1-3.4 & 3.6) |
| Sian Griffiths | (SG) | Non-Executive Director (Public Health) |
| Tamsin Ramasut | (TR) | Non-Executive Director (Equality and Diversity) |
| **In Attendance:** | | |
| Alisha Davies | (AD) | Head of Research and Development |
| Bethan Bowden | (BB) | Consultant in Public Health Screening (for item 3.4) |
| Christopher Thomas | (CT) | Head of Operations (for item 3.4) |
| Dafydd James | (DJ) | Head of Digital Experience and Services |
| Danielle Gething | (DG) | Head of Risk Management (for item 2) |
| Emily van de Venter | (EV) | Consultant in Health Improvement (for item 3.5) |
| Iain Bell | (IB) | National Director for Public Health Knowledge and Research |
| Jim McManus | (JM) | National Director Health and Wellbeing |
| Kirsty Little | (KL) | Consultant in Public Health (for item 3.7) |
| Laura Holt | (LH) | Senior International Health Coordination Officer (for item 3.2) |
| Liam Scott | (LS) | Observed |
| Liz Blayney | (LB) | Deputy Board Secretary and Deputy Head of the Board Business Unit |
| Liz Green | (LG) | Consultant in Public Health (for item 3.2) |
| Louisa Nolan | (LN) | Head of Data Science (for items 3.1 and 3.3) |
| Mariana Dyakova | (MD) | Consultant in Public Health (for item 3.2) |
| Paul Veysey | (PV) | Board Secretary and Head of the Board Business Unit (for items 2.1-3.2 & 3.6) |
| Stuart Silcox | (SS) | Assistant Director of Integrated Governance |
| Sumina Azam | (SA) | National Director of Policy and International Health |
| Tom Fowler | (TF) | Deputy National Director Health Protection and Screening Services |
| **Apologies** | | |
| Claire Birchall | (CB) | Executive Director of Nursing, Quality and Integrated Governance |

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| Julie Bland | (JB) | HPSS Directorate Business and Operations Manager |
| Meng Khaw | (MK) | National Director of Health Protection and Screening Services, Executive Medical Director |
| Tracey Cooper | (TC) | Chief Executive |
| **Secretariat** | | |
| Alex Rees | (AR) | Board Support Officer |
| Ffion Lloyd | (FL) | Board Support Officer |
| Reanne Reffell | (RR) | Board Governance and Policy Manager |
| *The meeting commenced at 13:00* | | |

| **KRIC 1/2026.09.15** | **Welcome, Introductions and Apologies** |
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The Chair opened the meeting and welcomed all present.

The Committee **noted** that the meeting was being recorded to support the accuracy of the minutes and that the recording would be deleted once the minutes had been agreed at the following meeting on 15 December 2026.

The Chair reminded attendees that the meeting chat function should be used for logistical and administrative matters only, so that the recording could be relied upon as the formal record of the meeting.

The Chair also noted that the agenda order had been changed to accommodate the availability of presenters.

| **KRIC 1.1/2026.09.15** | **Declarations of Interest** |
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IB declared a potential interest in relation to digital agenda items, noting his role as Chair of the National Data Research Programme Board on behalf of the Welsh Government.

No other declarations of interest were made beyond those recorded in the Declarations of Interest Register.

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| **KRIC 2/2026.09.15** | **Risk Assurance and the Role of Board/Committees** |
| **KRIC 2.1/2026.09.15** | **Managing Risk** |
| **KRIC 2.1.1/2026.09.15** | **Strategic Risk Register** |

DG outlined the Organisation's risk assurance framework, emphasising the Committee's role in obtaining assurance through reliable and triangulated evidence. She confirmed that Strategic Risks 1, 4 and 5 remained within their applicable tolerance levels.

- **Strategic Risk 1:** JM advised that further work was planned to shorten risk reports and focus them more clearly on the risk rather than detailed action plans. The frequency of updates would also be considered, recognising that strategic risks generally changed more slowly than operational risks.

- **Strategic Risk 4:** SA reported that the score had increased to 12 since publication but remained within tolerance. Recent heatwaves and wildfires had been assessed against the Climate Response Plan, identifying gaps and workforce fragility. Work was also continuing with the Welsh Government regarding UK Health Security Agency's (UKHSA) proposed service-level agreement.
- **Strategic Risk 5:** IB advised that the revised risk reflected the Organisation's broader transformation ambitions and remained under development as its actions and controls matured.

The Chair invited comments and questions, and the following points were raised:

- SG recommended sharing DG's risk-assurance slides with new Non-Executive Directors.
  **Action: LB**
- In response to SG's question regarding UKHSA's consideration of Public Health Wales' views, SA advised that Welsh Government had asked Public Health Wales to help inform its response, supporting a coordinated approach.
- SG asked whether recurrent workforce and resource pressures would be reflected within Strategic Risk 5. IB confirmed that Integrated Medium Term Plan (IMTP) planning would consider organisational ambitions alongside capacity and capability. Short-term agency support and longer-term supply arrangements were being considered to address shortages of data and cloud engineers.
- TR questioned how climate change should be managed where aspects of the risk had materialised. DG and SA explained that the position represented both an operational issue and a continuing risk. Evaluation of the response to recent events, together with external evidence, would inform the future framing, score, controls and mitigations.

The Committee took **assurance** on the management of Strategic Risk within the Organisation.

| **KRIC 2.1.2/2026.09.15** | **Corporate Risk Register** |
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DG advised that the Corporate Risk Register remained subject to ongoing review, including structured Leadership Team deep dives, for which a consistent approach had been developed.

The Chair invited comments and questions, and the following points were raised:

- IB highlighted the Audit+ risk and confirmed that Digital Health and Care Wales (DHCW) had accepted the proposed way forward, which was important to lung cancer screening and wider business continuity. Following escalation through the Welsh Government, the focus would now move to monitoring DHCW's delivery.
- Future Digital and Data Strategy reports would identify key dependencies on DHCW delivery to support Committee oversight.

The Committee took **assurance** on the management of Corporate Risks within its remit.

| KRIC 3/2026.09.15 | Items for Assurance |
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| KRIC 3.1/2026.09.15 | Data and Digital Strategy |

IB provided an update on delivery of the Digital and Data Strategy, highlighting progress across digital transformation programmes including Laboratory Information Management System (LIMS) deployment, cloud migration, Digital Health Protection and screening-related developments. He noted that several programmes continued to progress successfully, although delivery risks remained in relation to supplier dependencies, workforce capacity and programme timescales. Continued oversight would be required across the portfolio to support delivery.

The Chair invited comments and questions, and the following points were raised:

- SG welcomed the progress but reiterated concern regarding the workforce and resource pressures referenced throughout the papers. SG also sought an update on access to Primary Care Data.
    - IB agreed that workforce and prioritisation pressures remained a concern and that there had been no progress on access to Primary Care Data. The current potential route remained the Community by Design work being led by the Chief Medical Officer, which could help demonstrate the impact of the data gap on prevention activity. IB noted that the issue continued to be raised with the Welsh Government.

LN provided an update on Artificial Intelligence (AI) governance activity. She reported that the AI Design Authority process was now established and had approved several AI-related initiatives supporting operational and service delivery activity. Progress had also been made on staff guidance, training and communications, while a draft AI policy had completed consultation and would proceed through governance processes.

The Chair invited further comments and questions, and the following points were raised:

- SG asked whether learning and experiences relating to AI were being shared across the four UK nations.
    - LN advised that this had not taken place recently and should be revisited. She noted that Public Health Wales was also engaged with DHCW's work on the national AI strategy.
- TR asked whether AI use within screening programmes would continue to require human involvement.
    - LN confirmed that a human would always remain within the decision-making process and that AI would not make decisions independently. She advised that, for Lung Cancer Screening, the intended approach was understood to involve AI supporting a human reader, helping to reduce time pressures while retaining human oversight.
    - IB clarified that data protection legislation required human involvement in medical decisions and assured the Committee that AI proposals would comply with this legal requirement.

The Committee took **assurance** that Public Health Wales was delivering its Digital and Data Strategy through the agreed route map and had robust governance arrangements in place for managing digital and data work.

| KRIC 3.2/2026.09.15 | International Health Strategy |
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SA and LG presented progress against the International Health Strategy, highlighting work undertaken in response to previous Committee feedback. Activity had focused on demonstrating the value and impact of international health activity, strengthening communication of benefits, expanding partnership activity and developing approaches to evaluation. Progress was also reported regarding the Organisation's World Health Organization (WHO) Collaborating Centre activity and wider international partnerships.

An animation outlining the purpose, benefits and impact of Public Health Wales' international health activity was presented.

Following the presentation, the Chair queried the availability of a Welsh-language version of the animation and how it would be used.

- LG confirmed that a Welsh-language version was available and advised that the animation was already being shared and used by partner organisations, including Global Health Partnerships Cymru and counterparts in Public Health Scotland and the Welsh Government.

The Chair invited comments and questions, and the following points were raised:

- SG welcomed the progress and increasing recognition of the Organisation's international health work, particularly its WHO Collaborating Centres. She encouraged the team to focus more explicitly on outcomes, rather than evaluation alone, to demonstrate and justify the difference made by the work. SG also suggested using the animation at the forthcoming International Association of National Public Health Institutes meeting in Cardiff to raise the profile of the work.
    - SA agreed that greater emphasis should be placed on outcomes and the difference made. She advised that Welsh Government was increasingly using this terminology and that outcomes-based planning was also being considered through executive and directorate discussions.
    - MD highlighted the continuing UK Four Nations Global Public Health Forum as an example of an outcome from the organisation's international work. She also noted that Public Health Wales' status as a World Health Organization Collaborating Centre had enabled it to provide intelligence and contribute to global and European consultations and strategic agendas, including through engagement with the UK Government and Welsh Government.
    - SG highlighted the continued importance of the Four Nations Chief Medical Officer group and welcomed the work undertaken to maintain it.
- The Chair emphasised the need to distinguish clearly between outputs and outcomes and to document and celebrate both appropriately.

The Committee:

- **Considered** the work that had been undertaken and future plans for Public Health Wales' International Health Strategy.
- Took **assurance** on the progress to date.

| KRIC 3.3/2026.09.15 | Outcomes Framework |
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IB introduced the item and outlined the Public Health Wales outcomes measurement system, which integrates strategic outcomes, delivery metrics, policy modelling and evaluation. He reported progress in defining outcome measures and delivery metrics, while noting that further development was required in relation to policy modelling and evaluation. Although the system had not yet been fully embedded within organisational planning and routine performance monitoring, work was ongoing to strengthen its practical application across the organisation.

AD provided an update on evaluation activity, noting a focus on outcome evaluation, supported by process evaluation to understand the factors influencing effectiveness in different contexts. Robust qualitative and quantitative methods were being applied across the strategic priorities, including comparison approaches to strengthen understanding of the contribution of Public Health Wales and partner interventions to observed outcomes. The report also outlined the planned programme of evaluation activity for the next six to twelve months.

The Chair invited comments and questions, and the following points were raised:

- TR welcomed the development of the measurement system and considered it an important foundation for further work.
- CP sought clarification on the analytical capacity available to deliver the programme.
    - IB advised that delivery required collaboration between evaluation, data science and public health specialists across the Organisation. LN added that cloud migration should increase automation and reduce reliance on manual processes, while AD outlined measures to manage capacity, including prioritisation of evaluations, ceasing work where meaningful evaluation was not possible, and securing additional specialist resource through a UK Research and Innovation Fellowship focused on policy simulation.
- JM supported the collaborative approach and referred to work within his Directorate to develop value chains and demonstrate impact and value. He emphasised the need to embed an organisational culture in which impact and value were integral to planning and delivery, with evaluation forming part of a wider approach to demonstrating value and supporting the Organisation's best-value responsibilities.
    - IB identified quasi-experimental designs as an important opportunity to evaluate public health interventions in real-world settings. He suggested that organisational training might be required to increase understanding and application of these methods, noting that relevant capacity was being developed within the evaluation team.
    - CP added that realist evaluation could help identify the contexts and conditions in which interventions worked, for whom they worked and why.

The Committee:

- Took **assurance** on the implementation and use of the Public Health Wales measurement system.

- Took **assurance** on the work to further embed the measurement system into IMTP and performance reporting.

| KRIC 3.4/2026.09.15 | Digital Opportunities in Screening |
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IB provided an update on digital opportunities in screening, highlighting progress in strengthening digital infrastructure and supporting transformation across screening services. He advised that replacement of the current breast screening system had become an increasing priority and emphasised that digital improvements would need to be supported by wider service transformation in order to realise the full benefits.

BB confirmed that a significant programme of digital work was already under way and highlighted the opportunity to develop reusable digital components that could support multiple screening programmes in the future.

The Chair invited comments and questions, and the following points were raised:

- SG asked whether the long-term ambition was for individuals to be able to access their screening information and results across different screening programmes through a single digital platform.
    - IB advised that this was a potential future option but would need to be tested through user-centred design and transformation work. He noted that experiences elsewhere had highlighted concerns regarding the communication of results without appropriate clinical involvement. He suggested that future solutions could enable access to screening records and broader digital functionality, but emphasised that these approaches would require further testing and co-design with service users before implementation.

The Committee:

- **Noted** the position regarding digital opportunities in screening and agreed that replacement of the National Breast Screening System (NBSS) should be prioritised during the current year.
- Took **assurance** that work was under way to strengthen the digital underpinnings of screening alongside work to establish a transformation programme for screening, as the full benefits of digital would not be enabled without a transformation of business processes and ways of working.

| KRIC 3.5/2026.09.15 | Strategic Priority 2 – Promoting mental and social wellbeing |
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JM and EV presented an update on activity supporting Strategic Priority 2. This included research, evidence generation, evaluation and partnership activity relating to mental and social wellbeing across a range of settings. EV highlighted increasing collaboration across Public Health Wales and with external partners to strengthen evaluation, support evidence-based delivery and inform future service development.

The Chair invited comments and questions, and the following points were raised:

- TR welcomed the breadth of work undertaken and noted the range of approaches being used to support mental and social wellbeing. She questioned whether youth services represented a gap within the current programme and

highlighted the importance of support for young people who were disengaged from education or not attending school regularly.
    - EV advised that Public Health Wales worked with youth-service representatives through existing networks and that the issue was also being considered through discussions linked to the Mental Health and Wellbeing Strategy. She agreed that there was scope for more direct work with youth services.
    - CP noted that wider transformation work relating to access to mental health support for young people was also under way at Health Board and Welsh Government level.
- SG asked how the programme was addressing the needs of neurodivergent young people and older people within the life-course approach.
    - EV highlighted work involving creative-health support for young people awaiting Child and Adolescent Mental Health Services (CAMHS) services, which appeared to be supporting a significant number of neurodivergent participants and was being considered for further research. She also outlined activity relating to healthy ageing, brain health and social connection, and advised that Public Health Wales expected to contribute to the Welsh Government's planned Neurodevelopmental Programme Board.
    - CP encouraged consideration of neurodivergence beyond autism pathways alone and highlighted conditions including developmental language disorder and developmental co-ordination disorder.
- SA highlighted additional Welsh Government-funded work relating to trauma-informed approaches and social connection across the life course. EV acknowledged that some of this activity, together with work on screen-time guidance for children aged zero to seven years, had not been fully reflected in the report due to the timing of its preparation.
- AD highlighted the close collaboration between Research, Data and Digital colleagues and Strategic Priority 2 leads. She noted that evaluation and research activity was helping to identify knowledge gaps and inform future priorities across the wider system.

The Committee took **assurance** that research, data, evidence and evaluation activity was progressing to support Strategic Priority 2: Promoting Mental and Social Wellbeing.

| **KRIC 3.6/2026.09.15** | **Strategic Priority 5 - Health Protection and Infection Services** |
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TF introduced the report and outlined progress against Strategic Priority 5 and its integration into organisational planning and IMTP delivery. He emphasised that successful delivery relied on contributions from across the Organisation and highlighted examples of collaborative work supporting health protection objectives.

The Chair invited comments and questions, and the following points were raised:

- TR welcomed the report's structure and its presentation of the breadth of Health Protection activity. She questioned when the work described would translate into measurable changes in services and population outcomes. She

also noted the scale of organisational activity but challenged how the Committee would determine whether interventions were working, when a change in approach would be required, and when movement would become visible in the relevant population measures.
    - TF acknowledged that the report focused primarily on delivery and embedding rather than outcomes. He advised that outcome measures could include vaccination uptake, outbreak-response measures and user feedback, and anticipated that future IMTP development would place greater emphasis on outcomes. He accepted that future reporting would need to provide greater visibility of organisational impact.
- CP requested that outcome and impact data be brought to a future Committee meeting, ideally at the next meeting or, failing that, the following meeting.
    - Whilst TF agreed to explore what information could be made available, he cautioned that impact data may not yet be available. He acknowledged the Committee's need for greater visibility of impact and agreed that future reporting should increasingly focus on this area.
- SG welcomed the report but supported a stronger focus on outcomes and demonstrable impact. Using immunisation as an example, she suggested that future reporting should better demonstrate Public Health Wales' contribution to outcomes, including through collaboration with health boards and efforts to address issues such as inequalities in immunisation uptake.
- IB advised that the Outcomes Framework already included relevant outcome measures, principally vaccination uptake, together with measures relating to sexual health, disease prevalence and infection control. The Integrated Performance Report provided a mechanism through which the Board could monitor these measures.
- IB also identified evaluation as the principal gap. Greater clarity was required regarding the specific interventions being undertaken, how their effects would be evaluated and whether ineffective interventions would be changed promptly.
- SA welcomed the report's integration of activity from across the Organisation, particularly its consistent consideration of health inequalities and its references to behavioural science, economics and global health. She emphasised that delivery of the strategic priority depended upon cross-organisational collaboration.

IB offered to work with TF to strengthen the evaluation of interventions and align future reporting with the Outcomes Framework.
**Action: IB**

The Committee took **assurance** that appropriate progress was being made on Strategic Priority 5 within Health Protection and Infection Services.

| **KRIC 3.7/2026.09.15** | **PHW Monitoring Impact** |
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KL presented the findings from the Public Health Wales Impact Monitoring approach. Feedback identified recurring themes relating to the accessibility, usability, timeliness and actionability of organisational information, alongside the need for stronger user involvement in product development.

KL advised that the findings were broadly consistent with previous years, indicating that some longstanding issues remained unresolved. She highlighted the need for stronger cross-organisational ownership and an executive-supported action plan to improve impact and knowledge mobilisation across Public Health Wales.

IB advised that he intended to take a paper with an accompanying action plan through executive colleagues and publish the action plan alongside the report so that users could hold the Organisation to account for delivery. He emphasised that this was the fourth consecutive year in which similar feedback had been received and that the Organisation now needed to demonstrate a substantive response.

The Chair invited comments and questions, and the following points were raised:

- SG supported escalation of the findings and implementation of the actions identified in the report. She sought clarification regarding the year of the survey, as the report referred to 2025.
    - KL confirmed that this was a typographical error and that the survey had been conducted at the beginning of 2026, before the website changes.
- TR welcomed the commitment to progress the work and highlighted the potential value of making organisational data easier for partners to access and use. She referred to the benefit of geographically based access to information, enabling users to retrieve relevant data for a specified local area.
    - KL confirmed that requests for greater geographical granularity had arisen repeatedly through the impact monitoring.
- CP noted that similar challenges existed elsewhere in health and social care but considered that Public Health Wales could take a leading role in developing solutions.

IB agreed to present a paper and accompanying action plan to Executive colleagues and to publish the action plan alongside the Impact Monitoring Report.
**Action: IB**

The Committee **considered** the findings from the Public Health Wales Impact Monitoring approach and supported the activities under way to improve organisational impact.

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| **KRIC 4/2026.09.15** | **Items for Approval** |
| **KRIC 4.1/2026.09.15** | **Minutes, Action Log and Matters Arising of meeting (16 June 2026)** |

The Committee **approved** the minutes of the meeting held on the 16 June 2026 as an accurate record of the meeting.

LB presented the action log and advised that four actions from the previous meeting were overdue, with progress updates recorded against them. One action required a verbal update concerning the review of overlaps between the Quality, Safety and Improvement Committee and the Knowledge, Research and Information Committee, including consideration of a proposed joint discussion.

LB would provide an update following the meeting and circulate the proposal concerning joint Committee consideration of overlapping matters to the relevant Committee Chairs for discussion.
**Action: LB**

The Committee **approved** the closure of completed actions on the action log.

| **KRIC 4.2/2026.09.15** | **Policies for Approval** |
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AD introduced the Research Misconduct Policy and advised that the existing policy had been updated to align it with recently issued documents. She confirmed that it had completed the internal review process.

The Committee:

- **Considered** the information contained within the Research Policy and Equalities Health Impact Assessment.
- **Noted** that the Leadership Team endorsed the policy to the Committee and approved the Research Misconduct Procedure.
- **Approved** the Research Misconduct Policy.

| **KRIC 5/2026.09.15** | **Items to Note** |
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| **KRIC 5.1/2026.09.15** | **Committee Workplan** |

The Committee **noted** the workplan.

| **KRIC 5.2/2026.09.15** | **Audit Recommendations Tracker Update** |
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LB presented the Audit Recommendations Tracker for information. She advised that the recommendations arose from the Audit Wales Digital Transformation Audit and highlighted that the tracker contained the key recommendations relevant to the Committee.

LB would circulate the full Audit Wales Digital Transformation Audit report to Committee members to provide context for the recommendations.
**Action: LB**

The Committee **noted** the Audit Recommendations Tracker.

| **KRIC 6/2026.09.15** | **Closing Administration** |
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Committee members expressed their appreciation to SG for her significant contribution to the Committee and thanked her for her support and leadership during her tenure as Chair. They extended their best wishes for the future.

Committee members were invited to provide feedback on the meeting by email to FL, LB or the Chair, including any aspects that had worked well and any areas for improvement.

Date of Next Meeting: **15 December 2026.**

The meeting closed at 15:31

DRAFT