**Confirmed Minutes of the Board Meeting on 25 July 2024
Held in 3.0, CQ2 and electronically via Microsoft Teams
Livestreamed on the Internet**

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

The meeting commenced at 11:15

PHW 2024.07.25/1	Welcome and Apologies

NE welcomed everyone to the meeting, extending a warm welcome to those observing the proceedings online.

The Board **noted apologies** as noted above.

PHW 2024.07.25/2	Declarations of Interest

NE sought Declarations of Interest other than those recorded already on the Declarations of Interest Register. There were none.

PHW 2024.07.25/3	Staff Networks
PHW 2024.07.25/3.1	Women's Network

Following on from previous Network presentations to the Board, NE extended a warm welcome to KF and JH, the co-chairs of the Women's Network (the Network).

KF and JH used a slide presentation to highlight the following:
- An overview of the Women's Network including a summary of the working groups established to share experiences and champion issues that would affect members.
- Look back at the activity during 2023/24, including events and talks held focusing on key areas such as menopause, menstruation health and understanding forced marriage.
- Ambition for the network to continue to create safe spaces, for members to make connections as well as support and empower others.

They presented the following asks of the Board:
- To recommend or put in touch with inspirational women in the Board Members networks, to support mentorship and be guest speakers at events.
- Agree a small number of ring fences places for leadership development for women leaders.
- Involve the Women's Network in discussions to agree approach to tackling Gender Pay Gap(starting with building understanding of what contributes to the gap)

NE thanked KF and JH for the presentation and invited questions from the Board.

SG asked whether pregnancy and post natal depression were areas of focus for the Network; KF confirmed that this was not an issue that had been widely raised by Members, however could be explored.

DC asked about membership numbers and how the Board could support in raising awareness of the work of the Network. KF confirmed there were around 180 members, with a core of between 25-50 that regularly attended. She suggested the Board could support by sharing their stories and join in person network working groups to hear from the members directly. The Women's Network took part on the Welcome days for new starters to increase awareness of the work of the networks and encourage new members.

IB reflected how the Board could act as allies to the Women's Network and encourage a safe space for different conversations. He also on the links with other Networks and the potential for multi-faceted discussions across the Networks.

TC highlighted the excellent work of the Network and how the membership has grown under the stewardship of JH and KF. Noting that both KF and JH intended to step down as Co Chairs this year, she thanked them for their contributions to the development of the Network.

NE thanked JH and KF for their presentation, and for their contributions during their tenure as Co Chairs. The Board supported the asks in principle, noting that they would be reviewed by the Executive Team to implement.

PHW 2024.07.25/4	Board Assurance Framework
PHW 2024.07.25/4.1	Chief Executive's Report

Introducing the Chief Executive's Report, TC drew attention to:
- The update on current activities of the organisation in relation to the UK COVID-19 Public Inquiry, including the status and position for each module detailed within the report.
- PV then provided a summary presentation of the publication of the final report from the Public Inquiry Module 1 (Resilience and Preparedness); Public Health Wales was working through the recommendations and their implications.
- Ministerial meetings held with the Cabinet Secretary; the focus was on progress on delivering on our Tackling Diabetes Together Programme, and promoting healthy weight and preventing obesity.
- Publication of the Independent Culture Review of the Nursing and Midwifery Council (NMC); there were a number of recommendations including change in leadership to drive a new approach and culture, as well as improvements in a number of key areas such as support, development and Fitness to Practice process. CB would be working with the Chief Nursing Officer and Directors of Nursing across the NHS in Wales to support the restoration of the NMC as a fit for purpose regulatory body. CB had reached out to each of our registrants within Public Health Wales to offer support.
- The Workplace Equality Index (Stonewall); This year Public Health Wales had been ranked 31st most inclusive LGBTQ+ employer in the UK, by the charity Stonewall in its annual Workplace Equality Index (WEI).

TC asked IB to provide an update on the recent global IT outage.

IB confirmed that the impact on Public Health Wales was minimal; some of the national services were without access to some software (such as Datix) for a short period but this had not been a significant issue.

NE thanked TC, PV and IB for the overview and invited questions from the Board.

SG highlighted the recommendation within the Public Inquiry Module 1 Report relating to the nomination of a single group for UK wide preparedness; she expressed concern that this did not reflect the arrangements for devolution. TC acknowledged this point, and advised that this would be considered as the recommendations were worked through.

SG asked about the implications from the King's speech and how this was being reviewed within Public Health Wales.

TC referenced the key points within the speech relating to smoking and vaping, and noted the alignment with the work of Public Health Wales. The was also an opportunity around the commercial determinants that would be further explored.

JM echoed this, referencing the synergy with existing Welsh Government bills out to consultation this year; this presented an opportunity for further alignment of the Four Nations approaches in these areas.

SA referenced the alignment with areas of development for Public Health Wales, and the opportunity this presented to think more broadly and develop our approach further.

NE asked for the Executive Team to review the implications of the Kings speech and update the Board on the strategic implications and associated action for Public Health Wales.
Action: TC/JM/SA

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

PHW 2024.07.25/4.2	Latest Public Health Overview

IB highlighted the updates to the Public Health Rapid Overview Dashboard;
- Economic activity data (employment, unemployment and inactivity rates) had been updated in line with latest ONS data and methods and the split by sex has been added.
- Avoidable Mortality would replace Excess Mortality in early August 2024.

IB would arrange meetings with Board members during September and October 2024, to seek views on further development of the dashboard.

Referring to the Public Health Rapid Overview Dashboard, IB drew attention to the following:
- Increase in the numbers of people waiting over 36 weeks; indicated a pressure on the system that was not abating.
- Data relating to excess mortality was more positive.
- Health and Wellbeing data was not showing any trends in the data.
- Declining employment rate in Wales and growth in economic inactivity.

JM noted the concerning trends relating to economic inactivity, and the implications for public health as a growing issue and resulting in increasing pressure on the NHS.

NE thanked IB and JM, and invited questions.

In response to a question from MM, IB explained that there were several factors for the economic inactivity including; long Covid, mental Health issues, early retirement and links to the data on increased numbers waiting more than 36 weeks which impacted their ability to work.

MM referenced the need for a coordinated multi-agency response to economic inactivity, as it affected a wide range of issues including the economy and education. He highlighted that

there appeared to be a gap in the governance structures Wales had nationally and the impact these were making on the wider determinants.

TC noted the importance of employment as an indicator for public health and the opportunity to look at the issue more broadly nationally; she cited examples of the work in Ireland on attracting investment in certain sectors, increasing workforce skills in those targeted areas.

SA referenced the work within Public Health Wales' Strategic Priority Groups to develop a road map; there was an opportunity to include economic inactivity as part of this work.

NE thanked all for the discussion, which had identified important points to explore further and take forward.

The Board received **assurance** that the review was in progress and updates would be provided once views have been obtained to inform dashboard development.

PHW 2024.07.25/4.3	Integrated Performance Report (Month 3), Finance Report and Strategic Risk Register

In introducing the Integrated Performance Report, NE invited HG to introduce the key developments to the Board:
- Further developments with the IPR planned to move towards reporting progress to achieving outcomes identified within the IMPT.
- Directorates were worked through individual indicators at a management level, with a view to then considering what was appropriate to report to Board at a strategic level.
- Intention was for the Insights report to have more of a narrative overview of performance management, highlighting areas of concern to draw to the Boards attention.
- System indicators would move to the Rapid Overview Public Health Dashboard.

CJ commented on the volume of data available, and welcomed the plans to streamline these for Board drawing out the key outcome indicators, and those that impact with the delivering the Strategy.

MM raised concerns regarding the £77,000 underspend with the Health and Wellbeing Directorate Budget, particularly what the potential impact was on the diabetes programme which was a high priority area.

JM provided an overview of how this was being managed at directorate level; weekly meetings with Finance to reprofile every fortnight to ensure that actions were brought forward where appropriate to make progress and to balance delays in other actions.

MM suggested that for important priority areas such as diabetes, that narrative be included in the report to explain how underspends were being managed.

NE highlighted that in some Directorates spending was weighted to quarter 4, and sought assurance that the plan could be achieved by the end of the financial year.

MK responded that his directorate were working closely with finance colleagues to manage the spend and support forecasting to be able to adapt in year.

NE thanked all for their contributions, and thanked HG and the team for the way in which the information had been presented that had enabled the detailed and focused discussion.

The Board **considered** the financial position of Public Health Wales as of 30 June 2024.

The Board **considered** and received **assurance** on the organisation's performance and governance arrangements and progress against delivering its strategy including delivery/recovery of key services and programmes.

	Break
PHW 2024.07.25/4.4	**Committees of the Board: Report from Committee Chairs**

Audit and Clinical Governance Committee (ACGC)
MM referenced the items considered at the July ACGC; notably the recommendation to the Board of the Accounts and Annual Governance Statement. He reiterated ACGCs positive comments on the process this year, the positive comments from Audit Wales and the overall unqualified opinion issued for the accounts.

People and Organisational Development Committee (PODC)
NL noted the meeting in July focused on the impact and outcomes from the staff survey.

Quality Safety and Improvement Committee (QSIC)
DC provided a verbal update from the QSIC meeting on 24 July; the following items had been considered:

- Deep dive into the Welsh Healthy Schools Network
- Quality Governance Performance report; this report had been an amalgamation of a number of reports. DC thanked CB and the team for their work to develop this style of reporting.
- Several annual reports including Infection, Prevention and Control, Safeguarding and Staff Flu Campaign.
- Health and Safety update; discussion on a risk outlined within the update relating to the sealing of cabinets; a further update had been requested to explore this further.
- Approval of the Emergency Preparedness Annual Report for 2023/24 which would be submitted to Welsh Government. A link to the report had been included in the cover report for the Board.
- First NHS Executive (NHSE) Quality Governance Assurance report; one issued had been raised relating to NHSE's use of Datix and the implications for Public Health Wales in terms of resource to support.

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

PHW 2024.07.25/5	**Items for Approval**
PHW 2024.07.25/5.1	**Board Minutes and Action Log from the 30 May 2024 and 11 July meetings**

The Board **approved** the Minutes of 30 May 2024 and 11 July 2024 as accurate records of the meetings, and the closure of completed actions on the Action Log.

PHW 2024.07.25/5.2	Remuneration and Terms of Service Committee - Terms of Reference and Workplan 2024/25

PV introduced the report presenting a draft revised terms of reference for the Remuneration and Terms of Service Committee. A review of the Committee Terms of Reference had taken place and suggested amendments were presented to the Remuneration and Terms of Service Committee in July, for a recommendation to the Board for approval.

He summarised the changes to the terms of reference:
- Clarity on the approval any employment severance type agreements / claim settlements and the threshold for Committee approval.
- Clarity on the role for the Committee to provide assurance to the Board on the planning and composition of the Executive Team, to include assurance that the agreed terms of renumeration are being complied with.

PV added that a Work Plan had been developed for the Committee, with the addition of a number of standard reports are suggested to ensure oversight in year of the remuneration of the Board Members, and assurance of the performance management arrangements in place for the Executive Team.

The Board **considered** and **approved** the proposed changes to the Committee Terms of Reference.

The Board **considered** the Committee work plan and took **assurance** on the arrangements in place for 2024/25 for the Committee to fulfil its terms of reference.

PHW 2024.07.25/5.3	Managing Risk

In introducing the Strategic Risk Register, NE invited CB to present the revised Strategic Risk Register to the Board.

CB informed the Board the Strategic Risk Register had been revised, and now comprised six Risks; Risk 6 related to cyber security and as such was reviewed in private session. Links to Organisational themes were now included within the Registers and work continued on implementing the development plan. She noted the intention to simplify the reporting in the next iteration.

The Individual Risks owners were invited to update on their respective risks:

Risk 1: Widening gap in healthy life expectancy of population of Wales.
CB noted there was an error in the Report and the Current Risk score should be 9. JM noted the work to identify the areas of the risk that were within Public Health Wales' control, and those that were at system level.

Risk 2: Worsening health outcomes for the population of Wales.
JM noted that the Business Executive Team (BET) had held a session and agreed leads on engagement with different sectors which would support work to implement the actions within this risk.

Risk 3: The organisation failing to effectively engage with the public in relation to their health and wellbeing.

SA noted that connections with the work around Our Approach to Engagement led by CB and a report outlining options was due to be presented at BET in September.

Risk 4: Worsening organisational health

NL noted the results of the staff survey would be evaluated and used to inform this risk mitigating actions; he noted the need to be more specific in timescales for the risk score reducing.

Risk 5: Failure to deliver excellent public health services on screening, infection, health protection and Emergency Preparedness Resilience and Response (EPRR) and comply with the Duty of Quality.

This was an amalgamated risk, joining of previous risk 5 and 6. MK outlined the work underway on the specialist workforce agenda; he advised of discussions ongoing to managing a specialist workforce to reduce Organisational vulnerability.

SG sought further clarity on the multidisciplinary workforce developments. MK advised they were reviewing the requirements for relevant roles, and where parts of a role could be completed by others. He emphasised the importance to ensuring the quality of the workforce and to consider career structures and personal development within this context.

NE thanked all for the updates, and noted the progress and volume of work being undertaken. He noted the planned developments for risks and the intention to engage with Board members at an early stage prior to presentation for approval in November.

The Board **considered** and **approved** the change requests to the Strategic Risks.

PHW 2024.07.25/5.4	Compassionate Leadership Pledge

NL introduced the item and provided background to the Pledge: the Pledge had been developed for NHS Wales by HEIW. Compassionate Leadership involved a focus on relationships through careful listening to, understanding, empathising with and supporting other people, enabling those we lead to feel valued, respected and cared for, so they can reach their potential and do their best work. There was clear evidence that compassionate leadership results in more engaged and motivated staff with high levels of wellbeing, which in turn results in high-quality care.

TC reflected that the principles within the pledge reflected the work already in place within Public Health Wales in terms of Culture.

NE echoed this; he noted that Public Health Wales was already aligned to the principles within the pledge. It was important to show unity with colleagues across the system by signing this pledge and demonstrating our commitment.

The Board is **adopted** the pledge on behalf of Public Health Wales, committing to creating a compassionate workplace and to modelling compassionate leadership in all interactions.

PHW 2024.07.25/6	Items for Noting
PHW 2024.07.25/6.1	Private Chair's Report (25 July 2024)

The Board **noted** the Private Chair's Report.	
PHW 2024.07.25/6.2	**Board Forward Plan**
The Board **noted** the Board Forward Plan.	
PHW 2024.07.25/6.3	**Private Board papers**
None.	
PHW 2024.07.25/8	**Date of Next Formal Meeting of the Board**
NE thanked everyone for their contributions to the meeting. The next meeting would be held on 26 September 2024, and would include the Annual General Meeting.	
The meeting closed at 14:02	