

**Unconfirmed Minutes of the Board Meeting on 29 May 2025**  
**Held in 3.7 CQ2 and electronically via Microsoft Teams**  
**Livestreamed on the Internet**

<b>Present:</b>		
Pippa Britton	(PB)	Chair of the Board
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)	Executive Director of Nursing, Quality and Integrated Governance
Nick Elliott	(NE)	Non-Executive Director (Data and Digital) and Chair of Audit and Corporate Governance Committee
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, Non Executive Director and Chair of the Quality, Safety and Improvement Committee
Meng Khaw	(MK)	National Director Health Protection and Screening Services, Executive Medical Director
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 (Left at 13:25)
Angela Williams	(AW)	Interim Executive Director Operations and Finance
<b>In Attendance:</b>		
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Bethan Bowden	(BB)	Consultant in Public Health
Sharon Hillier	(SH)	Director of Screening Services
Neil Lewis	(NL)	Director of People and Organisational Development
Jim McManus	(JM)	National Director of Health and Wellbeing
Sikha de Souza	(SdS)	Consultant in Public Health
Paul Veysey	(PV)	Board Secretary and Head of the Board Business Unit
<b>Apologies:</b>		
Claire Sullivan	(CS)	Staff Side Representative
Huw David	(HD)	Non-Executive Director (Local Authority)

*The meeting commenced at 11:00*

<b>PHW 2025.05.29/1</b>	<b>Welcome and Apologies</b>
<p>PB welcomed everyone to the meeting which was being held in person at CQ2 and extended a warm welcome to those observing the proceedings online.</p> <p>The Board <b>noted apologies</b> as listed above.</p>	
<b>PHW 2025.05.29/2</b>	<b>Declarations of Interest</b>
<p>PB sought Declarations of Interest other than those recorded already on the Declarations of Interest Register.</p> <p>PV noted that all Executives and other Public Health Wales employees present had an interest in item 5.4 (Draft Travel Policy).</p>	
<b>PHW 2025.05.29/3</b>	<b>Screening Services: Patient Story</b>
<p>MK introduced the Screening Services presentation and team, highlighting the importance of the screening services on offer to the population of Wales, that aimed to identify disease at an early stage with early treatment options to optimised health outcomes. He concluded his introduction by highlighting the importance of quality and a systematic approach to patient feedback and service user engagement to continually refine service delivery.</p> <p>SH, SdS and BB provided an overview of each of the seven screening programmes, focusing on the duty of quality and its application across the whole service pathways, and emphasising the importance of continuous refinement of the service model through patient feedback.</p> <p>They showcased examples of quality improvement using the six quality enablers, focused on their approach to leadership, workforce and culture and then their approach to the six domains of quality, such as:</p> <ul style="list-style-type: none"> <li>○ <b>Safe:</b> Improvements in demographic data accuracy and reflecting on the experience of the Healthcare Inspectorate Wales inspection and compliance with regulations.</li> <li>○ <b>Timely:</b> Reducing fail-safe days in newborn bloodspot screening.</li> <li>○ <b>Effective:</b> Targeted interventions for non-responders in screening programmes.</li> <li>○ <b>Efficient:</b> Listening to staff by implementing 'You Said We Did' and streamlining processes and reducing avoidable repeats through actions such as the implementation of new cameras in Diabetic Eye Screening Wales.</li> <li>○ <b>Equitable:</b> Addressing barriers to screening for specific populations, and optimisation of the Bowel Screening Programme.</li> <li>○ <b>Person-Centred:</b> Using individual and community-based service user feedback to act on and improve screening experiences.</li> </ul> <p>The team shared impactful stories and videos from service users, focused on their thoughts, feelings and experience of using the services and demonstrating the life-saving impact of screening programmes on offer.</p> <p>PB thanked the team for the comprehensive presentation and invited questions from the Board.</p> <p>Commenting on the excellent work showcased in the presentation, KY commented on ways to further build on progress such as engagement with Improvement Cymru (IC) and the Paul</p>	

Ridd foundation. BB advised that they were working with IC on building evidence on screening uptake with a focus on the Learning Disabilities Action Plan and the potential to highlight screening offers as part of Betsi Cadwaladr University Health Boards annual health checks.

JM extended an invitation to work with the tackling diabetes together team to engage with those with lived diabetes experience. The team welcomed the opportunity to connect and consider visual ways to help alleviated service user anxiety and improve service uptake.

PB positively reflected on the continuous improvement journey of the screening programmes and suggested sharing the impactful patient experience video widely across the system and the Organisation’s webpages. TC advised that with permission, the video and some corresponding text may be included in the monthly update submission to Welsh Government.

The Board thanked the Screening Team for their presentation and took assurance on the efforts underway to improve service delivery using the quality domains and patient centred engagement.

<b>PHW 2025.05.29/4</b>	<b>Board Assurance Framework</b>
<b>PHW 2025.05.29/4.1</b>	<b>Chief Executive’s Report</b>

Introducing the Chief Executive’s Report, TC drew attention to key highlights:

- TC and colleagues including PB, MK and JM had met with the Cabinet Secretary for Health and Social Care and the Minister for Mental Health and Well-being. TC commented on the open and constructive nature of the meeting and PB added to this, highlighting their clear understanding of the importance of the work underway within the Organisation.
- TC highlighted the recent Well-Being Economy Policy Dialogue event hosted by the Cabinet Secretary for Health and Social Care, and the support provided by the Organisation. TC reflected on the shared focus on wellbeing economy and the positioning of societal health at the heart of economic stability. SA added her thoughts on the event, noting the focus on driving forward the Future Generations Act and the positive commitment to action throughout.
- TC highlighted several recent events, including a week of activities to mark the celebration of 10 years of the Wellbeing of Future Generations (WFG) Act and the approval of a Memorandum of Understanding between the Organisation and the Arts Council for Wales (ACW) to strengthen the position of arts in addressing population health and wellbeing in Wales.
- TC highlighted the publication of the [Prevention-Based Health and Care \(PBHC\) framework report and case studies](#). Commenting on the launch of the framework, JM highlighted the work with clinicians and an aim to shift to a prevent based approach.
- TC went on to congratulate SA on her invitation and acceptance as a Fellow of the Learned Society of Wales and recognised the exemplar input of Robin Howe as he provided evidence at the Covid-19 Public Inquiry.
- TC concluded her update by noting that from 1 June, the NHS Wales Executive had been renamed NHS Wales Performance and Improvement.

PB thanked TC for the overview and invited questions from the Board.

Reflecting on the spotlight session with the Future Generations Commissioner for Wales and the potential for political change in 2026, KY queried whether was an urgency to further embed WFG. Whilst reiterating the need for the Organisation to remain politically neutral, TC commented on the ways in which the Organisation may influence manifestos and noted the focus with the WFG Commissioner to continue to push the prevention messages. TC also commented on a recent meeting with the Equality and Justice Committee which presented potential opportunities to review relevant legislation and their impact. SA commented on the WFG Commissioners report and noted that the Audit Wales Report had 4 recommendations to Government about prevention and public health principles which supported the Organisation’s agenda.

The Board noted the opportunities to present the prevention based healthcare framework on a national basis and welcomed KY’s offer to connect with the National Care Advisory Group. PB also suggested sharing the report across Government departments to help support and inform future approaches. TC agreed to take this forward with JM.

**Action: TC**

Noting the importance of influencing outwardly, SG congratulated colleagues across the Organisation on the success of numerous activities and events outlined within the report, paying particular attention to their involvement with the annual International Association of National Public Health Institutes (IANPHI), World Health Organisation and the Arts Council of Wales.

Referencing the Arts Council for Wales, PB commented on the potential to develop stronger ties with Melo (Mental Health and wellbeing resources provided by Aneurin Bevan University Health Board) to help join all the strands up. TC welcomed this idea and agreed to invite the Chair and Chief Executive of the Arts Council of Wales to a Board meeting.

**Actions: PV**

The Board noted the directorate updates.

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

<b>PHW 2025.05.29/4.2</b>	<b>Latest Public Health Overview</b>
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IB introduced the latest Public Health Overview; he began with a follow up to questions raised at the last Board Meeting. He informed the Board his team continued to investigate and learn more about healthy life expectancy trends seen in Caerphilly county, a report would be presented to Board once this had been explored.

Referring to the Dashboard, IB highlighted:

- Healthy behaviours – the spike in alcohol usage reported to the last Board meeting remained unchanged, the first step to assess the scale of the situation was to undertake an alcohol and drugs needs assessment. The assessment was nearing completion. It was known that mortality from alcohol usage post-pandemic had increased.
- Delivering Excellent Public Health Services – the childhood vaccination uptake remained below target, which had increasingly become a focus for Welsh

Government. Ways the Organisation could further work with Health Boards were being explored.

- The rate of C difficile remained static and ways the Organisation could work with Health Boards were being investigated.
- Wellbeing trends remained unchanged for all reporting areas.
- Concerning the wider determinants of public health, the greatest concern was focussed on the cost of living increases seen in April bills, with further future pressures anticipated.

JM confirmed that the needs assessment described earlier by IB was nearing completion. In addition, the effect alcohol had in other areas had been identified and alcohol modules had thus been included in other programmes, including in the development of the diabetes app. A needs assessment was the first step to working in any area of Public Health and JM stated his team had been working with Directors of Public Health to review relevant guidance and strategies.

He noted the different approach needed for alcohol and drugs because of the different ways these issues presented, and that a cross organisational group had been established to consider the approach to these issues. He noted that presentation in the form of liver disease meant that Wales was facing a significant challenge, and that alcohol appeared to be the driver in around 2-3% (based on current data) of hospital admissions of people aged over 45. These figures were likely to increase and the rate of liver disease in under 50s was also increasing.

SG supported the separating of the approaches for drugs and alcohol in the analysis of data, to address the different causes and responses needed.

TR observed that smoking was weighted towards the least deprived percentiles, whereas alcohol usage was weighted towards the more affluent percentile; this needed to be explored further.

KY highlighted the cost of living news item coverage of the Bevan Foundation's report which suggested the current benefit reforms would result in a reduction of £466 million to the Welsh population income and impacting on 6% of the population as a whole. Noting the impact and challenge around this would inevitably impact more on the most deprived sectors, she suggested that utilising this data would allow a more targeted approach to designing intervention going forward.

PB agreed with this and suggested that the organisation connect in with the Disability Rights Taskforce and the Welsh Government's Consultation Document on Disability Rights to provide more insight for the work going forward.

PB asked for information on the rates of C. diff infections within Wales and asked were there currently comparable outbreaks across the world. MK confirmed one case of C. diff in England, Public Health England had reported an incident.

MK in consultation with Welsh Government had adopted a dynamic approach to outbreaks provide help and support to local teams to tackle the outbreak. Local teams were supported by Public Health Wales staff from the Healthcare Associated Infection, Antimicrobial

Resistance and Prescribing Programme in their discussions at Integrated Quality Planning and Delivery (IQPD) meetings. The C diff outbreaks were raised at a recent JET meeting with Welsh Government, and it was considered that the experience provided would lead to a more consistent approach across Wales.

MK asked about figures in the dashboard relating to the alcohol co-related admissions to hospitals. IB agreed to review the figures around this.

**Action: IB**

CB confirmed that Nursing Directors agreed an ongoing improvement plan to look at the co-related admissions data and she would both promote the alcohol co-related admissions in the Group and challenge it.

PB thanked CB and suggested that the Organisation could encourage consistency in the way groups worked and reported data across the system.

CJ reflecting on the immunisation data, noted the observed decline in vaccination uptake trends nationally, as well as within Wales specifically.

MK acknowledged these trends, however noting some recent upturns which were more encouraging. He reminded the Board that Public Health Wales was not responsible for delivering vaccinations, the responsibility was to provide the information which helped vaccinations at the local level. He indicated a forthcoming meeting with Directors of Public Health with the aim to promote the information available which would lead to better outcomes for the population.

The Board discussed vaccination scepticism and the role the Organisation played in reversing the decline in vaccination uptake, referencing the Organisations' role with the winter influenza vaccination campaign. MK asked IB of the regional variation uptake data could be included in the dashboards. IB agreed to investigate this.

**Action: IB**

MK updated the Board on the Cryptosporidium outbreak at a farm in the Vale of Glamorgan. Practices in place at the time of the outbreak were identified as the primary cause of the outbreak. Control measures implemented on 29 April had been effective and there have been no further cases. An investigation began to identify issues and provide further learning opportunities.

The Board **discussed** and **scrutinised** the Rapid Overview Dashboard Report and **noted** the specific areas of data analysis underway.

<b>PHW 2025.05.29/4.3</b>	<b>Performance and Finance 2024/25 Review</b>
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AW introduced the report to the Board, which provided an additional performance report highlighted improvements and challenges identified through 2024/25. The report was divided into individual Directorates

Sections:

Finance:

AW was pleased to present strong performance across the year 2024-25. The Audit process had commenced and was on track; a draft position indicated an underspend of £195,000 at year end. Agency usage as a % of total pay bill gradually increased during the year, however remained relatively low and delivered the target of a year-on-year reduction from the previous year.

#### Governance and Accountability:

NL outlined the work with managers to improve the accuracy of the data reporting sickness; further improvement was needed to the data. NL proposed to take a more detailed report concerning sickness absence rates, including stress and anxiety levels to the next People and Organisational Development Committee in July and work through proposals to improve the quality of data.

**Action: NL**

NE sought clarification on the definition of the term long term, noting it was unclear in the graphs within the report the time period it referred to. NL agreed to provide the definition to the next meeting.

**Action: NL**

NE noted the improvement in the figures reported for statutory and mandatory training and for appraisals compliance. The People and Organisational Development Committee had continued to review this, including a specific report into the compliance in the Health Protection and Screening Services Directorate and the work being undertaken to improve the position.

Regarding the appraisal data, TC suggested including the numbers of people in Directorates alongside the percentage as the figures would allow a better understanding of the impact / scale when considering the smaller Directorates.

**Action: NL**

In relation to the Information Governance Section, CB outlined the improvements made to the Freedom of Information request response times; and the intention to further improve the resources within this team with recruitment for an Information Governance Manager underway.

CB referenced the incidents in relation to the Duty of Candor Report; two incidents were reported, and both were responded to and investigated appropriately. The number of incidents reported was anticipated to increase as improvements to the reporting culture were embedded.

#### Service Delivery:

In relation to screening performance, MK noted the improving trends over the year for several of the screening programmes. Breast Test Wales had recovered from the pandemic backlog in July 2024, however there were underlying issues with being able to consistently provide assessments clinics within 3 weeks of screening. Plans were in place to streamline in the most effective and efficient way.

A recent review of implementation of new equipment in Breast Test Wales found issues with the mobile units deployed, resulting in a loss of service provision for a short period of time; many of the patients were able to be diverted to other assessment centres. The unit has since been recommissioned and would be back in service in the coming weeks.

In relation to Diabetic Eye Screening Wales, a transformation programme and board had been established to improve efficiency and to look at innovative ways to improve outcomes. A low risk pathway was utilised changing timings to 2 years recall for patients at low risk, and alternative ways of working were being explored, such as potentially removing the eye drops as part of the process which would potentially increase the numbers of patients seen , however there was a need to ensure the quality of the images would remain the same.

In relation to the Bowel Screening Service, further improvements were required to meet the four week waiting target; work to understand the interventions required and TC was due to meet with counterparts in Health Boards to address the concerns and the root causes for delay. The interventions at a local level would continue and data would be shared with Health Boards to support ongoing discussions. This matter had also been raised with Welsh Government.

NE suggested including a trajectory of recovery to measure progress and the target completion date. He also noted an anomaly in standard for turnaround time measure of less than 4 hours and the 100% rating. MK agreed review the metrics and consider how to include a trajectory in the data.

**Action: MK**

TR raised a number of concerns regarding the screening figures, and asked for clarification on the underlying reasons for the measures being outside of target timescales, such as training issues, recruitment challenges or resources. She suggested that further explanation of the underlying causes, and the plan to address these would be helpful to provide the Board with the overall position.

PB thanked MK for the information provided. She asked MK to review the position in relation to the screening data provided, and undertake a systematic review of Screening Service provision, including structures, processes, underlying causes of the delays, and the associated improvement actions that would support improvement to the provision.

**Action: MK**

In relation to the data the whole school approach to emotional and mental wellbeing, JM noted this was voluntary scheme, and that 100% of secondary schools had signed up in Wales; Wales was the only nation to achieve this figure. He commented Headteachers, Directors of Education and Public Health Directors in Local Government for their willingness to engage with this programme. The Organisation was now working with a multi agency group to develop a mentally healthy whole school day and revisions to the toolkit to make it easier for Head Teachers to use in the future.

SG congratulated JM on the remarkable school sign up figures; she asked how the impact of this would be measured. JM confirmed that the team was working on ways to use segmentation to measure the impact.



JM went on to outline the data contained on the smoking rates dashboard; smoking levels remained stable. The Organisation had supported Welsh Government on legislative matters and undertaken quality improvement work relating to smoking cessation rates.

PB asked if the information was available comparing rates of vaping with smoking. JM confirmed the figures related to smoking only within the dashboard, however he noted that there was a considerable amount of information about vaping available and he suggested this could be presented to the Board at future meeting for a more in-depth discussion,

**Action: JM**

PB also asked whether there was data available on how long people had been smoking, to consider the numbers of people were taking up smoking compared to those who had been smoking for several years. and agreed that further information on how long people had been smoking would be useful. PB asked JM to present this information to the Board at a future date, including insight into the impact of this data on the interventions provided.

**Action: JM**

SA provided an overview of the key achievements from the Policy and International Health Team outlined within the report.

- The cross-organisational work undertaken on climate surveillance.
- The behavioural science work and the growing behavioural science community for Wales.
- Health Impact Assessment legislation was being developed working with Welsh Government to develop the regulation and to support the implementation.
- In relation to the trauma informed approach, the team had worked across Wales in a range of areas to become trauma informed including housing, criminal justice, and education; the British and Irish Council had selected this work to be showcased.

SG commented on the volume of research data undertaken in the year which had generated income for the Organisation.

The Board **considered** and received **assurance** on the Organisation's performance and governance arrangements during 2024/25.

**Break**

**PHW 2025.05.29/4.4**

**Integrated Performance Report (Month 1), Finance Reports**

AW presented the Performance Report to the Board and Executive colleagues highlighted the following key issues:

- IB informed the Board the Integrated Medium Term Plan (IMTP) included a proposal for a measurement system, setting out the outcomes. This would be updated with the indicators as necessary along with any evaluations. This could then be used as the baseline against which future data could be measured.
- IB highlighted the evaluation section, which mentioned two forthcoming evaluations, All-Wales Diabetes Prevention Programme and the CVUHB Cancer Prehabilitation Outcome Evaluations.

SG noted that this was good progress, and was pleased to see the outcome measurements presented clearly.

MK assured the Board he continuing to work with IB's team to reflect the work of Health Protection and Screening services within this.

TC reiterated that resolving the issues surrounding securing primary care data were a continued source of concern to the Organisation and she was working with Welsh Government to address the issues around how the data was shared.

Regarding the overarching Outcome Life Expectancy Strategy, IB noted the link to the Corporate Risk Register, a new risk would be a failure to respond to surveys rates, resulting in a fall of healthy life expectancy.

The Board **considered** and received **assurance** on the Organisation's performance and governance arrangements, progress against delivering its strategy including delivery/recovery of key services and programmes, and a new update on Outcomes Measurement

<b>PHW 2025.05.29/4.5</b>	<b>Committees of the Board: Report from Committee Chairs</b>
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The Chair introduced the report and invited Committee members to highlight any items from their respective Committee meetings.

**Knowledge, Research and Information Committee**

SG highlighted the discussion around UXA and the renegotiating of contracts.

**People and Organisational Development Committee**

NL highlighted the focus at the last meeting on the IMTP deliverables, and a continued conversations around risk and risk appetite.

**Audit and Corporate Governance Committee**

NE highlighted that the Committee also received a presentation on the draft accounts, which had been submitted to Welsh Government for review, and highlighted the NHS Executive reporting and the improvements made this year in the information provided.

He also updated the Board that at a previous meeting, the Committee had challenged the assurance rating for an Internal Audit Final report relating to the Duty of Candor. The Head of Internal Audit had confirmed that the assurance rating for this report had since been upgraded from Reasonable to Substantial assurance.

PB thanked all for the updates.

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

<b>PHW 2025.05.29/4.6</b>	<b>Committee Annual Reports and Work Plans</b>
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PV provided an overview of the report, which presented the Board with the following documents from the Board Committees:

- Combined Annual Report for 2024/25 summarising the activity of the Committees this year.

- A summary of the Committee’s Annual review of Effectiveness.
- The Committees work plans for 2025/26.

PV highlighted the work that had been undertaken to cross reference the work of the Committees to the Board Assurance Framework, and to the approach to cross committee working.

NE reflected on the volume of work undertaken this year by the Committees, and the approaches taken that enabled items to be tracked effectively between Committees.

TC echoed this, and highlighted the detail included to link the work of the Committees to that of the Board, and the Strategic Priorities.

PB thanked the Team for their work to develop these documents and the support provided to the Committees to ensure their effectiveness.

The Board:

**Committee Effectiveness**

- **Considered** the summary of the review of Committee Effectiveness.
- **Noted** that the Cross Committee Chairs Group would review the progress with the implementation of the actions and next steps during 2025/26.
- **Took** assurance that there was an effective system of review and continuous improvement in place for the Board Committees.

**Committee Annual Report**

- **Considered** the Combined Committee Annual report for 2024/25 and **took assurance** that the Committees had fulfilled their terms of reference effectively.

**Committee Workplans for 2025/26**

- **Considered** the Committee Work Plans for 2025/26, and **took assurance** that the Committees have an appropriate plan in place for 2025/26 to fulfil their terms of Reference.

**PHW 2025.05.29/4.7 Corporate Risk Register**

CB presented the Corporate Risk Register (CRR) to the Board; she noted that the CRR was submitted bi-annually to the Board for assurance. The Leadership Team within Public Health Wales had delegated responsibility to scrutinise the Corporate Risk Register on behalf of the Business Executive Team.

The report outlined the current corporate risks being managed by the organisation; there were currently 11 risks recorded.

PB asked for further information on risk 1614 relating to the NHS Executive Hosting Arrangements. PV explained that the risk was at its target score; the hosting agreement was not formally in place with some outstanding issued being worked through. However, the NHS Executive were following the draft assurance schedule, with reporting in place to the relevant Board Committees. Once the Hosting Agreement was finalised, the risk would likely be de-escalated.

The Board took <b>assurance</b> of the management of the Corporate Risk Register.	
<b>PHW 2025.05.29/4.8</b>	<b>NHS Executive Hosting Agreement</b>
<p>PV provided an update on the current position with the NHS Executive Hosting Agreement.</p> <p>The Hosting Agreement for 2025/26 had not yet been formally agreed, pending the agreement on the Hosting Levy. He also referenced the recent changes to the NHS Executive that had been issued by Welsh Government, including the change of title to NHS Wales Performance and Productivity and other structural changes to the make up of the Unit, that would need to be reflected in the final agreement.</p> <p>PV assured the Board that the NHS Executive were reporting in line with the assurance schedule and progress was being made in resolving the issue with the Hosting Levy.</p> <p>PB thanked PV for the update.</p>	
<b>PHW 2025.05.29/5</b>	<b>Items for Approval</b>
<b>PHW 2025.05.29/5.1</b>	<b>Governance Framework - Annual Review</b>
<b>PHW 2025.05.29/5.1.1</b>	<b>Standing Orders and Scheme of Delegation and Committee Terms of Reference Annual Review</b>
<p>PV presented the report presenting proposed revisions to Standing Orders (SOs) and Committee Terms of Reference (TORs) to the Board for approval. He confirmed that Public Health Wales was required to review the SOs annually; the Welsh Government had not yet issued revised Model SOs for 2025. As such an interim review had taken place and minor changes proposed to update the document.</p> <p>In terms of the Committee Terms of Reference, revised documents had been developed following on from the Committee Effectiveness Review, and the work planning sessions. The proposed changes were summarised within the report, including updating the TORs to reflect the NHS Executive Assurance schedule in place.</p> <p>PV went on to explain that there was also a requirement to review the Standing Financial Instructions (SFIs), in particular updates would be required to reflect the Procurement Act 2023. This would be addressed on an all-Wales basis, aligned to the national model instructions currently being amended by the Welsh Government.</p> <p>MK noted the change within the terms of reference to reflect the Committee reporting from the NHS Executive assurance schedule. Noting the change of title of the NHS Executive to NHS Performance and Productivity Unit from 1 June 2025, it was suggested that the Terms of Reference be updated to reflect the new title and issued from 1 June 2025.</p> <p>Board <b>considered</b> and <b>approved</b> the proposed revisions to Standing Orders and Reservations and Delegations of Powers and Committee Terms of Reference, effective from 1 June 2025, subject to the amendment of the title for the NHS Executive with the Committee Terms of Reference.</p> <p><b>Action: LB</b></p>	
<b>PHW 2025.05.29/5.1.2</b>	<b>Board Assurance Framework</b>

PV presented the report summarising proposed updates to the following documents:

- Board Assurance Framework
- Board Etiquette
- Protocol for private meetings

He explained that the documents were reviewed on an annual basis to ensure they remained live and up to date. An internal review had taken place, and minor changes were proposed to the documents; a summary of the changes proposed had been provided within the covering report.

The Board **considered** and **approved**:

- Board Assurance Framework;
- Protocol for Meetings in Private;
- Board Etiquette.

<b>PHW 2025.05.29/5.2</b>	<b>People Strategy</b>
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NL introduced the People Strategy to the Board and highlighted that the work on the strategy had been undertaken through extensive engagement with colleagues, Trade Unions, Local Partnership Forum and our Staff Networks. The Strategy now linked with our Long Term Strategy and clearly set out our vision for the next 10 years in relation to our people.

NL noted the next steps following approval from Board, which would be the design and the delivery of the plan. NL added that the People and Organisational Development Committee would play a key role in driving the delivery of the plan, along with the Integrated Medium Term Plan (IMTP) tracking the deliverables.

PB thanked NL and thanked the Board for their input into the Strategy.

TC praised the strategy and thanked the team for their work and noted that the next phase of creating an implementation plan would be key to delivering the strategy over the next 10 years. TC emphasised the need to ensure the implementation plan was agile and easy to use for all directorates, which the Executive Team could review progress of its delivery.

PB noted that the planning and progress of the strategy would be reported through the People and Organisational Development Committee and fed back to the Board through the Committee Chairs update.

The Board **approved** the updated People Strategy 2025 – 2035.

<b>PHW 2025.05.29/5.3</b>	<b>Capital Plan 2025-26</b>
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AW presented the 2025-26 Capital Plan to the Board, seeking approval of the discretionary capital allocation and spending plan, set out in Table A. AW noted within the paper, there was an update on the Strategic Capital Funding, which included the approved and the unapproved bids to date, and the status of the strategic position.

AW noted that there was a larger contingency than normal (£300k) which was being held for urgent issues that may need to be resolved; this funding would be reallocated if not used.

TC assured the Board that the plan had been reviewed at Executive Level and had been through an extensive progress of review internally.

The Board **approved** the Capital Plan 2025-26.

<b>PHW 2025.05.29/5.4</b>	<b>Policies for Approval - Travel Policy</b>
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AW presented the draft Business Travel Policy to the Board, highlighted that the Policy provided useful advice and an opportunity for people to consider more sustainable travel options. She noted that the Policy had been through an extensive review and consultation process and has been an extensive piece of work.

NE agreed that the guide was easy to read and provided helpful information for staff.

PB noted that there was a section on reasonable adjustments in the Policy, however she suggested that could be highlighted more throughout the policy, for example, there may be occasions where people need transport outside of the policy suggestions, such as getting a taxi as part of a reasonable adjustment. AW agreed to make this more explicit within the final version.

**Action: AW**

The Board **considered** the draft PHW Business Travel Policy and associated Equality Health Impact Assessment and **noted** that the policy was considered and endorsed by the Leadership Team, and that resulting comments were reviewed and incorporated.

Subject to the amendment to incorporate more information on reasonable adjustments, the Board **approved** the draft PHW Business Travel Policy.

<b>PHW 2025.05.29/5.5</b>	<b>Minutes and Action Log from the Board Meeting (26 March 2025)</b>
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The Board **approved** the minutes of the Board Meeting held on 26 March 2025 as an accurate record of the meeting.

The Board **considered** the open Actions on the Action Log and approved the closure of completed actions.

<b>PHW 2025.05.29/5.6</b>	<b>Ratification of Chairs Action and affixing of the Common Seal</b>
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The Board **noted** have been no occasion where Chairs Action was taken since the March Board meeting;

The Board **noted** that there has been one use of the Common Seal to report to the Board:

- To formalise the agreed Underlet arrangement between the landlord and Public Health Wales
- To formalise the agreed Underlease of part Floor 5, Capital Quarter 2 to the Commission for Tertiary Education and Research (CTER)
- To formalise the License to Alter between Public Health Wales and CTER completes the agreement for the fit out works completed to date.

The Board took <b>assurance</b> that the action was taken in accordance with Section 8 of the Standing Orders.	
<b>PHW 2025.05.29/5.7</b>	<b>Digital Transformation Audit – Audit Wales</b>
<p>IB advised the Board that Audit Wales had finalised the remit for a Digital Transformation Audit for Public Health Wales. The audit was part of a co-ordinated set of audits across every Health Body in Wales that was taking place over the coming months.</p> <p>As part of the Audit, each body had been asked to submit a self-assessment based on a questionnaire that would be sent out by Audit Wales imminently. It was a requirement that all Board Members had an opportunity to contribute to the self-assessment. IB would circulate the Digital Transformation Audit – Audit Wales questionnaire to all Board Members for input.</p> <p><b>Action: IB</b></p> <p>IB advised that due to the time scales of this report, he was asking the Board to delegate approval to the Knowledge, Research and Information Committee.</p> <p>The Board <b>noted</b> the forthcoming Digital Transformation Audit by Audit Wales that is part of a wider audit of Digital Transformation in every Health body in Wales and <b>noted</b> that a self-assessment questionnaire would be completed which all Board members would have an opportunity to contribute towards.</p> <p>The Board <b>approved</b> the delegation of sign-off of the self-assessment to the Knowledge, Research and Information Committee meeting of 17 June 2025.</p>	
<b>PHW 2025.05.29/6</b>	<b>Items for Noting</b>
<b>PHW 2025.05.29/6.1</b>	<b>Private Chair's Report (26 March 2025)</b>
The Board <b>noted</b> the Private Chair's Report.	
<b>PHW 2025.05.29/6.2</b>	<b>Board Forward Plan</b>
<p>The Board <b>noted</b> the Board Forward Plan.</p> <p>CB noted that the timing of the Corporate Risk reporting needed to be amended to reflect that it had been considered by the Board at this meeting.</p> <p><b>Action: LB</b></p>	
<b>PHW 2025.05.29/6.3</b>	<b>Private Board papers</b>
None.	
<b>PHW 2025.05.29/6.4</b>	<b>Integrated Performance Report (Month 12) and Finance Reports</b>
The Board <b>noted</b> the Reports.	
<b>PHW 2025.05.29/6.5</b>	<b>HEIW Annual Return</b>
The Board <b>noted</b> the HEIW Annual Return.	
<b>PHW 2025.05.29/7</b>	<b>Date of Next Formal Meeting of the Board</b>
PB thanked everyone for their contributions to the meeting.	

The next meeting would be held on 31 July 2025.

The meeting closed at 14:30

Unconfirmed