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**Unconfirmed Minutes of the Board Meeting
held on 24 November 2022
(held in person Room 3.7, CQ2, electronically via Microsoft Teams
and livestreamed via the web)**

Present:		
Jan Williams	(JW)	Chair
Tracey Cooper	(TC)	Chief Executive
Rhiannon Beaumont-Wood	(RBW)	Executive Director of Quality, Nursing and Allied Health Professionals
Diane Crone	(DC)	Non-Executive Director (University)
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
Nick Elliott	(NE)	Non-Executive Director
Huw George	(HG)	Deputy Chief Executive and Executive Director of Finance and Operations
Sian Griffiths	(SG)	Non-Executive Director (Public Health)
Meng Khaw	(MK)	National Director Health Protection and Screening Services, Executive Medical Director
In Attendance:		
John Boulton	(JB)	National Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru
Liz Blayney	(LB)	Deputy Board Secretary and Board Governance Manager
Helen Bushell	(HB)	Board Secretary and Head of the Board Business Unit
Rebekah Burns (for Agenda item 3)	(RB)	St John Ambulance
Lance Corporal Isobel Fowler (for Agenda item 3)	(IF)	Scouts Wales

Debra Harding (for Agenda item 3)	(DH)	Army Cadets
Joanne Hopkins	(JH)	Programme Director for Adverse Childhood Experiences (ACEs), Criminal Justice and Violence Prevention
Wayne Jepson (for Agenda item 3)	(WJ)	Head of Quality, Engagement and Collaboration
Neil Lewis	(NL)	Director of People and Organisational Development
Angela Jones	(AJ)	Interim Director of Health and Wellbeing
Leah Morantz	(LM)	Head of Communications
Louisa Nolan	(LN)	Head of Data Science
Clare Sullivan	(CS)	Representative of Staff Partnership Forum
Apologies:		
Mohammed Mehmet	(MM)	Non-Executive Director (Local Authority)
Mark Bellis	(MB)	Executive Director of Policy and International Health, WHO Collaborating Centre on Investment for Health & Well-being (WHO CC)
Iain Bell	(IB)	National Director Knowledge, Research and Information
Stephanie Wilkins	(SW)	Representative of Staff Partnership Forum
Verity Winn	(VW)	Audit Lead (Performance) Audit Wales
Kate Young	(KY)	Non-Executive Director

The meeting commenced at 10am

PHW 1/2022.11.24 Welcome and Apologies
<p>JW welcomed everyone to the meeting, extending a warm welcome to those observing the proceedings online. She summarised 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; maintaining good governance and setting organisational tone and culture.</p> <p>On tone and culture, the Board adopted a learning culture, and one in which everyone could come to work and be their authentic , best selves, without fear of disadvantage or discrimination of any kind, including any phobic behaviours. The Board had a zero-tolerance approach to this and JW encouraged anyone subject to such discrimination to use the processes available to call it out. She also asked anyone who saw/heard any such discrimination to report it.</p> <p>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</p>

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.

JW summarised the business of the meeting, noting that it coincided with Carers Rights Day; Public Health Wales recognised the vital role of carers across Wales and had an active Carers Network. Network members had organised a number of activities across the organisation to highlight the role and to celebrate the day.

HB noted **apologies** from Mohammed Mehmet, Mark Bellis, Iain Bell, Stephanie Wilkins, Verity Winn and Kate Young.

PHW 2/2022.11.24 Declarations of Interest

Board members declared no interests outside those recorded already on the Declarations of Interest Register.

PHW 3/2022.11.24 Strategic Partnership / Public Health Merit Award (the Award)

JW extended a warm welcome to representatives from the partner organisations involved in designing the Award: St John Ambulance, Scouts Cymru and the Army Cadets. RBW introduced: Debra Harding, Lance Corporal Isobel Fowler and Rebekah Burns.

RBW used a slide presentation to provide an overview of the Award. This highlighted:

- The co-production approach with the three external partners, to develop a curriculum that equipped children and young people with public health knowledge and skills, to enable them to take informed decisions to improve their own health and the health of others.
- That the Award built on provision already in place in each partner organisation, with a curriculum providing age-appropriate public health information, encouraging individual and community learning.
- That an Equity and Health Impact Assessment had identified the risk of widening health inequalities in groups under-represented currently in established youth organisations. The Award sought to mitigate against this risk through specific recruitment strategies and the use of grant funding.
- A collaborative evaluation process underway, including input from an academic partner; this would inform the next steps.

RBW outlined the flexibility of the model; it could apply to a broad range of groups and could be adapted to meet individual learning needs. Twenty Army Cadets had piloted the Award and it had proved popular and informative in providing young people with a greater understanding of public health principles.

RBW indicated that a promotional video would be available shortly and that future plans included the possibility of formal accreditation. The design of the Merit Badge had been subject to competition and Public Health Wales' Young Ambassadors had shortlisted two designs for the Board to consider.

JW congratulated RBW, the representatives from partner organisations and all those involved in this inspirational initiative that had such wide-ranging applicability. She invited comments and questions:

- KE asked about plans to expand the Award to other organisations across Wales, particularly the URDD. RBW noted that the initial evaluation, expected towards the end of March 2023, would provide the opportunity to consider expansion.
- SG welcomed the initiative as positive and encouraging. She asked whether the health prevention perspective could include global challenges, including climate change, given the increasing importance of this agenda. IF noted the degree of interest amongst young people in climate and environmental issues and confirmed the intention to consider this.
- DC asked about predicted uptake and whether there were plans to translate and provide the curriculum in a range of languages to reach as many groups as possible. RBW agreed to explore this, subject to the initial evaluation.
- DE noted that this initiative would be of interest to Ministers; he also noted the need to resource the Award properly and to accommodate the translating of materials into other languages. JW suggested that she and TC could brief both the Health and Social Services Minister and Education Minister, with TC adding the possibility of a collective briefing with partner organisations.
- TC expressed a preference for the Merit Badge design without the NHS Cymru logo and MK asked about increasing the diversity of the imagery. Board colleagues supported these comments. The Board agreed to remit the finalisation of the design to RBW to action.

Action: RBW

The Board noted the co-production approach taken with partners and **endorsed** the Public Health Merit Award Scheme. The Board agreed to receive an update on progress and evaluation at a suitable point in 2023/24.

Action: RBW

PHW 4/2022.11.24 Strategic Session – A Societal Approach to Understanding, Preventing and Supporting the Impact of Trauma and Adversity

JW welcomed JH, Programme Director for Adverse Childhood Experiences (ACEs), Criminal Justice and Violence Prevention, to the meeting; she invited JH to present an update on the Trauma Practice Framework.

JH outlined the development of the Framework, in partnership with Traumatic Stress Wales. It covered all forms of adversity and traumatic events across the life course. The Deputy Minister for Social Services, Julie Morgan, and Lynne Neagle, Deputy Minister for Mental Health and Wellbeing, had launched the Framework on 14 July 2022.

JH advised that the Framework was available using the following link: <https://traumaframeworkcymru.com/>. Work to develop it had included:

- Establishing a baseline understanding through a literature review to determine the current evidence;
- A review of trauma informed terminology in use in Wales;
- The production of an animation piece to set out the areas of work.

JH shared the learning around the importance of use of language and terminology and of defining a 'trauma informed' approach for Wales that recognised everyone's role in sensitively facilitating opportunities and life chances for people affected by trauma and adversity.

The Framework content centred on five Practice Principles and on four Levels of Practice and JH outlined these. She noted the importance of organisational and system level responses and the need for an inclusive approach at all levels. The Framework was dynamic in concept and would evolve as practice and knowledge increased.

JW thanked JH for her powerful presentation, highlighting as it did the societal implications of trauma and adversity. These might seem centred on individual and family levels but had their roots in cultural and societal norms that warranted a national response. JW then invited comments or questions:

- HG congratulated JH and all involved in the production of this ground-breaking Framework; the agenda called for public health system leadership and HG noted the importance of making reference to it in the work to refresh the Long Term Strategy. Public Health Wales' role should also feature in acknowledgements.

Action: HG

- KE raised the fundamental issue of whether Public Health Wales was, itself, a trauma-informed organisation. JH advised that the Framework included the facility for organisational learning and assessment. JW asked the People and Organisational Development Committee to consider this question as part of its work to refresh the People Strategy.

Action: NL/MM

- SG also welcomed the presentation and its use in considering global level trauma. She asked about the audience for the animation given the use of some terminology and language. JH outlined the extensive testing undertaken with both young people and professionals prior to finalising the language used.
- RBW welcomed to co-production and partnership approaches embedded in the Framework's development. She identified opportunities to disseminate and further develop the work through both the National Safeguarding Team and the Young Ambassadors.

Action: RBW

- MK noted the relationship between adverse childhood experiences and health outcomes. He asked about the definition of success. JH confirmed that this centred on the availability of support for all who wanted to access it, with prevention of any further occurrences.

In closing, JW reiterated the Board's congratulations to JH and all those involved in providing a ground-breaking Framework. It would have far reaching societal level impact and would help to make Wales a trauma-informed Country.

The Board **took assurance** from the presentation, noting that the Long Term Strategy refresh would reference the Framework and its application in supporting Public Health Wales to become a trauma-informed organisation.

PHW 5/2022.11.24 Board Assurance Framework**PHW 5.1/2022.11.24 Chief Executive's Report**

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

- The UK COVID-19 Public Inquiry:
 - The designation of Public Health Wales as a Core Participant for Module I;
 - The preliminary hearing held on 4 October 2022;
 - The intention to begin public hearings in May 2023;
 - The release on 8 November 2022 of the provisional outline scope of Module 3. Public Health Wales had decided not to apply for Core Participant status for the module, rather to contribute and respond as required;
 - The release of information on additional modules in the coming weeks;
 - The significant work underway to comply with the information requirements, particularly for Module 1.

- Changes to the Board and Executive Team, with MB leaving shortly to take up a chair at Liverpool John Moores University and HB joining Powys Teaching Health Board in January 2023.

TC paid tribute to MBs decade of public service in Wales, during which time he had built and developed an international reputation, positioned Public Health Wales at the heart of policy advice to Government and wider society across a range of public health issues, secured WHO Collaborative Centre status and then achieved renewal of that status in record time.

TC thanked HB for her sterling work in setting up the Board Business Unit and in helping to maintain good governance during a global pandemic. TC also paid tribute to HBs role in preparing for the Public Inquiry. She wished HB well in her new role.

- Significant developments made across the Screening Programmes for which TC expressed her thanks to the Screening and IT teams.
- The Board noted the evidence to the Health and Social Care Senedd Committee in respect of dental matters. This included significant evidence in respect of rebuilding dentistry in Wales and JW confirmed that Quality, Safety and Improvement Committee (QSIC) would follow through on any specific assurance requirements.

Action: KE/AJ

- The Cost of Living Crisis: the publication of *Cost of Living Crisis in Wales: A Public Health Lens* and work with Welsh Government Cabinet and officials.
- The Staff Conference Events in Llandudno and Cardiff. TC thanked the Communications Team and the Conference Design Team for their hard work in putting the events together with such success. The staff response at each indicated just how much people valued the opportunity to come together once more.
- Her attendance at the CoP27 in early November; this had included participation in several sessions. The Board would have the opportunity at the December 2022 Board Development Session to discuss the climate change agenda in greater detail.

The Board **noted** the Chief Executive's Report and **took assurance** both from the content and subsequent discussions.

BREAK

PHW 5.2/2022.11.24 Integrated Performance Report (Month 7)

HG introduced this item by explaining that, at the half-year point in the financial year, the Board undertook a 'deep dive' delivery against the 2022/23 Operational Plan. To assist, the Board had access to the following material:

- Performance Assurance Dashboard;
- Public Health Rapid Overview Dashboard;
- Annex A: An update on progress made against IMTP 2022/25 approval accountability conditions;
- Annex B: Feedback from Welsh Government on progress against the Foundational Economy and De-Carbonisation Requirements;
- A Schedule setting out the 18 actions identified as red/amber at this point in the year.

HG signalled his intention to structure the 'deep-dive' to incorporate the four in-year themes. He then invited executive team leads to comment.

Theme 1: Maintaining a Healthy and Sustainable Workforce

NL drew attention to:

- The stable position on sickness and absence;
- A 12% improvement in-year on appraisal compliance; work remained to lift the compliance level to reach the 85% Welsh Government target;
- Continuing positive compliance against statutory and mandatory training requirements;
- The introduction of a new Diversity Dashboard and the potential applications of this in workforce planning and recruitment strategies;
- The work with Arden University on the analysis of new starters and leavers, and of labour market trends; NL would present further detail on this at the January 2023 Board meeting.

Action: NL

- Staying with recruitment, NL referenced the ongoing challenges, including into specialist roles. This linked to one of the accountability conditions set out in Annex A and NL noted the ongoing oversight role of the People and Organisational Development Committee in this respect;
- The percentage of staff with some Welsh Language skills, as set out in the Diversity Dashboard;
- The current percentage of staff vaccinated against COVID-19 and flu.

JW thanked NL for his update and invited questions.

In the absence of MM, NE welcomed the positive workforce indicators, asking for further detail on staff engagement and capacity management, given the

recruitment challenges identified. On the former, NL summarised the work underway on organisational culture; this included discussions with staff and their managers on flexible working options. On recruitment, NL outlined the range of actions underway, acknowledging NEs point about the recruitment challenges associated with specialist roles (like in Microbiology).

JW asked for further detail on the plans to increase the rates of staff vaccination against COVID-19 and flu. NL confirmed that vaccination sessions were progressing well; an active communication campaign was in place to drive up rates. RBW added detail on the challenges around data collection, with a 'lag time' between vaccination and data recording and the fact that data collection arrangements differed across health organisations. Work continued to try and resolve these issues.

Theme 2: Delivering Value and Impact

On financial matters, HG reported on:

- The continuing confidence in delivery of a break-even position at the year-end; this was significant, given the all Wales position;
- The return to Welsh Government of £0.5m of surplus non-recurring funding; the detail of this was set out on Page 3 of the 2022/23 Financial Position Report;
- The implications of the energy forecast;
- The month 07 position in respect of non-recurrent Welsh Government COVID-19 funding support;
- The position in respect of the capital spend; HG noted the change to the capital allocation that would result from the establishment of the NHS Executive, from 1 April 2023, and the transfer of digital programmes on 1 January 2023 to Digital Health Care Wales (DHCW);
- Performance against the Public Sector Payment Policy statutory target.

HG concluded by noting that the Audit and Corporate Governance Committee would continue its monitoring of the financial position, including the financial monitoring of assumptions in respect of future testing policies.

NE asked whether Public Health Wales would continue to have any residual responsibilities following the transfer of the digital programmes to DCHW on 1 January 2023. HG indicated the financial responsibilities would transfer in total.

JW asked HG about the preparations for the year-end in respect of the accruals provision requirement; HG summarised the learning from the 2021/22 year-end and confirmed that he took assurance from the 2022/23 year-end planning.

Theme 3: Organisational Quality and Access to High Quality Services

MK drew attention to:

- The current downward trend in rates of COVID-19, with reductions in both case numbers and hospital admissions. There had been no significant COVID-19 incidents or outbreaks reported in month and the ONS infection survey for the preceding week estimated that 1:44 people in Wales had the virus. BA.5 continued as the dominant variant, with a close watch continuing on other sub-lineages. Testing activity continued to fall, with overall compliance against turnaround testing times;
- On other health protection matters, Monkeypox incidence remained largely stable, but with some indication of rising numbers; E.coli cases were falling in number but some clusters remained; investigations into TB clusters continued and could result in a requirement for wider testing and screening;
- The mitigating actions in place against forthcoming planned strike action on the part of Royal Mail staff. These included the appointment of a courier service for sensitive tests and the delivery of bowel cancer screening kits;
- The ongoing recovery of screening programmes; this linked to one of the accountability conditions set out in Annex A. MK noted the position against each of the programmes, drawing the Board's attention to the ongoing challenges in Breast Test Wales and Diabetic Eye Screening Wales. He noted the need to evaluate the recently introduced Cervical Screening Information Wales system and the consequences of the Bowel screening Wales optimisation programme. MK commented on the work with health boards on access to colonoscopy.
- MK commented specifically on the position with childhood vaccination programmes and the action in hand, aligned with the Welsh Government Immunisation Strategy.

RBW added detail on:

- A slight reduction in incident numbers in October; the close monitoring between the Putting Things Right team, Health Protection and Screening Divisions had assisted the management and closure of existing incidents.
- The receipt of two formal complaints and an increased number of compliments during the period, with no new claims and no nationally reportable incidents.

In IB's absence, HG advised that there were no amber or red measures within his remit area, and noted that LN was present to answer any questions.

JW thanked all contributors and invited questions:

DE welcomed the work on screening programme recovery. He asked about the level of resource available to manage the increased numbers in the Bowel Screening Optimisation programme. He welcomed the proactive plans in place to ensure limited disruption during any postal strike. Finally, DE asked about the Mountain Ash Centre and any opportunities to extend this multipurpose model to reach people in other disadvantaged areas.

MK confirmed the work underway to support equitable uptake of bowel screening and the impact of this on follow-on services. On Mountain Ash, MK reported positive feedback from service users. He noted the possibilities of developing the concept in partnership with health boards.

KE expressed an interest in the recovery of Breast Test Wales screening services given the prolonged recovery trajectory. She asked about the impact of losing a screening venue in west Wales. MK advised that the new breast screening equipment, being rolled out currently, would accelerate the trajectory. The estimated recovery deadline had not slipped and continued to be late 2023. The loss of the west Wales screening venue was disappointing; he confirmed that work would continue to explore sustainable and innovative solutions. JW asked KE and QSIC to continue its oversight of the screening recovery programme.

Action: KE/MK

HG then invited any additional comments on those red/amber targets set out in the schedule tabled at the meeting.

- AJ advised that the two health and wellbeing targets concerned the active travel agenda and, specifically, numbers of children who could actively travel to school. The actions would take place by the 31 March 2023.
- JB indicated that the red target for Improvement Cymru related to gaining access to stakeholders, to discuss the requirements of simulation models; the work would finish by 31 March 2023.

HG drew the item to a close by thanking NL, MK and RBW for their contributions; he trusted that the 'deep dive' had enabled the Board to take assurance, at the half year point, against delivery of the 2022/23 Operational Plan, taking note of the challenges and the mitigating actions.

JW added her thanks to HG and colleagues, acknowledging the significant progress made at Month 07 against an ambitious plan, and in the face of an ever-changing and pressurised operating environment.

The Board **noted** the updates, studied the additional materials and **took assurance** from the 'deep dive' on progress with delivery against the 2022/23 Operational Plan and the ongoing oversight of Screening Programme

Recovery to Quality, Safety and Improvement Committee. The Board also assured itself on the effective management of the accountability conditions set out in Annex A.

PHW 5.3/2022.11.24 Managing Risk

Introducing this item, RBW noted the significant work involved in refreshing both corporate and strategic risks. This had included the development of risk appetite descriptors, with further work underway across the organisation to ensure full understanding of strategic descriptors at all levels across the organisation.

RBW then invited each strategic risk owner to update the Board, noting the need to recirculate the paper made available to the meeting, with an update on the current position.

Action: RBW

Risk 1: TC

Significant work was underway; the nature of the work had changed over recent months, reflecting the cost of living crisis and the war in Ukraine. The Long Term Strategy refresh would address all current threats.

Risk 2: MK

Controls and actions were in place to mitigate against the risk of non-delivery. Whilst the current risk score was good, current health threats could have an adverse impact and were subject to careful monitoring, against appropriate controls. MK drew attention to Action 2.5 on the sustainable provision of clinical services. This concerned the recruitment of specialist staff and MK assured the Board that there were options available to manage the position.

Risk 3: NL

In addressing organisational change risks, NL confirmed the controls in place to address change in a collaborative way, working with Trades Union officials across the organisation. The establishment of the NHS Executive presented new, emerging challenges. JW commended NL for the management of the transfer of Local Public Health Teams and the planning for the NHS Executive requirements. NL agreed that the controls in place remained appropriate.

Action: NL

SR4: NL

Skill shortages, especially in some key roles, remained a risk. This was particularly evident in North Wales and linked to Strategic Risk 2. He

confirmed that workforce planning included a focus on succession planning, with more work underway across the organisation to review roles and consider creative alternative solutions to workforce challenges, involving plans to 'grow our own'. These issues were not limited to Public Health Wales, as ONS data demonstrated.

SR5: IB

LN confirmed the controls in place; there were no significant concerns to report. KE asked for the circulation of IBs presentation at the recent Staff Conference

Action: HB

JW noted the consideration of Strategic Risk 6 at the private Board session. She extended her thanks to the risk owners for the updates.

The Board **took assurance** from the discussion, noting the recirculation of the updated paper.

PHW 5.4/2022.11.24 Committees of the Board: Report from Committee Chairs

JW invited each Committee Chair to provide an update and to identify any specific issues:

Audit and Corporate Governance Committee (ACGC)

DE drew attention to the detailed Cyber Security Report and the opportunity this presented to review how best to provide Board-level assurance. He advised that ACGC would consider this and then report back to the Board.

Knowledge Research and Information Committee (KRIC)

SG drew attention to the Open University presentation and discussion exploring a strategic partnership; discussions continued. She also noted progress in developing the Research and Evaluation strategy and the Committee Work Plan 2022/23.

People and Organisational Development Committee (PODC)

On behalf of MM, NL drew attention to the updates in the report and confirmed that actions were proceeding well. JW thanked NL for the excellent work undertaken to develop the Diversity Dashboard.

Quality Safety and Improvement Committee (QSIC)

KE summarised the discussion at QSIC on both the Duty of Candour and the Duty of Quality. Welsh Government officials would attend the January 2023 Board meeting to provide further detail on each Duty. JB noted the start of the consultation on the Duty of Quality Consultation on 25 October 2022.

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

PHW 6/2022.11.24 Items for Approval

PHW 6.1/2022.11.24 Minutes and Action Log from the Board Meeting (29 September 2022)

The Board **approved** the Minutes of the 29 September 2022 an accurate record of the meeting.

The Board **noted** the Action Log and the updates included for the meeting.

PHW 6.2/2022.11.24 Board Governance

In presenting the paper HB noted that Standing Orders required the annual review of Board Committee Terms of Reference. She presented revised Terms of Reference for:

- The People and Organisational Development (POD) Committee
- The Local Partnership Forum (LPF)

The Board **considered** and **endorsed** the revised Terms of Reference for the POD Committee and the LPF.

PHW 6.3/2022.11.24 Ratification of Chair's Action

JW reminded the Board of the provisions for Chair's Action, set out in Section 8 of the Standing Orders. JW confirmed that, in taking Chair's Action, she always sought the agreement of the Vice-Chair and Chair of the Audit and Corporate Governance Committee, together with that of the Chief Executive and the Deputy Chief Executive.

The Board **ratified** the Chair's Action to approve procurement for Interim Contracting Arrangements for the provision of the Molecular Enteric service for PHW Microbiology. The Board also **took assurance** that the Chair had acted in accordance with Section 8 of the Standing Orders.

PHW 7/2022.11.24 Items for Noting

PHW 7.1/2022.11.24 Chair's Report (29 September 2022)

The Board **noted** the Chair's Report to the Board on the matters considered in the Private Board meeting on 29 September 2022, including the new inclusion of information around Board communication between formal meetings.

PHW 7.2/2022.11.24 Board Forward Plan

JW invited Board members to consider the Forward Plan and provide comments and any feedback on the January to March 2023 period.

PHW 2022.11.24 Date of the Next Formal Meeting of the Board

The next scheduled meeting was 26 January 2023.

Before closing the meeting, JW expressed the Board's thanks to MB for his ten years of public service in Wales, and for his major contribution to the work of Public Health Wales during that time. His subject matter expertise had won him international respect and Public Health Wales had benefitted significantly from his expertise and international reputation. All Board members joined with JW in wishing MB well, as they did in wishing HB every success in her new role.

In almost four years with Public Health Wales, HB had experienced an unprecedented global pandemic and the preparation for a ground-breaking Public Inquiry. She had responded to the challenge of maintaining good governance throughout this most challenging operating environment and JW wished HB well in her new role

PHW 2022.11.24	Close of Public Meeting
The meeting closed at 13.05	

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