

**Unconfirmed Minutes of the Board Meeting on 30 May 2024**  
**Held in 3.7, CQ2 and electronically via Microsoft Teams**  
**Livestreamed on the Internet**

<b>Present:</b>		
Jan Williams	(JW)	Chair
Tracey Cooper	(TC)	Chief Executive
Huw George	(HG)	Deputy Chief Executive, Executive Director Operations and Finance
Sumina Azam	(SA)	National Director of Policy, and International Health
Iain Bell	(IB)	National Director for Public Health Knowledge and Research
Claire Birchall	(CB)	Interim Executive Director of Quality, Nursing and Allied Health Professionals
Diane Crone	(DC)	Non-Executive Director (University) and Chair of Quality, Safety and Improvement Committee
Nick Elliott	(NE)	Non-Executive Director (Data and Digital) and Chair of Audit and Corporate Governance Committee
Clare Jenkins	(CJ)	Vice Chair of the Board
Meng Khaw	(MK)	National Director Health Protection and Screening Services, Executive Medical Director
Mohammed Mehmet	(MM)	Non-Executive Director (Local Authority) and Chair of the People and Organisational Development Committee
Tamsin Ramasut	(TR)	Non-Executive Director (Equality and Diversity)
Kate Young	(KY)	Non-Executive Director (Third Sector)
<b>In Attendance:</b>		
Rachel Attwood	(RA)	Assistant Director of People and Organisational Development
Julie Bishop	(JB)	Director of Health Improvement
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of Board Business Unit
Jim McManus	(JM)	National Director of Health and Wellbeing
Paul Veysey	(PV)	Board Secretary and Head of Board Business Unit
<b>Apologies:</b>		
Neil Lewis	(NL)	Director of People and Organisational Development
Sian Griffiths	(SG)	Non-Executive Director (Public Health) and Chair of the Knowledge, Research and Information Committee
Claire Sullivan	(CS)	Staff Side Representative

*The meeting commenced at 11:15*

<b>PHW 2024.05.30/1</b>	<b>Welcome and Apologies</b>
<p>JW welcomed everyone to the meeting, extending a warm welcome to those observing the proceedings online. She noted that the Board was the Governing Body of the organisation, with specific responsibilities for: strategic direction-setting; building and sustaining strategic partnerships; setting strategic risk appetite and overseeing strategic risks; scrutinising in-year delivery against plans; maintaining good governance and setting organisational tone and culture.</p> <p>On tone and culture, the Board promoted a learning culture, one in which, if something did not go to plan, Public Health Wales apologised, set about putting things right and making improvements for the future. The Board wanted everyone to come to work and be their authentic, best selves, without fear of disadvantage or discrimination of any kind, including from any form of phobic behaviour. The Board found this unacceptable and JW encouraged anyone subject to such discrimination to use the processes available to call it out. She also asked anyone who saw/heard of any such discrimination to report it, as no-one should put up with any injustice. The Board also wanted staff to thrive and develop, reaching their full potential, with a real sense of belonging to the organisation.</p> <p>The Board always took delight in congratulating staff on achievements and extended warm congratulations to Juniad Iqbal on his Welsh Experience National Award (WENA) for excellence in quality, diversity and inclusion. The Board also congratulated the Swansea Microbiology department, and particularly Karly Harvey and Greg Williams, on their Antimicrobial Stewardship Silver Award at the Journal of Wound Care Awards.</p> <p>JW also took the opportunity to express her thanks to PV and LB for their excellent work in preparing a number of the governance related papers on the board agenda. She noted the importance of diligence and attention to detail in ensuring that all aspects of public body governance were up to date.</p> <p>The Board conducted its business in line with a formal Board Etiquette; this referenced the reading of all papers before the meeting, optimising the time available for debate on the day. The Board also adhered to Public Health Wales' Values: Working Together, With Trust and Respect, to Make a Difference.</p> <p>JW then summarised the items on the Agenda.</p> <p>The Board <b>noted apologies</b> from Claire Sullivan, Neil Lewis and Sian Griffiths.</p>	
<b>PHW 2024.05.30/2</b>	<b>Declarations of Interest</b>
<p>JW sought Declarations of Interest other than those recorded already on the Declarations of Interest Register. There were none.</p>	
<b>PHW 2024.05.30/3</b>	<b>Board Assurance Framework</b>

**PHW 2024.05.30/3.1**

**Chief Executive's Report**

Introducing the Chief Executive's Report, TC drew attention to:

In introducing her report, TC drew attention to the position in respect of the Covid-19 Public Inquiry and invited PV to comment.

PV provided a financial update setting out the 2024/25 budget and outlining the actions currently underway.

TC then highlighted the Tacking Diabetes Together Programme, emphasising the importance of this. She then invited JM to expand on the current position. JM set out the purpose of the programme, the level of engagement across health boards and the way in which the content development had been a team effort across Public Health Wales directorates. He also made the connection with Prevention Based Health and Care, noting that the Framework, launched on 20 May 2024, was very relevant to the Tackling Diabetes Together Programme.

In response to an invitation from TC, CB then commented on the Public Health Wales Nursing and Midwifery Conference on 13 May 2024, expressing her pleasure at the number of people attending and the support on the day from the Chief Nursing Officer for Wales, Sue Tranka.

TC then referenced the fact that this was the last meeting for the Board Chair, JW, and on behalf of all Board members, thanked JW and wished her well as she moved to her new role as the Chair of Swansea Bay UHB.

JW thanked TC for her kind words and then invited any comments on the report.

KY welcomed the development of the Directory of Education and Training in Inclusion Health for Health Professionals, noting its relevance for third sector organisations.

NE referenced a comment in the Directorate Reports concerning the withdrawal of a diabetic tool. He sought further detail on this and the level of risk it represented. IB explained that the tool – Audit Plus – provided primary care data for use across the NHS and indeed across the directorates of Public Health Wales. The company involved was withdrawing the product and Digital Health Care Wales was at work on a potential solution. IB assured the Board that DHCW was aware of all Public Health Wales requirements in respect of the solution and agreed to update Board members with any developments.

**Action: IB**

The Board **noted** the Chief Executive's Report and **took assurance** from the Report and the discussions at the Board meeting.

**PHW 2024.05.30/3.2**

**Latest Public Health Overview**

Referring to the Public Health Rapid Overview Dashboard, IB first drew attention to the action following on from the March 2024 Board in respect of the fall in healthy life expectancy in Wales. He explained that the team had analysed the reasons and that they were mainly falls in self-reported good health in women aged under 65 and particularly those aged 55-64. A possible explanation was pointing towards the main factor being a genuine decline in this rather than any methodological challenges or changes in reporting. IB agreed to circulate a full briefing to the Board outside the meeting.

**Action: IB**

IB then commented on excess mortality, referencing specifically the increase in mortality from liver disease, which was consistently above the 5-year Welsh average. It related to a UK phenomenon in respect of alcohol abuse and problem drinking and also to levels of obesity.

On the wider determinants of health, IB drew attention to levels of unemployment and of economic inactivity. These were of concern, and he asked the Board to note the proposed work on labour market trends.

In response to a query from TR, IB noted that Powys University Health Board differed from other health boards in outsourcing its acute and specialist services. This meant that comparisons with other health boards were of limited utility.

JW thanked IB for his presentation, noting his intention to liaise with all Board members on refreshing the content of the dashboard.

**Action: IB**

JW then invited any comments or questions.

MM asked about the breakdown of people waiting more than 36 weeks to begin treatment and the availability of data in respect of equality, diversity and inclusion (EDI). IB acknowledged the importance of this question, accepting that simple quantification was an oversimplification. SA provided added detail on how EDI data drove some of the work in her directorate and MK also noted the continuing refinement of EDI data in respect of the frontline services in his directorate. TC also recognised the significance of the question and referenced the need for additional detail in respect of excess mortality around heart disease. She indicated that the Executive Team would consider this matter further.

**Action: TC**

CB referenced work underway at clinical network level and the data captured in respect of people subject to delayed pathways of care in a hospital setting. JW suggested that in addition to counting the number of people so delayed, there was benefit in recording the length of delay given that deconditioning was cumulative, and that any length of hospital stay mitigated against frail older people returning home.

The Board **discussed** and **scrutinised** the Rapid Overview Dashboard Report, **took assurance** from the feedback and comments and **noted** the specific areas of data analysis underway.

**PHW 2024.05.30/3.3**

**Integrated Performance Report (Month 1), Finance Report and Strategic Risk Register**

Introducing the Integrated Performance Report, JW invited HG to provide a synopsis. HG began by setting out the year end position, noting the balanced outturn and 90% delivery against the milestones in the 2023/24 plan. The Executive Team was working on the basis that the 24/27 IMPT would gain approval and the information before the Board today concerned month 1 and month 2.

HG also advised that the IPR and PAD were subject to ongoing refinement, the next phases of which would appear in the reports to the meeting of the Board in July.

**Action: HG**

HG then invited the executive leads to highlight any specific issues.

People and Governance

RA drew attention to the work in focus on appraisal and development reviews in Health Protection and Screening Services; this had seen a 10% improvement over the last 6 months.

Financial Governance

HG drew attention to the correction to an error in an earlier version of Table B. He also advised that, given this was month 02 of the new financial year, reporting was light against the required indicators.

CB set out the good progress in reviewing QNAPS policies and procedures. She referenced work underway with MK's directorate on strategic risks for subsequent presentation to the September Board meeting. CB also referenced one early warning in Breast Test Wales.

Information Governance

IB advised the Board that the July meeting would see a paper on personal data breaches. He also flagged advice to the NHS Executive on strengthening its information governance.

HG asked PV to reference any other governance matters. PV commented on the internal and external audit programmes, the substantial assurance gained following an audit of committee workplans and the inclusion of a target score of 6 against risk 1614 for the NHS Executive.

### Clinical Governance

No matters raised.

HG asked for any further points on the above sections.

TR raised a general question around risk and the EDI agenda. From her perspective, the papers presented to the Board did not reference this risk explicitly and she asked for more consideration of this.

IB agreed on the importance of understanding risks and issues relevant to each of the organisation's services and functions. He wondered if TR's point related to an issue rather than a risk. He summarised the quality of data available and acknowledged the many gaps in current data sets.

MM supported TR's query indicating that from his perspective, there was insufficient profile of the EDI agenda. TC acknowledged the need to consider this matter further, referencing both the controls and influence Public Health Wales had over the EDI agenda. She raised the concept of an issues log to run in parallel with the risk register and JM supported this concept. MK added detail on the barriers in place to addressing inequalities but agreed on the need to ensure greater visibility.

PV reminded the board of the inclusion in the standing orders of the need to embed equalities into the Board and Committee structure and SA noted the work at Welsh Government level in capturing health inequity data. She also summarised the work of an internal group on this and agreed to liaise with TR accordingly.

### **Action: SA / TR**

TC and PV agreed that the Executive Team would give further consideration to the concept of an Issues Log and report back to the Board in a Board Development session.

### Integrated Medium Term Plan (IMTP)

HG reported on 96% compliance with the milestones in the 24/25 IMPT. At this stage in the year, there was little variance but HG drew the attention of the Board to 3 milestones identified as red and summarised the reasons for that.

### Screening, Vaccinations and Immunisations, Health Care Associated Infections

MK reported on progress with the BTW programme. There were currently 588 women waiting longer than 36 months, but the intention was to fully recover the programme by June 2024.

On DESW, MK reported that the team had now caught up with the backlog that had resulted from the Covid-19 pandemic. The team continued its far-reaching transformation programme and was seeing new referrals within the standard 3 months. Issues remained with the annual recall service of those at high risk and the 2-year recall for those at low risk.

MK then went on to report on a measles outbreak in Gwent; without any further cases, the outbreak was scheduled for closure on 12 June 2024.

He outlined for the Board the publication of the Infected Blood Inquiry report on 20 May 2024 and the coordinated response submitted by partners at an earlier stage. MK went on to assure the Board that a bespoke postal testing service was in place and was working well. Public Health Wales was working closely with Welsh Government and local health boards on additional action required.

On behalf of SG, JW thanked MK for taking the lead in producing that response.

Thirdly, MK updated the Board on an issue with the Withy hedge Landfill Site. This had prompted complaints from those living locally about odours emitting from the site. Natural Resources Wales had known of this in October 2023 and had approached Public Health Wales in January 2024 for expert advice on the human health implications from these odours. Public Health Wales had supplied this advice at the time and advised capping the site and capturing monitoring data to inform a formal human health impact assessment. MK advised the incident management team was assessing the data available and that there were regular communications with advice for residents. He reiterated that NRW was the regulator with enforcement powers, a point that MM reinforced. Public Health Wales had no regulatory powers over this matter and all enforcement powers were vested in NRW.

The Board **considered** the financial position of Public Health Wales and **took assurance** from the discussions and actions.

**Break**

<b>PHW 2024.05.30/4</b>	<b>Strategic Partnership – Llais</b>
<p>JW extended a warm welcome to Medwyn Hughes and Alyson Thomas, the Chair and Chief Executive of Llais. She invited them to give an initial presentation prior to a more general conversation with the Board.</p> <p>MH thanked Public Health Wales Board for the opportunity to join the meeting. He set out the background to the establishment of Llais through the legislative underpinning of the Health and Social Care (Quality and Engagement) (Wales) Act 2020. He emphasised the wide-ranging powers and the firm intention of the organisation to strengthen the voices of the people of Wales and in particular the silent voices. He highlighted the Llais National Strategy launched 3 weeks ago and set out the key priorities within the Strategy, together with the key principles.</p> <p>Strategic partnership working was a fundamental tenet underpinning the way Llais would discharge its responsibilities and MH looked forward to a productive strategic partnership.</p> <p>AT added more detail around the respective duties and responsibilities of Llais and public bodies in Wales and she looked forward to a more detailed conversation around an active collaboration and engagement of Public Health Wales in the forthcoming National Conversation.</p> <p>JW thanked MH and AT for their informative presentation and reiterated Public Health Wales’ commitment to developing an effective working partnership. Comments from Board members emphasised and welcomed the synergy of both bodies’ agendas, endorsed the need to strengthen systems of engagement, welcomed the intention to engage across Public Health Wales’ Strategic Priorities and looked forward to the outcome of Executive level discussions to agree a joint working model as strategic partners.</p> <p><b>Action: TC</b></p>	
<b>PHW 2024.05.30/5</b>	<b>Board Assurance Framework (Continued)</b>
<b>PHW 2024.05.30/5.1</b>	<b>Incident Response Group – Vaping and Young People</b>
<p>JW welcomed JB to the meeting and invited JM to provide an initial introduction. He outlined the rapid rise in vaping prevalence amongst children and young people in Wales. This was clinically significant and constituted a public health emergency. JB then outlined the innovative approach taken through the setting up of an incident response group (IRG), a model usually applied in communicable disease outbreaks.</p> <p>JB explained the ways in which representatives of key stakeholder groups and professionals came together in the IRG and the approach to the work. This included an initial epidemiological report, further field investigations (including rapid school surveys) and focus group work to gain insights into the practices and perceptions of children and young people around vaping. JB went on to set out the learning points noting the intention to undertake a full learning review during the month. She then concluded by outlining the</p>	

findings, the potential future application of the IRG model and the ongoing work to ensure continued prominence of the IRG recommendations. On behalf of SG, JW congratulated JB and the IRG and sought assurance around the continued focus on the recommendations.

KY welcomed the use of the IRG model and looked forward to further information on its application in different settings. She reminded the Board that in the summer of 2023, the Young Ambassadors (YA) had identified vaping as one of their main priorities. She asked for a direct note to the YA to bring this work to their attention. JB agreed to do this, noting the ongoing involvement of the YA as the work had progressed.

**Action: JM / JB**

DC (as the former YA champion) welcomed this report and suggested the inclusion of vaping in the Rapid Public Overview Dashboard. IB commented on the data available currently and agreed to consider ways of filling existing gaps. LM updated the Board on the social media reach of this report and publication and Chris Emerson’s sterling work in media interviews.

The Board **considered** the report, **congratulated** all involved in the work undertaken to date and **supported** the need to maintain focus on the implementation of the recommendations.

**PHW 2024.05.30/5.2** | **Committees of the Board: Report from Committee Chairs**

Audit and Clinical Governance Committee (ACGC)

NE confirmed that there were no specific issues to raise other than those set out in the Report.

People and Organisational Development Committee (PODC)

MM had no issues to report.

Quality Safety and Improvement Committee (QSIC)

DC confirmed there were no issues identified.

The Board **noted** the report and **took assurance** from the content and the updates provided at the meeting.

**PHW 2024.05.30/5.3** | **Committee Annual Reports and Work Plans**

JW invited LB to introduce these papers.

LB summarised all the work involved in compiling the annual report and confirmed that all committees had assessed and recommended the proposed workplans.

LB when on to outline work undertaken in 23/24 to enhance cross committee working, and identify those issues for the crosscutting that warranted a cross committee approach.

PV added detail on the way in which this work demonstrated that the board was high performing, and he noted the recent award of substantial assurance following an Internal Audit review.

The Board;

- **considered** the Committee Work Plans for 2024/25 and **took assurance** that these met the requirements as set out in Committee Terms of Reference.
- **considered** and **took assurance** from the approach to Cross Committee working developed for 2024/25.

**PHW 2024.05.30/6**

**Items for Approval**

**PHW 2024.05.30/6.1**

**Capital Plan 2024-25**

HG outlined the purpose of the 2024/25 Capital Programme noting the distinction between discretionary and strategic capital funding. The later resulted from specific Welsh Government funding against formal submissions whilst discretionary capital was included in the annual allocation.

NE commented on the compilation of the 10-year capital plan asking about the inclusion of new and innovative capital planning options during the next 10 years, using Artificial Intelligence as an example. IB outlined the work in hand at national level and HG reflected on the limited amount of capital monies available. The Cabinet Secretary had asked for an outline 10-year plan in addition to the capital requirements set out in the IMTP.

NE acknowledged this point but emphasised the need for flexibility and to ensure the organisation maintained a future focus.

MM asked about the process for approvals above £100,000 noting this was the minimum required for a formal business case. HG advised that below that sum there would be a formal statement of need before approval. He advised that a number of proposals related to replacement of equipment. In response to a query from TR, HG agreed to review the use of Equality Impact Assessment on capital proposals.

**Action: HG**

The Board **approved** the proposed discretionary capital spending plans for 2024/25 and **noted** the strategic allocation for 2024/25, proposed strategic capital replacement programmes, and business cases.

**PHW 2024.05.30/6.2**

**Board Assurance Framework**

JW commended PV and LB on the further refinements to an already ground-breaking Board Assurance Framework (BAF). This was corporate governance work of the highest

standard and Public Health Wales was fortunate in having PV and LB as in-house experts in governance.

The Board **approved** the proposed changes to the Board Assurance Framework

**PHW 2024.05.30/6.3**

**Standing Orders Review**

PV outlined the changes set out in the review of Standing Orders and the rational underpinning these.

MM sought clarification on the proposal to elect a chair at any meeting when the Board Chair, Vice Chair and Chair of Audit and Corporate Governance Committee were not present.

The Board **approved** the proposed changes subject to the inclusion of an agreed form of words to meet MM's query, to confirm that the Non-Executive Directors present should first decide whether to proceed with the meeting, before determining a chair for that meeting.

**PHW 2024.05.30/6.4**

**Committee Terms of Reference Annual Review**

PV outlined the proposed changes to the Committee Terms of Reference all of which had been subject to relevant committee scrutiny.

MM sought the inclusion in each set of Terms of Reference of a responsibility around the EDI agenda. This would supplement the role of the Board in this respect as reflected in the Standing Orders. The Board supported the suggested inclusion.

The Board **approved** the revised the Terms of Reference subject to the inclusion of committee level responsibility around the EDI agenda.

**PHW 2024.05.30/6.5**

**Board Minutes and Action Log from the 28 March 2024 meeting**

The Board **confirmed** the Minutes as an accurate record of the meeting.

PV provided an update on the Action Log.

The Board **approved** the Minutes and **noted** the position in respect of the Action Log.

**PHW 2024.05.30/6.6**

**Duty of Quality Annual Report 2023/24**

CB advised that this was the first Annual Quality Report produced in line with the requirements of the Duty of Quality. She outlined the background, content, learning from

its compilation and noted the many examples of good practice that could demonstrate to the public the quality standards across the organisation.

Board members congratulated CB and all involved in the production of the report and looked forward to further refinements in the coming year.

The Board **approved** the Annual Quality Report 2023 -2024 for publication.

<b>PHW 2024.05.30/7</b>	<b>Items for Noting</b>
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<b>PHW 2024.05.30/7.1</b>	<b>Private Chair's Report (March 2024)</b>
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JW explained the purpose of placing this report in the public domain, in line with the Board's *Protocol for Reserving Matters to a Private Board (and Committee) Meeting*, updated in July 2023.

The Board **noted** the Private Chair's Report.

<b>PHW 2024.05.30/7.2</b>	<b>Board Forward Plan</b>
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The Board **noted** the Forward Plan

<b>PHW 2024.05.30/7.3</b>	<b>Private Board Papers</b>
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None.

<b>PHW 2024.05.30/8</b>	<b>Date of Next Formal Meeting of the Board</b>
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Before the formal closure of the meeting, NE expressed the Boards' thanks to JW, paid tribute to her public service and wished her well in her new role.

JW thanked everyone for their kind words. It had been her pleasure and privilege to Chair the Board of Public Health Wales, with the last 7 years representing the richest of her career. She left a high performing Board and thanked everyone for providing such a high quality of debate and scrutiny in such a collegiate and effective way.

The next meeting would be held on 25 July 2024.

The meeting closed at 14:30