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Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

**Confirmed Minutes of the Board Meeting  
held on 26 January 2023**

**held electronically via Microsoft Teams and livestreamed via the web**

<b>Present:</b>		
Jan Williams	(JW)	Chair
Tracey Cooper	(TC)	Chief Executive
Sumina Azam	(SA)	Acting 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
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 (Data and Digital)
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
Mohammed Mehmet	(MM)	Non-Executive Director (Local Authority)
Rhiannon Beaumont-Wood	(RB-W)	Executive Director of Quality, Nursing and Allied Health Professionals
Kate Young	(KY)	Non-Executive Director (Third Sector)
<b>In Attendance:</b>		
John Boulton	(JB)	National Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru
Liz Blayney	(LB)	Acting Board Secretary and Head of Board Business Unit

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Ben Brown	(BB)	Welsh Government (For Agenda Item 3)
Angela Cook	(AC)	Assistant Director of Quality, Nursing and Allied Health Professionals
Paul Dalton	(PD)	Head of Internal Audit
Felicity Hamer	(FH)	Head of Strategy and Innovation, Improvement Cymru (up to and including Agenda Item 3)
Angela Jones	(AJ)	Acting Director Health and Wellbeing
Neil Lewis	(NL)	Director of People and Organisational Development
Mark Madams	(MMa)	Welsh Government (For Agenda Item 3)
Eluned Morgan	(EM)	Minister for Health and Social Services (For Agenda Item 6)
Claire Sullivan	(CS)	Staff Side Representative
Cathy Weatherup	(CW)	Public Health Policy Advisor to the Minister for Health and Social Services (For Agenda Item 3)
Stephanie Wilkins	(SW)	Representative of Staff Partnership Forum
<b>Apology</b>		
Verity Winn	(VW)	Audit Lead (Performance), Audit Wales

*The meeting commenced at 10am*

<b>PHW 1/2023.01.26</b>	<b>Welcome and Apologies</b>
<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 from any form of phobic behaviour. 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 of 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 could be accessed via the following link: <a href="https://phw.nhs.wales/about-us/board-and-executive-team/board-etiquette1/">https://phw.nhs.wales/about-us/board-and-executive-team/board-etiquette1/</a>. This referenced the reading of all papers before the meeting, optimising the time</p>	

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 the Minister for Health and Social Services would be joining the meeting at 11:45am.

She concluded by extending a warm welcome to Ben Brown and Mark Madams, Welsh Government officials, who were attending to present on the Duty of Quality and Duty of Candour agenda item.

The Board **noted** an **apology** from Verity Winn, Audit Wales.

### **PHW 2/2023.01.26                      Declarations of Interest**

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

### **PHW 3/2023.01.26                      Strategic Partnership/Duty of Quality & Candour**

JW invited Ben Brown and Mark Madams to give their presentation on the Duty of Quality and Duty of Candour, both of which would come into force from 1 April 2023. BB and MM used a slide presentation to outline the purpose of each Duty, summarise the responses to a recent consultation process and highlight the key implications. They advised that:

- The Duties applied not only to all NHS bodies but also to the Minister for Health and Social Services;
- The aim was to drive a system wide approach to improving quality and, building on transparency, fully informing those who had experienced harm or were at risk of harm;
- The Duty of Quality encompasses six domains of quality and will replace the Health and Care Standards this year;
- The Duty of Candour introduced a new stage in the *Putting Things Right* process and involves an in-person contact, followed by a written apology;
- The recent consultation process closed on 13 December 2022; responses were under consideration, prior to any final decision on process amendments;
- The intention is to conduct a public awareness campaign in March 2023.

JW thanked BB and MM for their informative presentation and invited any questions or comments:

- RBW noted Public Health Wales' participation in the all-Wales Implementation Board and provided the Board with assurance that the organisation was on track to achieve full compliance. She highlighted the need for clarity in respect of hosted bodies or functions as being of particular relevance, as Public Health Wales hosted a number of these. BB referenced the intentions in this respect.

- KY welcomed the introduction of both Duties. She highlighted the need to consider disability and equality and asked about communication with, and engagement of, vulnerable groups, whose members may need tailored approaches. MM confirmed that engagement to date had taken this into account, adding that the Duty of Candour required organisations to respond to an individual in whatever form that individual preferred, reinforcing inclusion. He noted that learning from England would also inform implementation.
- DE asked how these duties would enhance and improve user experience. BB advised that this would occur through the implementation of the overarching aims: to improve equity and efficiency and prevent further harm.
- KE noted the need to track the requirements to ensure alignment with Public Health Wales' Quality as an Organisational Strategy. She asked about the measures proposed to capture the impacts of the legislation and the difference the Duties made to user experience. BB confirmed that module development had included evaluation and that the incoming NHS Executive would oversee impact and outcomes.
- TC thanked BB and MB for their presentation and noted a number of key points for the organisation:
  - How essential early engagement and effective communication systems were in responding to an issue;
  - Public Health Wales' unique position as an organisation that commissioned, provided and hosted services, whilst also providing advice to government, partners and the wider system.

JW conveyed the Board's thanks to BB and MM for their informative presentation and their responses to the resulting queries and comments.

The Board **noted** the introduction of the Duty of Quality and the Duty of Candour; **took assurance** from RBW's confirmation that the organisation was ready to respond as required, and **confirmed** the role of the Board Committees in overseeing implementation.

#### **PHW 4/2023.01.26 Board Assurance Framework**

#### **PHW 4.1/2023.01.26 Chief Executive's Report**

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

- The due date of 27 January for Submissions for Module 1 to the UK COVID-19 Public Inquiry; TC extended her thanks to the Public Inquiry team for their hard work in collating and preparing the information;
- The development of a Young Ambassadors Partnership Board Forum, inviting RBW to provide further detail. RBW summarised the first meeting: this had been a success, with the emphasis on developing communication skills, along with a focus on three key areas of public health – the cost of living crisis, the wider determinants of health, and healthy behaviours. The

next meeting would take place in February and RBW extended an invitation to all Board Directors

KE welcomed the launch of the new partnership model and noted with interest the three key areas identified; she returned to an issue raised at an earlier stage- that there should be appropriate representation from across Wales. KE also asked about input from local government partners. RBW confirmed the all Wales reach of the model, the provisions in place to engage with local government partners across Wales, and the rationale for proceeding with those attendees available for the first meeting. Future meetings would take place in venues in North and West Wales.

### Action: RBW

DC and SG commended RBW and the team for their work with Public Health Wales' Young Ambassadors and for launching the new partnership model so successfully. DC had attended the meeting and reflected on the value of hearing from young people whose lived experience differed significantly from that of Board Directors.

- The annual meeting of the International Association of National Public Health Institutes (IANPHI) held in Stockholm on the 30 November to the 2 December 2022. This was the first predominantly in-person annual meeting for IANPHI since the Coronavirus pandemic. TC had attended the meeting, together with MK and AJ, participating in the sharing of experiences from colleagues in National Public Health Institutes (NPHIs) around the world.
- MK added detail on support provided to Ukraine, and the inclusion of a specific event at the IANPHI meeting on this, to specify and co-ordinate the combined offer of support to the Ukraine Public Health Centre. The key issues considered were: the co-ordination of guidance on specialist topics such as antimicrobial resistance; training and exercising related to Chemical, Biological, Radiological and Nuclear (CBRN) threats; and equipment to assist the regional level Emergency Response Centres. Discussions continued on how best to co-ordinate the support and Public Health Wales' offered support on three key elements: antimicrobial resistance through the sharing of guidance and other documents; CBRN training; and the sharing of expertise regarding trauma informed support.

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

### PHW 4.2/2023.01.26 Integrated Performance Report

HG introduced this item and, reflecting the usual reporting process, invited each lead Executive to provide an update to the Board.

NL referred to the workforce element of the Performance Report and drew attention to:

- An increase in sickness and absence rates in December, particularly within microbiology, screening and the NHS Collaborative;
- An improvement in both appraisal compliance and statutory and mandatory training;
- As identified in the Annual Equality Report, a positive increase in representation across the organisation of those identifying as LGBT + BAME.
- HG added detail on the future reporting of rates concerning the NHS Collaborative workforce. This function would transfer in to the NHS Executive on 1 April 2023, and Public Health Wales would not supply data thereafter.

HG then invited questions:

MM noted the increase in sickness and absence reporting, particularly in microbiology and screening. This ran counter to trends in previous months and MM sought further detail on the service impact, together with any action needed in respect of staff welfare. MK advised that staff were asked not to attend work if they had any symptoms that could indicate an infective illness; this resulted from their close contact with communities and the risks of spread. He noted that the highest rate of sickness and absence concerned the Diabetic Eye Screening Wales (DESW) service and the reasons for sickness included anxiety, depression and respiratory illness. He confirmed the support and assistance in place for staff, in line with well-being established provisions. Robust business continuity plans were also in place. NL advised that there had been a similar spike in rates at the end of December/beginning of January last year, but that those settled down and it looked as if that pattern was repeating itself.

On financial matters, HG reported on the following key issues:

- The 2022/23 year end position - he reminded the Board of the break-even forecast at the start of the year; this was subject to detailed monthly review and HG remained confident of achieving that position;
- Public Health Wales' contribution to assist the NHS Wales' financial position, based on fortuitous gains, including interest rates and pension charges. Welsh Government colleagues appreciated this system-level support;
- The capital allocation position. HG noted that the capital allocation comprised two elements – discretionary capital, allocated to replace or purchase essential equipment, and all Wales funding; this could span financial years, following successful bids to Welsh Government. The value of the discretionary capital allocation was outside Public Health Wales' control. HG reminded the Board that the IMTP included a section on capital, so that, in any year, Welsh Government was aware of Public Health Wales' capital position;
- Preparing for 2023/24 financial position. Welsh Government had issued the allocation letter, but discussions continued on specific aspects, including screening recovery monies;

- On COVID-19 related funding, HG outlined the provisions for securing this from the centre;
- Welsh Government had set a 2023/24 efficiency savings requirement of 2.5%. When considered as part of the broader financial position, this presented NHS Wales with a challenge.

HG invited questions:

NE asked about the transfer of capital monies to DHCW; HG explained that this followed the Welsh Government decision to transfer the responsibility for two systems- LINC and RISP - to DHCW, from the NHS Collaborative, prior to the transfer of the latter into the NHS Executive.

HG then invited MK to provide an update and he drew attention to:

- The current position in respect of COVID-19. There was a slight decline, following the peak in December - early January, with 1:19 people now thought to have COVID-19. The current dominant variant - BQ1- had not resulted in an increase in hospital admissions, which continued to fall. Careful monitoring of all variant profiles continued.
- Other infectious diseases: Streptococcus (Strep) A had led to system pressures in December but surveillance indicated a subsequent reduction in consultations and numbers of confirmed Strep A infections. Monkeypox cases continued to reduce significantly, with reports of two cases in the last three months.
- On screening services, MK reminded the Board of his updates throughout the year, during which he had reported on the recovery of the Bowel Screening Wales and Cervical Screening programmes. He then focussed on the recovery of the following three programmes: Abdominal Aortic Aneurysm (AAA); Breast Test Wales (BTW); and Diabetic Eye Screening Wales (DESW). AAA would recover by the end of March 2023, with longer trajectories for BTW and DESW. MK went on to outline the issues associated with each, including increased demand, venue availability and the service transformation work underway currently.

At this point, JW invited KE, as Chair of the Quality, Safety and Improvement Committee (QSIC) to provide an update on the Committee's oversight and scrutiny role, as discharged throughout 2022/23 and previous years.

KE confirmed that QSIC had taken a key role in the recovery of screening programmes over the past three years; she commended the significant efforts that staff had made to deliver full recovery in the Cervical and Bowel Screening Programmes. During 2022 QSIC had undertaken:

- An in depth exploration of BTW, DESW and AAA; she reconfirmed the expected recovery of the AAA programme within the next two months.

- Scrutiny of, and lessons learned from, the change to Cervical Screening intervals, introduced on 1 January, 2022;
- An on-site visit to Magden Park in December 2022, to meet with screening teams and to hear updates from the Director of Screening, Sharon Hillier.
- A 'deep dive' exercise on recovery trajectories, with a focus on risks and equity issues.

KE noted that recovery was not simply a matter of reactivating systems and processes in place prior to the pandemic; future plans had to address growth across the screening programmes, sustainability issues resulting from workforce challenges, the opportunities presented by greater use of technology and increased 'High Street' footprints. QSIC had identified all these issues for inclusion in the Long Term Strategy refresh.

KE also referenced the need for transformation, of the kind underway currently across the DESW programme. IB added detail on this, outlining the basis of the transformational programme, with the move in year through the Discovery phase to the Alpha phase of the programme methodology. He summarised the debate in the Knowledge, Research and Information Committee (KRIC) and advised that a deep dive into excess with regard to mortality figures was underway. This would consider the reasons for increased excess mortality from diabetes, albeit small numbers. Given the interest in diabetes and the wider impact on Diabetic Eye Screening Wales, KRIC would also look at a wider analysis of trends in diabetes and report back on findings by the time of the March 2023 Board meeting.

#### **Action: IB**

MK then drew the Board's attention to the detail in the Performance Report on current challenges facing different screening programmes, including the need to respond to strike action and the subsequent delays in the postal system that risked impacting adversely on time-critical screening samples. He summarised the additional arrangements and actions put in place to mitigate against these challenges.

HG invited questions:

MM welcomed the update and the assurance it provided. He asked about workforce planning in MKs directorate, particularly for key roles where recruitment was proving challenging. MK noted the regular discussions with Health Education Improvement Wales (HEIW) to address shortages of key clinical staff; these included exploring extending the associate level workforce as a possible solution, outside more traditional workforce programmes. This would include competency frameworks to provide assurance on safe and effective services. MK had met with the Allied Health Professions (AHP) leads to consider how best to optimise opportunities and make best use of the available workforce.



JW commented on the opportunity presented in April 2023, when the People and Organisational Development (POD) Committee intended to focus on workforce planning. Cross Committee engagement could ensure the mapping of all workforce challenges across services

**Action: MM/NL**

KY asked whether there was a potential role for Third Sector services to operate alongside screening programmes and exploit opportunities to communicate and share services and support those undergoing screening; MK agreed and confirmed that he would explore this further.

**Action: MK**

RBW advised of a recent meeting with the Wales Council for Voluntary Action (WCVA). This would act as a catalyst for a more strategic approach to Third Sector partnership working.

SG noted that KRIC had also applied a transformational lens to workforce development opportunities. Any data developments to support workforce planning and service transformation must include outcomes, in addition to screening activity and numbers. JW confirmed the need to capture the interconnectivity across the Committees.

**ACTION: KE/SG/MM**

MK completed his report by providing an update on immunisation rates. He drew attention to the downward trend in uptake of Measles, Mumps and Rubella (MMR); there was some regional variation evident in the overall numbers. No clear reasons had been identified regarding the reduction but the overall pressures on primary care could be a factor. Health Boards were actively considering ways of reversing this trend.

SG expressed her concern at the continuing downward trend and asked for further detail on respective roles and responsibilities across the system. This would come back to the Board at its March 2023 meeting.

**ACTION: MK**

HG then invited RBW to comment and she advised the Board on:

- The completion of 129 incident reports in December, a reduction of 53, the majority of these occasioning no or low harm;
- The improvement in performance on closure rates, with 66% closed in 30 days;
- The reporting of 118 incidents in January; these included legacy incidents work was underway to resolve these;

- No nationally reportable incidents (NRI's); there had been one No Surprises incident, related to the change in the Cervical Screening pathway data. Work was underway in relation to individuals living on the border between Wales and England or moving from Wales to England to ensure the correct transfer of their screening information were entered onto NHS England's digital system.
- Complaints management: 100% compliance with the initial response target and the 30 day target. There had been no formal complaints in December; there had been nine informal complaints. Work was underway to determine how best to capture and report compliments;
- Risk: both strategic and corporate risk management were proceeding well at Committee level.

HG then invited questions:

NE queried the reference within the No Surprises incident to the use of the Cervical Screening Information Management System (CSIMS) and the dependence on NHS Digital, asking whether there would be any service impact to the service resulting from current merger of NHS digital services in England. MK outlined the discussions were ongoing between NHS Digital and Breast Test Wales, to review and establish the impact and identify any mitigation required.

MK also advised that, on the cross-border issues for women who accessed services and treatment in England, whilst Public Health Wales had a mechanism to safely transfer information, the system in use in England could not import the information safely, although work continued to resolve the matter. JW remitted KRIC to oversee the resolution of the matter.

**Action: SG/IN/MK**

The Board **noted** the updates, studied the information provided in the Integrated Performance Report and **took assurance** from the Report and the discussions.

**PHW 4.3/2023.01.26**

**Summary of Corporate Policies (Biannual update)**

LB presented the Corporate Policies and Procedures – Annual Compliance Report. The report and accompanying Corporate Policies Register provided the Board with an update on the status of the Corporate policies, procedures and other written control documents across the organisation. LB added detail on the impact of the pandemic on progress with renewals and progress made subsequent to the report .

The Board **noted** the Report and Corporate Policies Register and **took assurance** on the prioritisation and progress made to review policies, procedures and other written control documents , **noting** the Committee-level role in scrutinising relevant policing renewals.

<b>PHW 4.4/2023.01.26</b>	<b>Committees of the Board: Report from Committee Chairs</b>
The Board <b>received</b> and <b>noted</b> the report of the Committee Chairs and <b>took assurance</b> from their content.	
<b>PHW 5/ 2023.01.26</b>	<b>Break</b>
<b>PHW 6/2023.01.26</b>	<b>Minister for Health &amp; Social Services</b>
<p>JW extended a warm welcome to Eluned Morgan, the Minister for Health and Social Services, who joined the Board meeting for the discussion on the Public Health Wales Rapid Overview Dashboard. Before turning to the agenda, JW invited the Minister to make any introductory remarks.</p> <p>EM extended her thanks to the staff of Public Health Wales for their expert advice and guidance across the years. She paid tribute to the hard work and dedication of the staff and the Board itself; Public Health Wales' response to the COVID-19 pandemic, including analysis, research, expert advice and guidance, health protection and surveillance, testing and in providing system leadership on the vaccination programme, had been significant and the Minister expressed her gratitude. She cautioned against views that COVID-19 was 'over' and thanked the Public Health Wales team for ongoing monitoring of variants and maintaining testing capability.</p> <p>The Minister also commended the organisation on the quality of the 2022/25 IMTP document, from the reading of which she had gained a clear understanding of Public Health Wales focus' for the three years ahead.</p> <p>The Minister also reflected on wider system pressures and the challenging operating environment for all health bodies in Wales. To give a steer for the 2023/25 IMTP round, she had identified the following priorities:</p> <ul style="list-style-type: none"> <li>• Developing a closer relationship with local government in order to tackle the issue of delayed transfers of care;</li> <li>• Primary and Community Care Access to services;</li> <li>• Urgent and Emergency Care;</li> <li>• Planned Care, Recovery, Diagnostics and Pathways of Care;</li> <li>• Cancer Recovery;</li> <li>• Mental Health and Child and Adolescent Mental Health Services (CAMHS).</li> </ul> <p>Underpinning all these priorities, the Minister emphasised the fundamental value and importance of prevention, to improve population health and secure a reduction in health inequalities. She reflected on the key role that Public Health could play across the agenda, using its Behavioural Sciences Unit to support and assist people in managing better their own health and well-being. She reflected on the fact that 500,000 people found themselves on waiting lists currently, with the consequent opportunity for health professionals to Make Every Contact Count (MECC).</p>	

JW thanked the Minister for her kind comments and for her reflections on the ways in which Public Health Wales could support her agenda. JW noted that the 2023/25 IMTP would include a number of relevant actions. Before returning to the agenda, she invited TC to respond to the Minister's introductory remarks.

TC thanked the Minister for joining the Board meeting and welcomed her focus on the value of health promotion and prevention; people needed to stay as healthy as possible, at home or in a community setting, for as long as possible. This required access to preventative support services as well as individuals taking personal responsibility for health and wellbeing. TC confirmed that Public Health Wales already had a range of actions in place to support people where they lived and worked; there were further opportunities to support individuals in taking personal and social responsibility to make healthy lifestyle choices, including the use of behavioural science expertise.

JW then invited IB to present on the Public Health Rapid Overview Dashboard.

The presentation provided the Minister with the opportunity to consider the range of information available to inform the management of inequalities and the wider determinants of health, with a focus on the Cost of Living Crisis. This included the establishment of Rapid Indicator monitoring and the Public Health Wales' response to the Cost of Living Crisis; it involved engagement with the Third Sector and the development of a strong evidence base.

IB demonstrated how the evidence collated from a range of sources enabled the drilling down into granular level information; this included for example that 30% of the population of Wales did not consume fruit and vegetables on a daily basis.

JW thanked IB for his detailed presentation, inviting questions and comments from the Board, before returning to the Minister.

- SG sought further detail on excess mortality from diabetes and how low the numbers were. IB noted the relationship with other co-morbidities and advised that intelligence suggested an increase in numbers that would continue unless addressed. He referenced his earlier comments on the work underway through KRIC. TC commented on the work in hand to explore the relationship between long standing unemployment and illnesses such as diabetes.
- KY noted the opportunities offered by social prescribing and the use of Third Sector and community-based agencies to spread health and wellbeing messages and enhance personal responsibility.
- MK welcomed the Dashboard and referred to the importance of tackling multiple risk factors; he used the increase in liver disease, linked to alcohol consumption and infectious diseases, as an example.
- IB referred to the wider determinants of health and the link between poor health and income inequality. The number of people experiencing financial pressures was increasing; the economic inactivity rate remained over 25%

Action had to focus on mitigating the impacts in the immediate term, whilst influencing behavioural change and wellbeing over time.

- MK noted the opportunities afforded by the screening programmes to build upon access to welfare support and preventative opportunities. The Mountain Ash Centre, opened in 2022, had proved popular and effective as a hub for screening and health promotion; MK provided the Minister with information on the next planned facility at Llantrisant.
- KE referred back to the 500,000 people on waiting lists and asked about the data available to target those who would benefit from additional health and wellbeing advice and guidance, as they prepared for their surgery. IB advised that valuable data was available from both Public Health Wales and health boards, with the ONS holding additional data sources.
- AJ added detail on discussions already underway with health policy officials on prevention, early intervention and 'pre-habilitation' for those on waiting lists, All aligned with MECC and formed part of Public Health Wales' increased focus on healthcare public health, that spoke directly to the Minister's agenda and would support a sustainable health and care system.

JW thanked everyone for their comments and asked the Minister for her reflections on the Dashboard and on the issues raised.

In response, the Minister welcomed the discussion and the opportunity to learn more about the Board's focus and Public Health Wales' clear role in supporting her priority areas. She requested the regular sharing of data to assist her strategic planning, welcoming particularly the strong evidence base that underpinned discussions.

The Minister was keen to explore further opportunities to scale up advice and support to those on waiting lists, using behavioural science; she welcomed the opportunity to expand on the discussion at her next meeting with JW and TC

### **ACTION:JW/TC**

In leaving the meeting, the Minister again expressed her thanks to the Board for the invitation to join the meeting; she was impressed with the work underway and looked forward to returning to discuss the further development of the Dashboard.

### **PHW 7/2023.01.26 Latest Public Health Overview**

The Public Health Overview with a focus on Cost of Living: this Item formed part of the Ministerial Agenda Item and minuted under Agenda item 6.

The Board **noted** the update provided and **took assurance** from the discussions that included the Minister for Health and Social Services under Agenda Item 6.

### **PHW 8/2023.01.26 Items for Approval**

### **PHW 8.1/2023.01.26 Tuberculosis (TB) Report & Action Plan**

MK provided an update on the External Review of the Llwynhendy Tuberculosis Outbreak. He provided a slide presentation that covered the following issues:

- For context, rates of Tuberculosis (TB) in Wales were low, with an expected rate of 2.8 per 100,000 population. Outbreaks were rare and were investigated by microbiology and health protection services.
- An outbreak in Llwynhendy, was first identified in 2010; 3 active cases had been identified overall.
- An internal Public Health Wales' review, in 2019, had recommended the commissioning, with Hywel Dda University Health Board (H DUHB) of an External Review. Professor Michael Morgan was appointed as Chair and was supported by a Panel of experts from outside Wales.
- The key focus of the External Review was: to consider the management of the outbreak; best practice; a review of the cases; the effectiveness of policies, and the deployment of expert advice.
- The review concluded in December 2022. It identified:
  - a large number of TB cases, both active and latent;
  - Evidence of TB transmission from social interactions;
  - Some failings in the follow up of contacts;
  - The initial outbreak control team had closed down its function too soon;
  - The lack of a national TB strategy;
  - Significant improvements made since 2018.
- A series of recommendations to improve public awareness and to ensure efficient and effective systems were in place.

JW thanked MK for his clear exposition of the background to, and findings of, the external Review. Noting the Board's prior briefings around the conduct of the External Review and its findings, JW asked if there were any comments or questions at this point.

SG welcomed the presentation, emphasising the importance of identifying clear lead roles in implementing the Action Plan. MK confirmed that the Action Plan would identify all such roles.

### **ACTION:MK**

The Board **noted** the Report and Action Plan, and **supported** the ongoing assurance arrangements, through QSIC; the full Board would receive an update report later in 2023.

In closing, JW made the following statement:

*Public Health Wales and Hywel Dda University Health Board extend our sympathies to all those who have been affected by the outbreak of TB affecting the Llwynhendy area of Carmarthenshire since 2010.*

*It is clear that the initial response to this outbreak was not satisfactory. We are sincerely sorry to anyone who may have been impacted by this event.*

*Managing such a complex TB outbreak is challenging due to the elaborate social networks and often extended timescales involved. It is encouraging that the review identifies that the leadership and management improved considerably in the later stages of the TB outbreak and that we continue to work hard to maintain and build upon these standards. We have accepted the recommendations of the review in full and have jointly developed an action plan to address them.*

**PHW 8.2/2023.01.26 Minutes and Action Log from the Board Meeting (24 November 2022)**

The Board **approved** the minutes of the meeting on 24 November 2022. The Board also **noted** and **approved** the Action Log.

**PHW 9/2023.01.26 Items for Noting**

**PHW 9.1/2023.01.26 Chairs Report (24 November 2022)**

The Board **received** and **noted** the Chair's Report to the Board concerning the matters considered in the Private Board meeting of the 24 November 2022.

**PHW 9.1/2023.01.26 Forward Plan 2022-23**

The Board **received** and **took assurance** from the Public Health Wales Forward Plan 2022-23.

**PHW 10/2023.01.26 Date of the Next Formal Meeting of the Board**

The next meeting would be held on **30 March 2023**.

**PHW 11/2023.01.26 Close of Public Meeting**

Before closing the meeting, JW expressed the Board's thanks to SA and LB for attending the Board in their respective acting roles.

JW also congratulated Sian Griffiths on being awarded a CBE in the New Year's Honours List, alongside Fliss Bennee, awarded an OBE. Colleagues offered their sincere congratulations to both.

The meeting closed at 1.04pm