

**Unconfirmed Minutes of the Public Health Wales  
Knowledge, Research and Information Committee  
Public Meeting, 23 September 2025, 14:00  
Held in 3.5 CQ2 and via Microsoft Teams**

<b>Present:</b>		
Sian Griffiths	(SG)	Committee Chair and Non-Executive Director (Public Health)
Tamsin Ramasut	(TR)	Non-Executive Director (Equality and Diversity)
<b>In Attendance:</b>		
Rachel Andrew	(RA)	Consultant in Public Health (for item 3.1)
Claire Birchall	(CB)	Executive Director of Nursing, Quality and Integrated Governance
Iain Bell	(IB)	National Director for Public Health Knowledge and Research
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Tom Connor	(TC)	Head of Public Health Genomics Programme (for item 3.7)
Mariana Dyakova	(MD)	Consultant in Public Health (for item 3.3)
Tom Fowler	(TF)	Deputy National Director Health Protection and Screening Services
Danielle Gething	(DG)	Head of Risk Management (for item 3.8.1 and 3.8.2)
Liz Green	(LG)	Consultant in Public Health (Policy and International Health) (for item 3.3)
Laura Holt	(LH)	Senior International Health Coordination Officer (for item 3.3)
Kirsty Little	(KL)	Consultant in Public Health (Health Intelligence) (for item 3.4)
Sarah MacAulay-Nolan	(SMN)	Monitoring & Evaluation Lead (for item 3.1)
Jim McManus	(JM)	National Director Health and Wellbeing
Emily van de Venter	(EV)	Consultant in Health Improvement (for item 3.5)
Zoe Wallace	(ZW)	Director of Primary Care (for item 3.1)
<b>Apologies</b>		
Sumina Azam	(SA)	National Director of Policy, and International Health
Pippa Britton	(PB)	Chair
Tracey Cooper	(TC)	Chief Executive
Clare Jenkins	(CJ)	Vice Chair of the Public Health Wales Board and Non-Executive Director

Meng Khaw	(MK)	National Director of Health Protection and Screening Services, Executive Medical Director
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Paul Veysey	(PV)	Board Secretary and Head of the Board Business Unit
<b>Secretariat</b>		
Ffion Lloyd	(FL)	Board Support Officer
<i>The meeting commenced at 14:00</i>		
<b>KRIC 1/2025.06.17 Welcome, Introductions and Apologies</b>		
<p>The Chair opened the meeting and welcomed all present.</p> <p>The Committee <b>noted</b> 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 9 December 2025.</p>		
<b>KRIC 2/2025.06.17 Declarations of Interest</b>		
There were no declarations of interest made, in addition to those already declared on the Declarations of Interest Register.		
<b>KRIC 3/2025.06.17 Items for Assurance</b>		
<b>KRIC 3.1/2025.06.17 Deep Dive - Primary Care Division</b>		
<p>RA/SMN provided a deep dive into the Primary Care Division's research and evaluation activity.</p> <p>SMN outlined the division's commitment to embedding research and evaluation, and noted the development of a divisional strategy aligned with the Long Term Strategy (with a focus on Strategic Priority 4). SMN also highlighted the alignment with the Research and Evaluation strategy, and highlighted examples of the Division's work in this area, such as:</p> <ul style="list-style-type: none"> <li>• The publication of the prevention based health and care framework which provided a systematic approach to embedding prevention in the health and care system.</li> <li>• The development of a inclusion Health Services Blueprint, which included the creation of a monitoring and evaluation framework and a pilot of a maturity matrix for health boards to use to monitor their progress against the blueprint requirements.</li> <li>• Spotlight sessions for the Primary Care team to raise awareness of and encourage activity in research and evaluation. This included the creation of research questions to inform the Healthcare Research Wales programme of work.</li> <li>• GMS Quality Improvement Projects - this included over 800 posters reviewed, which showed improvement in quality and encouraged GP practice activity in intervention and prevention.</li> <li>• The development of women's postnatal health E-learning module, which was funded by Welsh Government and included funding for Band 7 research and</li> </ul>		

evaluation post. This post would aim to design and deliver an evaluation plan by March 2026.

SMN highlighted the collaboration between Public Health Wales and partners such as Health Education and Improvement Wales (HEIW), Welsh Government, Royal College of General Practitioners, and several Welsh universities. These partnerships would ensure that Primary Care research was relevant and able to inform robust change.

SMN noted examples of key research and evaluation impacts from Primary Care work, such as the delivery of a digital consent pilot for the Designed to Smile Programme, which found the digital consent was an efficient method to encourage participation, but that ongoing digital support and co-ordination would be needed to increase capability of the programme.

RA provided a review of examples of Primary Care Division lead work:

- Evaluation and monitoring of a Primary Care Model for Wales (PCMW) as a whole system approach to sustainable and accessible healthcare. This was made up of 60 clusters across Wales within which local health and social care services would plan and deliver care. The Primary Care Division had been tasked with leading the evaluation, and had now moved to the implementation stage. The evaluation included:
  - Cluster peer reviews and self-reflection focus groups to understand the barriers and enablers to cluster working.
  - The development of key indicators to provide assurance that primary and community care is effective and working towards a healthier Wales.
  - These findings would aim to inform Welsh Government priorities, highlight where progress had been made and where additional focus was required.
  - These elements would be brought together into a PCMW evaluation report by Quarter 4 of 2025/26.
- Support of a Welsh Government Directed Supplementary Service (DSS) for Complex Multimorbidity and Frailty between December 2024 – April 2025. This was issued to GP staff and asked them to identify the members of their population with the greatest frailty/needs and highest risk of unscheduled care in order to provide proactive care. PHW conducted a process evaluation on a limited timescale that aimed to gather insights from GP colleagues on successes and what needed to be improved. The evaluation findings were shared with Health Boards and Welsh Government and would be incorporated into the Cabinet Secretaries review of Winter plans for 2025/26, as well as used to improve the DSS specification for 2025/26.

RA highlighted the next steps, which included the development of a Research and Evaluation action plan and monitoring plan aligned with the Primary Care Team's priorities, and to establish 2-3 priority research areas which would be embedded into the 2026/27 workplan.

RA listed some of the challenges and asks of support from the committee, such as a desire to expend capacity within the team to meet increased requests for research and evaluation support, a need to improve access to primary and community care data for monitoring and evaluation, and support ongoing efforts to strengthen academic partnerships and internal/external evaluation skills.

The Committee discussed the following:

- How well GPs were engaged with during the evaluation process. RA confirmed that strong engagement had been received from GP participants with an 85% response rate, particularly through GP cluster leads and close work with the Royal College of General Practitioners and British Medical Association representatives.
- IB highlighted recurring issues with GP data access and noted plans to write to Welsh Government for updates.
- The need for the move to an outcome-based evaluation model to ensure that the impact from this work was identified and demonstrated.
- Whether this work was to be linked in with the work of the Chief Medical Officer (CMO). ZW confirmed that work was being undertaken with the CMO both directly and indirectly in order to influence the strategic programme, and RA noted that the findings of the cluster self-reflection had been presented to the National Primary Care Board to be taken forward into the CMO report. ZW highlighted that the work to develop a public health approach to primary care would be presented at the Primary Care Board in November 2025.
- Whether the findings of the primary care model evaluation could be used more widely. RA noted that the findings had highlighted resource challenges, and that work was ongoing to influence policy direction and to work with Health Boards to identify areas for a shift in resources within budget.
- MD asked on whether this work was linked with Welsh Government/Future Generations Commissioner's prevention metrics and spending, as this may also have links to their team's work. RA confirmed that work was undertaken to develop prevention metrics for the CMO, and that collaboration was underway with Welsh Government on finance indicators and primary care baseline spending. RA agreed to link in the MD to share learning.

SG thanked RA/SMN for their presentation, and the Committee commended the team's progress and emphasised the importance of a preventive primary care system for sustainable healthcare.

The Committee took **assurance** on the progress of the Primary Care Division's research and evaluation activity.

**KRIC 3.2/2025.06.17**

**Digital and Data Strategy**

IB provided an overview of the current progress to deliver and implement the Digital and Data Strategy.

IB highlighted the key points from the report:

- The successful re-platforming of the newborn screening system, which would enable new screening types to be developed.

- Several programmes were underway, such as Digital Health Protection (with a focus on system pandemic readiness), lung cancer screening support, and the modernisation of analysis through the data analysis registration cloud programme.
- Additional funding had been received from Welsh Government to develop the Sexual Health Case Management System
- Two governance groups were now in place: the Digital and Data Design Authority, and the Artificial Intelligence (AI) Design Authority. IB noted that digital and data governance was being strengthened, while AI governance was still an emerging area of work.
- Strategic Risk 5 – the digital and data agenda was at capacity despite additional work despite additional requests for items, and so prioritisation of work was needed.
- Audit Plus was being used for primary care data surveillance, with ongoing collaboration with Digital Health and Care Wales (DHCW) to ensure that organisational needs were met.
- Ongoing work was being undertaken with Welsh Government and DHCW to improve system governance and accountability. IB expressed concerns about the pace and effectiveness of progress, and noted the potential for upcoming elections to affect prioritisation.

The Committee asked about the development with the use of AI within the organisation. IB noted the AI was being piloted in areas such as communications, analytics and screening (such as the lung cancer screening programme), but that there must be a focus on safe and secure implementation. IB highlighted the importance of a data analysis register in the cloud to collect all data in one place, and enable sustainable AI deployment. IB cautioned against adopting AI as a solution without clear questions or evidence of benefit, and raised the need to consider AI's broader public health impacts such as climate change and critical thinking.

SG thanked IB for the update, and the Committee took **assurance** that Public Health Wales is delivering its Digital and Data Strategy through the agreed Routemap and has robust governance in place for managing digital and data work.

**KRIC 3.3/2025.06.17**

**International Health Strategy**

LG provided an update on the work undertaken on the International Health Strategy which was published in November 2023 and was in the second year of monitoring and evaluation.

LG noted the International Health Strategy as an enabling strategy for the long-term organisational strategy, with the International Health Coordination Centre as the focal point but with activities occurring across all directorates.

LG highlighted key areas from the report:

- Growth has been observed in participation in the International Health Forum and global citizenship workshops, with strong engagement from academia and across Public Health Wales.
- International health activities had been aligned with other enabling strategies to promote collaboration and mutual learning.

- Future plans included a full mapping of International Health work, partnerships, and research across the organisation, and the implementation of International Health Champions in each Directorate.

The Committee questioned if the team used outcome measurements and achievements to highlight the impact of their work. LG confirmed the existence of indicators to measure progress which aligned with long-term strategy outcomes. The Committee suggested that a summary of outcomes and achievements could be produced to highlight the breadth of activities and provide clear messaging. LG and LH noted that summary slides had been produced and agreed to share these. SG suggested it would be helpful for the summary slides to be shared.

MD highlighted that the International Team’s capacity had been reduced due to specialisation and resource constraints, but that there was a continued focus on value, learning, and policy impact. MD also noted that the team was working to develop more outcome and impact indicators alongside output indicators, with the inclusion of case studies and stories through collaboration with stakeholders.

MD also highlighted the renewed interest in international work post-COVID, with an increase in research funding and collaboration work with universities.

The Committee congratulated the team on the achievement of Public Health Wales becoming a WHO Collaborating Centre in Digital Health Equity, noting the enabling role of the International Strategy.

SG thanked LG, MD and LH for the update.

The Committee considered the work that has been undertaken and future plans for Public Health Wales’ International Health Strategy, and took **assurance** on the progress to date.

<b>KRIC 3.4/2025.06.17</b>	<b>Outcomes Framework</b>
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KL provided an overview of the Annual Impact Monitoring Report provided to the Committee for assurance. The report gathered user feedback on the use and impact of Public Health Wales products, which would be used to improve visibility, accessibility, and effectiveness.

KL noted that the report’s findings were consistent with the 2023/24 report, which reinforced the reliability of the insights and highlighted persistent areas for improvement.

KL highlighted key points from the report:

- Results showed that Public Health Wales had a well-regarded reputation, but that users reflected that improvements could be made in the visibility of the organisation’s work, such as better website functionality and accessibility of products.
- Stakeholders report using Public Health Wales outputs in funding applications and discussions, though the number of citations was seen as an area for growth.

- Actively engaged stakeholders typically reported positive experiences, while passive users were less satisfied. There was a spectrum of engagement quality in the feedback, with some engagement described as tokenistic. The need to focus on end-user involvement in product development was emphasised.
- The user-centred design team was supporting improvements in product development and engagement, and a baseline audit of engagement practices has been completed.
- Content design and publication standards were in development to ensure reports are concise, actionable, and accessible, aligning with the new website rollout.
- The redevelopment of the website was a major focus, with phased testing and integration of satellite sites planned, which aimed for a full launch in early 2026.

The Committee discussed the following:

- KL highlighted user engagement and involvement as the priority areas for improvement.
- The importance of concise, user-friendly outputs and the need to measure progress and impact of Public Health Wales’s work through future surveys and feedback.
- The potential issue of bias in the feedback, as current evaluation methods may not capture the views of less engaged or unaware audiences. KL acknowledged that this may be an issue, but that consistent feedback scores and comments did not suggest this. IB noted that less than half of survey respondents were satisfied with engagement, which indicated a need for improvement. KL expressed a desire to expand outreach to new audiences.

SG thanked KL for the update, and the Committee considered the findings from the PHW Impact Monitoring approach.

**KRIC 3.5/2025.06.17**

**Update on Strategic Priority 2 - Promoting Mental Health and Social Wellbeing**

EV presented a summary of the work undertaken on Strategic Priority 2, which highlighted efforts to communicate evidence to the public and stakeholders, develop the evidence base, and collaborate with the Research, Data, and Development (RDD) team to evaluate impact.

EV highlighted the integration of crisis care and mental health work from RDD into the children and young people’s needs assessment.

The Committee discussed:

- The partnership arrangements of the Hapus Programme, the input of Public Health Wales into it, and whether its reach went beyond young people and families such as for older people. EV explained that Hapus was initially developed and driven by Public Health Wales but now involved strong partnerships, with recent workshops to encourage partners to take a more active role. The programme was moving from a public-facing campaign to strengthening community offers for mental health well-being. EV acknowledged the focus on younger age groups,

women, minority groups, and those in poor health or with disabilities, but confirmed that older people were included through work with Welsh Government on dementia reduction and through community sector partners such as Age Cymru and Carers Wales. It was agreed that more explicit focus on older people was needed in future work plans.

- The growing emphasis on the positive correlation between arts and health, and suggested this as a valuable area for further exploration.
- IB noted the ongoing collaboration between the teams to develop a robust outcome-based evaluation for the Hapus programme.

The Committee praised the clarity and usefulness of the report for new committee members.

SG thanked EV for the update.

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

<b>KRIC 3.7/2025.06.17</b>	<b>Genomics Delivery Plan</b>
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TC provided an overview of the Pathogen Genomics Delivery Plan for 2026-2029. The genomics delivery plan provides a Welsh Government framework for the delivery and implementation of public health and pathogen genomics across Wales. The delivery plan also fulfilled a key objective of the Genomics Delivery Plan for Wales (2022–2025) as coordinated by Genomics Partnership Wales (GPW), which included Public Health Wales (PHW) and other key stakeholders.

The delivery plan contained 11 objectives and associated actions.

TC highlighted the significant growth in genomics capacity since 2017, now including over 35 staff, multiple accredited services, and a weekly capacity of over 2,000 samples.

TC noted that the plan was developed over 18 months with extensive engagement with senior leaders and staff, clinicians, specialists, the GPW patient sounding board, and feedback from workshops and the Business Executive Team (BET). The plan covers programme structure, service development, collaboration, and enablers such as value assessments and commission processes\*. It is aligned with GPW's broader delivery plan and will be finalised after external consultation, which included translation and a simplified public version.

The Committee:

- Praised the plan as ambitious and transformational and recognised PHW's role as a leader in the Genomics space, but noted the need the additional funding and support for successful implementation. TC clarified that some suggested genomics activities may be cost-neutral or cost-saving by replacing current processes, but acknowledged that some new activities would require additional investment.

- IB emphasised the Committee’s role in taking assurance on the timeline and progress, and the decision to proceed with consultation was with the genomics team to determine. The Committee agreed to receive updates on progress and to be informed of any significant changes or issues during the consultation and adoption process.
- Raised the importance of clear communication and public engagement, especially for decision-makers and those unfamiliar with genomics. TC and TF described the efforts undertaken to engage staff, stakeholders, and the public, which included patient boards, school events, and workforce development plans with HEIW\* to improve genomics literacy and understanding across Public Health Wales and the NHS.
- Commended TC for his extensive engagement work during the plan’s development, and noted the time and effort invested.

SG thanked TC for the presentation.

The Committee took **assurance** from the plan, to adopt as interim and enable its publication in draft format for comment and finalisation through the Genomics Partnership Wales governance process, and **agreed** that if there are minimal further changes as a result of the final consultation stage the Committee would be content for the Pathogen Delivery Plan to progress to full adoption, receiving an update for information.

**KRIC 3.8/2025.06.17**

**Managing Risk**

**KRIC 3.8.1/2025.06.17**

**Strategic Risk Register**

CB/DG provided an overview of Strategic Risks 1, 4 and 5 that fall under the remit of the Committee.

DG highlighted that all three risks were being managed within the agreed risk tolerance levels, and that the Business Executive Team would consider deep dives on Risk 1 and 2 at the 16 October meeting.

DG highlighted updates 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) – the summary for this risk noted the ongoing work in this area, and the difficulties of improving healthy life expectancy from this work alone. DG noted that the organisation was open to consider potential options for management of this risk, with recognition that there could be a high level of risk exposure.
- Strategic Risk Four (failure to effectively mitigate the public health impacts of climate change on the Welsh population) – DG noted that this risk had been discussed at the last Business Executive Team meeting, and was managed through the Climate Change Programme Board. DG highlighted that this risk would continue to be considered alongside the carbon net-zero corporate risk that was expected to be escalated to the Corporate Risk Register. MD noted a recent increase in Public Health Wales’s reported carbon footprint, but this was thought to be attributed to improved data collection rather than emissions growth. Both



climate risks would be reviewed at the next Climate Change Programme Board in November to discuss mitigation options.

- Strategic Risk Five (to fully exploit digital and data fully to improve public health in Wales) – IB reported that the risk remains within tolerance but noted increasing pressure on capability and capacity due to a busy agenda and the need for further prioritisation. He highlighted the link to Strategic Risk 2 and noted the importance of organisational change management. The risk would be discussed at the 16 October Business Executive Team meeting.

The Committee commended for the clear and accessible layout of the risk reports.

SG thanked DG for the update, and the Committee:

- Took **assurance** on the management of Strategic Risk within the Organisation.

**KRIC 3.7/2025.06.17**

**Corporate Risk Register**

IB confirmed that all corporate risks relevant to digital, data, research, and evaluation had already been discussed earlier in the meeting as part of the Data and Digital Strategy Implementation.

The Committee took **assurance** that corporate risks were being scrutinised appropriately.

**KRIC 4/2025.06.17**

**Items for Approval**

**KRIC 4.1/2025.06.17**

**Minutes, Action Log and Matters Arising of meeting (28 March 2025)**

The Committee **approved** the minutes of the 17 June meeting as an accurate record. Updates were provided on any outstanding actions:

- Action 2025/06 (timeline for new IT system) – An update would be brought to the December KRIC meeting to allow for further clarity on timelines.
- Action 2024/6 (development of the NHS app) – A request for a date change to the 9 December was made to allow for a joint meeting with Digital Health and Care Wales.
- Actions to close:
  - 2025/02
  - 2025/05
  - 2024/15
  - 2025/07

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

**KRIC 5/2025.06.17**

**Items to Note**

**KRIC 5.3/2025.06.17**

**Committee Workplan**

The Committee noted the work plan.

**KRIC 7/2025.06.17**

**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: **09 December 2025.**

The meeting closed at 16:21

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