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**Unconfirmed Minutes of the Board Meeting
held on 31 March 2022
(held electronically via Microsoft Teams
and livestreamed via the web)**

Present:		
Jan Williams	(JW)	Chair
Tracey Cooper	(TC)	Chief Executive
Mark Bellis	(MB)	Executive Director of Policy and International Health, WHO Collaborating Centre on Investment for Health & Well-being (WHO CC)
Kate Eden	(KE)	Non-Executive Director, Vice Chair and Chair of Quality, Safety and Improvement Committee
Dyfed Edwards	(DE)	Non-Executive Director and Chair of Audit and Corporate Governance Committee
Huw George	(HG)	Deputy Chief Executive and Executive Director of Finance and Operations
Sian Griffiths	(SG)	Non-Executive Director (Public Health)
Fu-Meng Khaw	(MK)	National Director Health Protection and Screening Services, Executive Medical Director
Judi Rhys	(JR)	Non-Executive Director (Third Sector)
Mohammed Mehmet	(MM)	Non-Executive Director (Local Authority)
Rhiannon Beaumont-Wood	(RBW)	Executive Director of Quality, Nursing and Allied Health Professionals
In Attendance:		
Sally Attwood	(SA)	Transition Director Health and Wellbeing
Iain Bell	(IB)	National Director Knowledge, Research and Information
John Boulton	(JB)	National Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru
Liz Blayney	(LB)	Deputy Board Secretary and Head of Board Business Unit

Helen Bushell	(HB)	Board Secretary and Head of the Board Business Unit
Kirrin Davidson	(KD)	Office of the Children’s Commissioner
Mariana Dyakova	(MD)	Consultant in Public Health, Policy and International Health, WHO (for agenda item 4)
Angela Fisher	(AF)	Deputy Director of Finance
Sally Holland	(SH)	Children’s Commissioner For Wales (for agenda item 3)
Nathan Jones	(NJ)	Head of Planning and Performance
Neil Lewis	(NL)	Director of People and Organisational Development
Claire Sullivan	(CS)	Staff Side Trades Union representative
Verity Winn	(VW)	Audit Wales
Apology:		
Diane Crone	(DC)	Non-Executive Director (University)

The meeting commenced at 11:30

PHW 1/2022.03.31 Welcome and Apologies

JW welcomed everyone to the meeting, extending a warm welcome to those observing the proceedings online. She extended a particular welcome to Professor Sally Holland, Children’s Commissioner for Wales, to Kirrin Davidson from the Office of the Children’s Commissioner and to Claire Sullivan attending as a Trades Union representative.

JW went on to summarise the role of the Board as being the Governing Body of the organisation, with specific responsibilities for: strategic direction-setting; building and sustaining strategic partnerships; setting risk appetite and overseeing strategic risks; scrutinising in-year delivery against plans and setting organisational tone and culture.

The Board was committed to ensuring that everyone could come to work and be their authentic best selves, without fear of discrimination or disadvantage of any kind. The Board also wanted staff to feel safe in raising concerns, whether on their own behalf or because of something that they had witnessed. Public Health Wales had a [Raising Concerns Procedure](#) that could be found on the staff intranet.

JW advised that the Board conducted its business in line with a formal Board Etiquette, the detail of which was on the web-site. 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.

Diane Crone extended an apology for the meeting.

PHW 2/2022.03.31 Declarations of Interest

Board members declared no interests in addition to those recorded already on the Declarations of Interest Register.

PHW 3/2022.03.31 Strategic Partnership - Children's Commissioner for Wales

JW then introduced Professor Sally Holland, the Children's Commissioner for Wales, and Kirrin Davidson from her Office. Sally was coming to the end of her seven year tenure as the Children's Commissioner; the Board was delighted that she was able to join the meeting, to offer her reflections on the strategic partnership between her Office and Public Health Wales and to identify ongoing issues.

SH thanked the Board for the warm welcome, emphasised the constructive partnership working between her Office and Public Health Wales and expressed her appreciation of the support JW and TC had provided throughout her term. SH summarised her whole approach as being one of upholding Children's Rights and she highlighted the following:

- The particular challenges faced by children and young people during the COVID-19 pandemic period, Public Health Wales' focus on children's needs throughout and its strong commitment to recognising and meeting children's service needs. These ranged from routine immunisation and vaccination requirements, general health and wellbeing, the impact of the pandemic on mental health and resilience, the implications of disruptions to education and the need to keep children and young people informed.
- Children's human rights and delivery against the five principles that formed a collective organisational framework to group the 42 rights identified. SH noted the five principles as being: embedding; equality and non-discrimination; empowering; participation; and accountability. Public Health Wales had applied these principles in innovative ways to engage effectively with children and young people. These included the Young Ambassador programme which encouraged and supported young people to develop their knowledge about public services and to scrutinise those making decisions. SH regarded Public Health Wales as an exemplar in this work.
- Building on the success of strong partnership work to date, SH proposed further joint engagement around: learning from the pandemic on how to maintain effective relationships during times of emergency; becoming ever more agile in the supply of child and youth-friendly information; ensuring an effective governance mechanism for all Young Ambassador engagement; tailoring all generic public health advice to reflect children's specific requirements. SH referenced residential care and the assumption that relevant information on this concerned older people; it was, however, also relevant for children and young people.

JW thanked SH for her inspiring presentation and for her kind words. She then invited comments and questions:

- TC welcomed the informative presentation and positive feedback. She extended her thanks to SH for her constructive and positive approach throughout her time working in strategic partnership with Public Health Wales.
- DE asked whether the pandemic had resulted in young people changing their views about public health issues. SH was not aware of any formal or published evidence but anecdotally, from conversations with many young people, she sensed an increase in their awareness of the implications of restrictions and of social isolation.

On behalf of the Board, JW congratulated SH on her term as Children's Commissioner; she had discharged this with distinction and had been a fearless champion of children's rights. JW wished SH well for the future and confirmed that Public Health Wales would continue its long standing and constructive partnership with her successor.

PHW 4/2022.03.31 WHO Collaborating Centre Status

JW welcomed MD to the meeting and invited her and MB to present to the Board on the exciting news in respect of the World Health Organisation Collaborating Centre (WHO CC).

MB advised that WHO Collaborating Centre status signalled an advanced level of partnership working between an organisation and the WHO, based on shared goals and objectives and engagement at an international level. The Memorandum of Understanding between the WHO and the Welsh Government was one example of the benefits of the collaboration and engagement that Collaborating Centre status offered. The Collaborating Centre status conferred on Public Health Wales, in March 2018, was unique among the 800 global Collaborating Centres, with its focus on investment for health and well-being. Public Health Wales, and indeed the whole of Wales, was now positioned as a global influencer and a live innovation site.

MB advised the Board that the WHO had re-designated the WHO CC for a further four years, until 2026, reflecting the success of the CC in its first four years.

MD reflected on the milestone achievements over the last four years, with Public Health Wales being promoted both across Europe and globally. In addition to the Memorandum of Understanding between Welsh Government and the WHO Regional Office for Europe, MD also referenced the Welsh Health Equity Status Report Initiative (WHESRI) and the range of tools and guidance developed over the past four years applicable in a number of contexts, including community resilience. A bespoke session on 21 April, 2022, would give the Board an opportunity to consider the implications and opportunities in more detail.

TC read out a congratulatory message from Dr Chris Brown, the Head of the WHO Venice Office. This stated:

'Dear Colleagues and Friends of the PHW Public board

I write from Venice with my heartfelt congratulation on the renewal of the WHO Collaborating Centre on Investment for Health and Wellbeing, PH Wales. Never before in my experience has the redesignation of a WHO CC been achieved so quickly or smoothly. This is recognition of the high quality and impactful work of the Collaborating Centre and its excellent team and management.

The saying that "if you want to go far, go together" certainly applies to our collaboration already together we have achieved many things with an impact in many WHO Europe Countries. I look forward to this continued successful collaboration and wish you all a productive meeting.

Chris (Head, The WHO European Office for Investment for Health and Development)'.

All Board directors joined JW and TC in congratulating MB, MD and the WHO CC team on their ground-breaking work that had resulted in this well-deserved redesignation. Public Health Wales enjoyed an enhanced international reputation as a consequence of WHO CC status and the Board looked forward to learning more at the April event.

The Board **noted** the update and **took assurance** from the paper and discussions.

PHW 5/2022.03.31 Consent Agenda

The consent part of an agenda provided for the consideration of business as a single agenda item. Members may ask to move items to the main agenda, should they require further debate. This is in accordance with Section 7.5.9 of the **Standing Orders**...*'The Chair must ensure that the meeting is handled in a manner that enables the Board to reach effective decisions on the matters before it. This includes ensuring that Board members' contributions are timely and relevant and move business along at an appropriate pace....The Chair has the final say on any matter relating to the conduct of Board business'.*

PHW 5.1/2022.03.31 NHS Wales Health Collaborative - extension of hosting agreement to March 2023

The Board **approved** the extension to the hosting agreement to facilitate the hosting of the NHS Wales Health Collaborative by a further year to 31 March 2023.

PHW 5.2/2022.03.31 Common Seal

The Board:

- **Noted** the affixing of the Common Seal ;
- **Took assurance** that the action complied with Section 8 of the Standing Orders (Due to diary constraints, the Chair and Chief Executive signed the document when in different locations, resulting in a slight variation in practice);
- **Ratified** the affixing of the Common Seal to approve a new lease for Rhos House, 55 Oxford Street, Mountain Ash, Rhondda Cynon Taff

PHW 5.3/2022.03.31 Chair's Report

The Board **noted** the report of the 27 January 2022 private session of the Board

PHW 5.4/2022.03.31 Minutes and Action Log from the Board Meeting (27 January 2022)

The Board **approved the minutes** as an accurate record of the meeting; the Board also **noted** the Action Log.

PHW 6/2022.03.31 Items for Approval**PHW 6.1/2022.03.31 Integrated Medium Term Plan (IMTP) 2022-2025**

JW introduced this item by noting the fact that this was the first full IMTP since 2020 and its return was a welcome signal that the organisation was in a position to resume work across the breadth of its agenda. The IMTP was significant in its own right and as an influencer in support of the Long Term Strategy refresh scheduled to run throughout 2022/23. She asked HG to provide the background and outline the proposed structure for the discussion on the content.

HG noted the presentation of the IMTP for approval alongside the Financial Plan and Budgetary Control Framework for 2022/23. These documents reflected many months of work at Executive Team level. The IMTP set out a balanced three-year plan, in line with Welsh Government requirements, and described the key actions needed to deliver against the five strategic themes identified for 2022/23. Further detail on the drivers underpinning the themes could be found in the covering paper. Year One of the 2022/25 IMTP would be a transitional year, as the organisation moved on from two years' focus on the pandemic response.

Following the overarching strategic context, the IMTP centred on a small number of strategic themes; Non Executive Directors had provided comments against an earlier draft of these and HG proposed reviewing each theme, noting the inclusion of earlier points where relevant and determining those that still warranted inclusion in the final version, taking into account the deadline for submission. HG began by asking TC to provide some overarching comments.

TC thanked HG for his key leadership role in navigating the organisation through the IMTP development process. She noted the breadth of the Plan, in line with the strategic intent to rebalance the focus of the organisation, after two years' majoring on the pandemic response. She reinforced the dynamic nature of the IMTP on a three - year rolling basis; this would develop and evolve as the organisation moved through its stages. The organisational agility demonstrated during the pandemic would be invaluable in developing a sustainable and strategic approach across all functions. TC also clarified the way in which Public Health Wales discharged its role as the National Institute for Wales. This involved providing data and science-based leadership, expertise, co-ordination and advice together with delivery of key public health services focussed on delivering measurable improvements in population health. The IMTP reflected Public Health Wales' system leadership role, working with

partners to provide specialist public health advice and guidance, including at an all Wales level. Health Protection was a key example of this.

In moving to consider the strategic themes, HG acknowledged that work to resume the development of a small number of outcome measures would require system level collaboration; this would be a priority for 2022/23.

Strategic Theme 1: Enabling better population health and reducing health inequalities through preventative and sustainable measures

MB noted the cross cutting nature of ensuring population health and of reducing inequalities; the IMTP captured this. In addition to Public Health Wales' lead responsibilities, the text recognised the role the organisation had in providing advice and advocacy, and in influencing and supporting the work of others, both nationally and internationally. The role of the WHO CC was central to this.

SA drew attention to the summary found at Page 17 of the IMTP as a useful precis of this strategic theme; she reflected on the significant planning and work that had underpinned its development, maximising organisational assets and exploring opportunities for collaboration. Behavioural science was pivotal to driving innovation, informed by learning from Covid-19 and the IMTP signalled the importance of this.

Strategic Theme 2: Delivering excellent services for population screening programmes, health protection and infection

MK noted that the delivery of services for population screening, health protection and infection was a key focus for Public Health Wales, given its direct impact on the health of the people of Wales. Over 50% of the organisation's workforce are involved in the delivery of these services. This strategic theme drew heavily on the work of Don Berwick and reflected the six dimensions of quality in healthcare; these dimensions constituted 'excellence' in service delivery. MK commented on the return of teams to their core roles over the coming weeks, increasing the available staff capacity to support delivery against all IMTP commitments.

Strategic Theme 3: Supporting improvements in the quality and safety of health and care services

JB began by noting the significant role of Public Health Wales in addressing and supporting actions to reduce harm. The IMTP highlighted this and included a number of ambitious but achievable outcomes. The immediate challenge centred on refocusing the team, following its total mobilisation during the pandemic, and ensuring a strong focus on patient safety. Planned care backlogs and waiting times would be a key area of attention.

Strategic Theme 4: Maximising the use of digital, data and evidence to improve population health

IB noted the enabling function of this theme, in addition to the specific actions identified. The strategic intent centred on optimising the opportunities to utilise digital services in identifying and sharing evidence and to embed digital thinking as an enabler over time.

Strategic Theme 5: Enabling the successful delivery of the plan

NL emphasised the critical importance of having the right capacity and capability to deliver against the IMTP commitments. This would include ensuring the optimum utilisation of the whole workforce, with skills identified and employed effectively. From a people change perspective, the immediate priorities concerned the transfer of the Local Public Health Teams and preparations for bringing in the new Directorate. NL referenced the role of the People and Organisational Development Committee in the organisational change preparedness agenda.

JW thanked all Executive colleagues for their informative synopses. She suggested taking general points first, followed by the specific themes, inviting HG to resume his co-ordinating role.

- DE asked how learning from the COVID-19 pandemic had influenced the content of the IMTP. He also noted the long-term timeline against some outcomes that extended beyond the term of a three-year plan.
- MM sought clarity on what success would look like in relation to population health; he also queried whether the document was ambitious enough in signalling a return to pre-pandemic levels in some areas.
- SG reflected on the dual role of Public Health Wales in leading on some issues and influencing/supporting on others. She raised the issue of enhancing Public Health Wales' role in influencing others.

HG noted the connections between the questions from DE and MM. From his perspective, the pandemic had prompted a strategic service response in which staff had come together more and worked with greater flexibility, driving an integrated approach across the organisation; it had also enhanced digital approaches and solutions. HG recognised the need in 2022/23 to retain that sense of integrated working, as staff returned to their directorates and resumed their usual roles.

TC supported this and noted the stronger focus on staff and wellbeing, making the organisation more resilient and better prepared to respond to both anticipated and unanticipated events; the organisation had become more flexible, agile and resilient. She also recognised the strengthened and more meaningful engagement with other strategic public sector partners including local authorities.

In response to SGs point about the dual nature of Public Health Wales' role, MK used bowel screening as an example; effective delivery across the patient pathway depended on a system-wide approach, with health boards retaining responsibility for

key parts of the pathway, including waiting times for colonoscopy. However, closer working during the pandemic augured well for future agreement on shared priorities.

JW noted that, as the IMTP was a three-year rolling plan, outcomes with timelines beyond 2025 would also roll over into the subsequent planning periods. It would be important to work back from the expected end points and build in measurable milestones.

JW noted the significant learning from the last two years and confirmed that the minutes of the meeting would capture this. She asked HG and NJ to include a comment on the significance of the learning from Covid-19 in the IMTP, and to consider further how success was framed, both in respect of population health and the return to pre-pandemic levels of activity, where applicable.

Action: HG/NJ

JW then sought questions or comments on the specific themes.

On Strategic Theme 1, MM welcomed the commitment to tackling health inequalities; this was clear throughout the whole IMTP. He asked about the specific wider determinants the IMTP sought to address and Public Health Wales' role. On educational attainment, for example, was the role more about providing research to partners on what worked. MM also welcomed the recognition of the importance of strategic partnerships. JW asked HG/NJ to review the wording around educational attainment and Public Health Wales' role around research in this field.

Action: HG/NJ

On Strategic Theme 2, KE acknowledged the level of ambition in respect of the screening recovery trajectories; the milestones indicated that 2022/23 was actually a year of transformation for several programmes, with a performance requirement that exceeded pre-pandemic levels. She sought assurance on the tracking measures in place to enable the Quality, Safety and Improvement Committee (QSIC) to take assurance on progress during the year. In response MK welcomed the ambitious targets and confirmed the provision for monthly tracking; progress was subject to the ongoing uncertainties around Covid-19 and he asked the Board to note that. JW asked that, in light of KEs observations, the IMTP should note the innovations and new ways of working that constituted transformation of some screening programmes

Action: HG/NJ

On Strategic Theme 4, DE commented on the need to demonstrate a focus on patient and public needs when designing digital products.

Board Directors raised no issues on Strategic Themes 3 and 5; JW confirmed that NJ had a note of all issues raised up to this point, thanked everyone for their reflections

on the Strategic Themes and proposed a short break before moving on to the strategic risks and budget strategy.

The Board meeting then adjourned; on return, the meeting moved on to consider proposed changes to strategic risks.

Strategic Risks

JW invited RB-W to introduce this section, noting that the Board would consider a detailed paper on the subject of strategic risk at its May 2022 meeting. RB-W summarised the Executive-level discussions underpinning the proposed changes and sought any comments.

- KE welcomed the proposed changes to the terminology around the risk descriptors and commented on the implications for consideration of the risks at Committee level. She asked about the opportunities to review and revise the risks, if required. RBW advised that the approach to risk was dynamic and would reflect any identified changes over time.
- MM sought an explanation for the geopolitical reference and asked how this could generate a strategic risk to the delivery of the IMTP. TC advised that there were already some emerging issues linked to the situation in Ukraine, mainly relating to resettlement of those who had left the country. She also noted the impacts of fuel charges and rising food prices on poverty and on the determinants of health.
- JW suggested that staff health and well-being constituted an integral part of organisational change readiness and asked for an amendment to strategic risk 2.

Action: RBW

Budget Strategy

JW then asked HG to take the Board through the 2022/23 Budget Strategy. HG drew attention to the following:

- The forecast break -even position for the 2021/22 financial year.
- The optimistic approach adopted for 2022/23, linked to the 2.8% recurring uplift in the baseline allocation, Welsh Government funding of wage awards and acknowledgment of additional cost pressures. HG commented on the recent letter from the NHS Wales Chief Executive and Director General for Health and Social Services, which gave some degree of certainty and comfort to Chief Executives regarding increased energy costs, should they become a major issue.
- The inclusion in the figures of the costs of the IMTP strategic themes and actions.
- The decision not to ask Directorates to identify savings targets at the start of 2022/23 financial year.

- The increasing challenge presented by years two and three of the three-year settlement. Quarterly and half yearly reviews would support timely and ongoing monitoring and decisions on resource allocation.
- The greater pressures on Capital expenditure with limited opportunities to access capital investment over and above that already agreed with Welsh Government. Discretionary capital would reduce by 24% in 2022/23; this may lead to a need for prioritisation. Microbiology and screening services had benefitted from increased investment during the pandemic and this would hopefully reduce the need for investment.
- The recommendation of a balanced budget which covered both cost pressures and reflected an ability to invest in key areas.

On behalf of the Board, JW thanked HG and his team for all the hard work that underpinned the Budget Strategy development; the break-even position at the end of 2021/22 was a significant achievement in itself and also helped in starting the 2022/23 year on a positive note.

- MM welcomed the report and acknowledged the effective management of the overall financial position. He sought assurance on the alignment of the IMTP costs and the budget strategy. HG provided assurance on this point.
- DE also welcomed the report and thanked the finance team for the financial planning underpinning the budget strategy.

In concluding the discussion, JW reiterated her thanks to all involved in the development of the IMTP, a significant milestone in the resumption of Public Health Wales' agenda as the National Public Health Institute for Wales, never forgetting that the country remained in the throes of a global pandemic. JW paid specific tribute to HG for his leadership of the whole process and to NJ for his role in drafting the IMTP to such a high standard. HG and NJ would issue a note on any changes made as a result of the Board discussions, together with a copy of the version submitted to Welsh Government on 1 April, 2022.

The Board **approved** the IMTP and related Financial Plan and **took assurance** from both the discussion and the documents provided.

PHW 7/2022.03.31 Board Assurance Framework

PHW 7.1/2022.03.31 Chief Executive's Report

In introducing her report, TC drew attention to the following issues:

- Public Health Wales' involvement in the response to the Ukraine situation.
- The consultation on the draft Terms of Reference to support the UK Covid-19 Inquiry
- Public Health Wales' retention of a place in the Stonewall Top 100 Employers list, rising from 100th to 64th place in the rankings. The additional award of Gold Employer status placed Public Health Wales 6th in the Healthcare sector across the UK.
- An update on the external review of the TB cluster in Llwynhendy.

TC invited MK to provide additional detail regarding the Ukraine position and the external review.

MK advised that Public Health Wales was working with Welsh Government and local authorities in Wales to support the health needs of those Ukrainian refugees seeking sanctuary in Wales. This involved both strategic actions, including the provision of advice to Welsh Government, and more operational support, such as offering immunisation and vaccination updates.

Regarding the external review of the TB cluster in Llwynhendy, the Terms of Reference have previously been agreed, but a range of factors had impacted on panel members' availability and ability to commence the work. The panel was now in place and the review should conclude later in 2022.

JW thanked TC and MK and invited questions or comments:

- KE extended her congratulations to all for the Stonewall Gold Employer status. JW echoed this and thanked JR for championing this work, noting the latter's focus throughout her time on the Board on raising the profile of this agenda.

The Board **received** the CEO Report and **took assurance** from the Report and discussions.

PHW 7.2/2022.03.31 Update on COVID-19 and Other Incidents

MK provided an update on the COVID-19 position:

- Current data indicated a slightly undulating plateau of cases, with daily case numbers reducing and the trend being downwards from its peak.
- The current Omicron variant appeared to be more infectious but without translation into serious illness requiring hospital admission, the numbers of which remained modest, even with restrictions lifted.
- The need to build plans for future surveillance in the absence of widespread testing with effect from 1st April, because of changes in the ability to monitor the position through testing. The adoption of sentinel surveillance and ONS data would help monitor trends over time. The testing of symptomatic cases requiring admission to hospital would continue; the longer term intention centred on aligning COVID-19 related surveillance with other infectious disease surveillance.

On the TB outbreak in Llwynhendy, work continued to obtain a more detailed picture of TB transmission routes; screening for latent TB also remained available.

The Board **received** the update and **took assurance** from the discussion.

PHW 7.3/2022.03.31 Integrated Performance Report (Month 11)

In introducing the Integrated Performance Report, HG provided the Month 11 position. Given the scrutiny of the financial position earlier in the Board meeting HG provided headline information; more detailed information could be found in the Board papers. He then invited comment against each of the key sections.

- JW sought assurance that, when tendering for companies to undertake survey work, the specification included the requirement to offer members of the public the opportunity to use the Welsh Language and British Sign Language. Her question resulted from a complaint in respect of the former and previous issues relating to the latter. NL confirmed the intention to ensure this provision: an action plan had been put in place as part of the procurement process to review and sense check the organisations' compliance with the set standards.

Action: NL

- KE sought an update on a Diabetic Eye Screening Wales incident that remained open, coming up to three years after the incident occurred. RBW advised that this was a complex situation with those involved requiring an ophthalmology assessment. The assessments conducted to date had found no evidence of harm with 11 assessments outstanding; these would take place by the end of June 2022 and RB-W would report to QSIC accordingly.

Action: RB-W

- HG noted that, in addition to Board level scrutiny of the financial position, Welsh Government officials scrutinised detailed monthly monitoring returns from each health body; the month 11 return from Public Health Wales had not raised any material issues. HG suggested the inclusion of information on the monthly returns in the reports to Audit and Corporate Governance Committee and DE welcomed this suggestion.

Action: HG

The Board **noted** the information provided and **took assurance** from the discussions.

**PHW 7.4/2022.03.31 Committees of the Board:
Report from Committee Chairs**

JW invited the Committee Chairs to draw the Board's attention to any key issues in their composite report.

For the Quality, Safety and Improvement Committee (QSIC) KE drew attention to the refocused strategy on service user engagement; she noted that this included the use of the Civica Service User Feedback system for both the collection and interrogation of relevant data. KE noted the points that SH had made around communication with children and young people and QSIC would consider this as part of its refocus.

For the People and Organisational Development Committee (POD) MM confirmed the reinstatement of diversity and inclusion matters on the Committee agenda as a standing item. Work in the coming year would include cultural issues around staff raising concerns, either on their own behalf, or because of things that they had witnessed.

DE confirmed the coverage of relevant Audit and Corporate Governance Committee (ACGC) matters during the meeting, as did SG in respect of matters relevant to Knowledge Research and Information Committee (KRIC).

JW paid tribute to JR, Non-Executive Director, whose term ended on 31 March, 2022. JR had discharged her role with distinction, always fully prepared for meetings, asking insightful questions in a constructive way and maintaining the right balance between scrutiny and support. JR had been assiduous in discharging her Committee membership and chairing roles and was held in high regard and respect across the organisation. JR upheld the Nolan principles and Public Health Wales' values at all times and had made a significant contribution to the work of the Board. All Board members joined with JW in thanking JR and wishing her well for the future.

The meeting closed at this point.

PHW 8/2022.03.31 Date of Next Formal Meeting of the Board

The next scheduled Board meeting was the 26 May 2022.

PHW 9/2022.03.31 Close of Public Meeting

The meeting closed at 14.33