

**Draft Minutes of the Public Health Wales
 Knowledge, Research and Information Committee
 Public Meeting, 17 March 2026 13:30
 Held in 6.2 CQ2 and via Microsoft Teams**

Present:		
Sian Griffiths	(SG)	Committee Chair and Non-Executive Director (Public Health)
Tamsin Ramasut	(TR)	Non-Executive Director (Equality and Diversity)
Catherine Purcell	(CP)	Non-Executive Director (University)
In Attendance:		
Alisha Davies	(AD)	Head of Research and Development
Claire Birchall	(CB)	Executive Director of Nursing, Quality and Integrated Governance
Danielle Gething	(DG)	Head of Risk Management (for item 2.6.1 and 2.6.2)
Elen de Lacy	(EDL)	Research and Evaluation Strategic Partnership Lead (for item 2.1)
Iain Bell	(IB)	National Director for Public Health Knowledge and Research
Jenna Goldsworthy	(JG)	Portfolio Lead (Research, Data and Digital Directorate) (for item 2.4)
Jim McManus	(JM)	National Director Health and Wellbeing
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Louisa Nolan	(LN)	Head of Data Science (for item 2.5)
Meng Khaw	(MK)	National Director of Health Protection and Screening Services, Executive Medical Director
Paul Veysey	(PV)	Board Secretary and Head of the Board Business Unit
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		
Pippa Britton	(PB)	Chair
Tracey Cooper	(TC)	Chief Executive
Clare Jenkins	(CJ)	Vice Chair of the Public Health Wales Board and Non-Executive Director

Secretariat		
Ffion Lloyd	(FL)	Board Support Officer
<i>The meeting commenced at 13:30</i>		
KRIC 1/2026.03.17	Welcome, Introductions and Apologies	
<p>The Chair opened the meeting and welcomed all present.</p> <p>The Committee noted that the meeting was being recorded to support the accuracy of the minutes, the recording would be deleted once the minutes had been agreed at the following meeting on 16 June 2026.</p>		
KRIC 1.1/2026.03.17	Declarations of Interest	
<p>There were no declarations of interest made, in addition to those already declared on the Declarations of Interest Register.</p>		
KRIC 2/2026.03.17	Items for Assurance	
KRIC 2.1/2026.03.17	Academic Public Health	
<p>AD provided an overview of the work on Academic Public Health. AD explained that the work presented built on a previous review of academic public health in Wales that had assessed financial considerations and Wales's performance in securing research grants. This had prompted a call to bring the public health and academic communities together to develop a clearer vision for the future. With support from the previous Chief Medical Officer (CMO), the convening leadership role had been taken on by Public Health Wales.</p> <p>AD summarised the report's key findings using several thematic areas of agreement that emerged from recent workshops:</p> <ul style="list-style-type: none"> • Wales's recognised ability to deliver high-quality, policy-relevant public health research, thanks to its relatively small system size and established collaborations between academia and policymakers. However, infrastructure limitations were noted as a significant barrier. • Participants had highlighted the need for stronger integration across research disciplines, as well as the development of a multidisciplinary academic public health career pathway. • A lack of a clear national public health research identity, which participants felt weakened the sense of community across Wales and diminished the collective voice needed to influence research agendas. • The importance of co-production with the public in Wales, and agreement that whilst strong community networks existed, more must be done to embed co-production in research practice. • The fragmentation of research activity across Wales - many small, isolated efforts were underway, but participants felt that greater impact could be achieved by concentrating on a smaller number of strategic, challenge-led areas, such as climate and health or Artificial Intelligence (AI)-related societal harms. AD emphasised that the aim was not to stifle innovation but to prioritise areas where Wales had existing or emerging strengths. 		

AD outlined the proposed next steps:

- Continuing to publish research priorities aligned to Public Health Wales' strategic objectives and national frameworks.
- Mapping internal technical strengths and fostering collaborations with academia.
- Working with Welsh Government, Health and Care Research Wales, academia, local authorities and communities to embed sustainable co-ordination.
- Enhancing Wales's visibility within the UK research funding landscape.

AD also noted the role of the Research and Development office as a central contact point for national collaboration.

IB explained that the CMO was developing a research strategy for health and care in Wales, noting that previous government approaches had focused too heavily on clinical trials, neglecting the broader realities of public health research. The recent meeting with the CMO had been positive, with clear interest in collaboration. However, IB acknowledged there would be ongoing challenges in ensuring the breadth of Public Health Wales's remit was properly represented within any national strategy.

SG thanked AD and EDL for their contribution to this work, and invited questions from the Committee:

- CP reflected on the competing research priorities within universities and the need for Public Health Wales to ensure public health featured prominently so that academic partners were able to justify supporting relevant research. EDL noted that this work had been presented to the Wales Innovation Network, and that the vice chancellors for research were supportive of this report.
- MK raised a question about the academic training pipeline, with reference to the presence of academic public health trainees in Wales. AD confirmed that career development was embedded in the vision, and noted close work with the Health and Care Research Wales faculty and mentorship schemes for early-career researchers. AD also highlighted the increased numbers of prospective principal investigators, and upcoming engagement with Specialist Public Health Registrars.
- TR queried the fundamental role of Public Health Wales in research, and reflected on whether the organisation should pursue research only when it contributed directly to strategic goals. IB clarified that Public Health Wales must focus on evidence gaps, setting priority areas through its research interests and then enabling universities to support this work. He emphasised that the organisation must avoid constraining academic freedom, noting that the Research Excellence Framework played a key role in shaping academic behaviour and that Public Health Wales's research priorities should align with, influence and support this as far as possible.
- SA reflected on the challenging funding environment and the instability it created for academic research careers. CP described the unprecedented difficulty of the current funding landscape and the mismatch between funders' requirements/expectations and universities' economic costing needs. She highlighted that applied research was now essential for funding success, and



added that Public Health Wales' published research priorities had made a significant impression across academic networks.

- TF sought clarity on the overarching purpose of the initiative. Highlighting the mismatch between the generalist nature of public health roles and the specialised focus required for academic career progression, he suggested that emphasising workforce development could lead to different priorities than delivering strategically aligned research. SG acknowledged these concerns, but noted that PHW needed to emphasize the need for strategically aligned research because without action, clinical and policy sectors would continue to overlook public health research, and so capacity-building and workforce development remained essential.

The Committee took **assurance** that progress was being made towards the actions outlined in the Academic Public Health Research in Wales report, and **endorsed** the need for Public Health Wales to continue to work with Welsh Government and wider system partners to influence and coordinate action and measurable impact.

KRIC 2.2/2026.03.17

Data and Digital Strategy

IB provided an update on key programmes within the implementation of the Data and Digital Strategy.

IB noted that a substantial volume of digital change work was underway across the organisation, and that the portfolio included several amber areas which indicated manageable but significant risks that required ongoing oversight. IB highlighted challenges such as collaborative work with Digital Health Care Wales, and to ensure that business change was well understood across the organisation.

JG provided an update on the progress of major programmes within the strategy:

- Digital Health Protection Programme
 - Public Health Wales was working directly with the supplier to deliver the programme according to the agreed plan, and work was underway within teams to develop and refine the delivery schedule.
- Lung Cancer Screening Programme
 - An assurance delivery plan had been created and sent to the Board for approval.
 - Procurement of the pathology system required for service delivery was in progress.
- Cloud Environments
 - Work had progressed on completing the migration of analytical data into the new environment.
 - The Azure environment was being configured to ensure suitable infrastructure for future system deployments.

LN then provided an update on Artificial Intelligence (AI) and the Artificial Intelligence Design Authority (AIDA) workplan:

- Significant progress had been made in integrating AIDA into business-as-usual processes.
- Several projects had been approved, which included:



- A generative AI-enabled smoking-cessation app.
- Three additional projects approaching final review.
- Forthcoming work projects for lung cancer and Breast Test Wales (Optimum).
- A consistent approach was being applied to AI projects using structured standards and risk management.
- An internal AI register was being maintained to record the management of all AI projects, with an aim to eventually make it public for transparency.

LN then described the management risks of the use of generative AI, and noted that these covered two distinct areas:

- Enterprise-Approved Generative AI (e.g., Copilot, Gemini) - these tools mitigated cyber risk by operating within Public Health Wales' infrastructure. Remaining risks related largely to human factors, such as misunderstanding AI capabilities and inaccurate usage. Steps taken to address this included:
 - New generative AI guidance which was post-consultation and would be moving to approval.
 - An AI policy going to AIDA in April.
 - A clear organisational process for AI usage and governance.
 - Establishing mechanisms for reporting AI-related incidents through Datix.
- 'Shadow AI' - external AI tools used by staff outside organisational control. LN noted that a paper on shadow AI was due in April, with the aim to balance innovation with risk management, supported by clear training and communications.

SG thanked JG and LN for the update and invited comments.

- IB suggested the addition of two improvements to future reporting – an annex summarising all data incidents and risks, and one-page summary of risks and mitigations for each newly approved AI project for clearer visibility and oversight. This was welcomed by the committee.
- IB highlighted work undertaken between himself and SA to consider the broader public health risks created by AI. He expressed concerns about how commercial interests might conflict with public health goals, and emphasised the need to get ahead of emerging risks. SA suggested that a structured assessment framework, such as a rapid Health Impact Assessment, would help ensure risks and opportunities are considered in tandem.
- MK noted that AI had been shown to provide significant efficiency gains, and recommended the application of a business impact lens alongside the traditional risk assessment. He referenced the example of using AI to process large volumes of information in the Pegasus exercise.
- TR raised the possibility of a dedicated Geographic Information System (GIS) system for Public Health Wales, and observed that geographic layering of data could greatly support partners working at ground level. The Committee supported this and highlighted the significant benefits for disease surveillance, health inequalities mapping, and service planning.
- IB noted that GIS was viewed as a future stage of the organisation's digital journey, but that the immediate priority was consolidating and preparing data

through the National Data Analytics Platform (NDAP) so GIS tools could be used effectively.

- LN confirmed that Google Cloud offered relevant built-in tools (e.g. Google Maps integrations) and that Python/R provided further analytical GIS capacity, but cautioned that this was dependant on data quality and availability.

SG asked LB to organise a discussion on AIDA at a future Board Development meeting.

Action: LB

IB agreed to consider how AI-related metrics could be integrated into the Performance and Assurance reporting framework.

Action: IB

SG asked IB to bring back an item on AI and public health to a future Committee meeting.

Action: IB/SA

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

KRIC 2.3/2026.03.17

Outcomes Framework

IB provided an overview of the work to embed a robust outcomes measurement system across the organisation. IB noted that whilst the high-level outcomes and associated indicators were already in place, there remained two major areas requiring further development:

- Impact Modelling – to ensure Public Health Wales can prioritise actions that are most likely to help close the outcome gaps.
- Evaluation – to ensure the organisation can evidence its impact through strong, methodologically sound evaluation.

IB emphasised that the aim was to understand which actions mattered most, and how the organisation could demonstrate that its work influenced population health outcomes.

LN identified progress across the three core strands of the measurement system:

- Indicators - work was underway to refine population outcome indicators, and an additional analysis on Healthy Life Expectancy (HLE) would be considered by the Business Executive Team (BET). LN noted the importance of strengthening indicators relating to early years and the wider determinants of health.
- Impact Modelling – this aimed to understand the potential influence of Public Health Wales' actions on outcomes. A recent workshop helped explore how to prioritise the major actions with the greatest likely effect, and the team would hold discussion with all strategic priority leads to identify the strongest candidates. LN acknowledged that the most difficult part of impact modelling was getting clarity on the actions themselves, essential for robust modelling.
- Integrated Medium Term Plan (IMTP) - work was underway with strategy and planning colleagues to embed clearer guidance on outcomes, evaluation, and

modelling within the IMTP process, and a retrospective review with the IMTP team is planned to strengthen future iterations.

AD emphasised the evaluation programme was critical for determining whether Public Health Wales’ actions contributed meaningfully to improvements in outcomes, and noted the current focus on strategically significant programmes where a plausible causal chain existed between the organisation’s activity and population health outcomes. These evaluations included causal inference techniques to determine what would have occurred without intervention.

AD highlighted that this approach was improving data collection and strengthening the ability to evidence impact, and had led to more conversations about building evaluation into the beginning of programme design.

SG thanked IB, LN and AD for the update.

The Committee took **assurance** on the implementation and use of the Public Health Wales measurement system, and that work was underway to embed the measurement system into IMTP and performance reporting.

KRIC 2.4/2026.03.17

Update on Strategic Priority 1: Influencing the wider determinants of health

SA introduced the update on the progress towards Strategic Priority One since the previous iteration at the June 2025 meeting. SA noted that Governance structures have been strengthened through a regular cross-directorate group, now used to monitor progress, escalate issues, and horizon-scan emerging risks (including geopolitical and economic instability). The team had also recently reviewed the route map in the context of organisational planning to ensure resources were aligned behind collective priorities.

CH provided an outline of the framework for influencing the wider determinants of health. The aim of the framework was to strengthen the “building blocks of health”—healthy places, early years, education, and work—through better conditions for evidence-informed policymaking, stronger implementation, and improved capability. CH noted the work undertaken to assign clear leads for each workstream, and to ensure alignment with the Health Equity Wales and Environment Nation initiatives.

CH provided examples from major work programmes:

- Early Years Framework for Action
 - Focused on evidence and direct engagement with families to identify what families believe constitutes a “good start in life”, and sets expectations for local, regional, and national action.
- Collaboration Needs Assessment: Better Outcomes for Child Poverty
 - A literature review and primary research (survey + interviews) was undertaken to understand barriers to collaboration. The findings showed a strong commitment to collaboration, but significant challenges in infrastructure, data access, and lived-experience involvement. The

results had recently been released, and would be used to support partners in strengthening collaborative working.

CH also outlined a Health Foundation-funded programme established to support Public Services Boards (PSBs) to adopt systems-thinking tools. An early evaluation revealed major challenges in PSB practice, and prompted both a programme redesign and the establishment of a national strengthening group for PSBs (led jointly by Welsh Government, Public Health Wales, and Co-production Network Wales).

SA highlighted other key areas of work under the priority:

- Statutory duties were to come into force in April 2027, which would require public bodies to conduct Health Impact Assessments (HIAs) for strategic decisions. The current focus was on high-impact HIAs such as lung cancer screening and climate change.
- Work on the wellbeing economy, underpinned by a formal agreement between Welsh Government and the World Health Organisation, with Public Health Wales acting as delivery partner. This included the creation of a new Wellbeing, Economics and Value Team to support all strategic priorities with modelling and economic analysis.
- Contributions to national policy around fuel poverty, and housing and health.

CN noted progress in building a surveillance function for the wider determinants of health, which included the integration of wider determinant indicators into the measurement system, evaluations of national programmes, and plans for more extensive policy modelling work with academic partners.

SG thanked SA and CH for the presentation, and noted the strong connections between Strategic Priority 1 and the earlier discussion on academic public health. CH confirmed close collaboration with AD and the Research & Evaluation teams.

MK asked whether HIAs applied to Welsh Ministers or Welsh Government more broadly, and suggested that major programmes like decarbonisation may benefit from early HIA consideration. SA clarified that HIAs applied to public bodies undertaking strategic decisions, but “strategic” was not tightly defined, and agreed to confirm this out of meeting.

The Committee took **assurance** on progress to date and future plans on Influencing the Wider Determinants of Health.

KRIC 2.5/2026.03.17

Managing Risk

KRIC 2.5.1/2026.03.17

Strategic Risk Register

DG provided an overview of Strategic Risks 1, 4 and 5, which fell within the remit of the Committee. DG noted that the paper reported the position as of the 1 December 2025, and that an updated version showing the position as of 1 February 2026 would be submitted to the March Board meeting.

DG highlighted that each of the risks had been updated by risk leads, and were currently managed within the tolerance threshold of the risk appetite.



Updates were provided to the Strategic Risks under the remit of the Committee:

- **Strategic Risk One** (failure to deliver our role to influence a system shift to prevention, reduce health inequalities and address determinants of health)
- **Strategic Risk Four** (failure to effectively mitigate the public health impacts of climate change on the Welsh population) – SA added the risk level had been reduced due to new governance arrangements in place:
 - A new Climate Change Programme Board oversaw the broad agenda.
 - Subgroups aligned to the climate change route map were now active, which included a dedicated subgroup covering surveillance and research.
 - Giri Shankar now chaired the International Association of National Public Health Institutes Climate and Health Committee.
 - Rebecca Hill was involved in four-nations coordination.
- **Strategic Risk Five** (to fully exploit digital and data fully to improve public health in Wales) – IB noted that there was a proposal to be considered at the Business Executive Team (BET) to reframe Strategic Risk 5, and that the revised risk may focus more broadly on change management across the organisation, rather than only digital and data delivery. The proposal may come to Board for discussion depending on BET direction.

SG thanked DG for the update, and the Committee took **assurance** on the management of Strategic Risk within the Organisation.

KRIC 2.5.2/2026.03.17

Corporate Risk Register

DG provided an update on the Corporate Risk Register, noting that the Leadership Team had considered the update at its February meeting. An updated register would be tabled at the March Board meeting.

DG noted that no corporate risks were currently rated red.

- SA clarified that the corporate-level climate risk related specifically to the organisation's ability to meet its net-zero carbon obligations, and that this was distinct from the related strategic risk. SA also noted that the risk score remained high due to the operational and financial challenge involved, and rapidly evolving measurement systems causing inconsistent measurements over time. Public Health Wales was undertaking a review to identify short-term decarbonisation opportunities, with a focus on procurement, which represented the largest share of the organisation's carbon footprint.
- MK added that the Health Protection and Screening Services directorate was adopting a more systematic, strategic approach to procurement as part of the decarbonisation risk, and that the procurement forward plan (to be shared with the Audit and Corporate Governance Committee) would be used to identify additional decarbonisation mitigation opportunities.
- IB highlighted that Audit Plus, the system currently used to access primary care data, had been extended for another year. IB noted that this would mitigate the risk of losing access in the short term, but that work was in progress to migrate relevant data into the National Data Resource (NDR). The first such feed was scheduled to move into the NDR by the end of April.

- IB highlighted a reduction in the risk score around survey response rates due to Office for National Statistics (ONS) response rates improving and reaching more acceptable levels, but that challenges remained around survey fatigue, public scepticism, and the increased workloads to achieve the required response numbers

SG thanked DG for the update and the Committee took **assurance** that corporate risks were being scrutinised appropriately.

KRIC 3/2026.03.17	Items for Approval
KRIC 3.1/2026.03.17	Minutes, Action Log and Matters Arising of meeting (09 December 2025)

The Committee **approved** the minutes of the 09 December meeting as an accurate record.

The Committee considered the outstanding actions on the action log, noting:

- **Action 2025/06** (timeline for new IT system) – IB reported that a business case would be submitted to BET, which focused on laboratory upgrades required at Cardiff University (as Public Health Wales’s screening laboratory partner). Following re-platforming of newborn screening systems, there was confidence that the digital elements for introducing tyrosinemia screening could be delivered. Implementation was dependent on Welsh Government funding decisions on the laboratory case.
 - MK added that as Tyrosinemia was rare, it made the cost-effectiveness of introducing screening challenging.
- **Action 2024/6** (development of the NHS app) – IB reported that discussions had taken place with Digital Health Care Wales (DHCW), and that work was being undertaken to develop a joint workplan between Public Health Wales and DHCW. Public Health Wales would establish an internal coordinating group to streamline engagement with DHCW, and conversations had been undertaken with Welsh Government on issues that they may wish to mandate nationally within the app.
 - MK asked whether app usage and ethnicity-data improvements would strengthen the robustness of population health data. IB noted that the benefits would depend on implementation, such as with the use of user validation and GP records, but that increased app usage would strengthen data completeness.

The Committee **approved** the changes to the action log.

KRIC 4/2026.03.17	Recommendation to Board
KRIC 4.1/2026.03.17	Committee Review 2025/26 and Forward Plan 2026/27

LB presented the Committee annual report, which summarised the Committee’s work over the year and the discussion at the Committee’s Effectiveness workshop. The report would be submitted to the May Board meeting for assurance that the Committee had fulfilled its Terms of Reference. LB went on to highlight that there were no proposed changes to the Committee’s Terms of Reference, and that the



Forward Plan for 2026/27 had been drafted with the expected reporting cycle, though deep-dive topics were still to be finalised.

SG noted the Committee’s previous discussion about alignment with the Quality, Safety & Improvement Committee (QSIC) workplan, and suggested that deep dive topics should be co-ordinated so that they were either jointly delivered or timed so that both Committees covered related topics concurrently. IB agreed and proposed to work with joint Lead Executives for the QSIC Committee to develop a coordinated approach that ensured the best timings for papers go to the most suitable committee.

Action: IB

The Committee agreed that the timing for Strategic Priority one on the 2026/27 Forward Plan should be adjusted further into the reporting cycle to ensure adequate time for meaningful reporting.

The Committee:

- **Approved** the draft Committee Annual Report for 2025/26 summarising the key areas of business activity undertaken for this Committee.
- **Noted** that the draft report would be updated to reflect the Committee’s meeting on 17 March 2026 and that the Chair of the Committee would agree the final version prior to submission to Board.
- **Recommended** the report (subject to the amendments agreed with the Chair) to the Board to provide assurance that the Committee was fit for purpose and operating effectively in fulfilling its terms of reference.
- **Recommended** the Committee workplan to the Board to provide assurance that the Committee had the appropriate plan in place for 2026/27 to fulfil its terms of reference.
- **Noted** that the Cross Committee Chairs Group would review progress with the implementation of the actions and next steps during 2026/27.
- **Noted** that there were no proposed changes to the Standard Committee Terms of Reference.

KRIC 5 /2026.03.17

Items to Note

KRIC 5.1/2026.03.17

Audit Recommendations Tracker Update

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

KRIC 7/2026.03.17

Closing Administration

Any other business: None.

The Committee were invited to provide feedback from the meeting via e-mail to LB, including any areas that worked well, and any areas for improvement.

Date of Next Meeting: **16 June 2026.**

The meeting closed at 15:36