

# Chief Executive Board Report

September 2024

## 1 Approval of our Strategic Plan (Integrated Medium Term Plan) 2024 - 2027

I am pleased to report that on the 9 August, Nick Elliott our Interim Chair received confirmation from Judith Paget, Director General Health, Social Care and Early Years Group / NHS Wales Chief Executive, of the then Cabinet Secretary for Health and Social Care's approval of our Strategic Plan for 2024 – 2027 (Integrated Medium Term Plan) a copy of the letter is attached.

The approval comes with a number of accountability conditions that were outlined in a letter to me from the Director General on the 26 July. These conditions are to:

- ❖ continue to demonstrate leadership role in supporting NHS Wales improve public health, ensuring prevention and health protection are at the forefront of planning
- ❖ continue to support primary care developments and the prevention agenda
- ❖ maximise contribution to the achievement of the Six Goals programme, particularly goals 1, 2 and 6
- ❖ offer appropriate support to the strategic integrated vaccination programme for Wales
- ❖ deliver in line with the Mandate Letter, achieving delivery of the key areas identified.

The approval of the Plan was secured following considerable work that was undertaken across the organisation and I would like to thank the Executives, our strategic priority leads, our Strategic Programme Team and many of our colleagues for the hard work that went behind the development of the Plan.

The implementation of the Plan will be monitored by the Board through the year.

## 2 Mpox Clade 1 Outbreak and Preparedness

On the 14 August 2024, the World Health Organization Director General declared that the increase in mpox cases in the Democratic Republic of the Congo (DRC) and its expansion to neighbouring countries (Burundi, Kenya, Rwanda and Uganda) constitutes a Public Health Emergency of International Concern (PHEIC). This outbreak is being driven by MPXV Clade I, which is currently classified as a High Consequence Infectious Disease in the UK.

The number of confirmed cases continues to rise in Central Africa, although at a slower rate. The only cases reported outside of Africa are in Sweden and Thailand,

with a single imported case of Clade 1b in each. The epidemiological picture remains unclear. There are currently no confirmed cases of Clade 1 mpox in Wales and across the UK.

We have agreed with the Welsh Government that the triggers have not been met to establish an incident at this current time, given that we do not yet have a case. However, there is a need for coordinated action within Wales, and across the four UK nations, in order to prepare the system in Wales for a response to a first case should it arise. The four nations are working very closely together in relation to Mpox Clade 1.

We have established an internal response mechanism and we are working with partners, including the NHS, local authorities, the Welsh Government and the NHS Executive. The following activities have taken place to date:

- ❖ 27 August: system-wide briefing led by us for health boards, including updates from us and the Welsh Government on the known epidemiology, diagnostics, preparedness activity and guidance.
- ❖ 28 August: our own internal mpox exercise
- ❖ 3 September: letter from Judith Paget, Director General, to NHS Wales to reinforce the importance of preparedness and engagement, with positive reference to Public Health Wales' briefing and mpox exercise
- ❖ 6 September: all-Wales mpox exercise to test clinical and Health Protection response pathways (nearly 200 attendees)
- ❖ 9 September: testing in Wales went live with Clade testing in Cardiff. Mpox testing is being rolled out to the network, and will take until the middle of October before there is a local offer in North or West Wales. Discussion is ongoing about whole genome sequencing (WGS) needs and operational collaboration with the UK Health Security Agency (UKHSA).

There is a particular focus on developing four nations ways of working to coordinate the response, particularly with the UKHSA and other public health organisations. Work continues at a UK level to procure vaccine for potential outbreak response and for routine immunisation of those at risk.

Mirroring the incident response structures outlined in the All-Wales Communicable Disease Plan, the Welsh Government, in consultation with Public Health Wales, is establishing a High Consequence Infectious Disease Preparedness Group to plan and prepare NHS Wales and the wider health and social care system for the management of any confirmed case(s). This is jointly chaired between Public Health Wales and the NHS Executive. The Welsh Government has also established a Health Policy Oversight Cell.

We will continue to keep the Board updated of any developments in relation to mpox Clade 1.

### 3 Conference of the G20 National Public Health Institutes, Rio de Janeiro

The International Association of National Public Health Institutes (IANPHI) organised a conference in Rio de Janeiro to coincide with Brazil's presidency of the G20 in 2024, from the 9 to 11 September. Meng Khaw and I attended the meeting, which brought together the G20 National Public Health Institutes to raise awareness to the G20 of the roles and responsibilities of National Public Health Institutions and the value of IANPHI's focus on mutual learning and peer to peer support.

The key objectives of the conference were to:

- ❖ Make recommendations to the G20 on how it can strengthen public health systems nationally and globally
- ❖ Commit IANPHI to the health priorities of the G20 Health Presidency for adoption by the G20 Health Working Group

One of IANPHI's goals is to present to the G20 Health Ministers a request for support for their **Roadmap for Health and Climate Change Action**, which outlines five priorities:

- ❖ advocating for strengthening NPHIs capacity to contribute effectively to research, policies, and actions on climate and biodiversity
- ❖ improving capacity, competency, and training through peer support and knowledge sharing among institutes
- ❖ increasing collaboration with international and regional organizations active in public health and climate change
- ❖ supporting the environmental sustainability of public health services
- ❖ monitoring progress in NPHI involvement in climate change policies through key indicators.

To achieve this, discussions were focussed on four key themes: preparedness and response to health emergencies, climate and health, equity and health and resilient health systems. The discussions will form the basis of a declaration to the G20 Health Ministers, to be finalised in October.

### 4 Meeting of the Chief Executives of the UK Public Health Agencies

On the 13 August, we met face to face as the chief executives of the UK national public health agencies. We routinely meet on a quarterly basis and this was the first face to face meeting together since the pandemic. We discussed a broad range of items and various colleagues from our organisations joined us for different items. Our discussions included general updates from each organisation, population health modelling, non-communicable diseases and commercial determinants, economy and health and international work. We agreed a number of actions that will be taken forward by the established four nations groups.

## **5 Update on the UK COVID-19 Public Inquiry**

The following provides an update on the current activities of the organisation in relation to the UK COVID-19 Public Inquiry up to the 13 September 2024.

### **5.1 Module 1 (Resilience and Preparedness)**

Following the conclusion of the Public Hearings in July last year, the Inquiry published its report on the 18 July 2024. Paul Veysey, our Board Secretary and Head of the Board Business Unit and Public Inquiry lead, our senior counsel and I attended the closed session prior to publication.

A report was prepared for the Business Executive Team's consideration on the 7 August 2024 and steps are now being taken to determine how the recommendations will be taken forward.

With the exception of six-monthly check-ins with the Inquiry team to discuss progress in implementing recommendations, this module is now deemed to be complete by the Public Inquiry Team.

### **5.2 Modules 2 (Core UK Government Decision Making) and 2B (Core Welsh Government Decision Making)**

The Public Hearings for Module 2, 2A, 2B and 2C have now concluded.

As advised in my previous update, the Inquiry will now consider all evidence provided (documentary and oral) and the closing submissions which were provided by the core participants across all modules, with a view to preparing its report and recommendations. The Inquiry has started drafting its report, which will likely include findings and recommendations from each of the Module 2 investigations from across the UK. The date for publication of this report is currently unknown.

### **5.3 Module 3 (Impact on Healthcare Systems)**

We are not a Core Participant for Module 3 but have provided evidence to the Inquiry. The Public Hearings for Module 3 started on the 9 September 2024 and will conclude on the 28 November 2024.

As with previous modules, the public hearing is being monitored internally with daily reports and relevant documents from the Public Inquiry website being circulated, highlighting areas of interest and any references to Public Health Wales. Processes are in place to seek legal support should this be necessary.

### **5.4 Module 4 (Vaccines and Therapeutics)**

Public Health Wales is a Core Participant for Module 4. To date, Public Health Wales has provided detailed evidence to the Inquiry and will continue to support any requests made.

The Inquiry continues to release evidence onto the evidence platform in relatively large batches, and now at an increased frequency, and the triage process in place for reviewing each batch of evidence is working well. We continue to monitor internal expert/administrative support capacity to review the evidence disclosed, in anticipation of the Inquiry releasing more frequent batches of evidence in the run up to the commencement of the public hearings. Additional expert support discussions remain ongoing, and we anticipate that support will be in place shortly.

The public hearings for this module are scheduled to commence on the 14 January 2025 and conclude on the 30 January 2024. We may be called to provide oral witness evidence at this hearing. Further details on this are expected to be received in the Autumn. Legal support is in place for the public hearings.

### **5.5 Module 5 (Procurement)**

We are not a Core Participant for this module. In response to the need to provide evidence to the Inquiry, our PI Response Team are working with a core group of individuals who will assist in the collation of information and evidence, ensuring that any responses are provided by the deadlines imposed by the Inquiry.

Public hearings are due to commence on the 3 March 2025 and will end on the 3 April 2025.

### **5.6 Module 6 (Care Sector)**

We are a Core Participant for Module 6. It is anticipated the Inquiry will require significant input and evidence from us in order to investigate this module. In response to the need to provide such evidence to the Inquiry, we have identified a core group of individuals who will assist in the collation of information and evidence.

In anticipation of the need to provide a Corporate Witness Statement, the corporate witness for this module has also been agreed.

Disclosure from the Inquiry has now commenced through its Relativity platform. As with Module 4, our PI Response Team has a triage process in place for reviewing each batch as it arrives, with the aim of reviewing relevant evidence identified through the triage process without delay.

Public hearings are scheduled to commence on the 30 June 2025 and conclude on the 31 July 2025. We may be called to provide oral witness evidence at this hearing. Legal support is in place for the public hearing.

### **5.7 Module 7 (Test, Trace and Isolate)**

We are a core participant for Module 7. As with Module 6, it is anticipated the Inquiry will require significant input and evidence from us in order to investigate this module.

In response to the need to provide such evidence to the Inquiry, we have identified a core group of individuals who will assist in the collation of information and evidence. Work has begun to collate relevant information and evidence for this Module.

Disclosure from the Inquiry has also commenced through its Relativity platform. As with Module 4 and 6, our PI Response Team has a triage process in place for reviewing each batch as it arrives, with the aim of reviewing relevant evidence identified through the triage process without delay.

The Module 7 public hearings are due to commence on the 12 May 2025 and conclude on the 30 May 2025. Legal support is in place for the public hearing.

### **5.8 Module 8 (Children and Young People)**

We are not a Core Participant in the Module. This Module is in its early stages, with the first preliminary hearing taking place on the 6 September.

In anticipation that we may be called to support the Inquiry's investigation in this Module, our PI Response Team has provisionally identified a core group of individuals who may be able assist in the collation of information and evidence. Public hearings for this module are expected to take place in Autumn 2025.

### **5.9 Module 9 (Economic Response)**

This module launched on the 9 July 2024. Applications for core participant status closed on the 6 August 2024. Following careful consideration of the Modules scope, a decision was made not to apply for Core Participant status in this Module. Noting the focus of this module, we are not anticipating a high level of involvement with the Inquiry. Public hearings for this module are expected to commence in Winter 2025.

### **5.10 Future Modules**

Further modules are expected to be announced in due course by the Inquiry. The next module is expected to explore the impact of the pandemic in various ways, including on the mental health and wellbeing of the population. We are expecting this module to be launched in the Autumn.

## **6 Professor Jim McManus made a Visiting Professor in the Centre for Health Economics and Medicines Evaluation (CHEME) at Bangor University**

I would like to warmly congratulate Jim McManus, our National Director of Health and Wellbeing, who has been made a Visiting Professor in the Centre for Health Economics and Medicines Evaluation (CHEME) at Bangor University [Welcome | Centre for Health Economics and Medicines Evaluation | Bangor University \(CHEME\)](#). Jim is already an Honorary Professor at Hertfordshire University and was

a Visiting Professor in Practice at the London School of Economics in the Care Policy Evaluation Centre where he worked on prevention and social care. As part of this, he will join the Advisory Board of Health and Care Economics Cymru.

This appointment strengthens our links with a very strong research driven school of health sciences, and also our links with North Wales academic institutes. One of the strengths of CHEME is developing public health economics and health economics of psychosocial interventions , led by Professor Rhiannon Tudor Edwards and her team. We already have links with Bangor University and I hope this further link will help much needed work on supporting and promoting the effectiveness of public health advice and interventions across Wales.

### **Recommendation**

The Board is asked to receive this information.

**Tracey Cooper**

**CHIEF EXECUTIVE**