

**Unconfirmed Minutes of the Public Health Wales
Knowledge, Research and Information Committee
Public Meeting 5 September 2024, 10:30
Held in 3.2 CQ2 and via Microsoft Teams**

Present:		
Sian Griffiths	(SG)	Committee Chair and Non-Executive Director (Public Health)
Diane Crone	(DC)	Non-Executive Director (University)
Clare Jenkins	(CJ)	Vice Chair of the Public Health Wales Board and Non-Executive Director
Nick Elliott	(NE)	Interim Chair of the Public Health Wales Board (left at 11:22)
In Attendance:		
Sumina Azam	(SA)	National Director of Policy, and International Health
Iain Bell	(IB)	National Director for Public Health Knowledge and Research
Fliss Bennee	(FB)	Head of Data
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Alisha Davies	(AD)	Head of Research and Evaluation
Danielle Gething	(DG)	Head of Risk Management (left 12:05)
Meng Khaw	(MK)	National Director of Health Protection and Screening Services (arrived at 12:19, left 12:35)
Kirsty Little	(KL)	Consultant in Public Health
Leon May	(LM)	Principal Public Health Intelligence Analyst (for item 3.5) (arrived 11:50)
Jim McManus	(JM)	National Director Health and Wellbeing
Hannah Lindsey	(HL)	Programme Manager (observing)
Louisa Nolan	(LN)	Head of Data Science (arrived 10:52)
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Stephanie Smits	(SSm)	Head of Population Cancer (for item 3.5) (arrived 11:50)
Ffion Thomas	(FT)	Senior Public Health Intelligence Analyst (for item 3.5) (arrived 11:50)
Rebecca Thomas	(RT)	Senior Statistician & Cancer Information Specialist (for item 3.5) (arrived 11:50)
Paul Veysey	(PV)	Board Secretary and Head of the Board Business Unit
Apologies		

Tracey Cooper	(TC)	Chief Executive
Claire Birchall	(CB)	Executive Director (Quality and Nursing)
Secretariat		
Ffion Lloyd	(FL)	Board Support Officer
<i>The meeting commenced at 10:30</i>		
KRIC 1/2024.09.05 Welcome, Introductions and Apologies		
<p>The Chair opened the meeting and welcomed all present.</p> <p>The Committee noted that the meeting was being recorded to support the accuracy of the minutes, the recording would be deleted once the minutes had been agreed at the following meeting on 5 December 2024.</p> <p>The Committee noted the apologies listed above.</p>		
KRIC 2/2024.09.05 Declarations of Interest		
<p>There were no declarations of interest made, in addition to those already declared on the Declarations of Interest Register.</p>		
KRIC 3/2024.09.05 Items for Assurance		
KRIC 3.1/2024.09.05 Lifestyle Factors Update		
<p>JM provided an update on the work undertaken on lifestyle factors since the deep dive item presented at Committee meeting in June 2023 and additional information requested following the update report in June 2024.</p> <p>JM highlighted the 20 strategic programmes under Health and Wellbeing and that roadmaps were being created for each of the strategic priorities to address what change was expected and how that would be achieved. Challenges were around whether enough indicators were in place, what milestones would be needed and over what timescale to track progress. The roadmaps were due to be signed off by March 2025.</p> <p>JM noted the aim of using a matrix model for change, which included assessing where biological or psychological intervention was needed and what can be achieved over different timescales. JM also stated that scrutiny of the roadmaps would be important in order to provide assurance of short and long-term progress. SG welcomed the roadmaps and suggested that they could be considered at the meeting of committee chairs to align the work of KRIC and QSIC. This may be undertaken as a joint-committee piece of work, which could be undertaken as a workshop before being brought to a Board Development session in December 2024.</p> <p>Action: LB/DC/SG</p> <p>IB highlighted that the current trends and health landscape was understood, and that the next steps would be to identify if the current programmes would deliver change and what indicators would be needed to monitor them.</p>		

The Committee stated that more detail was required on the frequency of measuring to monitor and demonstrate change. JM noted that the Month 5 Integrated Performance Report was due to be presented to Board, and that the roadmaps would assist with the need to improve on the communication of timescales for change. The Committee also suggested that a lack of change in indicators should be investigated for an explanation. Comparison with data from public health bodies in other UK nations would be useful.

IB highlighted that the indicators were supported with the work of the rapid overview dashboard, but that a challenge had arisen due to the suspension of the National Survey for Wales due to its redesign. IB would work with LN and division leads to find alternative indicators. IB agreed to bring an overview of the strategic priority indicator framework to the December meeting to provide an overview/assurance.

Action: IB

The Committee also suggested an assessment of any common themes throughout the indicators to assist and streamline the work to monitor them. JM noted that questions would need to be developed to test and develop the roadmaps, and agreed to organise a workshop to cover this before the Board Development session.

Action: JM

The Committee thanked JM and his team for the overview of programmes in this Directorate and **took assurance** that work has continued to strengthen and build upon the use of data, evidence and research to inform public health action to maximise the impact of healthy behaviours on population health and wellbeing in relation to our Long Term Strategy priority areas.

KRIC 3.2/2024.09.05	Academic Public Health
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AD/EDL provided an update on the state of the academic public health system in terms of research, this included the current key themes and a focus on the next steps.

EDL noted the collaboration between Public Health Wales, Healthcare Research Wales and Welsh/UK academics. Three key themes were highlighted:

- Public health research activity in Wales has international impact, but funding has been decreasing and there was a lack of required infrastructure.
- A lack of sustainability and long-term planning to retain critical workforce capacities and public health researchers in Wales. This was due to a lack of skill development and career progression to allow researchers to fill the roles of those about to retire.
- An aim across the academic public health system is for Public Health Wales to lead on work to build on existing networks and create opportunities for collaboration and connectivity.

EDL noted aims alongside the strategic framework which included developing core areas of strength and to build relationships with UK and other international partners/funders, to ensure that research in Wales increases its profile and performance being both competitive and responsive.

For the next steps, a report would be presented to the Business Executive Team in September 2024. EDL also noted that discussions had taken place with University research leads at a Healthcare Research Wales meeting in August, and that EDL/IB would attend a Wales Innovation Network board meeting in October to discuss this work with university Vice-Chancellors of Research alongside one-to-one meetings to gain support for this work.

The Committee supported the focus on forward planning for research careers, and noted the ongoing issues with severance at UK universities which might affect research speed/capabilities. It was suggested that Public Health Wales could take forward conversations with universities around new streams of learning/teaching that would benefit both university workforce development and wider public health. The Committee also urged an internal review of opportunities for specialist in training to gain academic and service skills and suggested this be discussed at People and Organisational Development Committee. The Committee also gave suggestions on how to address some of the issues, such as mapping out funding opportunities, creating a partnership approach to reinvigorate the research landscape and relationships with private sector funders/research and improve infrastructure to attract and encourage various areas of research to Wales. IB agreed but noted that rules would need to be put in place for safe engagement with the private sector.

The Committee **took assurance** that the work on developing a vision for academic public health research is underway with appropriate governance and oversight.

KRIC 3.3/2024.09.05

Digital and Data Strategy Implementation

IB/FB provided an update on the implementation of the Digital and Data Strategy since the last update in March 2024, this update showed the progress of transforming the route-map into a governed programme of work.

FB noted the reports focus on five major programmes of work in order to show the milestones over the next three years and any anticipated bottlenecks. FB also noted the work to ensure that there was a collection of relevant users involved in the programmes, and that current systems remained consistently functional during any upgrades or addition of features. FB highlighted the work to assess what regular work could pause to allow focus on bigger projects if necessary.

The Committee noted that greater transparency was needed around governance of the programme to give greater assurance. FB stated that the first iteration of portfolio management had been completed for the Programme Board, and that the Committee could be shown samples of the programme initiation document and the terms of reference for both the programme board and Digital and Data Design Authority (DDDA) governance. These would first be approved by the Business Executive Team

and would then be presented to the December Knowledge, Research and Information Committee meeting.

Action: FB

The Committee **took assurance** that the delivery of the digital and data portfolio was progressing with appropriate governance and that there is clear responsibility and accountability for delivery.

KRIC 3.4/2024.09.05

Managing Risk

KRIC 3.4.1/2024.09.05

Strategic Risk Register

SS/DG provided an overview of Strategic Risk 1 and 2 that fall under the remit of the Committee.

SS highlighted the progress with the Risk Management development plan, which included a final report from Grant Thornton colleagues aimed at strengthening the implementation of the plan. The Strategic Risk Register would be brought to Business Executive Team in September and to Board in November 2024, CRR being reviewed at Leadership Team in September

- Strategic risk 1 - Progress had been made with trend indication status showing green despite no change in score since the last reporting period.
- Strategic Risk 2 - work to develop a Memorandum of Understanding with Welsh Government, Health Boards and Local Authorities. take more data from DATIX to show embedding of risk management process.

For future risk reporting, DG noted the aim to take more intelligence and data from DATIX to demonstrate the embedding of risk management processes across Public Health Wales.

JM noted the work undertaken to build relationships with directors of public health, and on the need to focus on linking short and long-term actions to roadmaps in order to identify progress and areas for improvement.

SG highlighted the role of Directors of Public Health (DPH) in the current system and suggested inviting DPH colleagues to speak on their work with Public Health Wales at a future Committee or Board meeting.

Action: LB/IB/JM

The Committee considered Strategic Risk 1 and 2 and took **assurance** on their management.

KRIC 3.4.2/2024.09.05

Corporate Risk Register

The Committee considered the Corporate Risks within the remit of the Committee.

SS noted that the updates of the Corporate Risk Register would be verbal due to the last review of the register by Leadership Team being undertaken in July 2024 and the next due for 19 September 2024. The timing of this process was under review.

DG highlighted the two risks under remit of the Committee (1648/1531), and that these were last reviewed in July 2024 by Leadership Team.

- Risk 1648 – the target score had been reduced to four as an updated impact assessment had been submitted by the Antimicrobial Resistance Team and a three-part solution had been suggested.
- Risk 1531 – this was currently managed by the Head of Data, with Digital Health and Care Wales (DHCW) mitigation carried out in August and a further review by 16 September. A review by DDDA was carried out on 2 September and would be cascaded for members to update directories on progress.

IB noted that Risk 1648 related to a reliance on Audit Plus to provide data on Primary Care and vaccinations and the risk of no access to this following the closure of the service in the event of an outbreak. IB assured the Committee that Digital Health Care Wales (DHCW) had picked this up and that mitigation steps were taken.

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

KRIC 3.4.3/2024.09.05

Cervical Screening Information Management System Incidents (CSIMS)

SS gave a verbal update on the work undertaken to review various aspects of the Cervical Screening Information Management System (CSIMS) following an escalation of CSIMS data breaches and ongoing concerns.

SS highlighted the progress made to address the actions identified and the opportunity for learning around the governance and processes of CSIMS. SS noted that scoping meetings to understand CSIMS and issues in greater detail has been undertaken, and that a report would be presented to a future Business Executive Team and Knowledge, Research and Information Committee meeting.

The Committee suggested that this may also be suited as an item to be covered by the Quality, Safety and Improvement Committee. LB agreed to add this as an item to the Chairs group for discussion.

Action: LB

KRIC 3.5/2024.09.05

Inequalities and Cancer

LN/RT provided a summary of the phase one findings of the Inequalities in Cancer project using 2011 census data. This project looked at cancer incidence rates in Wales by socio-demographic factors, phase one included variables of ethnicity, occupation, economically active/retired and overcrowding.

- An ethnicity spine was used with Secure Anonymised Information Linkage (SAIL) data to gain a complete picture of differences in cancer cases between ethnicity

and age groups, which noted that 96.4% of cases diagnosed in Wales between 2011 and 2020 were of a white ethnic background.

- Overcrowding data (number of people per room) suggested a link between cancer and economic status/age as those with fewer rooms than required, or one spare room (likely to be older), showed higher rates.
- Higher rates were shown in occupations requiring lower standards of education (no 2021 census age data available)

RT highlighted that phase two of the project would use 2021 census data and multivariate analysis, and would look to increase the protected characteristics assessed.

The Committee questioned why overcrowding was chosen as a variable and suggested that an analysis of screening data and the route patients take to diagnosis was needed to gain an overview of the entire cancer treatment pathway. LN noted that it was an aim to link screening and cancer data in the future, but that ethnicity data in this area was not currently available within census data. LN explained that overcrowding data was used as a proxy for deprivation and would help identify further areas to look into. IB noted that further analysis could look into mortality rates by age group/cancer type, and that once complete these findings should be published as this analysis on the Welsh population had never been undertaken before. The Committee asked to be kept updated on progress of this work.

Action: KL/FL

SG thanked LN and RT for the interesting presentation, and the Committee **noted** and **considered** the progress being made against the commitment to influence the wider determinants of health.

KRIC 3.6/2024.09.05

PHW Monitoring Impact - Annual Report

KL provided an overview of the Monitoring Impact annual report which looked at survey results based on the impact monitoring framework brought to Business Executive Team and Knowledge, Research and Information Committee in 2023. This survey looked at the views of stakeholders and key user groups. The feedback had been passed to the product owners and actions were in progress to address any issues.

KL highlighted that Public Health Wales was viewed as having a positive and trustworthy reputation, but noted that these views were from users already aware of the organisation and that further action was needed to reach unaware users, such as through an increase in advertisement and website accessibility. KL also noted the improvements in engagement made by the introduction of the user research team and a user engagement toolkit. The results of the 2024 Impact survey would be presented to the Business Executive Team before presenting at the next Knowledge, Research and Information Committee meeting in December. KL was congratulated on this report

Action: KL/FL

The Committee questioned how learning points from the survey were taken forward, and if stakeholder mapping was involved in the production of information. IB highlighted the work undertaken on persona development to allow the adjustment of content and language to different audiences. IB also noted that many of the actions linked to the Web Transformation project, and that they and KL could work to address any actions which did not fall under it.

Action: IB/KL

The Committee **considered** the findings from the Public Health Wales Impact Monitoring approach and gave support of the activities underway to improve organisational impact.

KRIC 4/2024.09.05	Items for Approval
KRIC 4.1/2024.09.05	Minutes, Action Log and Matters Arising of meeting (06 June 2024)

The Committee **approved** the minutes of the 6 June meeting as an accurate record and **approved** the changes made to the action log.

IB provided verbal updates on in-progress actions since the last meeting:

- 2024/8 – discussions had begun on this and an update would be provided at the next meeting after the work was complete.
- 2024/6 – IB had reached out to Welsh Government and noted that a prioritisation meeting on the features of the NHS Wales app was scheduled for 17 September, this action would be updated following the meeting.

KRIC 4.2/2024.09.05	Policies for approval
There were no policies for approval at this meeting.	

KRIC 5/2024.09.05	Items to Note
KRIC 5.1/2024.09.05	Audit Action Log Progress Update

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

KRIC 5.2/2024.09.05	Audit Reports
There were no audit reports to within the remit of the Committee to discuss.	

KRIC 5.3/2024.09.05	Committee Workplan
SG noted the need for SG and DC to discuss matters which relate to both the Knowledge, Research and Information Committee and Quality, Safety and Improvement Committee.	

KRIC 7/2024.09.05	Closing Administration
Any other business: None.	

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



Date of Next Meeting: **5 December 2024.**

The meeting closed at 12:

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