

**Unconfirmed Minutes of the Board Meeting on 30 November 2023**  
**Held in 3.7, CQ2 and electronically via Microsoft Teams**  
**Livestreamed on the Internet**

<b>Present:</b>		
Jan Williams	(JW)	Chair
Tracey Cooper	(TC)	Chief Executive
Sumina Azam	(SA)	National Director of Policy, and International Health, World Health Organisation Collaborating Centre
Iain Bell	(IB)	National Director for Public Health Knowledge and Research
Claire Birchall	(CB)	Interim Executive Director of Quality, Nursing and Allied Health Professionals
Diane Crone	(DC)	Non-Executive Director (University) and Chair of Quality, Safety and Improvement Committee
Kate Eden	(KE)	Non-Executive Director and Vice Chair
Nick Elliott	(NE)	Non-Executive Director and Chair of Audit and Corporate Governance Committee
Huw George	(HG)	Deputy Chief Executive and Executive Director of Finance and Operations
Sian Griffiths	(SG)	Non-Executive Director and Chair of the Knowledge, Research and Information Committee
Meng Khaw	(MK)	National Director Health Protection and Screening Services, Executive Medical Director
Mohammed Mehmet	(MM)	Non-Executive Director and Chair of the People and Organisational Development Committee
Kate Young	(KY)	Non-Executive Director (Third Sector)
<b>In Attendance:</b>		
Liz Blayney	(LB)	Deputy Board Secretary and Board Governance Manager
Sarah Brewer	(SB)	Employee Engagement Manager (for Agenda item 3 only)
Paul Dalton	(PD)	Head of Internal Audit
Rhian Gleed	(RG)	Porffor, Network Co Chair
Neil Lewis	(NL)	Director of People and Organisational Development
Jim McManus	(JM)	National Director of Health and Wellbeing
Janet Mellowship	(JMe)	We Care, Network Co Chair
Leah Morantz	(LM)	Head of Communications

Tamsin Ramasut	(TR)	Observer
Amy Stabler	(AS)	Porffor, Network Co Chair
Neil Stoodley	(NS)	Head of Financial Intelligence, Value & Impact (for Item 4.3)
Paul Veysey	(PV)	Board Secretary and Head of Board Business Unit
Rachel Attwood	(RA)	Assistant Director Organisational Development and Engagement (for Item 3)
Angela Williams	(AW)	Deputy Director of Operations and Finance (for Item 4.3)
<b>Apologies:</b>		
John Boulton	(JB)	National Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru
Claire Sullivan	(CS)	Staff Side Representative

*The meeting commenced at 11:00*

<b>PHW 2023.11.30/1</b>	<b>Welcome and Apologies</b>
<p>JW welcomed everyone to the meeting, extending a warm welcome to those observing the proceedings online. She noted that the Board was the Governing Body of the organisation, with specific responsibilities for: strategic direction-setting; building and sustaining strategic partnerships; setting strategic risk appetite and overseeing strategic risks; scrutinising in-year delivery against plans; maintaining good governance and setting organisational tone and culture.</p> <p>On tone and culture, the Board promoted a learning culture, one in which, if something did not go to plan, Public Health Wales apologised, set about putting things right and making improvements for the future. The Board wanted everyone to come to work and be their authentic, best selves, without fear of disadvantage or discrimination of any kind, including from any form of phobic behaviour. The Board found this unacceptable and JW encouraged anyone subject to such discrimination to use the processes available to call it out. She also asked anyone who saw/heard of any such discrimination to report it, as no-one should put up with any injustice.</p> <p>The Board conducted its business in line with a formal Board Etiquette; this referenced the reading of all papers before the meeting, optimising the time available for debate on the day. The Board also adhered to Public Health Wales' Values: Working Together, With Trust and Respect, to Make a Difference.</p>	

JW then summarised the items on the Agenda.

The Board **noted apologies** from John Boulton and Claire Sullivan.

<b>PHW 2023.11.30/2</b>	<b>Declarations of Interest</b>
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JW sought Declarations of Interest other than those recorded already on the Declarations of Interest Register. There were none.

<b>PHW 2023.11.30/3</b>	<b>Staff Networks</b>
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<b>PHW 2023.11.30/3.1</b>	<b>We Care Network</b>
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JW extended a warm welcome to the co-chairs of the We Care and Porffor Staff Networks (Networks); the Network updates formed part of the Board engagement programme with all the Networks and followed on from the updates provided by the Enfys and REACH Networks at the September 2023 Board meeting. JW noted the key role of the Networks in supporting staff and in the delivery of Public Health Wales' responsibilities.

JW invited Janet Mellowship, one of the co-chairs of the We Care Network, to make their presentation. Using a series of slides, JMe drew attention to the key achievements of the We Care Network to date:

- five managed sessions, covering a range of issues including: Lasting Power of Attorney; supporting wellbeing via yoga; and work with the Enfys Staff Network on LGBTQ+ related experiences;
- Utilising the Network budget allocation to sign up to Employers for Carers, a support organisation;
- Raising £700 for the Alzheimer's Society, by participating in a memory walk;
- Establishing 'lunch and learn' sessions for managers;
- Adding value to Public Health Wales through participation in policy networks; signposting; and supporting staff who also had caring responsibilities.

JMe shared her personal experiences of being a working carer and provided some interesting statistics, drawing attention to the estimated 104,000 working carers in Wales, saving the economy an estimated £8.1m per year in care costs alone. There were currently 45 members of the We Care Network, with many more having caring responsibilities, outside the Network membership.

The Plan for 2024/25 included the development of a Carers Policy, continuation of Network meetings and 'lunch and learn' sessions, and events to raise the profile of working carers during Carers Week in June 2024.

Finally, JMe set out the 'asks' from the We Care Network of the Board:

- Support to develop a Carers Policy;
- Organisational Development work to capture the experiences of working carers in Public Health Wales and how they could access better and more consistent support;
- Communications- related support to ensure that the work of the Network reached all staff.

JW extended her thanks to JMe for an informative presentation. She invited PV to add any further comments as the Executive Sponsor for the Network; PV thanked JM for the presentation and for her sterling work as the co-chair; he supported the 'asks' of the Board in 2024/25.

JW then invited questions:

TC thanked JMe for her powerful presentation and reflected on the additional emotional and psychological demands on staff who also had caring responsibilities. She welcomed the proposal to undertake organisational development-supported work; she asked whether a staff survey could capture fully those staff who were carers, including those who might not yet be Network members; she also recognised the need to raise awareness amongst managers.

NL thought that the presentation and the work of the Network was inspirational and confirmed his full support for the 'ask' around organisational development support.

IB offered to support the design and issue of a staff survey to capture the numbers with caring responsibilities.

**Action: TM/IB**

CB noted the range of work underway across NHS Wales related to frailty; there could be opportunities within that work to flag the role of working carers even more widely across the health and care system.

SG asked whether the Network had considered staff who were caring for children with support as well as those caring for older family members. JMe advised that the Network had, to date, focused more on staff supporting older family members

but she recognised the need to include those staff with caring responsibilities for children and young people.

Thanking JMe for the presentation and the work undertaken by the Network, JW noted the significant interest of Board members in the carers' agenda and confirmed the Board's support for the 2023/24 work programmes.

<b>PHW 2023.11.30/3.2</b>	<b>Porffor Network</b>
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JW then welcomed Rhian Gleed and Amy Stabler, co-chairs of the Porffor Network; she invited them to update the Board on the role of Porffor and the 'asks' of the Board for the coming year.

AS and RG used a slide presentation to:

- Outline the work undertaken by the Network to date. This included bowel cancer and ADHD awareness-raising campaigns and also work to support disabled workers. AS noted the International Day of Disabled Workers for 2023 on 3 December;
- Outline the ambition for the Porffor Network for the coming year. The focus would be on ensuring an inclusive workplace for all; an enhanced understanding of invisible disabilities; accessibility needs for disabled staff; and accessible and equitable recruitment processes;
- Set out the added benefits to Public Health Wales of developing an inclusive workplace that was supportive of people with disabilities – getting it right for staff would enhance the organisational role in supporting people with disabilities across its services and functions.
- The legal requirements for, and benefits to the organisation of, reasonable adjustments, including hybrid working. The Workplace Passport offered benefits in highlighting any adjustments necessary to ensure that disabled people could work without barriers. RG shared her personal experiences of working in Public Health Wales, as a staff member with a disability, and the impact on her.
- The importance of accessible equipment and IT options to meet specific requirements, for example accessible fonts, the use of colour, and ESR related training being in accessible formats.
- On recruitment, ensuring that the recruitment and interview process recognised and addressed issues such as location, neurodiversity issues that could affect interview performance, and access to additional support during the process.

The identified 'asks' were:

- That staff could ask for reasonable adjustments easily and without prejudice,
- That Public Health Wales became a model employer around accessibility,
- Development of the recruitment process to ensure equity and a reputation for accessibility, to encourage applications for people living with disabilities.

JW recognised the significance of the agenda that RG and AS had highlighted and commended both co-chairs for their openness in sharing their personal workplace experiences; this had added to the power of the slide presentation and the Board recognised the weight of the 'asks'.

As Executive Sponsor for the Network, IB underscored the power of personal experiential learning, and the preparedness to share this; he extended his thanks to the co-chairs for the presentation.

JW then invited comments.

HG appreciated the role of the Network in assisting the organisation to improve accessibility and remove barriers. He offered to help with the work in hand, reflecting on a recent interview process, during which a candidate had requested reasonable adjustments. HG recognised the benefits of the Porffor Network in addressing such requests and also in considering different styles of interview processes.

TC extended her thanks for the presentation and acknowledged the role of the Network over recent years, including through the pandemic period. She thanked RB for her preparedness to share a previous poor experience and recognised the significant role that Porffor and the other Networks had in ensuring that staff could access consistent and appropriate support and adjustments.

DC reflected on the contribution the Networks could make in helping Public Health Wales to discharge a system leadership role across their portfolio areas.

Thanking both co-chairs again for sharing their experiences, JW commented on the value of ensuring a clear 'line of sight' from the Board to frontline staff and services; the work of all the Staff Networks was fundamental to this. JW confirmed that the remaining Staff Networks would present to the Board early in 2024. She suggested asking the People and Organisational Development Committee (PODCOM) to discharge the assurance role on behalf of the full Board.



The Board **agreed** to support the 'asks' as presented by the We Care and Porffor Staff Networks and to **remit** to the People and Organisational Development Committee the assurance role and updating the full Board on progress.

**Action: PV/MM/NL**

<b>PHW 2023.11.30/4</b>	<b>Board Assurance Framework</b>
<b>PHW 2023.11.30/4.1</b>	<b>Chief Executive's Report</b>

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

- The scaling up of activity taking place across the organisation in preparation for Module 2B; this concerned Welsh Government decision making and would take place between February and the middle of March 2024, following on from the current modules 2 and 2A (concerning UK and Scottish Governments).
- The role that she and others would play in Module 2B, indicating that she would provide both corporate and individual witness evidence. She referenced a decision of the Remuneration and Terms of Service Committee on 28 November, to approve her stepping back from her role from 24 January 2024 until such time as she has completed her evidence. HG would act as Chief Executive and Accountable Officer during that time and TC extended her grateful thanks to him.
- PV added detail around the operational changes, from a programme board response to a business-as-usual response via a steering group (for which he would be the Executive Sponsor). He confirmed that the Legal Response Lead was in place and a team of 12 people was actively responding to all active modules. PV updated the Board on the financial costs, with the spend in 2022/2023 amounting to £174,000.00 and the budgeted spend for 2023/2024 being £712,000.00 (which included the 6 weeks of Module 1 Public Hearings as well as taking into account the planned Module 2B Public hearings in the New Year) with both internal and external costs being factored in. PV outlined his expectation of multiple witnesses being called to give evidence on behalf of the organisation. This would involve the compilation of a large amount of evidence, for submission very close to the start of the Public Hearings.
- JW reminded the Board that the Covid-19 pandemic had rocked everyone at its inception in the early months of 2020; it would have generational

consequences in addition to those being experienced currently. Public Health Wales had been at the heart of the Covid-19 response in Wales and had significant learning to share with the Public Inquiry Team. One of the terms of reference stated the lessons to be learned from the Inquiry would inform preparations for future pandemics across the UK. TC, Quentin Sandifer, and any other witnesses needed preparation time ahead of the hearings. JW went on to summarise the discussions of the Remuneration and Terms of Service Committee, expressing her thanks to HG, NL and AW for their preparedness to provide appropriate cover during this time. This was a vital public service and the Board had an obligation to ensure that all witnesses could offer their best evidence. JW noted that all those called to give such evidence would have support and preparation time.

- TC then drew attention to items 2 and 4 of her report, both of which concerned wide-ranging research activities. The establishment of behavioural research UK (following a £13 million funding injection from the economic and social research council) together with the securing of a £500k 3 year funding award from the Health Foundation Shaping Places Programme both indicated how successful PHW professionals were in attracting research funding. TC congratulated all involved in securing these important research opportunities.
- TC then highlighted the move of PHW genomics services to a new facility – the Wales Genomic Health Centre. This was the culmination of over 5 years work and over £15m of WG funding, bringing together the genomics expertise of Public Health Wales, Cardiff and Vale University Health Board and Cardiff University. MK added detail on the major opportunities that this new facility offered and looked forward to the continued growth of genomics, for both diagnostic and public health purposes, within the NHS in Wales. JW advised that she and MK would join the Minister for Health and Social Care in a visit to the centre on 7 December 2023.

TC then invited any comments on her report:

- SG welcomed all the good work that the report itemised, both in respect of research funding, the Welsh Genomic Health Centre and in the success of the ACE Support Hub team (health experiences of asylum seekers and refugees) in winning the health and care research Wales research impact award at a recent annual conference. All these achievements demonstrated the role that PHW played, not just at a UK level, but internationally and she warmly congratulated all those involved.



- JM indicated that the receipt of funding from the Health Foundation would enable PHW to work closely with the directors of public health and local government in developing informed system approaches to the reduction of health inequalities. The programme would be one of co-production, involving a number of partners, and JM saw it as the first steps in the plan to increase Health Foundation investment in Wales. He would keep the Board informed of progress.

**Action: JM**

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

**PHW 2023.11.30/4.2**

**Latest Public Health Overview**

Referring to the Public Health Rapid Overview Dashboard, IB drew attention to the following:

- The plateau in the overall system ability to respond, although he noted the variations across health board performance and the implications for the forthcoming winter season.
- Continuing excess mortality that reflected a consistent pattern around diabetes, cardiac, circulatory disease, liver and respiratory disease.
- The flat line trend in respect of all indicators around healthy behaviours and the significant challenges associated with shifting that flat line.
- IB took the opportunity to remind the Board that the inclusion of data in respect of diabetes in earlier versions of the dashboard had prompted a system wide focus on helping people to prevent and live well with type 2 diabetes. IB outlined the engagement across the system, including that of the NHS Leadership Board and the Diabetes Clinical Network; he looked forward to a further presentation to the NHS Leadership Board in December 2023. JW added detail on the intention to present the work to the Minister for Health and Social Services, at the next meeting with her early in 2024.
- The suspension of ONS labour market data below UK level; this occasioned the need to find alternative data sources. Analysis of HMRC data signalled a flat picture in respect of the labour market.
- As an overview, IB highlighted the challenges across the system in respect of the ability to respond, together with the lack of movement across the trend in respect of health behaviours.

The Board **discussed** and **scrutinised** the Rapid Overview Dashboard Report and **took assurance** from the feedback and comments.

**PHW 2023.11.30/4.3**

**Integrated Performance Report (Month 7),  
Finance Report and Strategic Risk Register**

Introducing the Integrated Performance Report, HG noted the work undertaken over the past year to continually develop and evolve the Dashboard, with the overall aim of providing clear information on performance, linking up with, and referencing, the work of the Committees.

Recent refinements meant that the Dashboard now identified the key issues for each component of the Report, along with a link to more detailed information. This removed the need for Executive leads to spend time summarising key issues, allowing the Board more time to consider, discuss and debate issues of note and in focus.

HG also noted that the refinements reflected the Long-Term Strategy and strategic direction more clearly and connected with the organisational and systems structures in place to drive delivery.

HG then took Board members through the revised format, including:

- The performance indicator summary, providing a summary of the issues on a page;
- A direct link, regularly updated, to facilitate access the detailed information and compliance data;
- Trend information.

HG then invited comments and questions.

MM welcomed the Dashboard refinements, noting that they aided easier identification of key issues and progress. MM referenced the rates of compliance against appraisals and sought more information on the reasons behind the low appraisal rates Health Protection and Screening Services. MM noted that this was the subject of regular reporting and he was interested in understanding more about it.

MK shared his disappointment with the appraisal rates for Health Protection and Screening Services. He explained that there were possible data reconciliation issues, with delays in ESR recording of appraisals undertaken. MK also identified the system constraints in recognising that individual member of staff might have

two line managers, with each needing to input data separately. MK had assigned one of his team to look at the whole issue of data collection and inputting onto the ESR system.

MK then highlighted a wider issue around medical job planning and management appraisal; he noted the work of the Office of the Medical Director and the need for 'join up' with the requirements of the 'My Contribution' process.

NL suggested referral of the subject to PODCOM, to its meeting in February 2024, to explore the 'My Contribution' and appraisal process further, with specific reference to Health Protection and Screening Services.

**Action: MM/NL**

KE asked whether the Staff Networks could provide any intelligence on the 'My Contribution' and appraisal processes, from an accessibility and ease of completion perspective.

NL summarised the work that his team undertook to look for process improvements but agreed that it was a matter of continuing improvement and learning from staff experiences. NL outlined plans for the next year to involve the Staff Networks and seek their views more broadly, not just around appraisals but the systems and processes in place to deliver against the IMTP. NL agreed to report back to PODCOM in 2024/25, as part of regular updates on Staff Network engagement.

**Action: MM/NL**

On the general point around compliance and noting MKs point that actual compliance rates could exceed those reported in the Dashboards, because of a lag in data entry, JW asked HG to expand on Directorate use of the Dashboards to inform action on compliance.

HG noted that Directorates could supplement the data supplied through the Dashboards, because the People and Organisational Development team issued supplementary lists of compliance rates. Directorates and Divisions could drill down into the data, with these being used in 1:1 discussions as appropriate.

TC noted that within the smaller Directorates, a small number of non-compliance returns could have a disproportionate impact. She requested further work on the

indicators used, to ensure that the Board had the full picture, including data on job planning as well as on appraisal and 'My Contribution'.

### **Action NL/HG**

MM welcomed this request, noting that the supply of the additional data would facilitate a more qualitative conversation. MK agreed with this and provided further detail on work underway on job planning, including an electronic reporting.

SA reflected on her 'My Contribution' discussions, and the way in which she used the different sections to aid a qualitative conversation, particularly around individual Health and well-being.

MK returned to the job planning process, noting that this was the primary process underpinning the medical contract performance, not the 'My Contribution' or appraisal processes.

NE commented on the need to ensure that the Dashboard reflected all the processes in place for staff appraisal and performance management, given the Board's need to assure itself on workforce capacity, capability and development.

NL agreed to include all the above points in a paper to PODCOM at its February 2024 meeting.

### **Action: MM/NL**

### **Finance**

HG summarised the financial position, referencing the submission to Welsh Government in August 2023, with proposals to contribute to an overall savings request of the NHS, in light of the challenging financial situation. HG explained the rationale behind the submission and the verbal confirmation of its acceptance. Public Health Wales continued to project a break-even position and HG also outlined the plans on the capital spend by the year end.

### **Corporate and Information Governance risk**

HG noted that this was a new section, providing information on compliance with Policies, Welsh Health Circulars and Audit recommendations. This level of detail had previously been available at Board Committee level and was now elevated to full Board as part of the refinement of the Board Assurance Framework.

MM asked about the outstanding external audit actions and sought further detail on the significance of these.

PV indicated that the Senior Leadership Team was currently undertaking a deep dive of these actions from both the Internal and External Auditors. The Team would report to the Audit and Corporate Governance Committee (ACGC) in January 2024. From that point, ACGC would receive quarterly updates, rather than bi-annual updates, as was the case currently.

JW invited AW, chair of the Senior Leadership Team, to add to this. AW explained the 'deep dive' process and consideration of requests for date changes. ACGC would receive a detailed analysis at the January 2024 meeting.

### **Information governance**

NE liked the way the data was presented throughout, and for the Strategic risks, this was a really meaningful way of giving the Board oversight of the risks; the summary on a page was useful, with the detail in the full report.

NE went on to ask about the Duty of Candour referrals, in red on the front page. CB advised that the colour was an error; the referrals on the front sheet were those received in month, but the report included all referrals. TC suggested that the report could include a cumulative total, whilst also highlighting those received in any specific month.

### **Action CB**

### **Service Delivery Screening and Vaccinations**

MM suggested that this table could be clearer, including the detail in the right-hand columns.

On Screening targets, MK noted that there were both those elements that Public Health Wales was responsible for delivering, and those that were the responsibility of Health Boards. He drew attention to the variation in health board performance across patient pathways. This was subject to review at programme level; each lead met with Health Board counterparts in-year to discuss delivery. Going forward, the plan included supplementing this with an Executive-level meeting with each Health Board. The next phase of the IPR would include more outcome and impact indicators.

On vaccinations, Public Health Wales had a key system leadership role, but was not responsible for delivery of the vaccine programmes.

NE found the format very helpful in setting out roles and responsibilities and he sought more such delineation as the work progressed. TC agreed and stressed the importance of being clear about Public Health Wales' role and that of others responsible for driving improvements in the figures.

MK referenced the screening recovery trajectories and trends, together with estimated recovery timelines. HG indicated that Phase 2 development of the IPR in 2024/25 would build on the indicators available now.

HG went on to the section on the IMPT delivery; this had always featured in the IPR but now had greater prominence. He outlined progress against the milestones, drawing attention to a new feature in respect of implementing the IMPT Strategic Change Programmes.

NE asked about the movement of milestone targets to quarter 4, and whether this represented the 'shift' in actual effort and focus during the year, or whether it reflected the culmination of preparatory work. SA gave examples from her Directorate of it being the latter case.

MM asked about how the Board could measure and reflect the value and impact of completion against the milestones. JM supported this, and reflected that in his area, although impact could be difficult to monitor, there were measurable outputs.

TC notes that this was the first year of the new Long Term Strategy, and the positioning of work in quarter 4 sometimes reflected the partnership agenda.

JW noted the significant level of achievement against the milestones; she asked about whether any of the outstanding milestones might have a year-end impact on delivery against statutory functions, or Ministerial priorities.

HG assured the Board on delivery against all statutory functions and Ministerial priorities. Should a small number of milestones remain outstanding, these would form part of the 2024/25 work programme.



JW congratulated the team on their further ground-breaking refinements to the IPR; the changes had prompted a more focussed discussion against key indicators and she looked forward to Phase 2 in 2024/25.

The Board **considered** the financial position of Public Health Wales as of 31st August 2023, **took assurance** from the discussions and actions.

**PHW 2023.11.30/4.3**

**Corporate Risk**

Introducing this item, JW noted that the Board considered Corporate Risks formally twice a year. She then invited CB to provide an update on work in hand around reviewing and refreshing the Corporate Risk Register.

CB noted that a number of risks had remained static for some time, indicating the timeliness of an overhaul. All Directorates were involved, the focus being to increase clarity, address the risks, update the process and the plan. She referred to the detail included in the Board paper on the processes adopted, the actual changes made, and the relationship with the IMTP.

NE identified a need to cross check the amendments and changes made against all the text and tables.

**Action: CB**

MK also identified a risk relating to further action taken at Directorate level that would change the scoring.

**Action: CB/MK**

The Board:

- **Considered** the latest version of the Corporate Risk Register.
- **Took Assurance** on the robust process adopted to review existing risks, identify new risks and archive those no longer relevant.
- Took **assurance** on progress against the Risk Management Development Plan.
- **Took assurance** on the management of Corporate Risks across the organisation.

**PHW 2023.11.30/4.5**

**Committees of the Board: Report from Committee Chairs**

Introducing this item, JW noted that Board Committees discharged a significant percentage of the Governing Body role, enabling discussions at full Board level to focus on the key strategic issues and risks. She then invited Committee chairs to highlight any issues they wished to raise in addition to those identified already in the papers.

Knowledge Research and Information Committee (KRIC)

SG confirmed that work on the Data Strategy was progressing well as was work planned around climate change. She also emphasised the role of KRIC in promoting and supporting the research and evaluation agenda.

Audit and Clinical Governance Committee (ACGC)

NE drew attention to the audit plan and timescales.

Quality Safety and Improvement Committee (QSIC)

KE provided an update on behalf of DC. She drew attention to strategic risk six and to the fact that 5 of the strategic risks sat with the Committee. The Board noted that the apportionment of strategic risks would feature in the wholesale review that CB had referenced earlier.

People and Organisational Development (PODCOM)

MM confirmed that there were no additional items to raise.

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

**PHW 2023.11.30/5**

**Items for Approval**

**PHW 2023.11.30/5.1**

**Board Minutes and Action Log from the Meetings  
28 September and 26 October 2023**

The Board **confirmed** the Minutes as an accurate record of the meeting.

PV provided an update on the Action Log; he identified eleven actions for closure, with no current open actions. JW extended her thanks to LB for managing the Action Log so effectively.

The Board **approved** the Minutes and **noted** the position regarding the Action Log.

<b>PHW 2023.11.30/5.2</b>	<b>People and Organisational Development Committee - Terms of Reference Review</b>
<p>PV presented the revised PODCOM Terms of Reference for approval.</p> <p>In response to a query from MM, JW confirmed that she discharged the NED role in respect of raising concerns.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>Considered</b> the proposed changes to the PODCOM Terms of Reference;</li> <li>• <b>Approved</b> the revised Terms of Reference as set out in the report.</li> </ul>	
<b>PHW 2023.11.30/5.3</b>	<b>Board Assurance Framework</b>
<p>Introducing this item, JW noted that all NHS Wales' organisations had to demonstrate good governance and to have robust operational processes in place. Previous discussions with Audit Wales had identified an opportunity to collate all Board assurance processes into one comprehensive Framework document.</p> <p>PV presented the Draft Assurance Framework (the Framework); he confirmed that it brought all relevant information together, including: the Governance Framework; Strategic Objectives; Strategic Risks and live links to key documents and policies.</p> <p>JW advised that Public Health Wales was the first health body in Wales to collate and present assurance information in this way. She extended her thanks to PV and LB for their painstaking work in collating such a wealth of governance-related information. The Framework would be a public document and would form one of the ways in which the Board evidenced openness and accountability.</p> <p>JW invited questions and comments:</p> <p>NE welcomed the document, viewing it as a solid reference document and a useful navigation tool to understand how Public Health Wales operated. He welcomed the engagement approach adopted in the development of the Framework.</p> <p>DC reiterated NEs comments and viewed the Framework as an informative compendium of governance information that would assist all Board members.</p> <p>TC also extended her thanks to PV and LB. She suggested the inclusion of the Framework in the induction process for new staff and also for all managers.</p>	

<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>Approved</b> and <b>adopted</b> the Board Assurance Framework.</li> </ul>	
<b>PHW2023.11.30/5.4</b>	<b>Ratification of Chair's Action and Affixing of the Common Seal</b>
<p>JW noted that Public Health Wales operated within Standing Orders and Standing Financial Instructions; Chair's Action enabled decisions outside formal meeting cycles; all such Action was then subject to formal Board ratification.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the lack of any Chair's Action;</li> <li>• <b>Noted</b> one use of the Common Seal: The transfer (assignment) of the lease for The NHS Executive offices at Bocam Park, on 26 October;</li> <li>• <b>Took assurance</b> on the use of the Common seal in accordance with Section 8 of the Standing Orders.</li> </ul>	
<b>PHW 2023.11.30/6</b>	<b>Items for Noting</b>
<b>PHW 2023.11.30/6.1</b>	<b>Private Chair's Report (28 September 2023)</b>
<p>JW explained the purpose of placing this report in the public domain, in line with the Board's <i>Protocol for Reserving Matters to a Private Board (and Committee) Meeting</i>, updated in July 2023.</p> <p>The Board <b>noted</b> the Private Chair's Report.</p>	
<b>PHW 2023.11.30/6.2</b>	<b>Board Forward Plan</b>
<p>The Board <b>noted</b> the Forward Plan</p>	
<b>PHW 2023.11.30/7</b>	<b>Date of Next Formal Meeting of the Board</b>
<p>The next meeting would be held on 25 January 2024</p>	
<p>The meeting closed at 14:00</p>	