Unconfirmed Minutes of the Board Meeting on 24 September 2026
Held in 3.7 CQ2 and electronically via Microsoft Teams
Livestreamed on the Internet

Present:		
Pippa Britton	(PB)	Chair of the Board
Tracey Cooper	(TC)	Chief Executive
Sumina Azam	(SA)	National Director of Policy and International Health
Iain Bell	(IB)	Executive Director of Research, Data and Digital
Claire Birchall	(CB)	Executive Director of Nursing, Quality and Integrated Governance
Huw David	(HD)	Non-Executive Director (Local Authority)
Nick Elliott	(NE)	Non-Executive Director (Data and Digital)
Sian Griffiths	(SG)	Non-Executive Director (Public Health) and Chair of the Knowledge, Research and Information Committee
Clare Jenkins	(CJ)	Vice Chair of the Board, Non-Executive Director and Chair of the Quality, Safety and Improvement Committee
Tamsin Ramasut	(TR)	Non-Executive Director (Equality and Diversity) and Chair of the People and Organisational Development Committee
Catherine Purcell	(CP)	Non-Executive Director (Universities)
Kate Young	(KY)	Non-Executive Director (Third Sector) and Chair of the Audit and Corporate Governance Committee
In Attendance:		
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Elisabeth Evans	(EE)	Staff Side Representative
Tom Fowler	(TF)	Deputy National Director of Screening and Health Protection Services
Neil Lewis	(NL)	Director of People and Organisational Development
Nathan Jones	(NJ)	Head of Strategy, Planning and Corporate Affairs
Neil Stoodley	(NS)	Head of Finance
Eleri Davies	(ED)	Deputy Medical Director and Head of HARP Programme
Jim McManus	(JM)	National Director of Health and Wellbeing
Claire Sullivan	(CS)	Staff Side Representative
Paul Veysey	(PV)	Board Secretary and Head of the Board Business Unit
Huw Williams	(HW)	Head of Emergency Preparedness and Response
Apologies:		

Unconfirmed

Meng Khaw	(MK)	National Director Health Protection and Screening Services, Executive Medical Director
Zoe Pietrzak	(ZP)	Executive Director of Strategy, Finance and Performance

*The meeting commenced at **11:34***

PHW 2026.09.24/1	**Welcome and Apologies**

PB welcomed everyone to the meeting which was being held in person at CQ2 and extended a warm welcome to those observing the proceedings online.

The Chair noted that this was SG's final formal Board meeting and expressed sincere thanks for her significant contribution to Public Health Wales, recognising the positive impact of her work and wishing her well for the future. Other members also conveyed their appreciation.

CJ noted that it was also PB's last Board meeting and expressed the Boards thanks.

The Board **noted apologies** as listed above.

PHW 2026.09.24/2	**Declarations of Interest**

PB sought Declarations of Interest other than those recorded already on the Declarations of Interest Register.

There were no other declarations.

PHW 2026.09.24/3	**Apprenticeships**

NL presented an update on the apprenticeship programme and its contribution to the 10-year People Strategy, workforce planning and talent development. Six apprentices had joined Public Health Wales between December 2025 and January 2026 across accountancy, business administration, digital services, project management and user-centred design. Early feedback from apprentices and managers had been positive, with benefits for individual development, team capacity, mentoring and organisational learning. Apprentices received structured learning, peer support and salaries aligned with Living Wage principles. In addition, 55 existing staff were undertaking apprenticeship qualifications. The pilot would be evaluated to assess experience, outcomes and progression and to inform future cohorts and potential expansion.

KY welcomed the programme and the confidence and professional development demonstrated by apprentices. She suggested links with youth ambassadors, volunteering and community networks, including WCVA, to promote opportunities and public health careers.

JM noted that learning from the programme had informed Healthy Working Wales resources for young people and employers and supported stronger links between apprenticeships, volunteering and community engagement.

TR sought clarification on links with existing community schemes and highlighted opportunities to develop pathways into specialist professions, including microbiology. She

Unconfirmed

encouraged outreach through schools and under-represented communities to raise awareness of the breadth of careers available within Public Health Wales.

HD emphasised the importance of inclusive recruitment and widening access for disadvantaged groups, including care-experienced young people and people with learning disabilities. He encouraged consideration of supported employment and wider pathways into work.

PB supported these points, highlighted the value of diverse lived experience and noted examples of individuals who had progressed within the organisation through apprenticeship routes.

CJ emphasised alignment with Fair Work and social value principles and the opportunity for Public Health Wales to influence apprenticeship frameworks to widen access.

CP suggested analysing applicant characteristics to identify under-represented groups and inform targeted recruitment and outreach.

NJ highlighted the need to mainstream apprenticeships within workforce planning and role design. He noted that apprentices and graduates could act as role models for future cohorts.

TF outlined work already undertaken to develop career pathways in biomedical and healthcare science and suggested that these opportunities should be promoted more widely.

NL welcomed the Board's support and reported that more than 350 applications had been received for the six posts. He confirmed that applicant demographics were being reviewed and would form part of the evaluation. He agreed to explore supported employment, strengthen engagement with schools and under-represented groups, and consider expansion into additional professions while maintaining a high-quality and sustainable offer.

The Board noted the update and welcomed the programme's contribution to talent development, workforce renewal and opportunities for young people. It agreed that the evaluation should inform future workforce, equality and inclusion discussions through the People and Organisational Development Committee.
Action: NL/LB

PHW 2026.09.24/4	**Board Assurance Framework**
PHW 2026.09.24/4.1	**Chief Executive's Report**

TC presented the Chief Executive's Report. She thanked PB and SG for their leadership, expertise and contribution at their final Board meeting and recognised Meng Khaw's appointment to a strategic advisory role with the International Association of National Public Health Institutes alongside his Cardiff University role.

TC outlined organisational changes taking effect from 1 October 2026, including establishment of the Population Screening and Quality Directorate under CB, revised Health Protection arrangements and realignment of corporate governance responsibilities. She also highlighted the Pathogen Genomics Unit's designation within the UK Microbial

Unconfirmed

Forensics Consortium; an international knowledge exchange visit involving trauma-informed practice leaders from Zambia; Dan Rixon's Fellowship of the Emergency Planning Society; and a productive meeting with Sport Wales on physical activity, prevention and population health. The Board also noted the publication of the Welsh Government Programme for Government and the death of Professor Tom Crosby, recognising his contribution to cancer services and public health in Wales.

PB highlighted the strength of the partnership with Sport Wales and the opportunity to develop successful local physical activity initiatives into national programmes.

SA summarised the Programme for Government, noting its emphasis on prevention, root causes of ill health, cross-government working and outcomes. She highlighted relevance to public health strategy, communicable disease elimination, child poverty, wider determinants and international engagement and confirmed that further analysis would inform strategic planning.

TR welcomed the continued focus on One Health and the opportunity to strengthen engagement with young people and future workforce pipelines.

KY welcomed the shift towards prevention but relayed third-sector concerns that communities, voluntary organisations, health inequalities and specific population groups were not sufficiently visible as delivery partners and priorities.

TC acknowledged the points and confirmed that Public Health Wales' delivery plans would address communities, prevention, inclusion and health inequalities. JM highlighted continuing work with partners on Community by Design and voluntary-sector involvement.

PB emphasised that Community by Design and fairness should remain embedded in implementation.

The Board **noted** the Chief Executive's Report and Directorate Reports and took **assurance** from the reports and discussion.

PHW 2026.09.24/4.2	**Latest Public Health Overview**

IB presented the Rapid Overview Dashboard covering population health, outcomes, inequalities and system performance. Overall indicators remained broadly stable; however, childhood vaccination uptake remained below target, respiratory pressures had reduced less than expected over summer, and cost-of-living pressures continued to affect communities. Mortality, health behaviours and wellbeing indicators were broadly stable, while persistent inequalities and wider economic pressures remained evident.

TC highlighted the widening deprivation gap, winter pressures and the effect of poverty and income inequality on health outcomes. She asked what further action Public Health Wales could take on prevention and inequalities. PB requested that the impact of climate change on health-system resilience be considered through Knowledge, Research and Information Committee (KRIC) with the timing to be determined through the Committee's work programme.

Action: SA/IB/LB

Unconfirmed

SA reported discussion with Welsh Government on rising food and fuel costs and its focus on maximising household income and access to benefits. Public Health Wales was considering coordinated winter messaging and action with partners. PB emphasised the relationship between fuel poverty, cold homes and respiratory illness and the need for practical prevention and support. IB confirmed the organisation's role in influencing policy and maintaining focus on protective factors, prevention and wider determinants.

TR queried lower childhood vaccination uptake in Cardiff. TF advised that Public Health Wales supported health boards through a vaccine equity toolkit, behavioural science and collaboration with Welsh Government. Local variation was routinely monitored, and he offered to provide further information on Cardiff outside the meeting.

SG queried whether improving healthcare indicators reflected genuine improvement and how they aligned with relatively unchanged population health outcomes. IB explained that progress largely reflected reductions in the longest waits, while system pressures and inequalities remained. Population health outcomes changed more slowly, and longer waits remained a particular concern for children.

JM highlighted the value of framing Public Health Wales' contribution through protective factors, including work on child poverty, access to entitlements, weight management, smoking cessation and self-management. KY noted barriers created by the complexity of the benefits system and the continuing effect of vaccine misinformation, emphasising the importance of trusted community, voluntary and faith networks.

TR also queried a small increase in waiting-list data. IB confirmed that higher-than-expected summer demand had increased patient pathways and slowed the usual seasonal reduction, although performance on the longest waits had improved.

The Board **considered** the Latest Public Health Overview and took **assurance** from the information and discussion. It noted the continuing focus required on vaccination, prevention, inequalities, wider determinants and winter preparedness.

PHW 2026.09.24/4.3	**Integrated Performance Report and Finance Reports Month 5**

NJ introduced the Month 5 Integrated Performance and Finance Reports.

People governance

NL reported a slight improvement in sickness absence, although long-term absence, particularly stress, anxiety and mental ill health, remained the principal cause of days lost. Appraisal compliance had reduced marginally below target and directorates were taking targeted action. Agency expenditure remained under review, including coding accuracy and improvement actions.

Corporate governance

PV reported that corporate policies and Welsh Health Circular actions remained on track. Audit recommendations continued to be monitored through the audit tracker, Leadership Team and Audit and Corporate Governance Committee, which had also received two completed internal audits.

Unconfirmed

Quality and information governance

CB reported a slight decline in complaint response performance due mainly to several complex cancer-related cases requiring detailed investigation. The new Population Screening and Quality Directorate would strengthen oversight.

CP queried whether AI-generated enquiries were contributing to increased FOI activity. CB advised that FOI and subject access requests were becoming longer and more complex, although volumes remained manageable. TF noted that this was a wider public-sector trend.

KY and PB cautioned that AI also improved accessibility by helping people articulate requests. PV highlighted implications for staff training and processes, while IB emphasised the continuing purpose of FOI legislation in supporting transparency. The Board noted that a session on AI was scheduled for the October Board development.

Screening

CB reported mixed performance. Breast screening remained vulnerable because of workforce capacity and dependence on health board services, particularly in North Wales, although reading times had improved. Bowel screening recovery and backlog reduction were improving. Diabetic Eye Screening Wales continued to face pandemic backlog, demand and capacity pressures, with pathway, technology and service-model changes under development. AAA and newborn screening continued to perform well. TC welcomed stronger scrutiny but highlighted the need to test long-term sustainability, particularly for breast screening, and to improve visibility of uptake and inequalities. CB confirmed that work was under way to understand non-participation and redesign pathways.

Health Protection and Screening Services

TF highlighted implementation of the new Laboratory Information Management System and thanked staff for supporting the transition. Surveillance reporting remained below target. SG queried blood culture turnaround times, where delays appeared to occur before samples reached Public Health Wales laboratories. TF confirmed that laboratory performance was strong once samples arrived and that transport and pathway delays reflected a system interface with health boards.

TC and CB supported greater visibility of health board-level data and continued engagement to improve the end-to-end pathway.

Health and wellbeing

JM reported that Smoking Cessation Wales continued to exceed key contact-time and four-week quit-rate targets, although cumulative activity was slightly below the previous year.

IMTP delivery

NJ reported that approximately 85% of deliverables remained on track. A small increase in amber and red ratings reflected internal and external change, and the major change portfolio remained Amber.

Unconfirmed

CJ sought clarification on financial constraints; NJ and TF confirmed that these related to uncertainty over future funding and discretionary investment, not unfunded agreed activity. SG emphasised the need to report outcomes and benefits as well as milestones.

SA, TR, CJ and KY highlighted the need to assess delivery through an equity lens, use behavioural science, improve data on disability and other population groups, and demonstrate impact on reducing inequalities. IB acknowledged limitations in access to some primary care data. The Board agreed that KRIC should consider health equity data, outcome measures and organisational impact in greater depth.

Action: SA /LB/IB

Financial governance

NS reported a break-even position at Month 5 and forecast a balanced year-end position. Public Sector Payment Policy performance remained above target and the capital programme was on plan. Income had been realigned following discussion with Welsh Government to reflect timing differences, and further analysis was under way to strengthen assurance over forecasts and underlying variances.

The Board took **assurance** from the Month 5 Integrated Performance and Finance Reports and the discussion.

Break

PHW 2026.09.24/4.4	**Committees of the Board: Report from Committee Chairs**

PB introduced the report, which summarised activity undertaken by the Board's Committees since 30 July 2026.

The Board took **assurance** from the work undertaken by its committees.

PHW 2026.09.24/4.5	**Covid-19 Inquiry Module 4 and Module 5 Update**

PV introduced the item. HW presented the report on the UK COVID-19 Public Inquiry's Module 4, Vaccines and Therapeutics, and Module 5, Procurement.

HW outlined Public Health Wales' structured process for reviewing Inquiry findings, allocating actions, recording lessons and monitoring delivery through EPRR governance. Relevant learning was shared across NHS Wales and civil contingencies networks. The approach had been recognised nationally as good practice and adopted by Welsh Government. Common themes from Modules 4 and 5 included preparedness, resilience, partnerships, governance, data and intelligence, public confidence, and maintaining capability between emergencies.

TF advised that most recommendations were directed to UK and Welsh Governments but remained relevant to Public Health Wales' preparedness. Module 4 reinforced the need to maintain vaccination and therapeutics capability, research and delivery partnerships, equity and community engagement, behavioural science, surveillance, vaccine-effectiveness monitoring and public trust. Module 5 reinforced the need to include procurement, logistics and supply chains in preparedness plans and exercises. Continued engagement with Welsh Government was required to clarify roles and ensure sustainable arrangements.

Unconfirmed

CP welcomed the focus on reducing inequalities in vaccine access and uptake. TC emphasised an all-hazards approach encompassing biological, chemical, radiological, nuclear and wider system risks and recognised the EPRR team's leadership.

TR asked how transferable pandemic learning was to flooding and climate-related incidents. HW confirmed that skills, structures and processes developed through pandemic planning applied across emergencies and had already supported responses to flooding and severe weather. IB added that strengthened health protection capabilities were designed to be scalable across future threats.

PB sought assurance that plans were reviewed and updated. HW confirmed an annual review cycle, with lessons from incidents, exercises and the Inquiry incorporated and significant interim changes made as required. SG sought assurance on alignment across Wales and the Four Nations. HW confirmed strong relationships with Welsh Government, NHS Wales and UK public health partners and highlighted Public Health Wales' leadership role in Four Nations preparedness networks.

The Board thanked HW and **noted** the report and the findings of Modules 4 and 5. It took **assurance** from the organisational activity addressing preparedness, vaccine equity, procurement, supply-chain resilience, logistics, data, technology and partnership working, and from the continued use of established governance arrangements to embed learning and monitor improvement.

PHW 2026.09.24/5	**Items for Approval**
PHW 2026.09.24/5.1	**Minutes and Action Log from the Board Meetings on 30 July 2026**

The Board **approved** the minutes of the Board meeting held on 30 July 2026 as an accurate record.

The Board **considered** the open actions on the Action Log and **approved** the closure of two actions on the log.

PHW 2026.09.24/5.2	**Board Assurance Framework**

PV presented the annual review of the Board Assurance Framework, Board Etiquette Guidance and Protocol for Meetings in Private. The Board Assurance Framework had been revised to clarify sources and pathways of assurance, cross-committee working and escalation to the Board. The Board Etiquette Guidance had been reordered to improve usability, strengthen the focus on impact and outcomes, and clarify that substantive discussion should take place in the meeting rather than through chat functions. The Protocol for Meetings in Private had been reviewed to ensure that private business remained justified and that transparency was balanced appropriately with confidentiality. PV thanked the Board Business Unit for its work.

KY welcomed the clearer and more accessible framework, noting that it demonstrated how the Board gained assurance and discharged its responsibilities. Members agreed that the documents should support Board induction.

The Board **approved** the revised:

- Board Assurance Framework;
- Protocol for Meetings in Private; and

Unconfirmed

- Board Etiquette Guidance.

PHW 2026.09.24/5.3	Standing Orders and Scheme of Delegation

PV presented the annual review of the Standing Orders, Standing Financial Instructions, Reservations and Delegations of Powers and Committee Terms of Reference. As Welsh Government had not yet issued revised model Standing Orders, Public Health Wales had completed its own review to keep the documents current. Most amendments were administrative and reflected changes to Welsh Government structures. Committee Terms of Reference had also been updated following governance effectiveness work, with particular clarification of delegated authority and responsibilities within the Remuneration and Terms of Service Committee.

The Board:

- **approved** the revised Standing Orders and Reservations and Delegations of Powers;
- **approved** the revised Standing Financial Instructions and Reservations and Delegations of Powers;
- **approved** the revised Committee Terms of Reference with effect from 1 October 2026; and
- **delegated** authority to the Board Chair to approve consequential membership changes arising from revised portfolio responsibilities and committee requirements.

PHW 2026.09.24/5.4	Annual Review of Board Committee Membership and Board Champions

PV presented the annual review of Board Committee membership and Board Champion roles. He explained that consequential changes might be required following Board appointments and departures and proposed delegated authority for the Chair to approve these changes. A new Board Champion for Sport and Physical Activity was proposed, with CP identified as lead. Members discussed the Infection Prevention and Control Champion role, which would remain vacant pending clarification, and the relationship between champion roles and listening to people. PV also drew attention to the indemnity arrangements for Board members.

The Board:

- **Approved** the proposed Committee membership and Board Champion roles;
- **Noted** that the arrangements would take effect from 1 October 2026; and
- **Noted** the indemnity provided to Board members.

PHW 2026.09.24/5.5	Duty of Quality Annual Report 2025-26

CB presented the organisation's third Duty of Quality Annual Report. The report had been revised in response to feedback from the Board and Quality, Safety and Improvement Committee to provide a more accessible and engaging account of progress, good practice and areas requiring further improvement. An interactive version had also been developed to improve navigation and engagement.

TR welcomed the document and noted that it brought the organisation's quality improvement work to life.

The Board **approved** the Annual Quality Report 2025-26 for publication in accordance with the Duty of Quality requirements.	
PHW 2026.09.24/6	**Items for Noting**
PHW 2026.09.24/6.1	**Private Chairs Report (30 July 2026)**
The Board **noted** the Private Chairs Report.	
PHW 2026.09.24/6.2	**Board Forward Plan**
The Board **noted** the Board Forward Plan.	
PHW 2026.09.24/6.3	**Private Board papers**
There were no papers from the Private Board agenda to publish.	
PHW 2026.09.24/7	**Date of Next Formal Meeting of the Board**
PB thanked everyone for their contributions to the meeting. **Any Other Business:** None. **The next formal meetings of the Board:** 26 November 2026	
The meeting closed at 14:34.	

Unconfirmed