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**Unconfirmed Minutes of the Board Meeting
held on 30 March 2023
(held electronically via Microsoft Teams and livestreamed via the
web)**

Present:		
Jan Williams	(JW)	Chair
Tracey Cooper	(TC)	Chief Executive
Sumina Azam	(SA)	Acting Executive Director of Policy and International Health, WHO Collaborating Centre on Investment for Health & Well-being (WHO CC)
Iain Bell	(IB)	National Director Knowledge, Research and Information
Diane Crone	(DC)	Non-Executive Director (University)
Kate Eden	(KE)	Non-Executive Director, Vice Chair and Chair of Quality, Safety and Improvement Committee
Nick Elliott	(NE)	Non-Executive Director and Chair of the Audit and Corporate Governance Committee
Huw George	(HG)	Deputy Chief Executive and Executive Director of Finance and Operations
Sian Griffiths	(SG)	Non-Executive Director (Public Health) and Chair of the Knowledge, Research and Information Committee
Mohammed Mehmet	(MM)	Non-Executive Director (Local Authority) and Chair of the People and Organisational Development Committee
Rhiannon Beaumont-Wood	(RB-W)	Executive Director of Quality, Nursing and Allied Health Professionals
Kate Young	(KY)	Non-Executive Director (Third Sector)
In Attendance:		
Angela Cook	(AC)	Assistant Director, Quality Nursing and Allied Health Professionals
Julie Bishop	(JB)	Director Health Improvement (for AJ)

Liz Blayney	(LB)	Acting Board Secretary and Head of Board Business Unit
Andrew Jones	(AJ)	Deputy Director Health Protection and Screening Services (for MK)
Neil Lewis	(NL)	Director of People and Organisational Development
Paul Veysey	(PV)	Board Secretary designate
Stephanie Wilkins	(SW)	Representative of Staff Partnership Forum
In attendance for Items 4.1.1 to 4.1.3 only		
Susan Belfourd	(SB)	Deputy Head Strategy & Planning
Robin Howe	(RH)	National Clinical Lead for Microbiology Services
Ciaran Humphreys	(CH)	Consultant in Public Health
Nathan Jones	(NJ)	Head of Strategy, Planning and Corporate Affairs
Rebecca Masters	(RM)	Consultant in Public Health
Danielle Seivwright	(DS)	Strategy & Planning Manager
Angela Williams	(AW)	Deputy Director Finance
Apologies:		
Angela Jones	(AJ)	Acting Director Health and Wellbeing
Meng Khaw	(MK)	National Director Health Protection and Screening Services, Executive Medical Director
Claire Sullivan	(CS)	Staff Side Representative

The meeting commenced at 10am

PHW 2023.03.30/1	Welcome and Apologies
<p>JW welcomed everyone to the meeting, extending a warm welcome to those observing the proceedings online. She summarised the specific and collective roles of the Executive and Non-Executive Directors of the Board, who together formed the Unitary Board. This 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 adopted a learning culture, one in which everyone could 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 had a zero-tolerance approach to this 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.</p> <p>The Board conducted its business in line with a formal Board Etiquette; this provided for the reading of all papers before the meeting, optimising the time</p>	

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.

JW advised that Dyfed Edwards was on secondment from Public Health Wales Board to Betsi Cadwaladr University Health Board, for one year, in the role of Interim Chair. This precluded DE from discharging the Public Health Wales Vice Chair role during that time and JW thanked KE for agreeing to stay on the Public Health Wales Board for a further year, as Vice Chair. JW also welcomed Paul Veysey who would be joining the organisation shortly as Board Secretary and extended her thanks to Liz Blayney for acting as Board Secretary over recent months.

The Board **noted apologies** from Angela Jones, Meng Khaw and Claire Sullivan

PHW 2023.03.30/2 Declarations of Interest

Board members declared no interests in addition to those recorded already on the Declarations of Interest Register.

PHW 2023.03.30/3 Board Assurance Framework

PHW 2023.03.30/3.1 Chief Executives Report

Introducing the Chief Executive's Report, TC noted the diverse range of functions and services referenced, indicating the breadth of Public Health Wales' role. She drew attention to:

- *The UK COVID-19 Public Inquiry*. As Core Participants for Modules 1 and 2B Public Health Wales was responding to Rule 9 disclosure requests and submitting evidence as required; TC extended her thanks to the team supporting the submission of evidence process.
- *The Report of the Independent Review of Health Protection in Wales*, published in February 2023. This was an independent review of the Welsh Health Protection System, commissioned by Welsh Government to assess its strengths against an established high performance system benchmark. AJ added detail, noting that the report included 15 recommendations and that the Board would discuss these at a forthcoming development session. An initial priority concerned the clarification of the respective roles and responsibilities across the system, for inclusion in the forthcoming review of the Communicable Disease Outbreak Plan for Wales.
- *The Health and Social Care Senedd Committee follow up Inquiry into Endoscopy Services*: this reviewed the further action required to implement the national endoscopy action plan, reduce waiting times and ultimately improve patient outcomes and survival rates in Wales. Public Health Wales had provided both written and verbal evidence to the Committee through Sharon Hillier, Director of Screening Services, and Steve Court, Head of Programme for Bowel Screening Wales and TC conveyed the Board's thanks to both.

- Participation in the *All Wales Cost-of-Living Summit: Working together to Build a Healthier Wales* (BAHW). The Minister for Social Justice, Jane Hutt, MS, had addressed senior leaders and public advocates at the Summit, co-chaired by the Chief Medical Officer and the Chief Executive of Social Care Wales. The Summit had identified a number of ways to progress this vital work and the BAHW Co-ordination Group would now consider the next steps.
- *The Healthcare People Management Association (HPMA) Cymru Conference*: TC advised the Public Health Wales' People and Organisation Development Team had won two awards. NL summarised the awards for Excellence in Organisational Development and Workforce Analytics and the Board warmly congratulated NL and the team.
- *The Young Ambassadors Residential and Board Advisory Forum*. Over thirty Young Ambassadors attended a Board Partnership Forum and additional sessions on the 22 and 23 February; the theme centred on the cost of living crisis. RBW summarised the positive, productive sessions and the resulting set of five key messages for the Board: (1) stress and pressures at home had an effect more widely; (2) mental health support and counselling for all ages needed to improve; (3) the requirement for greater communication between and across public sector services; (4) youth services were essential and should be protected; and (5) the need for more equal financial help and support for young people with the cost of transport, school meals and associated costs. RBW confirmed these issues had been fed into the ongoing work of Long Term Strategy.

Action: RBW

- At the January 2023 Board meeting, TC had mentioned the work with the World Health Organisation (WHO) to establish a European Regional Forum on the well-being economy. The Forum had taken place in early March, with Wales prominently represented. There would be follow-up discussions with the WHO and other countries.
- TC invited JW to provide an update on a meeting that she and Angela Jones had held in February with Lynne Neagle MS, Deputy Minister for Health and Well-being. JW noted the Deputy Minister's strong support of Public Health Wales and outlined the areas discussed during a very positive meeting. These featured in the Long Term Strategy and resonated with those priorities that the Young Ambassadors had highlighted, particularly around the mental health and emotional well-being of children and young people. JW suggested the inclusion in the next briefing for the Deputy Minister of an update on the work of the Young Ambassadors and asked KE to continue to raise awareness at meetings of Vice Chairs with the Deputy Minister.

Action: RBW/KE

Finally, TC welcomed Paul Vesey to the organisation, confirming that he would take up the role of Board Secretary on 17 April 2023. JW thanked TC for her report, noting again the breadth of the subject matter covered. She then invited questions:

SG welcomed the Independent Review of Health Protection Report; she noted that, whilst COVID-19 had prompted the review, the health protection agenda was much broader she looked forward to that wider discussion at the Board development session.

Action: MK

MM extended his congratulations to the People and Organisational Development Team for winning two prestigious awards; this was well deserved recognition.

The Board **received** the Report and **took assurance** from the Report and the discussions.

PHW 2023.03.30/3.2 Latest Public Health Overview

Using the Wales Public Health Rapid Overview Dashboard (Overview Dashboard) slides to demonstrate the current position, IB brought the following key issues to the Board's attention:

- On Communicable Disease, COVID-19 was now in a cyclical phase; in addition to uptake figures on COVID-19 vaccination rates, the data would soon include other communicable respiratory diseases.
- On System ability to respond, IB noted the welcome evidence of an easing of patient pathways waiting over 36 weeks; however the number remained high, with around 250,000 patient pathways of over 36 weeks.
- Emergency care performance against the four hour target was also showing some slight recovery; the latest data indicated a reduction in lost ambulance hours due to waits outside emergency departments; this was now at its lowest than at any point throughout 2022; however significant pressures continued.
- On Excess mortality, the latest data revealed excess mortality related to COVID-19. The trends continued by disease type, with excesses reported particularly for diabetes, heart and circulatory disease, respiratory disease, and neurodegenerative diseases. IB referenced the work underway on a 'deep dive' analysis of diabetes excess mortality. The Board would consider this at a future meeting.

Action: IB

- On healthy behaviours and well-being, the trends for smoking remained static. Work was in hand to determine how best to source accurate and quality data on vaping, for subsequent inclusion in the Overview Dashboard. The alcohol consumption position remained unchanged, as did the percentage of the population consuming daily fruit and vegetables. Well-being indicators confirmed that all remained above pre-pandemic levels.
- On the wider determinants of health, evidence indicated that the cost-of-living impacts had resulted in more people having to borrow money or use credit cards; this was most evident for those in the most extreme circumstances. IB noted that Citizens Advice had reported an estimated 800,000 people being unable to top up gas and electricity meters when needed; the current numbers were higher in the first two months in 2023 than throughout 2021. Unemployment levels remained low, with 28.4% of those economically inactive being on long term sick. This contributed to challenges in helping older adults aged 50 – 64 years of age remain in the workplace.

JW thanked IB for his informative and comprehensive update; she then invited questions and comments:

TC highlighted the value of the Overview Dashboard information in influencing the priorities for the organisation. The level of stress and trauma across the wider determinants showed no sign of reducing and would be of key influence in determining future work priorities.

The Board **noted** the update and **took assurance** from the information shared and the discussions.

PHW 2023.03.30/3.3 Integrated Performance Report

Introducing this item, HG noted the impending year end; the May Board meeting papers would include the actual year end position. On the basis that Board colleagues had read all papers in advance, HG invited each executive lead to highlight any issues of concern or interest:

On workforce matters , NL drew attention to:

- Following a recent spike in sickness absence, the rate had now reduced to 3.6%, with short term sickness accounting for 71% of all sickness absence, primarily within microbiology and screening services.
- Statutory and mandatory training compliance remained around 90%; NL recognised the scope for improvement and confirmed that the Executive Team was actively monitoring the position.
- A slight reduction in Appraisal compliance; NL looked for an improved position during 2023.

- A reduction in the gender pay gap from 16.1% to 11.8%;
- The launch of the Ymlaen , the Welsh Language Staff Network; this was a most welcome development and all Staff Networks would come together for an event in May.

HG thanked NL and invited questions:

DC commended the progress made to reduce the gender pay gap.

KE welcomed the launch of the Welsh Language Network; she hoped to join the next Network meeting in May 2023. She expressed disappointment at the staff influenza vaccination rate, given the significant efforts made to drive this up; it was however a slight improvement on the 2021 vaccination levels. KE went on to ask whether the year-end position would see an improvement. Responding, RBW outlined the current mixed model of delivery and confirmed the plans in place to conduct focus groups and co-produce a plan for 2023/24. The vaccination programme for Winter 2022/23 had now ended, so the year end position was unlikely to change significantly.

Finance

HG advised that, given the complementarity of issues, he would include reference to the Integrated Medium Term Plan (IMTP) 2023-26 during the finance update. HG drew attention to the following:

- The achievement of all key 2022/23 financial targets, with a small underspend of £150k; this represented 0.1% of the annual budget.
- The achievement of other key financial targets; capital expenditure committed towards the end of the year would result in the spend of 98% of capital committed. IMTP discussions later on the agenda would consider this issue further.
- The underspend in health protection and screening services; this stemmed from: work undertaken for other bodies which had resulted in a small surplus in income; some slippage in spend based upon mid-year estimates, and vacancies in health protection services.
- The Welsh Government funding of COVID-19 related costs as additional expenditure funding, issued based on actual monthly spend; this had reduced in recent months because of the reduced requirement for testing.
- The challenging overall financial position for NHS Wales and action taken to return unanticipated surplus funds to Welsh Government, to assist the position;

- The Memorandum of Understanding (MoU) for Improvement Cymru did not include provision to retain any underspend; this would return to Welsh Government.
- On the 2022/25 IMTP specifically, HG noted that 96% of the current IMTP milestones were either complete or on track for completion as planned.

HG then invited questions:

NE sought assurance on the level of confidence around delivery of the 131 remaining milestones. HG confirmed that, at Month 11, the Executive Team had sought and received assurance on full delivery; he accepted that the proximity to the year-end may call for some revision. TC recognised the complexity of some issues and the need, where necessary, to manage delivery beyond the year-end period. The Executive Team had agreed to changes in respect of 5 milestone dates. Discussions on delivery against the Long Term Strategy would include the need to manage actions across the full terms of IMTPs.

- MM noted the impact of vacancies and the need to factor these in when planning for 2023/24;
- JB referenced the recruitment of a large number of staff in year; this had impacted adversely on delivery against the work programme and she acknowledged the ongoing need to match expectations against capacity;
- HG recognised the need to manage IMTP milestones and commitments at Directorate level and to measure progress throughout the year, rather than rely on proposed 'back-end' delivery. The number of deliverables also warranted ongoing attention.
- KY asked about the possible options for use of the £150k underspend. HW advised that the rules around the NHS financial regime precluded its retention and confirmed that the underspend would revert to Welsh Government.

Health Protection and Screening Services

AJ focused on infection, screening and immunisation and drew attention to:

- The relatively stable level of COVID-19 infections, with no significant incidents or outbreaks reported this month; Omicron remained the dominant variant. Testing numbers continued to be relatively consistent and there were no changes to testing advice. AJ confirmed that laboratory turnaround times remained good;
- Other respiratory infections were also subject to ongoing monitoring, influenza infections remained below the 'low intensity' threshold level;

- The National UK Screening Committee reviewed screening evidence data, basing screening programmes on factors such as age and sex. Public Health Wales had observer status at National Screening Committee meetings and worked closely with the Welsh Screening Committee;
- Industrial action and adverse weather conditions had impacted on screening programme delivery over the winter; the current position was as follows:
 - AAA screening was on target to fully recover by the end of March 2023;
 - Work on the new multifunctional screening facility site was progressing;
 - For bowel screening, 78% of GPs had opted in to endorsed invitation arrangements; this would help with the equity of uptake;
 - Engagement with the Third Sector continued, as discussed at the last Board meeting. Examples of active engagement included: the testing of public information resources prior to sign off and publication; a stakeholder database used to share and distribute information and input from the Third Sector for screening training;
- Public Health Wales' role in immunisation extended across strategic, tactical and operational levels; the organisation did not, however, lead on immunisation delivery. The Board would shortly receive a briefing on respective roles and responsibilities across the system.

Action: AJ/MK

- The slow decrease in 6 in 1 vaccinations for children under one year old continued, with an immunisation rate of 94.6% compared with the rate in England of 93.5% and in Scotland of 95.5% for the same period. A Welsh Government Health Circular issued in November 2022 underpinned additional work on polio and this should improve the 6 in 1 rate. The MMR rate was below the target of 95%, currently at 90.2% compared with an England rate of 85.8% and a Scotland rate of 90.1%. A review of the current Action Plan would focus on what worked to improve uptake rates.

JW thanked AJ and invited questions:

MM sought detail on those measures used to assess the effectiveness of screening programmes. AJ confirmed that the National UK Screening Committee set the standards and the outcome measures derived from these. JW confirmed the intention to design a Board Development Session later in 2023 to cover all aspects of the design, delivery and evaluation of screening programmes. This would be timely, given discussions around introducing lung health checks and newborn physical screening checks.

Action: MK/LB

SG raised the apparent lack of system intra-operability across the pathway, citing the inoperability of new-born hearing systems as an example. IB noted the role of Digital Health and Care Wales (DHCW) and confirmed that DHCW recognised the need for system migration across the new-born hearing pathway to improve reliability. IB also referenced the 'discovery phases' underway across screening IT systems.

KE extended her congratulations on the recovery of AAA screening programme and the work underway across the programmes to recover and transform services. She sought an update on the impact of current 'round length' breast screening waiting times. AJ and TC commented on the complexity of this issue and JW remitted the matter to QSIC for further consideration. The planned Board development session would also include discussion on this aspect.

Action: DC/MK/Sharon Hillier

RBW noted:

- 181 incident reports in February 2023; 40 of these related to commissioned services, mostly in Cervical Screening Wales. Work was underway with screening services on Service Level Agreements and commissioning arrangements to strengthen quality expectations. The incidents informed organisational learning and were also subject to a 'harm-based' assessment process. Current incidents were low or no risk of harm.
- The management of 51% of incidents within the 30 day target, unchanged from previous months. The Putting Things Right team and the relevant services were working hard to understand the reasons for this closure rate and to improve compliance.
- There has been receipt of 4 formal and 14 informal complaints during this reporting period, the main theme relating to Welsh language concerns; work was underway to address this.
- There were no new claims or new redress issued. Hywel Dda UHB and PHW have worked collaboratively to manage the redress claim related to the Llwynhendy TB issue. There had been no nationally reportable incidents.

The Board **noted** the Integrated Performance Report and **took assurance** from the Papers and the Board discussion.

Break

PHW 2023.03.30/3.4 Managing Risk

Introducing this item, RBW noted the later agenda item; the latter set out the proposed refresh the strategic risk descriptors as a consequence of the Long Term Strategy refresh. The whole process would impact on the content of the current strategic and corporate risk registers; in the meantime, this paper presented an update against each of the extant risks, at strategic and corporate levels.

The Board **received** the Strategic and Corporate Risk Register and **took assurance** from the Register and the discussion.

PHW 2023.03.30/3.5 Committees of the Board: Report from Committee Chairs

Introducing this agenda item, JW noted that the Committees of the Board discharged an important governance role, on behalf of the full Board. She extended her thanks to all those involved and invited the Chair of each Committee to provide a brief update on any issues to draw to the attention of the full Board.

People and Organisational Delivery Committee (POD)

MM referred Board colleagues to the commentary included in the papers on the 12 January 2023 Committee meeting. A subsequent meeting on the 15 March, for which the minutes were not yet available, had focussed on a number of policy updates for endorsement post consultation; MM summarised these, for the Board's ease of reference.

Audit and Clinical Governance Committee (ACGC)

NE drew attention to:

- Assurance from the NHS Collaborative regarding its annual assurance statement;
- The Annual Corporate Code of Practice Statement
- The approval of a number of policies
- Consideration of the Risk register with a focus on cyber security
- Matters relating to Audit Wales
- Internal audit report on the Welsh Language – this would be subject to follow through.

HG noted that the immediacy of the year-end formed the key priority. Audit Wales had committed to working closely with Public Health Wales to try and bring forward the timing around its review of the annual accounts.

Quality, Safety and Improvement Committee (QSIC)

KE provided an update on recent actions, including a 'deep dive' analysis of the Health and Wellbeing Directorate; this was timely in informing the development of the IMTP. In addition, KE registered some concerns around the preparedness of the organisation to meet the new Duty of Quality and Duty of Candour, applicable from 1 April 2023. Concerns centred on the lack of guidance from Welsh Government. RBW confirmed that the Guidance had issued on 29 March 2023, to support the legislation coming into force on 1 April 2023. RBW noted that all organisations, including Welsh Government, were faced with very limited time to consider compliance with the Guidance before the legislation came into force; work was in hand on the legal and policy requirements.

JW confirmed that QSIC would continue to take assurance on the effective implementation of both Duties, on behalf of the full Board.

Action : DC/RBW

KE drew her chairing role of QSIC to an end by thanking Committee members, attendees and the lead executives- RBW and MK- for their unfailing support and advice; she looked forward to continuing as a member in 2023/24 and wished DC every success.

DC expressed her thanks to KE for a comprehensive handover and outlined those agenda items that would continue into 2023/24, incorporating those that had emerged during this meeting.

JW expressed the Board's thanks to KE for the exemplary way in which she had chaired the Committee; colleague Board members wished DC every success in the role, and JW thanked DC particularly for her diligence in preparing to assume the chair, whilst also discharging the champion role for Children and Young People, sitting on KRIC and on the NED network for research and development. JW thanked KY for her readiness to assume the Children and Young People champion role.

Knowledge, Research and Information Committee (KRIC)

SG advised that KRIC had met most recently on 8^h March 2023; the current focus centred on a 'deep dive' into quality in research, aiming for a single organisational approach to data and developing an evaluation strategy. This would underpin the Long Term Strategy, as would the Digital and Data strategy. KRIC had an ambitious agenda that would support both the Long Term Strategy and the IMTP 2023/26. IB confirmed his expectation that the underpinning strategies would be available to share in June.

Action: IB

The Board **noted** the updates provided and **took assurance** from the papers and the Board discussion.

PHW 2023.03.30/4 Items for Approval

PHW 2023.03.30/4.1 Strategic Approvals

Introducing the suite of papers, HG advised that the Long Term Strategy 2023-35, the Strategic Plan (IMTP) 2023-26, and the Financial Plan/Budgetary Control Framework for 2023 formed the set of documents underpinning the strategic approach to deliver on the organisation's six strategic priorities and well-being objectives.

He noted that the Long Term Strategy constituted a refresh of the Strategy approved in 2018, and included a renewed organisational purpose, mission and vision. The design, engagement and development process had taken 2 years, with the Board fully involved at every stage and sighted on key drafts. The meeting would, therefore, adopt a high level overview approach, rather than one of detailed consideration.

PHW 2023.03.30/4.1.1 Long Term Strategy

HG introduced the Long Term Strategy 2023 – 2035: *Working Together for a Healthier Wales*. The process had been one of iterative discussion and engagement; HG recognised the key contributions of many Public Health Wales staff and extended his thanks to all involved.

The approach adopted set out the role and functions of Public Health Wales and focused on outcomes, within the context of a clearly-articulated organisational ambition. A Welsh translation and a 'plain English' version were in preparation, to optimise reach and accessibility.

HG asked the Board to consider the Long Term Strategy as comprising three main sections; the Narrative, setting out the role and work of Public Health Wales; the development of outcomes and a measurement framework; and the enablers required to deliver against the outcomes.

The Values and what Public Health Wales wanted to achieve

HG referred firstly to the Narrative, Outcomes and Values sections which aimed to embrace and reflect the culture of the organisation and its values; this included a description of the role and purpose of Public Health Wales and achievement/delivery against the outcomes.

SG extended her thanks to HG for considering and reflecting the range of Non-Executive Directors' comments; the open approach was welcome and SG considered that the Long Term Strategy reflected well the scale of ambition.

MM welcomed the document; the Narrative was easy to read and well-structured. He made two specific points:

- That progress in delivering the strategic priorities could be subject to the challenges and constraints facing the wider NHS. He has no wish to stifle the ambition set out in the Long Term Strategy but queried whether there could be differential progress across the priorities, rather than uniform advancement.
- The welcome focus on outcomes, noting that some indicators remained under development.

Responding to this, HG acknowledged the concerns, noting that the Executive Team had discussed the level of ambition and the potential for progress. The Long

Term Strategy would be a live, dynamic document with the process providing for changes to reflect the planning/operating context; differential progress was likely over the planning period. On outcomes, HG confirmed that the work already undertaken would help steer the future approach, particularly, for example, in designing outcomes for screening services and child protection.

TC reflected on the need for system-wide effort to mitigate against the strategic risks and challenges, and to engage with the public, to ensure the clear articulation of the level of ambition.

IB was of the view that the absence of some indicators was positive at this stage; it would prompt the design of the right indicators to track progress against the outcomes, rather than the acceptance of those indicators available now.

The Strategic Priorities

HG described the determination and scope of the strategic priorities, together with clear objectives and outcomes. The same format had been in use throughout to articulate the strategic priorities: the structure and rationale, the scope, clear objectives and then outcomes. HG drew attention to a newer priority linked to climate change, viewed as the most significant challenge likely to develop during the iteration and ongoing development of the Strategy over time.

HG invited comments and questions on the strategic priorities:

NE acknowledged climate change as being the key current and future; he also thanked HG for incorporating his comments in respect of data and digital, another existential challenge.

Enablers

HG outlined the thinking behind this section, designed to ensure that all the enabling functions and services featured prominently. JW referenced the section on engagement, noting the intention to refresh the approach to strategic partnership working.

DC welcomed the clarity of the document, finding it refreshing to read. She queried whether it appropriately reflected Public Health Wales' role as a systems leader and raised the possible inclusion of a diagrammatic representation of that role. HG suggested that this could feature in refreshed documentation around strategic partnership working; he would consult further with colleagues on this point.

Action: HG

TC extended her thanks to HG and all Public Health Wales' staff who had developed the Long Term Strategy. It was ambitious and set out clearly how Public Health

Wales could optimise its role and responsibility to help improve the health and well-being of the people of Wales.

On behalf of the Board, JW congratulated all those involved in the design and production of Long Term Strategy; this had been subject to an exemplary design and development process and reflected best practice.

The Board **approved** the Long Term Strategy 2023 - 2035.

PHW 2023.03.30/4.1.2 Strategic Plan

HG introduced the second component of the co-ordinated suite of documents, the Strategic Plan/Integrated Medium Term Plan (IMTP) for 2023 - 2026. This described the first three years of delivery of the Long Term Strategy. He confirmed the requirement of all NHS Wales organisations to develop and submit an IMTP.

The IMTP included 42 strategic objectives, down from 58 in the previous IMTP, with a corresponding reduction in the number of milestones, from 382 to 307. The IMTP covered all Public Health Wales' functions and all Directors had worked together to identify cross cutting issues and synergies.

The format adopted mirrored that of the Long Term Strategy, with sections on the strategic priorities, the objectives, milestones and outcomes. The IMTP also had to demonstrate delivery against the 2023/24 Ministerial priorities

There were a range of additional technical information and documents to support the IMTP; these mapped delivery against the Ministerial priorities and articulated the overall budget strategy intended to ensure a break-even position at year end.

HG then invited contributions and comments:

SA recognised the collaborative approach taken across the organisation to develop and deliver this document. She commended the breadth of work underpinning the IMTP and the inclusion of new and relevant topics, particularly the cost-of-living crisis and climate change.

MM welcomed the ability to engage and comment on the document in advance of the discussion at Board. He asked about the inclusion of outcomes for individuals as well as for service services; he also suggested that outcomes could be positioned at the start of the IMTP in a way that identified priorities and sequencing over time; this could demonstrate the impact on individual citizens. HG welcomed the comments; he explained his intent, in developing the document, of ensuring that the outcomes had a clear meaning and expectation, recognising the need for further development to build confidence that improvement and measuring outcomes were robust. The team would develop measurement systems in a step-change manner.

SG noted, from discussions at KRIC, the history of IT infrastructure investment in Wales; further focus and development would provide additional benefits in

capturing progress against milestones. She agreed with HG on the inherent risk in stating milestones and outcomes without clear definition or deliverability; instead the document should enable the organisation to capture progress without making commitments on data that could change and develop; this would reflect the 'living document' approach that HG had described.

IB advised of the need to separate out targets from systems of measurement; targets could create perverse incentives. The IMTP and Long Term Strategy required strong systems of measurement to aid the monitoring of all aspects of delivery and ensure achievability without false incentives. Digital and data requirements in the IMTP demonstrated how the organisation would do this. MM welcomed the discussion and the clarity provided.

KY welcomed the clear references between the suite of documents and the references to strategic partnerships.

The Board **approved the** Strategic Plan/Integrated Medium Term Plan (IMTP) for 2023 – 2026

PHW 2023.03.30/4.1.3 Financial Plan / Budgetary Control Framework

HG reminded Board members of the financial allocation process and its application to deliver against organisational activities. The majority of funding derived from Welsh Government, with some additional funding from health boards for services provided, including microbiology. HG summarised the funding streams as:

- A core allocation of £133m for 2023/24, used to deliver the overall plan, with TC as the accountable officer determining resource utilisation.
- Non-core and non-recurring allocation of £16.9m available linked to COVID-19. This funding was drawn down monthly based on the amount actually spent. HG noted the use of this funding to employ staff; he worked closely with Welsh Government to seek approvals, monitor the expenditure and consider the implications across financial years.
- Further non-core funding, still subject to confirmation. This related mainly to screening services and funding of confirmed business cases; in the event that funding was not available, business case expenditure would not proceed, mitigating the financial risk to the organisation.

HG advised that inflation-related impacts would constitute a significant funding pressure; this was subject to close monitoring and profiled on a monthly basis. In addition, HG noted the unavoidable cost pressures that the organisation would have to absorb. Examples included the national agreement for the Microsoft contract.

Efficiency requirements for 2023/24 were 2.5%; NHS Wales would find this challenging to deliver. HG outlined the process followed through which all Directorates had identified 1% efficiency savings; work was underway to confirm

the recurring nature of the savings. The other 1.5% requirement would focus on corporate schemes. There had been no provision for pay awards.

HG confirmed that the Executive Team was working together to determine how to meet these requirements whilst also allocating resources to fund the IMTP and Long Term Strategy commitments.

JW invited AW to make any further comments. She drew attention to the capital allocation, which also formed part of Public Health Wales' resource income; discussions were ongoing with Welsh Government to register concern at the level of the capital allocation available.

JW invited comments and questions:

MM welcomed and commended the budget setting approach; he noted the year on year balanced position- no one should underestimate the scale of achievement associated with this, given the challenging position across the wider NHS in Wales. He queried the amount of funding being set aside for the UK COVID-19 Inquiry and asked about the calculation. TC noted the amount of work already underway to collate and provide information to the Inquiry. Each submission of information was significant; the preparation and involvement of the evidence sessions and public hearings would add to the cost. Every Core Participant had to review all the evidence submitted by every other Core Participant and this would place further demands on the organisation. A further risk concerned the unpredictability of both the requirements and the timescales, already subject to slippage. PV confirmed this and noted the growing need for advice from Barristers to support the process. MM welcomed the update and recognised the unavoidable nature of the costs.

HG confirmed that, when submitting the IMTP, he would include concerns around the capital allocation and the costs of the UK COVID-19 Public Inquiry in the letter to Welsh Government.

Action: HG

The Board **approved** the Financial Plan /Budgetary Control Framework for 2023/24

PHW 2023.03.30/4.1.4 Strategic Risk Review

Introducing this item, JW noted both the discussion earlier in the Board meeting and at a March 2023 Board session.

RBW outlined the approach taken to the identification of strategic risks, aligned with that taken for the Long Term Strategy. The review had involved all parts of the organisation and sought to identify both organisational and population based strategic risks, together with risks to the performance of the overall health and care system

In an earlier, focussed session on risk, the Board had agreed and developed fifteen themes, with the subsequent identification of seven Strategic Risk Descriptors; the Executive Team had assessed these and had tested them against role of Public Health Wales' to inform, advocate, mobilise and deliver. The completed refreshed Strategic Risk Register would be considered at the next Board meeting.

TC welcomed the refreshed approach adopted and the links made with the overall Longer Term Strategy.

JW thanked RBW for leading on this work and all those involved in the process.

The Board **approved** the refreshed Strategic Risk Descriptors.

PHW 2023.03.30/4.2 Minutes and Action Log from the Board Meeting of 26 January 2023

Following a verbal update by LB on the Action Log, the Board **approved** both the Minutes and Action Log.

PHW 2023.03.30/4.3 Board Etiquette

JW presented a revised Board Etiquette Policy for approval, following a consultation period. She noted that this formed part of the wider work around organisational culture.

The Board **approved** the revised Board Etiquette policy.

PHW 2023.03.30/4.4 National Imaging Service Hosting Agreement

LB presented a proposal to seek the Board's approval for an extension to the hosting agreement, through which Cwm Taf Morgannwg University Health Board (CTM UHB) would continue to host the National Imaging Academy Wales for a further 3 years to 31 March 2026.

The Board **approved** the extension to the hosting agreement, through which Cwm Taf Morgannwg UHB would continue to host the National Imaging Academy Wales on behalf of Welsh Health Bodies in Wales for a further 3 years, to 31 March 2026.

PHW 2023.03.30/5 Items for Noting

PHW 2023.03.30/5.1 Chairs Report (26 January 2023)

JW provided a Note of Board level discussions and actions undertaken in private session, in line with the approved policy.

PHW 2023.03.30/5.2 Forward Look for 2023/24

In addition to the items listed in the Forward Look document, RBW noted the need to include the July Young Ambassadors session; she hoped to arrange this to coincide with the July Board meeting.

Action: LB

PHW 2023.03.30/6 Date of the Next Formal Meeting of the Board

The next scheduled meeting was 25 May 2023.

PHW 2023.03.30/7	Close of Public Meeting
The meeting closed at: 1pm	

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