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# Committee Annual Report 2024/2025

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# Introduction

## Purpose of the Report

Public Health Wales has a range of Board Committees, which have key roles in the system of governance and assurance. The Board has five Board Committees established, whose purpose is to support the Board in the delivery of its role, the points below summarise the role of Committees:

- ❖ The organisation's activities are vast and complex: the Committees support the Board in covering the depth and breadth of the organisation's activities.
- ❖ Committees have a defined role which allows for a higher / deeper degree of scrutiny on behalf of the Board.
- ❖ Committees help ensure that the organisation operates effectively and meets its strategic objectives.
- ❖ Provides the Board with assurance that this is the case, obtaining assurance that systems and controls are working as they were designed to do.

During 2024/25 all five of the standing Board Committees were in operation, chaired by Non-Executive Directors. The Committees have key roles in relation to the system of governance and assurance, decision-making, scrutiny, development discussions, assessment of current risks, and performance monitoring.

The main purpose of this annual report is to summarise the work of the Committee during 2024/25, to assure the Board that the system of assurance is fit for purpose and operating effectively.

The report summarises the key areas of business activity undertaken by the Committee during 2024/25.

The Terms of Reference for each of the Committees are reviewed and approved by the Board on an annual basis.

The Terms of Reference are available here: <https://phw.nhs.wales/about-us/publication-scheme/committee-and-sub-groups-terms-of-reference/>

This year, the Committee Annual Report has been combined into a single report to summarise the work of the four standing Committees:

- ❖ Audit and Corporate Governance Committee
- ❖ Knowledge, Research and Information Committee
- ❖ People and Organisational Development Committee
- ❖ Quality, Safety and Improvement Committee

A summary of the Remuneration and Terms of Service Committee is provided as part of the Remuneration Report, within the Annual Report 2024/25.



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# Committee Membership



# Committee Membership (1 April 2024 – 31 March 2025)

Committee	Chairperson	Committee Members	Executive Leads *
<b>Audit and Corporate Governance Committee</b>	<p>Nick Elliott, Non-Executive Director (1 April to 31 May 2024, and from 1 Dec 2024 to 31 March 2025)</p> <p>Mohammed Mehmet, Non-Executive Director (1 June – 30 September 2024)</p> <p>Diane Crone, Non-Executive Director (1 October – 30 November 2024)</p>	<p>Mohammed Mehmet, Non-Executive Director (1 April - 30 September 2024)</p> <p>Kate Young, Non-Executive Director</p> <p>Tamsin Ramasut, Non-Executive Director</p>	<p>Huw George, Deputy Chief Executive and Executive Director of Operations and Finance</p> <p>Paul Veysey, Board Secretary</p>
<b>Quality, Safety and Improvement Committee</b>	<p>Diane Crone, Non-Executive Director</p>	<p>Sian Griffiths, Non-Executive Director</p> <p>Kate Young, Non-Executive Director</p>	<p>Claire Birchall, Executive Director of Nursing, Quality and Integrated Governance</p> <p>Meng Khaw, National Director of Health Protection and Screening Services, Executive Medical Director</p>
<b>Knowledge Research and Information Committee</b>	<p>Sian Griffiths, Non-Executive Director</p>	<p>Diane Crone, Non-Executive Director</p> <p>Nick Elliott, Non-Executive Director</p>	<p>Iain Bell, National Director Knowledge, Research and Information</p>
<b>People and Organisational Development Committee</b>	<p>Mohammed Mehmet, Non-Executive Director (1 April - 31 May 2024)</p> <p>Kate Young, Non-Executive Director (from 1 June 2024)</p>	<p>Tamsin Ramasut, Non-Executive Director</p> <p>Kate Young, Non-Executive Director (Until 1 June)</p> <p>Mohammed Mehmet, Non-Executive Director (1 June – 30 September 2024)</p>	<p>Neil Lewis, Director of People and Organisational Development</p>

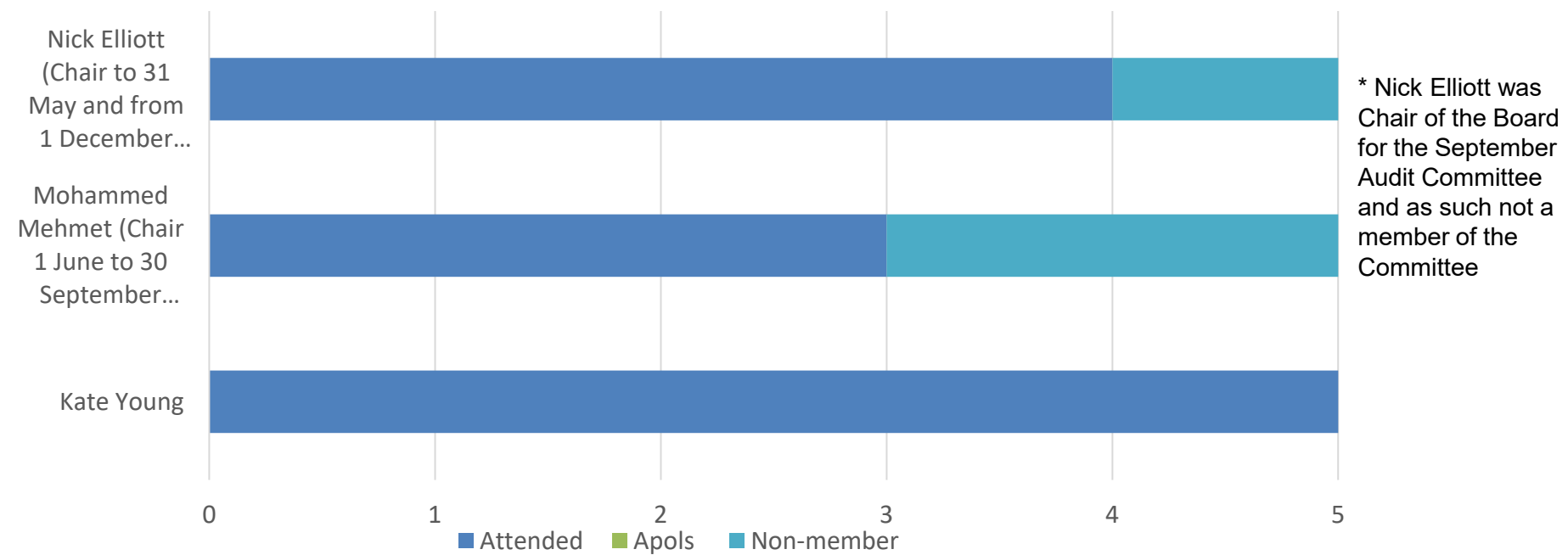
*The Chief Executive, Tracey Cooper, was also invited to attend every meeting and attends at least annually. The Chair of the Board, Jan Williams, (until 31 May 2024), Nick Elliott (1 June to 30 November 2024) and Pippa Britton (from 1 December 2024) has a standing invite to attend Committee meetings and attends at least annually.*

*Other Directors and officers attended during the year to present reports which related to their areas of responsibility as required. Representatives from the Local Partnership Forum have a permanent invite to attend the Committee.*

# Committee Member Attendance

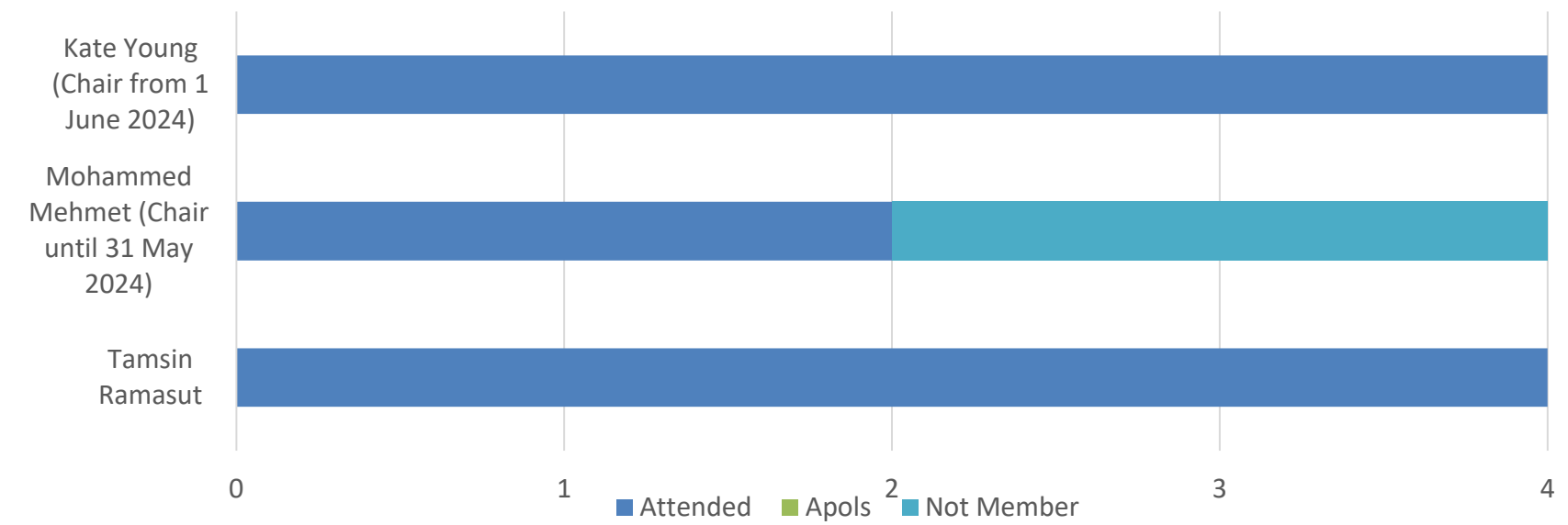
## Audit and Corporate Governance Committee

The Committee met 5 times this year and was quorate on all occasions.



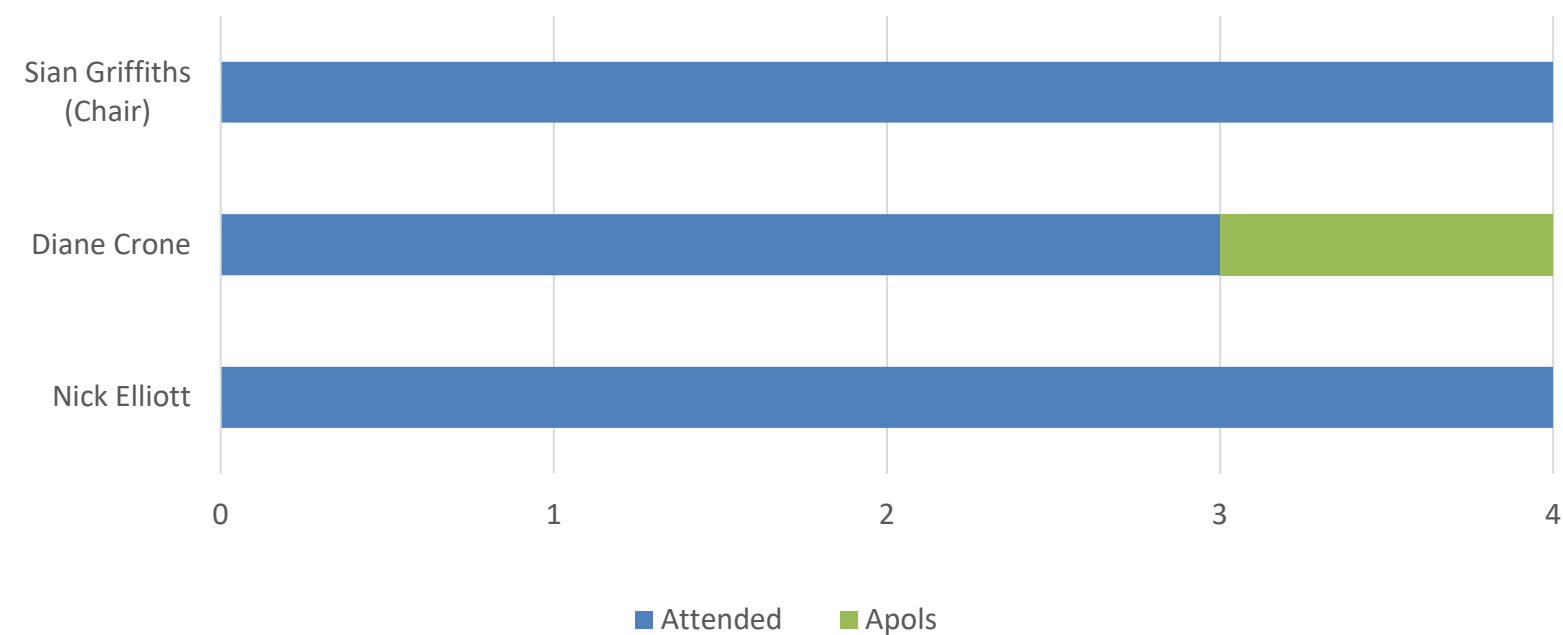
## People and Organisational Development Committee

The Committee met 4 times this year and was quorate on all occasions.



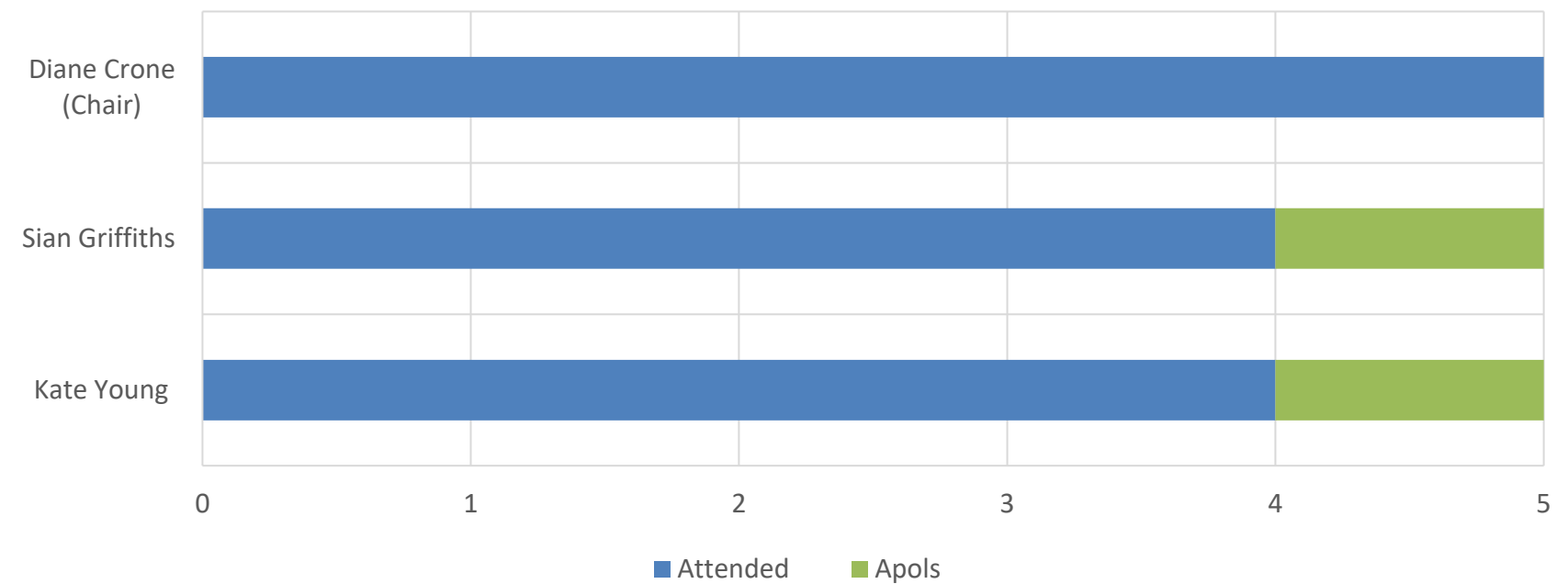
## Knowledge, Research and Information Committee

The Committee met 4 times this year and was quorate on all occasions.



## Quality, Safety and Improvement Committee

The Committee met 5 times this year and was quorate on all occasions.





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# Committee Governance



# Committee Governance Arrangements

## Reporting to Board

The Committees reported to the Board through a composite Chair's Report, providing an overview of items considered by the Committee and highlighting any cross-committee issues/themes or items needing to be brought to the attention of the Board.

The Composite Chair's Report is provided to the Board at the next Board meeting following the Committee meeting. This is a written update that is published with the agenda for the Board meeting.

Where the timescales do not allow for a written update to Board (i.e where the Committee meeting is within a week of the Board), a verbal update is provided by the Chair to the Board, and a formal written update is provided to the Board meeting following.

Draft minutes are circulated to the Committee for comment following the meeting, following which the unconfirmed minutes are published on the website.

## Reporting outside of Committee / Chairs Action

There is a process in place to approve reports out of Committee meeting where required; this is consistent with the Chair's Action process in place for Board.

There have not been any reports which have been considered out of Committee this year.

## Workplans

The Committee Work Plans ensure that the Committees discharge their responsibilities in a planned manner.

It assists with agenda planning and is updated during the year to ensure that the Committee considers any additional items which may arise during the year.

Each of the Committees has had a work plan in place this year, and reported to Board in May 2024 for assurance.

The 2025/26 Work Plans are being finalised and will be submitted to Board in May 2025. This year, the workplans include an assurance map and reference to the cross Committee working arrangements.

## Action Log

In order to monitor progress and any necessary follow up actions, the Committee has an Action Log which captures all agreed actions and tracks their implementation. This provides an essential element of assurance to the Committee and from the Committee to the Board.

# Committee Governance Arrangements

## Cross Committee Working

The Committees have continued to work closely together this year, and have been developing and strengthening the approach.

During 2024/25, the Committee Chairs have agreed an approach to Cross Committee working, to manage referrals and items for which there is crossover with other Committees, this has then been developed and mapped against the work plans.

This year, any referrals between Committees have been managed via co-ordination through the Board Business Unit. There have been referrals this year between the Committees, which have been managed between the Committees. The Cross Committee Chairs group have reviewed the approach in January 2025 and continue to consider improvements / developments in the approach for 2025/26.

The following cross over areas have been identified and managed this year:

Current Cross Cutting Issues - Summary		
Current Cross Cutting Issues	Primary Committee	Secondary Committee/s
Information Governance	ACGC	KRIC
Internal and External Audit	ACGC	All
Risk	ACGC	All
Workforce	PODC	All
Data and Digital	KRIC	QSIC, ACGC
Service Delivery	QSIC	KRIC, PODC
Equality:		
1. Our Workforce, Board and Committees	PODC	QSIC, KRIC
2. Listening to and Understanding our People	PODC	QSIC, KRIC
3. Fair Pay	PODC	QSIC, KRIC
4. Culture and Leadership	PODC	QSIC, KRIC
5. Data and Systems	KRIC	QSIC, PODC
6. Access to Services and our Environment	QSIC	KRIC, PODC

## Committee Effectiveness

During the year the Committee has continued to review and revise its ways of working to optimise the need for a robust governance approach and balance the need reduce pressure on staff during this time.

The Committees continued to review its effectiveness thorough the year, to ensure effective use of time and ensure it fulfilled its role to provide assurance to the Board, this includes a formal Committee effectiveness review process which took place in February 2025.

Key themes emerging from this include:

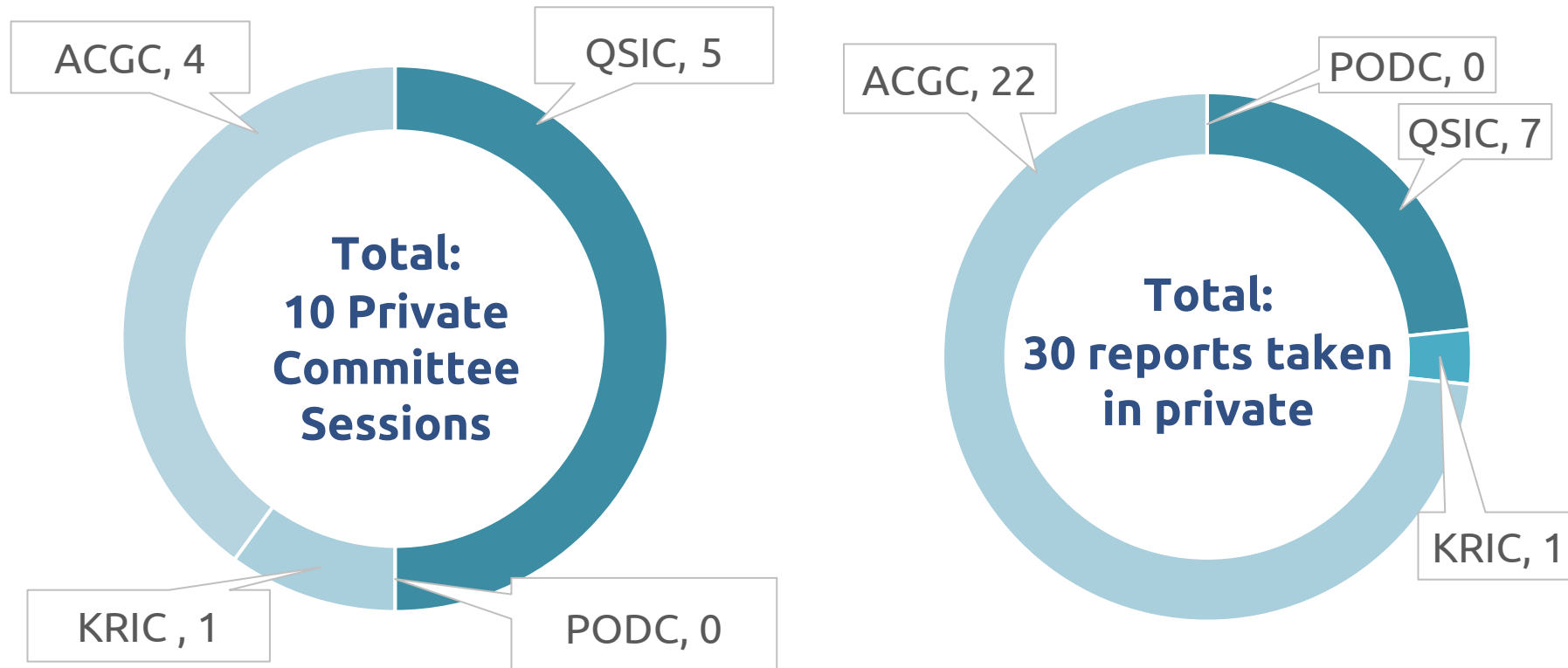
- Highlighted the connection between understanding Committee roles and improving scrutiny and challenge, and emphasis of the importance of bringing personal stories to life to measure impact. There was a consensus on the importance of service user feedback, but it should be done meaningfully and not superficially. It was suggested using targeted pieces of work based on data and evidence to ensure this is done consistency.
- Clarity on purpose of papers for report writers and committee to ensure focused and clear reporting, and the different types of papers.
- Look at the Committee members induction pack and consider developing a Committee handbook for both members and staff.

The outcome and recommendations following this review will be reported to each of the Committees, and the Board in Quarter 1 2025.

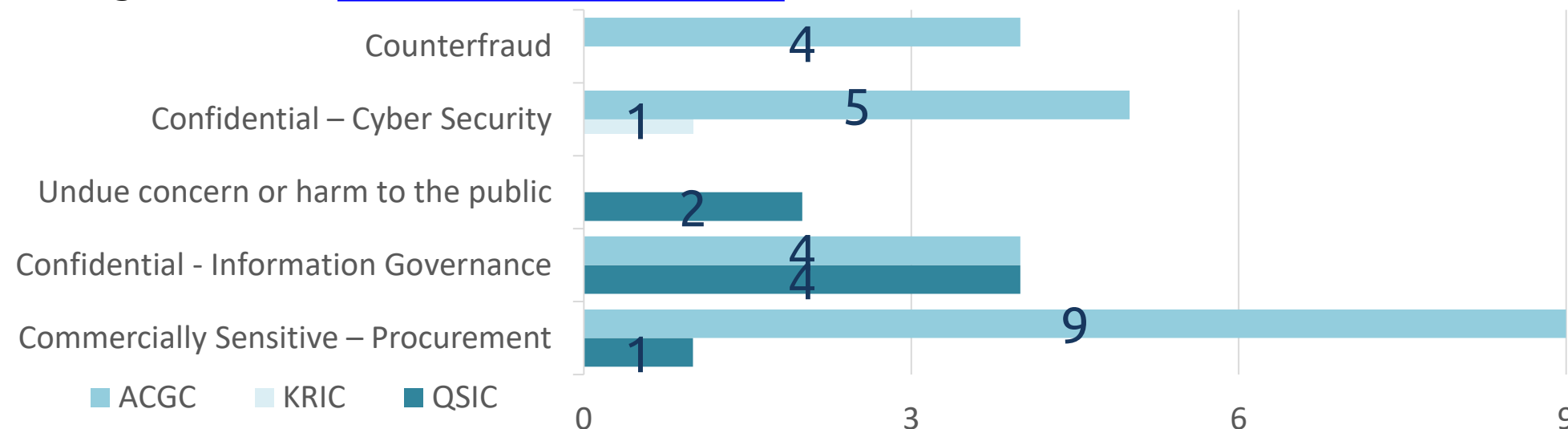
# Committee Governance Arrangements

## Matters in Private

The Committees held a Private Committee session where required in 2024/25 to consider business of a confidential nature, considering aspects of significant issues.



Below is the summary of the number of items considered in private session, broken down by the categories in the [Private Meeting Protocol](#):



### Audit and Corporate Governance Committee

In May 2024, the Audit and Corporate Governance Committee commenced separate open and private meetings. Papers were published for the open meetings one week in advance this brought the Committee in line with our other three Board Committees.

- ❖ Cyber Security, quarterly reports, Strategic Risk and one Deep Dive (5)
- ❖ Procurement/Finance, including quarterly losses and special payment and procurement reports and one debtors write off report, (9)
- ❖ Quarterly update reports from Counter Fraud (4)
- ❖ Quarterly Integrated Governance reports, extracts showing data breaches from the public report (4)

(The change was made to align Public Health Wales with other NHS bodies in Wales where Audit and Corporate Governance Committees [or equivalent] held public meetings to ensure transparency. Private agendas are published and any summarised in the following open meeting where appropriate.

### Quality, Safety and Improvement Committee

- ❖ Quarterly Reports for assurance on the Organisation’s effective management of Claims and Redress (4)
- ❖ Reviewed and recommended a revised emergency response plan to the Board for final approval. A redacted version of this plan was later published. (1)
- ❖ Summary of planned procurement activity within the Health Protection and screening Services Directorate. (1)
- ❖ A verbal briefing on HIW Report (later published on 30 January Board meeting) (1)

### Knowledge, Research and Information Committee

- ❖ An overview of the Organisations assurance framework /processes on the Organisations digital developments following on from the Post Office Horizon IT scandal.

### People and Organisational Development Committee

- ❖ No private sessions.

# NHS Executive – Part B

This year, the Committees have considered assurance reports from the NHS Executive relevant to their remits. The Assurance schedule mirrors the level of assurance reporting within Public Health Wales. The role of the Committees in reviewing assurance from the hosted organisation, is to provide assurance to the Board that the appropriate governance arrangements are in place within the NHSE to comply with the arrangements in place within Public Health Wales .

## Annual Assurance Statement

The Annual Assurance statement for 2023/24 was considered by the ACGC in May 2024.

The Annual Assurance statement for 2024/5 is due to be presented to QSIC and ACGC in May / June respectively for this period. This has been expanded to cover:

### Section 1 : Governance (to be reported to ACGC)

- Financial Governance
- Estates and Capital Governance
- Board, Corporate and Hosting Governance

### Section 2: Quality and Safety (to be reported to QSIC)

- Duty of Quality compliance
- Duty of Candor compliance
- Socio Economic Duty compliance
- Wellbeing of Future Generations Act Compliance
- Emergency Planning
- Clinical Governance

## Regular Assurance Reporting to Committees

### Audit and Corporate Governance Committee

Quarterly Assurance report covering:

- ❖ Risk Management (Quarterly)
- ❖ Audit Activity (Quarterly)
- ❖ Counter Fraud Compliance (Quarterly)
- ❖ Information Governance compliance (Quarterly)
- ❖ NHS Executive Agreements Register (Bi-Annual)
- ❖ Declarations / Registers (Bi-Annual)

### Quality, Safety and Improvement Committee

Quarterly Assurance report covering:

- ❖ Health and Safety Compliance
- ❖ National Reportable Incident Reporting compliance
- ❖ Complaints (including PTR if applicable) compliance
- ❖ Claims reporting
- ❖ DATIX compliance
- ❖ Safeguarding compliance

### People and Organisational Development Committee

Bi-Annual Assurance report covering:

- ❖ Equality, Diversity and Inclusion (Bi-Annually)
- ❖ Welsh Language (Bi-Annually)



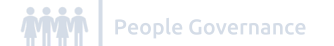
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# Committee Assurance - QSIC



# Quality, Safety and Improvement Committee



The Committee's role is to provide assurance to the Board that there are appropriate and effective systems in place for areas within its remit, including ensuring that there are appropriate development and quality improvements. The Committee's programme of work was designed to ensure that it was able to discharge fully the provisions of its Terms of Reference and areas of remit:

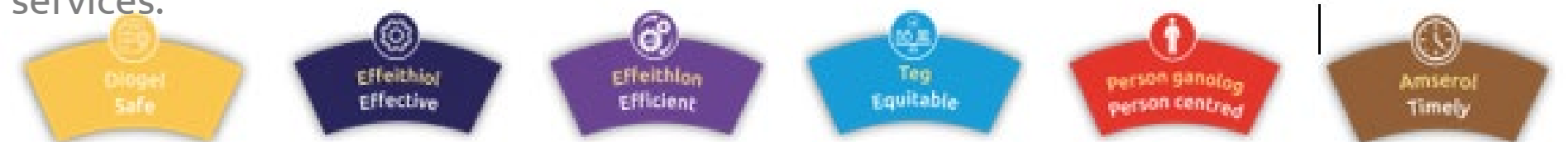
## Quality and Improvement (Including Clinical Governance, Putting Things Right, Serious Incidents)

The Committee:

- Approved the first iteration of the **Duty of Quality Annual Report 2024** which described the steps taken on the Organisations quality journey.
- Took assurance via the **Duty of Candour Annual Report 2024** that Duty of Candour Incidents were being managed in accordance with regulatory guidance and the relevant policies and procedures, and that the important learning from Duty of Candour cases was being shared and acted upon.
- Took assurance on the implementation of the **Clinical Governance Framework**, and the progress to operationalise the Quality Oversight Group (QuOG).
- Took assurance on the effective management of **Putting Things Right** through the Annual Report 2024.
- Took assurance on the **NHS Executive Quarterly Governance Compliance** report, on areas including reportable incidents, complaints and claims.
- Took assurance on the Organisation's effective management and learning from **Claims, Redress and Duty of Candour incidents and inquests** (taken in private session).
- Held in-depth discussion on **Breast Cancer Assessment Times** following an action at the September Board meeting to review concerns into Breast Cancer Assessment Times.

The Committee noted that the Quality, Nursing and Integrated Governance directorate has since April 2024 taken over the responsibility to manage the implementation of the **Duty of Quality** within Public Health Wales from Improvement Cymru .

This also includes a refreshed approach to quality reporting and alignment to the Health & Care Quality Standards of Safe, Timely, Effective, Efficient , Equitable and Person Centred within the **Quality Governance Performance** report along with the introduction of a self-assessment process and a quality impact assessment all essential to delivery of high quality services.



# Quality, Safety and Improvement Committee

## Safeguarding

The Committee:

- Took assurance on the arrangements in place for the Organisation to meet its **Safeguarding** responsibilities through the:
  - Public Health Wales Corporate Safeguarding Annual Report 2023-24
  - National Safeguarding Service Annual Report 2023-24
  - Quarterly Safeguarding updates via the Quality Governance Performance Reports.

## Infection Prevention and Control (IPC)

The Committee:

- Took assurance on the arrangements in place for the Organisation to meet its **Infection Prevention and Control** requirements through the:
  - IPC Annual Report for 2023-24
  - Staff Influenza Vaccination Campaign Annual Report for 2023-24 and the delivery plan for 2024-25.
  - The significant progress made through the Cleaning and Decontamination Task and Finish Groups.

## Risk

The Committee:

- Took assurance on the management of both **strategic and corporate risks** within remit of the Committee.
- Noted the combined previous risks of Strategic Risk 5 and 6 to a revised Strategic Risk 5.

## Clinical Audit

The Committee:

- Took assurance on the **Quality and Clinical Audit** Annual Report for 2023-24 and approved the plan for 2024-25.
- Took assurance on the mid-year update of progress against the plan for 2024-25.

## Policies

The Committee:

- Considered bi-annual reports on the **status of policies**, procedures and other written control documents within its remit, and took assurance on the management of the review of Policies within its remit.
- Approved **4** policies within its remit during 2024-25.

## Service User Experience (Engagement)

The Committee:

- Took assurance on the progress and the next steps relating to the Organisation's **approach to engagement of services**, which included updates to the refreshed engagement plan, use of the CIVICA platform and the Young Ambassadors Engagement programme.

# Quality, Safety and Improvement Committee

## High Quality and Safe Public Health Services and Functions

The Committee:

- Took assurance on the progress to recover **Screening Services** impacted by the pandemic, plans to improve recovery of and transformation of Diabetic Eye Screening Wales and the approach taken to revise the performance data within the Screening Services report.
- Considered an update on actions underway to address the **Ionising Radiation Breast Test Wales** Healthcare Inspectorate Wales Inspection updates (private and public session).
- Took assurance on the progress of actions contained within the approved **PHW Tuberculosis (TB) Action Plan** following the external review of the management of the TB outbreak in Llwynhendy, Carmarthenshire.
- Took assurance on the progress of actions to strengthen the Organisation's **Medicine's management** governance arrangements.
- Took assurance on the 2023-24 **winter/seasonal planning** approach for Health Protection and Infection Services and the system leadership and business continuity planning for 2024/25.
- Took assurance in relation to the organisation's compliance with the requirements of the Civil Contingencies Act [2004] and the NHS Wales Emergency Planning Core Guidance [2015], took assurance on the review of the **Emergency Response Plan** and approved the new **Health Emergency Planning Annual Report**.
- Considered a **deep dive** into the **Health Protection directorate** and activity to protect the health of the population of Wales from infections and environmental threats. They provided an overview of each of the Directorate Teams and their successes, highlighting the Measles and Sexual Health programmes.

## Health and Safety

The Committee:

- Considered quarterly **Health and Safety** progress reports, taking assurance that measures were in place to monitor compliance with Health and Safety requirements using audits, Datix, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reporting and supported by appropriate policies and procedures, and that areas identified for improvement were addressed.
- Took assurance on the **Health and Safety Annual Report** for 2023-24 and the workplan for 2024-25.

## Health Improvement and Population Health

The Committee:

- Considered a high-level overview of the **Population Health Programmes** delivered by the Health and Wellbeing Directorate and their associated governance arrangements.
- Considered the work undertaken by the Health Improvement Division to ensure that the **Welsh Network of Health and Well-being Promoting Schools (WNHWPS)** Programme remained fit for purpose, was able to demonstrate impact and that mechanisms were in place to ensure quality of delivery.
- Considered a deep dive into the Organisation's **Oral Health** programme, noting its recovery post pandemic and contribution to partnership programmes across Wales, including 'Designed to Smile'.



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# Committee Assurance

# Audit and Corporate Governance Committee

# Audit and Corporate Governance Committee

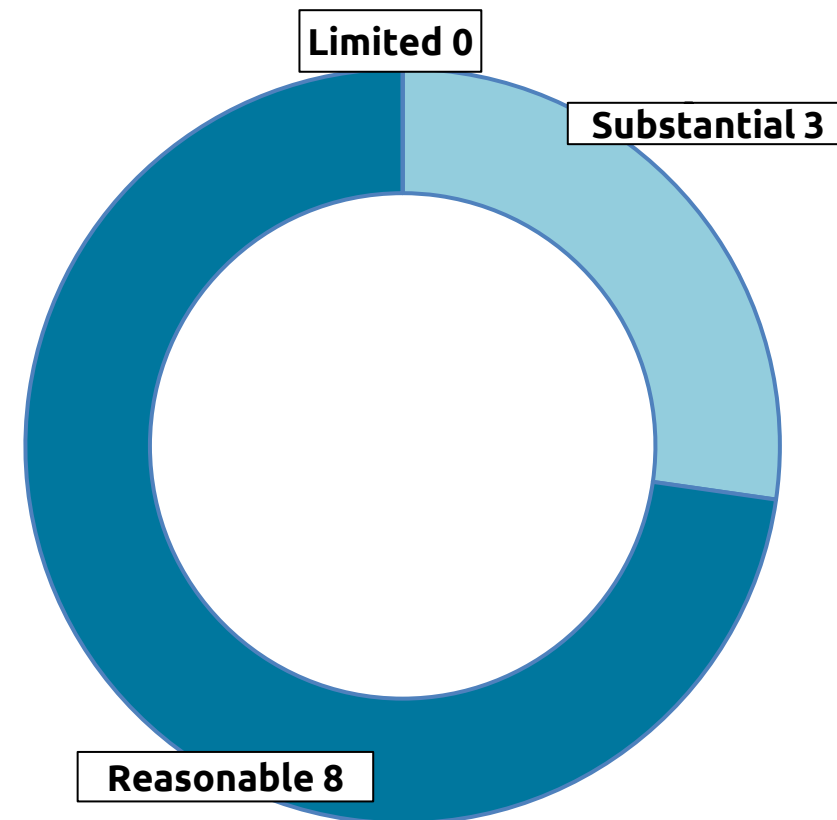
The Committee’s role is to provide assurance to the Board that there are appropriate and effective systems in place for areas within its remit, the Committee will seek assurance that the functions within its remit meet the standards set for the NHS in Wales and provide comment on the reliability and integrity of these functions. The Committee’s programme of work was designed to ensure that it was able to discharge fully the provisions of its Terms of Reference and areas of remit:

## Internal Audit Function

The Committee:

- Took assurance from the Head of Internal Audit Opinion for 2023/24 and Annual Report for 2023/24, noting the Organisation had received an overall reasonable assurance.
- Considered regular **internal audit progress** reports
- Considered the Final Internal Audit workplan for 2024/25 and subsequently a draft for approval for the 2025/26 work plan.
- Considered **11 completed Internal Audit Reports**. (\*Which included Audits from the previous years’ Audit Plans.)
- The Committee noted that no Reports had been received with Limited Assurance this year.

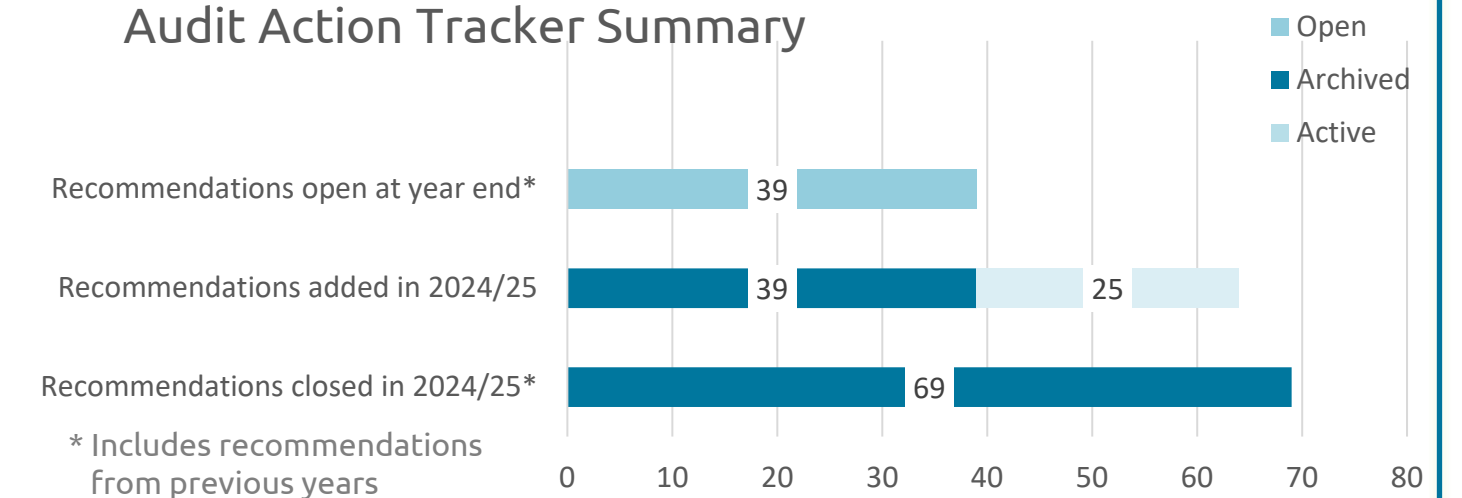
### INTERNAL AUDIT REPORTS



## Recommendations from External and Internal Audits

- Considered a quarterly report on the **Audit Recommendations Tracker** and the report from the Leadership Team, taking assurance on its effective management.
- This report highlighted the current position and progress made to implement the management actions arising from internal and external audit recommendations.

### Audit Action Tracker Summary



# Audit and Corporate Governance Committee

## Financial and Accounting Arrangements (including procurement)

The Committee:

### Accounts

- Considered a presentation on the **draft 2023/24 accounts** which outlined key performance targets, statutory and administrative duties and went on to recommend the financial accounts, **Audit Wales Annual Opinion (ISA 260)** and **Accountability Report** to the Board for approval.
- Took assurance that the Trust had an **appropriate plan** in place for the production of the Financial Statements and Accountability Report for 2024/25 in line with the statutory deadlines.

### Procurement

- Took assurance that **procurement activity, losses and special payments**, the writing-off of **bad debts and claims abandoned** had been made in accordance with the requirements of the Standing Financial Instructions.
- Took assurance that the **write off of obsolete stock** had been approved in accordance with the Financial Scheme of Delegation.

## Systems of Risk and Internal Control

The Committee:

- Reviewed the system of risk and internal control in place within Public Health Wales, including that there is an effective system in place for review of the Risks by the relevant Committees.
- Considered the **Strategic Risk Register** and **Corporate Risk Register**.
- Took assurance on the development of the **Risk Management Development Plan**.

## Information Governance and Data Breaches

The Committee:

- Took regular assurance on the **Quarterly Integrated Governance Performance Report** which outlined key information related to Information Governance performance such as **Freedom of Information requests, Subject Access requests, staff training, records management updates and data breaches**.

## External Audit Function (Audit Wales)

The Committee:

- Considered the Audit Wales Audit of Accounts report for 2023/24 and financial statements, noting the unqualified audit opinion.
- Considered the Draft External Audit Work Plan for 2025/26 which outlined areas of audit investigation and considered regular progress reports during the year.
- Considered the Structured Assessment report for 2024.
- Considered the Annual Audit Report for 2023-2024.
- Considered 1 external audit report into:
  - Review of Cost Saving Opportunities

# Audit and Corporate Governance Committee

## Corporate Governance and Assurance Arrangements

The Committee:

- Recommended the adoption of the latest model of **Standing Financial Instructions** to the Board.
- Took assurance on Public Health Wales' **compliance with Corporate Governance** in Central Governance Departments: Code of Practice 2017.
- Approved 8 policies within its remit during 2024-25
- Considered bi-annual **Governance updates**, taking assurance on:
  - ❖ The implementation of Standards of Behaviour Policy (Board and Staff Declarations of Interests and Gifts and Hospitality);
  - ❖ The management of the process for ensuring the Organisation's compliance with Welsh Health Circulars;
  - ❖ Prioritisation and progress being made to review corporate policies and procedures within the remit of the Committee.



## Hosting Body Arrangements

The Committee:

- Took assurance that the **NHS Executive** had complied with standing orders and financial instructions, policies and procedures during 2023/24.
- Took assurance on the Hosting arrangement for 2023/24.

## Cyber Security Arrangements

The Committee:

- Regularly took assurance on the management of the **Cyber Security** related Strategic Risk within the Organisation, considering these updates at each Private meeting.
- Considered the Cyber Security Assurance report, Cyber Security Assessment and reported findings from Digital Health Care Wales in the Private meeting.

## Counter Fraud Arrangements

The Committee:

- Regularly took assurance on the management of the **Counter Fraud** arrangements within the Organisation, considering these updates at each Private meeting.



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# Committee Assurance

# People and Organisational Development Committee

# People and Organisational Development Committee

The Committee's role is to provide assurance to the Board that there are appropriate and effective systems in place for areas within its remit, including ensuring that there are appropriate development and quality improvements. The Committee's programme of work was designed to ensure that it was able to discharge fully the provisions of its Terms of Reference and areas of remit:

## Workforce Matters

The Committee:

- Took assurance on the workforce planning updates, including the workforce planning dashboard, which set out the challenges the Organisation faced, particularly in relation to workforce recruitment, and implementation of the People Strategy and People Promise.
- Took assurance on the work into **Managing Change**, which focused on the support provided to facilitate effective Organisational Change within the Organisation. This aimed to realise the goal of the People and Organisational Development Directorate to develop a flexible, sustainable and thriving workforce with the capacity to deliver the proposed Long-Term Strategy.
- Considered the Audit Wales Report into the review of **Workforce Planning Arrangements**, noting the effectiveness to address current and future challenges and the management response.
- Took assurance on an overview of the approach undertaken/system in place to check the **professional registration** status of new starters and to monitor the ongoing maintenance of that registration
- Considered and took assurance on the DBS checking process for the organisation.
- Took assurance on the **Cost-of-Living Action Plan** to support staff through the cost-of-living crisis.
- Approved the **Workforce Annual Report 2023-24**.
- Considered an update on the **People Strategy Review**

## Organisational Development

The Committee:

- Took assurance on the progress to realise the vision within the People Strategy.
- Took assurance on the development and implementation of the **People Promise**, which set out the Organisation's offer to its people in return for their hard work, commitment to the vision and embodiment of the Organisations values.
- Took assurance on the development and implementation of **Work How It Works Best** throughout the Organisation.
- Regularly considered a live presentation of data from the **Performance Assurance Dashboard**, focusing on sickness absence, staff vaccinations, recruitment and turnover, and equality, diversity and inclusion data.
- Considered an overview of **Statutory and Mandatory Training** compliance and My Contribution appraisal data across the Organisation, and the work underway to address compliance such as impact workshops and toolkits. The Committee went on to consider a comprehensive review of appraisal compliance within the Health Protection and Screening Services directorate.

# People and Organisational Development Committee

## Staff Engagement and Partnership Working with Trade Unions

### The Committee:

- Took assurance on the progress of the **Culture Action Plan** as part of the action associated with Strategic Risk 4 to deliver desired culture through a high-level action plan.
- Considered a comprehensive update on **staff engagement** and took assurance on the level of engagement with Staff.
- Considered regular updates from the **Local Partnership Forum** and took assurance on the annual report, which had focused on strategic issues, and had been crucial in driving the Organisation's work into culture and employee value proposition.
- Considered an update on the **Staff Networks** and took assurance on the progress with requests made to the Board by the Staff Diversity Networks to date.
- Considered an overview of the results of the 2023 **staff survey**.

## Risk

### The Committee:

- Regularly considered and took assurance on the management of both **strategic and corporate risks** within remit of the Committee.
- Considered an overview of the work undertaken to synergise risks as part of the Risk Management Development Plan, and to refine the organisational risk escalation process.

## Workforce Equality, Diversity and Human Rights

### The Committee:

- Took assurance on the work undertaken to progress the **Equality, Diversity and Inclusion** agenda in Public Health Wales through regular progress updates.
- Took assurance on the Organisation's progress towards the **Anti-racist Wales Action Plan** and Workforce Race Equality Standard.
- Considered the findings and approved the **Annual Equalities Report 2022-23**.
- Approved the Annual **Equality and Workforce** Report 2023/24
- Considered the findings and approved the **Gender Pay Gap** Annual Report 2023-24.

## Policies

### The Committee:

- Considered bi-annual reports on the status of policies, procedures and other written control documents within its remit, and took assurance on the management of the review of Policies within its remit.
- Approved 10 **policies and procedures** within its remit during 2024-25.

Approved  
10 policies

# People and Organisational Development Committee

## Welsh Language Provision

The Committee:

- Took assurance on the Organisation's efforts to embed the requirement for the provision of **Welsh Language** in its work throughout the Organisation via regular Welsh Language compliance updates. These included a focus on areas of progress such as the work underway to transform the **Web Estate**, the work to embed a **bilingual culture** within the Organisation, and the identification and plan to address areas of weakness.
- Took assurance on the **Welsh Language Annual Report, More than Words Annual Report** and the position regarding **Welsh Language complaints**.

## Deep-Dives

- Overarching People and Organisational Development Strategic Priorities: Culture and Experience, Organisation Effectiveness and Resources and Processes
- Update on IMTP Commitment Due Q4 2025-2026 - an update on the progress made towards the IMTP commitment to develop and implement a systemic programme of work which would increase leadership and management skills, capacity and confidence.
- **Workforce Planning** - an update on the progress made towards the IMTP commitment to establish a workforce planning process and framework, including clear roles and responsibilities.

## Speaking Up Safely and Raising Concerns

The Committee:

- Considered an update on grievances received by the Organisation, taking assurance that all **grievances** were treated confidentially and managed in accordance with the policies and protocols in place.
- Considered the **Speaking Up Annual Report** (previously Raising Concerns Annual Report) and took **assurance** on the management of speaking up safely within the organisation.



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# Committee Assurance

# Knowledge, Research and Information Committee

# Knowledge, Research and Information Committee

The Committee's role is to provide assurance to the Board that there are appropriate and effective systems in place for areas within its remit, including ensuring that there are appropriate development and quality improvements. The Committee's programme of work was designed to ensure that it was able to discharge fully the provisions of its Terms of Reference and areas of remit:

## Research and Evaluation

The Committee:

- Considered updates on the implementation of the **Research and Evaluation Strategy**, which aimed to make measurable improvements to the health of the population in Wales by leading and supporting population-level health research and evaluation.
- Took regular assurance on the **monitoring and implementation** of the Research and Evaluation Strategy and the approach taken towards areas of research and evaluation interest for Public Health which documented areas of research which would be crucial to the Organisations role to deliver on its Long-Term Strategy.
- The regular updates included exploring the following areas:
  - ❖ **Academic Public Health research:** the vision and subsequent identification of relevant strategic partners,
  - ❖ **Research and Evaluation Strategy:** progression of the work to implement the strategy
  - ❖ **Genomics:** progress against the development of the Programme including medium term plan objectives, and the aim to develop a training plan to enhance skills throughout the Public Health Wales workforce.
  - ❖ **Academic Institutions:** including efforts to develop strong strategic partnerships including the Open University and other Universities.

## Knowledge and Impact

The Committee:

- Regularly considered updates on the monitoring and assurance of delivering against the Organisation's strategic priorities.

## Analysis and Data Science

The Committee:

- Noted the successful introduction of a new breast test cohorting system (Dewis).
- Considered and took assurance on the implementation of the findings of the annual **Monitoring Impact Survey**, noting the areas identified for improvement and the plans to formulate detailed actions plans to take forward the findings.
- Considered the phase one findings of the **Inequalities in Cancer project**, this project looked at cancer incidence rates in Wales by socio-demographic factors.
- Considered an update on the work undertaken to develop Public Health Wales's **Climate Change** research agenda

# Knowledge, Research and Information Committee

## Digital

The Committee:

- Considered updates on the implementation of the **Digital and Data Strategy**, noting the progress of transforming the route-map into a governed programme of work and taking assurance that the Digital and Data services teams were delivering steadily on the core elements of the Strategy and the projects it had committed to, to improve the use of digital, data and technology to deliver excellent public health services.
- Considered an update on Public Health Wales led research into **digital health inequality** and collaboration with the World Health Organisation in this field of research and took assurance on the progress being made in the digital inequalities and future use in health care setting work.
- In private session, the Committee considered an overview of the Organisations assurance framework /processes on the Organisations digital developments following on from the **Post Office Horizon IT scandal**. This was considered in private due to the confidential, cyber security nature of the item.
- Considered updates on the work undertaken to develop the use of **artificial intelligence (AI)** in health and social care services within Wales.

## Risk

The Committee:

- Regularly considered and took assurance on the management of both **strategic and corporate risks** within remit of the Committee.
- Noted that the Board had approved the transfer of **Strategic Risks 1 and 2** from the Quality, Safety and Improvement Committee to the Knowledge, Research and Information Committee from January 2024.
- Considered updates on the work undertaken to review various aspects of the **Cervical Screening Information Management System (CSIMS)** following an escalation of CSIMS data breaches.

## Policies

The Committee:

- Considered bi-annual reports on the status of **policies, procedures** and other written control documents, and took assurance on the management of the review of Policies within its remit.

# Knowledge, Research and Information Committee

## Deep Dives

The Committee undertook the following cross cutting deep dives based on the Organisation's strategic priorities:

- ❖ Screening (Priority 6)
- ❖ Indicators for Mental Health – linked to Strategic Priority on Mental Health and Wellbeing
- ❖ Inequalities – Inclusion
- ❖ Priority 5 (Protecting Public from infection and environmental threats to health)

## Updates

The Committee considered the following updates to deep dive items from previous meetings:

- ❖ Update on Lifestyle factors (Priority 3, Promoting Healthy Behaviours)
- ❖ Indicators for Mental Health (Priority 2, improving mental well-being and resilience)
- ❖ Update on Addictions (to include alcohol, gambling and drugs) (Priority 3, Promoting Healthy Behaviours)
- ❖ Climate Change Research (Priority 6)
- ❖ Behavioural Change



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# Assurance to Board



# Assurance to the Board

## 2024/25

The Committees wish to assure the Board that on the basis of the work completed by the Committee during 2024/25:

- ❖ That the Committees are fit for purpose, operating effectively and fulfilling their terms of reference;
- ❖ That effective measures and processes were place to oversee and coordinate Committee activity;
- ❖ That there no outstanding issues that the Committees wishes to bring to the attention of the Board over and above the risks and issues already raised in the Committee Chairs composite report or that are already visible in the Strategic Risk Register and corporate risk register.

# Planned Activity

## 2025/26

- ❖ The Work plans for each of the Committees will be presented to the Board for assurance in May 2025; these contain a summary of how the Committees intends to fulfil their Terms of Reference next year.
- ❖ The Committee terms of reference are being reviewed following the discussion as part of the effectiveness review. There have been no major changes identified concerning remit or scope. Any minor changes will be recommended to the Board for approval at its meeting in May 2025.
- ❖ A summary of the Committee effectiveness themes and considerations for this year will be provided to the Board in May.

Key developments / improvements this year include

- ❖ Review of the deep dive guidance to consider how we can align the deep dives more between the Committees and ensure synergy to the Strategic Priorities
- ❖ Building on and implementing the Cross Committee working approach, to continue to improve and refine the approach.
- ❖ Develop a Committee handbook for Non-Executive Directors moving between committees / new to the organisation outlining the key areas of focus, role and remit.
- ❖ Explore support to staff who attend Committees or write reports, in terms of report writing, understanding the role of the Committees and expectations, and to support understanding of the assurance function.



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