Confirmed Minutes of the Public Health Wales
Knowledge, Research and Information Committee
Public Meeting 28 March 2025, 12:00
Held in 3.2 CQ2 and via Microsoft Teams

Present:		
Sian Griffiths	(SG)	Committee Chair and Non-Executive Director (Public Health)
Diane Crone	(DC)	Non-Executive Director, (University)
Clare Jenkins	(CJ)	Vice Chair of the Public Health Wales Board and Non-Executive Director
Nick Elliott	(NE)	Non-Executive Director, (left at 11:22)
In Attendance:		
Sumina Azam	(SA)	National Director of Policy, and International Health
Iain Bell	(IB)	National Director for Public Health Knowledge and Research
Julie Bishop	(JB)	Director of Health Improvement (for item 3.3, left 11:46)
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Claire Birchall	(CB)	Executive Director of Nursing, Quality and Integrated Governance
Tom Connor	(TCo)	Head of Public Health Genomics Programme
Alisha Davies	(AD)	Head of Research and Evaluation
Helen Erswell	(HE)	Consultant In Public Health (for item 3.3, left 11:46)
Tom Fowler	(TF)	Deputy National Director of Health Protection and Screening Services
Danielle Gething	(DG)	Head of Risk Management (left 12:05)
Meng Khaw	(MK)	National Director of Health Protection and Screening Services, Executive Medical Director (arrived at 12:19, left 12:35)
Rick Lines	(RL)	Head of Programme Substance Misuse (for item 3.3, left 11:46)
Kirsty Little	(KL)	Consultant in Public Health (for item 3.2)
Rebecca Masters	(RM)	Consultant in Public Health (for item 3.4)
Apologies		
Tracey Cooper	(TC)	Chief Executive
Jim McManus	(JM)	National Director Health and Wellbeing
Stuart Silcox	(SS)	Assistant Director of Integrated Governance

Paul Veysey	(PV)	Board Secretary and Head of the Board Business Unit
Secretariat		
Ffion Lloyd	(FL)	Board Support Officer
The meeting commenced at 12:00		

KRIC 1/2025.03.28	**Welcome, Introductions and Apologies**

The Chair opened the meeting and welcomed all present.

The Committee **noted** that the meeting was being recorded to support the accuracy of the minutes, the recording would be deleted once the minutes had been agreed at the following meeting on 17 June 2025.

SG thanked DC for their work as a member of the Committee.

KRIC 2/2025.03.28	**Declarations of Interest**

There were no declarations of interest made, in addition to those already declared on the Declarations of Interest Register.

KRIC 3/2025.03.28	**Items for Assurance**
KRIC 3.1/2025.03.28	**Genomics**

TCo presented an overview of the sample tracking process within the Pathogen Genomics Unit (PENGU) following the visit of the board to the site at Cardiff Edge.

TCo highlighted the multiple steps involved in the sample to answer pathway and that the need for manual handling could cause handling errors, but that sample tracking using Excel allowed for an audit trail to monitor what occurred with any sample. TC noted that Excel had some constraints when used for this purpose, but highlighted that there were no off-the-shelf software options available, and that alternative specialist solutions had a high cost and could not easily be applied across the Microbiology system. TCo emphasised that the current process had been examined by external service accreditors (UKAS), and that it was being used to influence the processes of external partners as part of their accreditation.

TCo noted that there were also constraints with the current Laboratory Information Management System but that a new version was expected to go live in June 2025. There was also work being undertaken to develop a cloud strategy/system that would allow for additional tools such as online portals, and to look into the application of tools such as Power BI and Artificial Intelligence.

The Committee raised concerns that the use of Excel for sample tracing may cause a reputational risk should manual errors occur and raised through an external investigation and that further assurance may need to be sought, such as with an internal audit. TCo noted that this was not an issue isolated to PENGU but across Microbiology. IB suggested that they would work with TCo to identify the potential risks related to Excel and how they might be mitigated.
Action: IB/TC

MK noted that a deep-dive on infection services was scheduled for the next Quality, Safety and Improvement Committee, and suggested that this aspect be fed back to the Microbiology division for consideration and inclusion within the deep-dive.
Action: MK

SG thanked TCo for the presentation, and suggested that this item be brought back to a future meeting once the suggested actions had taken place for further assurance.

The Committee **noted** and took **assurance** of the information provided.

KRIC 3.2/2025.03.28	Deep Dive: Inequalities - Inclusion

SA introduced a deep-dive into the progress made by the cross-organisational group on health inequalities, and how health inequalities were embedded into work across Public Health Wales.

The deep dive covered the key points of work undertaken across Public Health Wales:

- SA noted the work undertaken to define the narrative around health inequalities, such as the development of a single definition and embedding it into the Long-Term Strategy and the Integrated Medium Term Plan. This narrative would also be presented to the NHS Inequalities group and the Bevan Commission.
- The move into phase two of this work led by the health inequalities steering group. This involved the setup of two sub-groups:
  - A task and finish group that would work on the development of an organisational framework for NHS staff.
  - A Data, Evidence and Evaluation group to analyse the long-term impact of reducing inequalities and identify priorities.
- LN highlighted some of the areas identified for analysis, such as life expectancy, cancer screening and diversity in the Public Health Wales workforce. LN noted that most of the measurement system aims for March had been completed, but that Office for National Statistics data would not be published by 3 April and that issues with survey data may affect Public Health Wales's data analysis.
- SA highlighted the work undertaken by Primary Care, which included the development of a dashboard to assist with primary care data and Health Board planning, and using this to view chronic disease data by various factors (e.g. health board, population, schools).
- SA/MK noted that the Health Protection Inequalities Programme had produced a Best Practice Guide to promote and embed health inequalities across the Directorate.
- SA noted that Screening Services had committed to collaboration with Health Boards and third sector/voluntary organisations to remove access barriers and increase engagement to ensure equal access to screening offers.
- AD highlighted the work undertaken to encourage funding and research partnerships into health inequalities, and the current Public Health Wales research programmes in place.

- MK highlighted that the Health Protection work on inequalities had been presented to the Health Protection Advisory Group and international committees, and would be working to collaborate with domestic and international partners.
- ZW noted the work undertaken to capability and understanding of inequalities within the leadership of Public Health Wales, which included the hosting of a Health Inclusion Summit which showcased work on inequalities across Wales.

The Committee praised the staff involved for their work and for the clear visibility of this work at Board. The Committee questioned if there was a strategy to ensure that systems partners were aware of the information available from Public Health Wales on inequalities to inform their own work. It was noted that this would be discussed as part of the Data subgroup.

SG thanked the presenters for their presentations, and the Committee took **assurance** on the progress of the cross-organisational group on health inequalities.

KRIC 3.3/2025.03.28	Deep Dive: Priority 5 (Protecting Public from infection and environmental threats to health)

SJ presented a deep dive into the work undertaken by the Environmental Health Protection (EHP) team.

SJ noted that the work was delivered through four main priority areas:

- Environmental Public Health (EPH) emergencies and incidents
- Data and evidence review
- Climate change and emerging threats
- Wider determinants

SJ emphasised that this work often linked with work on lifestyle factors, and that Public Health Wales was the lead on managing acute incident risks as part of the UK National Risk Register as a category one responder. Some areas of the register were covered by a joint agreement between Public Health Wales and the UK Health Security Agency (UKHSA).

SJ noted a recent increase in the demand for services and advice from the EHP team, which included support on several environmental health incidents and the production of personalised advice for Health Boards based on what issues they had experienced.

SJ highlighted key areas of work undertaken:
- A case study of analysis into 2024 data on elevated blood lead levels in order to improve understanding of data associated with pollution events.
- Monitoring the water supplies from private suppliers in Wales, due to concerns of quality issues that may affect communicable disease and chemical contamination.
- Contributed to the development of the 20 miles an hour legislation in Wales

SJ noted that UKHSA were looking to renegotiate working arrangements within Wales, and that as a small team there was currently limited resources to look into prevention work alongside the work to react to incidents.

SG thanked SJ for the presentation, and noted the importance of the work in light of funding cuts seen in this area globally.

The Committee questioned if there was any risk/impact from the re-negotiation with UKHSA on this work. MK noted that UKHSA had seen an increase in their resource for environmental health protection. MK had asked GS to undertake a review into environmental health protection within Public Health Wales to understand what resources are needed to deliver an effective service for Wales. This was hoped to feed into the UKHSA negotiation. GS highlighted that the current Memorandum of Understanding service schedule agreement between Public Health Wales, Welsh Government (WG) and UKHSA was being reviewed and that early indications suggested that UKHSA would look to undertake less work in Wales going forward, so work to strengthen resources and have clear arrangements with UKHSA for necessary expertise would be needed. SG suggested that this issue may need to be escalated to the chairs of the four countries' administrations.

The Committee asked about the impact of low resources on the EHP team, and whether any policy development had been undertaken with WG in regard to air pollution. SJ noted that a staff rotation system had been put in place to ensure sufficient support and build resilience, but that staff within the team had reported heightened levels of stress and that the small size of the team meant that proactive pieces of work could not be maintained sustainably. It was highlighted that the EHP team worked closely with the climate and environment teams within WG to influence policy, and that the collaborative work on the 20mph policy was expected to have significant contributions to air quality over time by encouraging walking and cycling.

SG thanked SJ/GS for the presentation and their work in this area, and suggested that the Committee may benefit from examining any implications that arose from the EHP resource review.

The Committee **noted** and took **assurance** of the information provided. Further consideration of whether this issue may need to be escalated to the chairs of the four countries' administrations may be required.

KRIC 3.4/2025.03.28	Update on Behavioural Change

SA provided an update on the work undertaken by the Behavioural Science Unit following a deep dive item in December 2022, and how this had supported the delivery of the Long-Term Strategy.

SA noted the engagement of international experts with the unit to develop understanding of requirements and the necessary framework, which had received very positive feedback from international and university partners.

SA also highlighted the development of research work, which included the recruitment of behaviour change agents, and the development of guidance and a community of practice. The developed behavioural science framework reflected the World Health Organisation's framework, and had been reviewed and approved by the Executive Team.

SG thanked SA for the update, and noted the importance of linking this work to health inequalities.

The Committee **noted** the development of the Unit since the Deep Dive in December 2022, and took **assurance** that these developments were supporting efforts to deliver the Public Health Wales Long Term Strategy.

KRIC 3.5/2025.03.28	Public Health Wales Monitoring Impact - Implementation

IB provided an update on the implementation of the actions in response to the user feedback survey, as reported to the Committee in September 2024. IB noted several key developments:

- The development of the Public Health Wales website was complete, and work had now progressed to migration of the content. This had produced positive feedback in regard to accessibility and stability.
- Progress in the development of publication standards and content design principles, which would lead to a stronger mechanism to control the content put onto the website.
- The Executive Team level was looking at the approach to engagement. RD noted that further feedback interviews were due to take place, and that BET would review further findings from this.
- IB had taken proposals on research, data and digital to directors of public health, which resulted in an agreement to form a sub-group to look at the data, digital and research environment.
- Work was being undertaken into getting increased levels of detail across many of the Public Health Wales dashboards, with a particular demand at the Primary Care cluster level.

IB noted that the full benefits of this work would be seen at the point of the full launch of the new website later in 2025.

SG thanked IB/RD for the update.

The Committee took **assurance** on the actions taken in response to user feedback and to improve the impact of knowledge products.

KRIC 3.6/2025.03.28	Digital and Data Strategy Implementation including Artificial Intelligence

IB provided an update on the implementation of the Digital and Data strategy.

IB noted that progress had been made when compared to the previous year as a portfolio and delivery confidence assessment was now in place, but that work was still needed on the provision of the assessments and strategy overview.

An audit had been undertaken on the progress towards delivery against the strategy, which had highlighted reasonable assurance with two areas for development:

- An overview of digital risk in one place. IB noted that this was on schedule to be done by the end of April 2025.
- Ensure good governance in this area to reduce errors in key areas. IB noted that this risk would be mitigated by the investment into programme management and the approval of a cloud-based software package at Board.

IB highlighted that the Canas project undertaken by Digital Health Care Wales had been delayed due to outstanding work required by the Health Boards. This delay was expected to be approximately two weeks, but may produce risks if it lasted any longer. IB also noted concerns around the quality of the new system, and the resulting effects on both data surveillance and non-communicable disease reporting.

LN then provided an update on key points of work around artificial intelligence (AI):

- An agreement had been made on the governance of AI within Public Health Wales by adopting some of the standards and guidance that have been endorsed by the AI Commission.
- An AI sup-group was in the process of being set up, which would have an overview of the use of AI and ensure the ethical and legal use of AI. This group would report to the Business Executive Team.

The Committee praised the work undertaken by LN for the AI Commission, and suggested that it needed to be made fully transparent when AI was used in Public Health Wales's work. IB agreed that AI and cloud-based architecture would need a strong focus on data security in the short and long term.

SG thanked IB/LN for their updates, and the Committee took **assurance** that Public Health Wales is delivering its Digital and Data Routemap and has robust governance in place for managing digital and data work.

KRIC 3.7/2025.03.28	Managing Risk
KRIC 3.7.1/2025.03.28	Strategic Risk Register

DG introduced the item which provided an overview of Strategic Risk 1 and 2 that fall under the remit of the Committee.

DG highlighted the progress in the development of the Strategic Risk Register since the last reporting period. DG thanked Committee members for their contributions on the strategic risk item at the February Board development session, which were fed back into the revision of the register. Further changes included new risk descriptors and the addition of a new strategic risk on climate change.

DG also outlined the next steps which included the submission of the revised Strategic Risk register and risk appetite framework to the Business Executive Team and Board meetings in July 2025, and a Board development session on risk appetite on 24 April 2025.

NE noted that the Audit and Corporate Governance Committee had raised a concern on the cyber security strategic risk due to it remaining outside of tolerance levels.

The Committee **considered** updated Strategic Risk 1 and 2 and **took assurance** on the management of risks within the remit of the Committee.

KRIC 3.7.2/2025.03.28	Corporate Risk Register

DG provided an overview of the Corporate Risk Register as reviewed by the Leadership Team.

DG highlighted key points from the report:

- Two risks linked to the Committee had been escalated onto the Corporate Risk Register:
  - Risk 1677 (risk of integrity of the data for recording risks). This was due to the national position in relation to the functionality of Datix cloud.
  - Risk 1678 (risk that the organisation will fail to provide sufficient assurances on managing/identifying risks). This was due to the inconsistent utilisation of Datix across Public Health Wales.
- There were no de-escalated risks.
- A reduction in the score of risk 1648 (risk of loss of access to primary care data) from 9 to 3.

IB noted a concern with the de-escalation risk 1648 due to the potential need to reintroduce it if work was not undertaken to address the underlying issue. IB also highlighted a concern raised at Board around the reliability and availability of external data sources, and that there was an aim to introduce new corporate risk on this to enable monitoring of the impact.

The Committee **considered** the Corporate Risk Register within the Committee's remit and **took assurance** on the management of Corporate risks within the remit of the Committee.

KRIC 3.7.2/2025.03.28	Cervical Screening Information Management System (CSIMS) Report

IB provided an overview of the interim report that detailed the work undertaken to address an increase in incidents within the Cervical Screening Information Management System (CSIMS) system.

IB noted that incidents related to human error had been addressed, but that there remained an ongoing issue with the quality of the demographic feed from Digital Health Care Wales (DHCW) which led to patient results being sent to the incorrect address. IB highlighted that testing for a solution to this was in progress which showed

potential positive results, and that if successful would enable the identification of the full scale of the issue and what actions would be required.

The Committee questioned whether the incidents related to DHCW had been reported to the Information Commissioner. IB agreed to take this query away for clarification.
Action: IB

The Committee suggested that there may be a need to raise an additional corporate risk to monitor this.

SG thanked IB for the update, and noted that this item would be brought to a future meeting once an in-depth analysis had been completed.

The Committee took **assurance** that the review of CSIMS will be completed following the current testing and implementation of the new demographic interface.

KRIC 4/2025.03.28	Items for Approval
KRIC 4.1/2025.03.28	**Minutes, Action Log and Matters Arising of meeting (5 December 2024)**

The Committee **approved** the minutes of the 5 December meeting as an accurate record and **approved** the changes made to the action log.

KRIC 4.2/2025.03.28	**Knowledge, Research and Information Committee Annual Report 2024/25**

LB introduced the Knowledge, Research and Information Committee Annual Report for 2024/25, and outlined the ask of the Committee to consider the contents of the report and recommend it for submission to Board.

The Committee:

- **Considered** the draft Knowledge, Research and Information Committee Annual Report 2024/25 which summarised the key areas of business activity undertaken by the Committee.
- **Noted** that the draft report would be updated to reflect the items covered at this meeting and agreed for the final version to be agreed with the Chair of the Committee prior to submission to Board.
- **Recommended** the report (subject to the amendments agreed with the Chair) to the Board to provide assurance that the Knowledge, Research and Information Committee is fit for purpose and operating effectively in fulfilling its terms of reference

KRIC 5/2025.03.28	Items to Note
KRIC 5.1/2025.03.28	**Audit Action Log Progress Update**

There were no Audit recommendations within the remit of the Committee to report on.

KRIC 5.2/2025.03.28	**Audit Reports**

LB noted the Research and Evaluation Strategy Internal Audit Report and the Digital and Data Strategy Audit Report. These reports had been reported to the Audit and Corporate Governance Committee, and progress on the associated actions would be brought to the KRIC meeting in June with progress on actions.

KRIC 5.3/2025.03.28	Committee Workplan
The Committee noted the work plan.	
KRIC 7/2025.03.28	**Closing Administration**

Any other business: None.

The Committee were invited to provide feedback from the meeting via e-mail to LB, including any areas that worked well, and any areas for improvement.

Date of Next Meeting: **17 June 2025.**

The meeting closed at 14:49