

Chief Executive Board Report May 2026

1 Emergency Preparedness, Resilience and Response (EPRR)

Our Emergency Preparedness, Resilience and Response (EPRR) team has produced three documents that together provide strong assurance of the organisation's readiness to prevent, prepare for, respond to and recover from emergencies, including pandemics. These are outlined below.

1.1 Annual EPRR Report 2025/26

The Annual EPRR Report provides assurance that Public Health Wales continues to fully meet its statutory duties under the Civil Contingencies Act 2004 and is operating at a mature and well-governed level of preparedness.

Key highlights include:

- delivery of major improvements to emergency and pandemic arrangements, grounded in learning from the coronavirus pandemic, incident debriefs, staff engagement and national exercises
- effective operational response to 118 live incidents during the year, including severe weather, major fires and complex multi-agency events
- strong leadership and system credibility demonstrated through Public Health Wales' role in Exercise Pegasus, working closely with the Welsh Government and UK partners.

The report is balanced and transparent, identifying ongoing risks such as sustaining specialist capability, strengthening digital resilience and ensuring the long-term sustainability of emergency response roles. It sets clear priorities for 2026/2027 focused on embedding learning, strengthening business continuity and maintaining national leadership in preparedness.

1.2 Emergency Response Plan (ERP) Version 4

The Emergency Response Plan version 4.0, is our core all-hazards framework for managing emergencies and major incidents. It provides clear arrangements for activation, escalation, command and control and statutory compliance.

The plan has been comprehensively refreshed to reflect learning from the UK Covid-19 Public Inquiry, real incident experience and extensive internal and external feedback. Notable improvements include:

- clearer decision-making and governance, including strengthened chairing principles and Red Team approaches
- improved operational usability through re-designed situation reports, clearer role definitions and updated action cards

- better alignment with cyber and digital incident arrangements, supporting a coherent response to both physical and technological threats
- introduction of tools to support proportionate decision-making, including explicit consideration of health inequalities.

Overall, the Plan is more practical, accessible and resilient, strengthening confidence internally and credibility with partner organisations.

1.3 Pandemic Response Arrangements

The Pandemic Response Arrangements establish a clear, modern and sustainable operating model for responding to future pandemics. They are informed by one of the most comprehensive pandemic look-back exercises undertaken in the UK and were tested through national exercising.

The arrangements:

- set out a clarified command and coordination model, including strengthened incident coordination and decision-logging
- define realistic and explicit workforce surge arrangements, role clarity and wellbeing principles, recognising the demands of prolonged response
- Establish clear digital, data and reporting requirements to support scalable, consistent intelligence and decision-making during a pandemic.

These arrangements address key challenges identified during the pandemic and provide a robust foundation for future large-scale health emergencies.

2 Update on the Hantavirus Outbreak

On the 3 May 2026, we were informed of a suspected hantavirus outbreak amongst passengers and crew, including British nationals, on board MV Hondius, an international expedition cruise vessel.

Hantavirus is the name given to a group of viruses carried by rodents and transmitted by their droppings and urine. They can cause a range of diseases from mild, flu-like illness to severe respiratory illness. Infections in humans are rare and tend to occur in places where people and rodents coexist - most commonly in rural, agricultural settings. Most hantaviruses do not spread easily between humans, although person-to-person transmission has been observed in some cases involving particular strains, including the outbreak strain Andesvirus (ANDV).

As of the 13 May, the World Health Organization (WHO) has confirmed a total of 11 cases, including three deaths (27%). Eight cases were laboratory-confirmed for ANDV infection, two are probable, and one case remains inconclusive and undergoing further testing. The WHO has assessed the risk posed by this event to the global population as low and will continue to monitor the epidemiological situation.

We have actively engaged with the UK Health Security Agency Incident Management Team and tactical cells to co-ordinate the repatriation of British Nationals to the UK for ongoing management, including a period of 45 days self-isolation for high-risk contacts.

On the 6 May, we established a Wales National Incident Management Team, chaired by us, to prepare for the potential return of Welsh residents to Wales for a prolonged period of isolation. Working with health boards, local authorities, NHS Performance and Improvement and the Welsh Government, a care and wellbeing pathway was agreed providing a detailed end-to-end management plan for individuals self-isolating in Wales.

On the 10 May, 20 British nationals, including a small number of Welsh residents, deemed to be contacts, returned to the UK, initially to Arrowe Park Hospital for an initial period of 72-hour period, for clinical assessments and testing. Depending on further assessments, Welsh residents will be returning to Wales to continue their 45 days of self-isolation. During their isolation period, individuals will have daily contact with our health protection team to check on their health and wellbeing and ensure that they are supported to isolate safely.

3 Development of an MOU for Pathogen Genomics with Public Health Scotland

We host a mature, globally recognised, pathogen genomics service. Our capability has supported Wales' pandemic response, as well as provided the basis for services that are the first of their type in the world, such as our *Clostridium difficile* typing service.

Reflective of our expertise, the Public Health Wales Pathogen Genomics Programme is increasingly working with partners across the UK and internationally to share knowledge and develop new capabilities, through co-development and collaboration.

Building on existing relationships

Over the course of the pandemic, our Pathogen Genomics Unit worked closely with Public Health Scotland to deliver COVID-19 sequencing. Software developed by our team was used by Scottish colleagues to process their SARS-CoV-2 samples, while Scottish expertise in relation to ethics and data sharing helped setup the mechanisms to enable SARS-CoV-2 genomic data sharing. This collaboration has continued since the pandemic, creating further opportunities for knowledge exchange and collaboration.

Given the similarities between Wales and Scotland, and the significant overlap in the aspirations of both organisations for pathogen genomics services, the Public Health Genomics team within Public Health Wales and the Genomics team within Public Health Scotland felt that the time was right to build on the significant opportunities to develop a more formal partnership for mutual benefit. Following approval from Executives in July 2025, we have developed a memorandum of understanding between the two organisations that encompasses five areas for collaboration, covering knowledge exchange, collaborative service improvement, pathogen genomics research, improving data sharing and working together to address genomics training and workforce challenges.

The work will support improvement of existing services and the development of new capabilities within both organisations, while delivering new infrastructure and capabilities that will benefit both organisations as we mainstream genomics into practice and at a lower cost than would have otherwise been the case.

4 Launch of the Help Me Quit Smoking Cessation App for Wales

We launched the [Help Me Quit \(HMQ\) mobile app](#), a free, bilingual digital intervention designed to support adults in Wales to stop smoking. The launch represents a major milestone in the modernisation of the national smoking cessation offer, significantly expanding access to evidence-based behavioural support through a flexible digital route that complements existing Help Me Quit services.

Smoking remains the leading cause of preventable death and disease among adults over 35 in Wales, contributing to approximately 3,845 deaths and more than 17,000 hospital admissions each year. While smoking prevalence continues to decline, many people who smoke still attempt to quit without support, despite strong evidence that supported quit attempts are substantially more successful. The HMQ app directly addresses this gap by providing immediate, accessible support for individuals who may not wish to engage with traditional face-to-face or telephone-based services.

The app launched nationally on *No Smoking Day* (11 March 2026), aligning with a well-established moment of public motivation and reinforcing Public Health Wales' commitment to supporting healthier choices at population level. It is fully available in Welsh and English, ensuring compliance with Welsh Language Standards and equitable access for users across Wales.

The HMQ app provides 24/7 structured, evidence-based behavioural support. Its core functionality:

- enables users to set and manage a quit date, log smoking behaviour, record personal motivations, and track progress over time
- supports engagement through practical tools such as calculators showing money saved and health improvements since quitting, alongside short motivational videos to help users manage cravings and triggers
- provides clear and direct signposting into specialist Help Me Quit services, where additional support is required, ensuring seamless access to more intensive clinical or behavioural support.

A key achievement of the app is the integration of Joules, an AI-powered chatbot designed to deliver personalised support at the moments it is needed most. Joules draws on thousands of real-world behavioural coaching conversations and established behaviour-change approaches to provide responsive, evidence-based guidance that adapts to individual circumstances. It enables users to access immediate support during cravings or difficult moments, while operating within a safe and secure environment with appropriate safeguards and ongoing monitoring.

Working alongside Joules, Nudj delivers timely, personalised prompts in the background to help users stay on track throughout their quit journey. Built on behavioural science and real-world insight, Nudj recognises patterns such as dips in motivation or approaching high-risk moments and responds with encouragement that reinforces progress, builds confidence, and helps users remain connected to their goals.

Strategically, the app strengthens our wider digital prevention and behaviour-change offer, building on previous digital developments and reflecting a shift towards delivery models that align with user preferences — particularly among younger adults and those less likely to engage with traditional services. By providing a low barrier entry point into the smoking cessation pathway, the app supports earlier engagement and increases the likelihood of onward access to specialist support when needed.

The HMQ app has been developed as a Wales-specific solution and will continue to evolve. Ongoing user feedback, service data, and emerging evidence will inform future enhancements. We have also commissioned the development of a vaping cessation extension, further positioning the app as Wales' frontline digital intervention for adults experiencing nicotine dependency, whether from smoking or vaping. Links to the apps are: Apple App Store: [Helpa Fi i Stopio - HelpMeQuit App - App Store](#) Google Play Store: [Helpa Fi i Stopio - HelpMeQuit – Apps on Google Play](#)

5 Completion of the Fit Out of the New Accommodation at Seasons House in Ewloe, North Wales

We are delighted that the completion for the new accommodation for our people has been completed at Seasons House in Ewloe, North Wales. The new accommodation is for around 50 of our staff who had been working from another site, which is of poor quality and at which there was little room for improvements to be made.

The establishment and fit out of Seasons House has utilised our core principles that support decarbonisation and sustainability and the utilisation of the circular economy. The key benefits realised include operating from a site which has a higher energy performance rating (EPC), 96% of all the furniture being used as part of the fit out was sourced from furniture for re-use providers and redundant furniture from the site being vacated is being donated to the local Health Board. In addition, a cycling rack provision has been included in the fit out work and surplus stationery supplies from the vacated site are being donated to charities and schools.

The project has utilised learning from other similar projects and has involved the teams being relocated at every stage of the process, from the identification of a preferred site to the design and configuration of the new workspace to ensure it meets their individual and operational needs.

The Board joined our teams in Seasons House on the 30 April, together with our facilities team. Our facilities team has been exceptional in the whole project to ensure that the new accommodation is the best it can be for our people in North Wales and I would like to express my thanks to our facilities team and also our people who have

moved in to Seasons House, for their time and contributions to a much improved new workplace.

6 Welcome to Zoe Pietrzak, our New Executive Director of Strategy, Finance and Performance

I would like to warmly welcome Zoe Pietrzak, who joined us on the 13 May 2025, as our new Executive Director of Strategy, Finance and Performance.

Zoe brings with her 23 years of NHS experience and has held a number of leadership roles across local, regional and national NHS organisations, including Chief Financial Officer for Great Yarmouth and Waveney Clinical Commissioning Group, and more recently Regional Director of Finance for the East of England at NHS England

Zoe has already hit the ground running, and we are all looking forward to working together with Zoe over the coming weeks, months and years.

7 UK COVID-19 Public Inquiry Update

Public hearings for all the modules have now concluded.

7.1 Report Publications

The Inquiry intends on publishing five reports this year. Two reports have already been published, Module 3, Healthcare Systems in March and Module 4, Vaccines and Therapeutics in April. The next report due to be published is for Module 5, Procurement, on the 14 July 2026. Reports for Module 6, Care Sector and Module 7, Test Trace and Isolate, are scheduled to be published in the Autumn and Winter respectively.

Module 3 – Healthcare Systems

The Inquiry's report into Module 3, Healthcare systems, was published on the 19 March 2026. We were not core participants in this module. However, we did submit a witness statement and give evidence at the public hearings in November 2024.

The Module 3 report contained ten recommendations. Despite being referenced in the report, there was no explicit criticism of Public Health Wales. However, we are referenced in the recommendation one commentary, 'Separately, the Department of Health and Social Care, NHS National Services Scotland, Public Health Wales and the Public Health Agency (Northern Ireland) should review the national infection prevention and control manuals and any future guidance to ensure that the approach to identifying risk of transmission is not confined solely to specific procedures. Emphasis should be placed on a combination of risk factors, such as rates of transmissibility, environment, setting and procedure.'

We are considering the report and a synthesis and next steps is being prepared for consideration by the Executive Team, following which a report will be prepared for Board.

The UK Government and Devolved Administrations are required to publish their response to the report six months after publication. These responses will be published on the Inquiry's website.

Module 4 – Vaccines and Therapeutics

The Inquiry's report into Module 4, Healthcare Systems, was published on the 16 April 2026. Given that we are a core participant in this module, Paul Veysey and Dr Chris Johnson attended the publication event in London.

The report contained five recommendations. Recommendation three, Improve monitoring and evaluation of vaccine uptake and delivery is applicable to Public Health Wales as it refers to the four UK public health or health security agencies 'working together maintain accurate, UK-wide insight into the state of vaccine uptake and hesitancy; and understand the measures proven to be effective in increasing uptake across the four nations of the UK.' There were no explicit criticisms of Public Health Wales and there was minimal reference to us in the report.

We are considering the report and a synthesis and next steps is being prepared for consideration by the Executive Team, following which a report will be prepared for Board

Module 5 – Procurement

The Module 5 report will be published on the 14 July 2026.

We were not core participants in this module and therefore we will not receive advanced sight of the report ahead of its publication at midday. Plans are being put in place to review the report following publication and to plan any communications response, both internally and externally.

Remaining Reports

The following is the scheduled for the remaining reports of the outstanding modules.

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| 1. Module 6 – Care Sector | Autumn/Winter 2026 |
| 2. Module 7 – Test, Trace and Isolate | Winter 2026 |
| 3. Module 8 – Children and Young People | First half of 2027 |
| 4. Module 9 – Financial Response | First half of 2027 |
| 5. Module 10 – Impact on Society | Middle of 2027 |

The Inquiry has indicated that reports in all modules will be published by the end of the first half of 2027.

Recommendation

The Board is asked to receive this information.

Tracey Cooper

CHIEF EXECUTIVE