



Ein cyf/Our ref: DC/JMHSC/00159/26

Chair and Chief Executive
Public Health Wales

11 March 2026

Dear Pippa and Tracey,

This letter follows the Public Accountability Meeting held with members of Public Health Wales (PHW) Board on 26 February 2026. Thank you for your and your teams' attendance at the meeting, and for the evidence pack provided in advance of the meeting; this forms an important part of the meeting record. The meeting recording can be found at [Public Health Wales Public Accountability Meeting](#).

This letter sets out my reflections from the meeting, which will continue to be reviewed in regular meetings.

At the start of the meeting, you gave an overview of the work Public Health Wales undertakes as an organisation with a wide and complex statutory remit, delivering public health leadership, clinical and laboratory services, health protection, national screening programmes, health improvement activity, population surveillance, research and the provision of expert advice and evidence to Welsh Government. You noted a significant proportion of the organisation's workforce is focused on frontline and clinical services, including microbiology and laboratory testing, health protection and screening services, and much of the organisation's impact is focused on the longer-term priorities. You were clear that success in improving population health outcomes is dependent and sometimes reliant on effective partnership working across the health system, local government, the voluntary sector and wider public services.

Public Health Wales entered the current financial year with a balanced financial position and an approved integrated medium-term plan, and there is a good working relationship between executive and non-executive directors, with a focus on organisational culture, leadership, governance and quality. Your strategic priorities

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

include work to improve performance issues in screening programmes, the establishment of a national lung cancer screening programme, and the development of a new digital health protection system for Wales with improved surveillance.

As a Board you are of the view that Public Health Wales is responsible for the outcomes of screening pathways, rather than just for those elements directly delivered by the organisation. You acknowledged that screening and vaccination programmes are high-impact population interventions but there are significant challenges affecting bowel screening, breast screening and diabetic eye screening, and you recognised that targets are currently not being achieved. We discussed in detail the improvement plan and Board oversight of services put in place by PHW to address pressures relating to workforce capacity, equipment, resilience of mobile units, increasing demand and the commissioning of key parts of the pathway from health boards. You shared that there are a series of actions in place, including a draft breast screening review report that is being considered by the executive team, working with health boards to raise the profile of national screening programmes, to identify mitigations and improvements, and to reinforce collective responsibility across the wider system.

In relation to bowel screening, you explained that detailed improvement plans are being sought from health boards and that these plans are necessary to assess whether sufficient capacity and accredited workforce will be available to meet demand in the system. You also described work to establish a colonoscopy network, a focus on addressing accreditation timelines, and consideration of a broader specialist workforce. Although you shared work being undertaken to improve screening services, I am concerned about whether the agreed Board improvement actions will be effective in improving performance to the required standards, particularly in relation to bowel screening and delays to colonoscopy, as well as capacity for the future. I would be grateful if you could review these actions and confirm by the end of March whether these could be improved.

The meeting explored inequalities in screening and vaccination uptake. You described your equity-focused work, including follow-up of non-responders, targeted pilots, evaluation of interventions and the role of the Vaccine Equity Network. It was recognised that PHW plays an important role through increasing immunisation uptake with health boards and further surveillance work is ongoing to improve rates across Wales.

A significant and detailed discussion took place in relation to the sexual health testing and postal service incident. You acknowledged that the failures in this service were unacceptable and offered a clear apology for the mistakes made. You explained that once the issue was identified it was escalated promptly to the Board, immediate corrective actions were taken to prevent further harm, and support is now in place for those affected. You emphasised your commitment to openness and transparency in responding to the incident. I expect the Board to learn from this incident and to strengthen clinical governance including safeguarding and quality assurance arrangements and undertake a rapid and effective response to the test and post incident including review and assurance that the system is now fit for purpose and that there are no issues in other systems.

The discussion also highlighted concerns about whether, prior to the incident, the Board had sufficient information, oversight and assurance to enable it to evaluate whether the service was operating safely and effectively. You accepted that there were gaps in the data and assurance available to the Board and that this limited its ability to identify the issue earlier. You acknowledged that this has prompted reflection on the adequacy of existing governance, assurance and triangulation arrangements, and that further strengthening is required. Further concern was expressed about the pace and urgency of response and assurance across other services with direct public contact such as screening. You explained that a rapid end-to-end review of the sexual health testing service is underway, alongside a small number of other services to ensure that appropriate controls, safeguards and governance arrangements are in place.

You described your wider clinical governance framework, quality oversight arrangements, audit processes, fail-safe mechanisms within screening programmes, and ISO accreditation within laboratory services. Work to strengthen organisational culture was also demonstrated as part of this, including speaking up safely, leadership development and quality improvement capability. However, you acknowledged that elements of this work are still developing or being implemented and that further progress is needed to implement the clinical governance framework and ensure timely identification, escalation and mitigation of risk going forward.

In relation to health protection, you described the scale and importance of your surveillance, laboratory, outbreak response and advisory functions, including the volume of notifications managed and the role these services play in protecting the public. You outlined work to modernise surveillance, strengthen digital and genomic capability, and improve preparedness for future threats. You reflected on learning from the COVID-19 pandemic, including improvements in command and control, communication, partnership working, data and digital infrastructure, workforce support and capability. You acknowledged that learning is ongoing and that further work needs to be undertaken, particularly in relation to workforce processes, role clarity, diagnostics and data capability. Further clarity is required on your preparedness for future emergencies/pandemics including testing pathways and work with other nations of the UK on shared standing capability.

The discussion on health improvement and population health focused on the breadth of your activity and the challenge of translating evidence into action. You described your work on wider determinants of health, prevention across the health and care system, and the delivery or commissioning of national programmes, alongside partnership working with health boards, local authorities, the voluntary sector and national bodies. The meeting emphasised the need to move beyond advice and analysis to impact, demonstrable system change and improved health outcomes working in partnership with Directors of Public Health and other partners.

You outlined your approach to risk management, culture, people strategy, audit, financial management and planning. Non-executive directors described how the Board seeks to balance assurance with active problem-seeking, including challenging pace, innovation, procurement decisions, cyber security and partnership working. You reflected on how recent events have reinforced the importance of

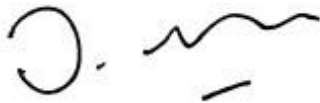
urgency, intelligent scrutiny, and the need for the Board to continually test whether it has the right information to discharge its responsibilities.

During the meeting Welsh Government requested assurance and clarity on improvement plans for screening pathways, particularly bowel and breast screening; follow-up information on fail-safe arrangements and how they are monitored; updates on the outcomes of reviews relating to the sexual health testing service and associated assurance work; and continued engagement on how Public Health Wales will strengthen triangulation of data, pace of response and demonstrating system-wide impact.

In summing up the meeting, I made three observations. Firstly, the importance of pace and urgency, particularly in relation to Board assurance related to areas such as service governance and assurance, the need to ensure risks to the public are identified and addressed swiftly. Secondly, the need for continued responsiveness and agility in responding to ministerial priorities and the changing context in which you operate. Thirdly, the importance of deepening system-wide working with a strong focus on action and delivery, particularly in partnership with health boards, local authorities and other partners.

I would like to thank you for the openness and candour of the discussion. It is clear that there are areas where improvement is required and where progress will need to be demonstrated.

Yours sincerely,

A handwritten signature in black ink, consisting of a circular mark followed by a series of wavy lines and a short horizontal stroke.

Jeremy Miles AS/MS

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care