

Confirmed Minutes of the Board Meeting on 28 March 2024
Held in 3.7, CQ2 and electronically via Microsoft Teams
Livestreamed on the Internet

Present:		
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
Diane Crone	(DC)	Non-Executive Director (University) and Chair of Quality, Safety and Improvement Committee
Nick Elliott	(NE)	Non-Executive Director (Data and Digital) and Chair of Audit and Corporate Governance Committee
Huw George	(TC)	Deputy Chief Executive, Executive Director Operations and Finance
Sian Griffiths	(SG)	Non-Executive Director (Public Health) 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 (Local Authority) and Chair of the People and Organisational Development Committee
Tamsin Ramasut	(TR)	Non-Executive Director (Equality and Diversity)
Kate Young	(KY)	Non-Executive Director (Third Sector)
In Attendance:		
Liz Blayney	(LB)	Deputy Board Secretary and Board Governance Manager
John Boulton	(JB)	National Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru
Dominique Bird	(DB)	Deputy Director and Head of Quality Improvement (for agenda item 3.6)
Nathan Jones		Head of Strategy, Planning and Corporate Affairs (for Item 4.1)
Neil Lewis	(NL)	Director of People and Organisational Development
Jim McManus	(JM)	National Director of Health and Wellbeing
Danielle Seivwright		Strategy and Planning Manager (For item 4.1)
Stuart Silcox	(SS)	Assistant Director of Integrated Governance, Quality Nursing & Allied Health Professionals

		(for Claire Birchall)
Paul Veysey	(PV)	Board Secretary and Head of Board Business Unit
Shun Yiu Wong	(SW)	Board Mentee (WG Board Shadowing Scheme)
Apology:		
Claire Birchall	(CB)	Interim Executive Director of Quality, Nursing and Allied Health Professionals

The meeting commenced at 11:00

PHW 2024.03.28/1	Welcome and Apologies
<p>JW welcomed everyone to the meeting, extending a warm welcome to those observing the proceedings online; she extended a particular welcome to Shun Yiu Wong, attending as part of the Welsh Government Board Shadowing Scheme).</p> <p>JW 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. The Board also wanted staff to thrive and develop, reaching their full potential, with a real sense of belonging to the organisation.</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> <p>JW then summarised the items on the Agenda.</p> <p>Before turning to the agenda, TC thanked the Board and all Public Health Wales colleagues for their help and support during preparations for Module 2B of the COVID-19 Public Inquiry . She paid tribute to Dr Quentin Sandifer and Dr Chris Williams, both of whom had provided expert witness evidence and to Paul Veysey and the internal support team, who had worked tirelessly to provide all the preparatory material required.</p>	

JW added the Board's thanks to TC herself, who, together with WS and CW, had discharged a vitally important public service role, identifying important lessons learned to inform future planning. Their evidence had been authoritative in setting out Public Health Wales' pivotal role in the COVID-19 response; in speaking with QS at the end of his evidence session, Baroness Hallett, chair to the Inquiry, had acknowledged that role and the intention to note it.

The Board **noted** an apology from Claire Birchall

PHW 2024.03.28/2	Declarations of Interest
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JW sought Declarations of Interest other than those recorded already on the Declarations of Interest Register. There were none.

PHW 2024.03.28/3	Board Assurance Framework
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PHW 2024.03.28/3.1	Acting Chief Executive's Report
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TC invited HG to take the Board through the Acting Chief Executive's Report. HG began by drawing attention to the COVID Public Inquiry; PV then provided a verbal update:

- Work continued to provide detailed evidence for the Inquiry's consideration, with focused support for staff participating in the Inquiry process also built in to the work programme.
- The position regarding the remaining Inquiry Modules, following the completion of Module 2;
 - Module 3 Impact on Healthcare Systems, with hearings beginning in the summer of 2024. Public Health Wales was not a Core Participant in this Module but had provided evidence;
 - Module 4 Vaccines and Therapeutics: Public Health Wales was a Core Participant for this Module and had provided detailed Rule 9 evidence. Public hearings would commence early in 2025;
 - Module 5 Procurement: Public Health Wales was not a Core Participant for this module, public hearings expected during the spring of 2025;
 - Module 6 The Care Sector hearings: Public Health Wales was a Core Participant and expected a detailed request for information and evidence;
 - Module 7 Test Trace and Isolate: This began in March 2024, with applications for Core Participant status due by the 26 April 2024.
- QS had now fully retired, following his return from retirement to support pandemic preparedness and the Inquiry process; JW placed on record the Board's sincere thanks to QS for his outstanding contribution, she also thanked PV and the team for their ongoing work in supporting the Inquiry process.

HG invited comments and questions on any other issues identified in the report; SG welcomed the update on the Four Nations Climate and Health meeting held in January

2024. In response SA recognised the range of work underway across the organisation on climate change; this benefitted from a co-ordinated approach.

JW thanked HG for covering the Chief Executive role during TCs absence. Public Health Wales was fortunate indeed to be able to call on him, NL and AW to provide excellent interim arrangements.

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

PHW 2024.03.28/3.2

Latest Public Health Overview

Before providing an overview of the Dashboard, IB drew attention to data released on 26 March 2024 by the Office for National Statistics on *Health state life expectancies in England, Northern Ireland and Wales: between 2011 to 2013 and 2020 to 2022*. The data release identified falling life expectancy that appeared to be linked, in part, to the COVID-19 pandemic. IB noted that he had yet to explore the data in any detail but, on initial analysis, there were three key drivers for reduced healthy life expectancy:

- The impacts of the COVID-19 pandemic, including long COVID;
- Delays in receiving treatment and care, exacerbated by the pandemic;
- The continued trend of a rise in illness linked to economic inactivity; he noted that this trend had existed pre pandemic but the COVID 19 period had exacerbated that underlying trend.

IB highlighted the implications of these findings and the challenges they posed for delivery against the Integrated Medium Term Plan (IMTP), including whether the actions identified had the required impact to deliver change and improvement; the meeting would discuss this point later.

Turning to the Dashboard, IB drew attention to:

- The Wider Determinants of Health: the data identified a slight increase in real term pay growth; there was a need to set this in the context of the economic impact of the Cost-of Living crisis. A consistent trend in Wales of the employment rate being lower than the UK average continued, as did unemployment rate and economic inactivity rates, which continued to be higher than the UK average.
- All Cause Excess Mortality: the persistent trend of excess death numbers was worse for those in the most deprived category, with less deaths in the least deprived categories; this suggested widening inequalities. IB noted the that the ONS intended to introduce a substantial change to their methodology; the implications of this, including the need to reflect inequalities date across the Dashboard, were under active consideration.
- Other indicators remained relatively stable over time, indicating that further actions might be necessary through the IMTP to deliver improvement.

- Work underway with Welsh Government on the Application Programming Interface (API) to improve and modernise the graphical presentation of data.

Before inviting questions, JW invited JM to provide some additional comments. JM referenced IBs earlier points about the impact of actions in maintaining a stable position, rather than securing an improvement, at this point. He referred to the IMTP and Strategy documents on the agenda later in the meeting; these were key documents that would help to drive change; he also referred to work already underway on diabetes management, including work on prevention. This would ensure both effective management of those currently with diabetes and a preventative strategy to reduce future numbers. Finally, he noted that improvement on this scale would take ten to 15 years to deliver, with the need for progress measurements at key stages during that timeline.

JW invited questions and comments:

NE welcomed the data presentation; he asked why the impact appeared to be greater on females and what could be driving this difference. He also sought confirmation of the apparent reduction in the number of adults reported as smoking.

On the question of females being affected more than males, SG highlighted the need to explore the data at a deeper level of granularity to identify specific groups or age ranges where this was most evident; this would help to focus actions in the IMTP and identify which actions would provide the greatest benefit and make a difference. On data, she asked about the use of data to inform action and also to signal what should stop. On smoking, SG wanted information on the collection of data on vaping, to begin to capture data over time.

Responding to both questions, IB noted:

- The apparent universality of the differential trend between males and females across the UK; he would explore the data in more detail to identify any specific factors or issues for Wales;

Action: IB

- The ONS data issue was usually issued alongside related data issue on inequalities, d the pandemic had precluded this being the case for 2024;
- On smoking, IB confirmed a slight reduction in smoking numbers; he cautioned against reading too much into the reduction at this point, due to both the small sample size and the volatile nature of the trend over time.
- Regarding data on vaping, IB recognised this as a gap. He advised that the National Survey for Wales would usually provide this data, but the contracting process could cause a delay. In the meantime, IB would consider other routes through which to capture data on vaping.

Action: IB

TR asked whether any research studies were available to help inform the debate about a greater impact on females; she mentioned poverty and economic implications as affecting health and wellbeing. IB would consider this as part of his exploration of the detail of the ONS data and would feedback.

Action: IB

MM asked about the physical activity position, compared with the other UK countries and internationally. He also noted the link between physical activity and other determinants of health. IB confirmed that the position on physical activity in Wales was broadly comparable with the other UK countries; he noted the inequality divide on physical activity, with deprived communities being less active.

JM summarised the points raised and the actions required as being:

1. Data must be at a level to inform and assist Public Health Wales to act on all fronts and across multiple partnerships;
2. Addressing sustainable improvements would require a range of concerted, connected. He used diabetes as an example, noting that achievement of the strategic objectives for diabetes would have a wider impact in reducing cardiovascular disease.
3. Strategic actions required partnership working; the model would vary depending on the issues and population targeted. JM also recognised the key role of Public Service Boards and the third sector in driving improvement.

Finally, IB noted that the Dashboard in itself provided the data; the Evaluation Strategy and the range of communications campaigns embedded into many of the major programmes of work would demonstrate the impact.

The Board took assurance on the value of the information set out in the Dashboard and the subsequent discussions about its usage.

PHW 2024.03.28/3.3	Integrated Performance Report (Month 11), Finance Report and Strategic Risk Register
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PHW 2024.03.28/3.4	Break
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Introducing this item, HG noted that the format of the Integrated Performance Report remained unchanged; he also noted the inclusion of detailed position reports, intended to ensure more time for discussions. The Report was for Month 11 so provided the Board with a clear steer on Public Health Wales' position at financial year end.

HG then took the Board through the various sections of the Report, inviting the lead executives to focus on key issues and respond to questions.

Governance and Accountability

NL noted the improved position on appraisal compliance, up from 73% compliance in September 2023, to 81% now. Screening services compliance had improved from 66.4% at September 2023 to 76.4% now. NL advised that there were no issues of major concern on statutory and mandatory training compliance.

MM welcomed the improved position regarding appraisal; he noted the unchanged EDI position and suggested looking at ways to encourage improvement, perhaps aiming for 85%. NL confirmed that work was underway with the Staff Networks.

NE noted that statutory training compliance was weakest amongst corporate and Board members. NL and PV outlined the work in hand on this. JW confirmed that this would feature in NED end of year reviews.

Action: JW

Financial Governance

HG referred to the separate Board Paper that provided detailed information. He noted that the position in respect of year- end compliance was currently at green; at this close to year end, the organisation was on track to report a balanced financial position. On capital spend, HG drew attention to the table on capital equipment.

Inviting questions, HG noted that Public Health Wales would be one of the few organisations across NHS Wales reporting a break even position.

MM welcomed the year end position; he asked for more detail on the £500k excess bank interest reported as a one off. HG explained that related to a sum in excess of the budget figure and was a one off due to the unpredictable nature of interest rates in 2023/24.

TC also welcomed the break-even position, reflecting on its achievement during a challenging year. She extended her thanks to HG and his team. JW built on TCs comments, reflecting on the exemplary financial outrun and paying tribute to HG, AW and the finance team, together with all budget holders across the organisation.

Information Governance

SS drew attention to the Freedom of Information (Fol) request process and the work undertaken to improve response times. NE referred to the Audit Committee meeting on 19 March, where the Committee reviewed further detail relating to FOIs as part of the Integrated Governance Assurance Report.

Clinical Governance

SS summarised the work underway to:

- manage the number of open incidents;
- work with Cervical Screening Wales to improve quality assurance processes; this had resulted in a 33% reduction in overdue incidents;
- improve the timeliness and quality assurance process across the organisation to respond to complaints. He noted the complexity of some issues, making the response timescales challenging. Those making such complaints were connected regularly and kept up to date on the investigatory work underway. There were a small number of complaints still open outside expected timescales; these were outside Public Health Wales' control.

Strategy and Delivery

HG noted:

- The achievement of 94% of all milestones being rated 'green' at the year end. This was a significant achievement;
- The reporting of carbon emissions; this would now be subject to regular reporting. HG noted that the reduction resulted from a drop in the huge volume of testing undertaken during the pandemic; work was underway to identify other areas of reduction.

MM commented on the IMTP delivery milestones; 94% was a significant achievement, yet data presented earlier on healthy lifestyles indicated that the position was worsening. There needed to be a clear relationship between the actions undertaken and outcomes. HG confirmed that the IMTP would begin that process of linking outcomes to expected impacts of actions and would also review data collection.

TC considered the challenge of delivering services whilst not always operating directly at the public/professional interface – the organisation had a role as a system leader and influencer, in addition to providing certain services. Capturing the role of Public Health Wales in influencing others and seeking to support change was an ongoing challenge that would require further development.

SG highlighted the key role of partnership working particularly, when acting as system leaders and influencing external actions whilst, not being the system owners. TR agreed and noted the need for a strong communications model, integrated across all directorates and appropriate to their role and purpose.

SG referred to the Time to Talk representative panel of 2500 residents across Wales. Each month panel members shared their experiences and views; this contributed to improving

health and wellbeing. The questions could seek views on specific issues and could impact on engagement and partnerships.

HG reflected on the comments and their potential use to demonstrate an engaged and co-ordinated partnership approach. He agreed that there were opportunities to refresh communication models to ensure they reflected the IMTP priorities. An Executive Team session would consider the whole approach to communications.

Service Delivery

MK drew attention to:

- The improved position with regard to Breast Test Wales (BTW), with full recovery projected by the end of Quarter 1 2024/25;
- Diabetic Eye Screening Wales (DESW) the position continued to improve but with a slower recovery rate than BTW. This was due in part to the variation in number of people joining the screening programme each month and the subsequent need to apply flexible screening models.
- Abdominal Aortic Aneurysm (AAA) screening – the metrics presented related to the surveillance for small to medium aneurysms; the numbers assessed each month were small and this influenced the variation in monthly reporting.
- Human Papilloma Virus (HPV) uptake rates were lower than desirable. MK noted that since September 2023, one dose vaccine was offered to boys and girls aged 12 – 13 years. There was a modest reduction in vaccination compared with the previous year, the lowest rate of uptake being amongst boys.

JW invited questions:

SG expressed disappointment at the fall in HPV vaccinations. She also noted the position regarding Healthcare Associated Infections (HAIs), with variation across health boards (HBs) and high levels in a small number of HBs. MK advised of the work underway on a UK wide HAI Action Plan, with revised targets for HAIs and antimicrobial resistance.

IB suggested considering an alternative way to capture AAA compliance given the small numbers and the impacts of this on trends. MK agreed that this would be valuable.

Action: IB

The Board **considered** the Integrated Performance Report and **took assurance** from the report, the Board discussions, and the agreed actions.

PHW 2024.03.28/3.5	Committees of the Board: Report from Committee Chairs
Audit and Clinical Governance Committee (ACGC)	

NE confirmed that there were no specific issues to raise other than those set out in the Report.

People and Organisational Development Committee (PODCOM)

MM had no issues to report.

Quality Safety and Improvement Committee (QSIC)

There were no issues identified.

Knowledge Research and Information Committee (KRIC)

SG drew attention to the work on developing a vision for academic public health research and a plan for publication of the forthcoming report. This considered the implications for Public Health Wales and its role as a system convener. The participants' view confirmed that Public Health Wales had the legitimacy to lead the research work.

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

PHW 2024.03.28/3.6

Improvement Cymru Transition

Introducing this item, JW noted the move of Improvement Cymru to the NHS Wales Executive; JB was attending his last Board meeting, as was DM, Interim Director from 1 April 2024, to whom the Board extended a very warm welcome. JW invited JB to present a synopsis of all Improvement Cymru achievements to date.

Using a series of PowerPoint slides, JB drew attention to:

- The imminent transfer to NHS Wales Executive from 1 April 2024;
- A summary of the extensive work undertaken during the 11 years that Improvement Cymru and its predecessor 1000 Lives Plus had formed part of Public Health Wales;
- The refocusing of actions and work during the COVID-19 pandemic, when the team operated in an agile and adaptable way to support issues such as: improved laboratory turnaround times. At one point, the improvement work delivered the best performance worldwide on turnaround times;
- The post pandemic review of the strategic approach and the operational model, working closely with national and international partners;
- The relaunch of the NHS Wales Awards and the National Safety Collaborative;
- The demonstrable and measurable improvement actions across a broad range of service groups including reductions in cardiac arrests; reduced lengths of stay; working with Toyota to review cancer pathways from point of suspicion to decision for lower GI tract cancers; reduced costs that benefitted the entire health and care system;

- Informing and supporting national policy developments including: the Duty of Quality; the Maternal and Neonatal Safety Support Programme; influencing national policy for mental health and learning disability; and the Dementia Pathway;
- Supporting Public Health Wales whenever possible and developing a functioning Improvement and Innovation Hub to continue post handover;
- A Transition Plan that focused on staff wellbeing.

In thanking JB for the presentation, JW reflected on the sheer range, breadth and depth of the improvement work undertaken; Public Health Wales had benefitted greatly from the expertise and knowledge always at hand. The scale of achievement was so impressive.

Building upon JW's comments, TC welcomed the ways in which Improvement Cymru had stepped in to support the organisation during the pandemic; she recognised just how much JB's foresight and strategic ambition had driven the successes and achievements of Improvement Cymru. TC also extended her thanks to DB and congratulated her on her role in leading the Improvement and Innovation Hub.

KY emphasised the way in which Improvement Cymru had spearheaded partnership working, using the co-production model to engage all sectors. She used the development of the Dementia Pathway as one excellent example.

In closing the discussion, JW reiterated her thanks to JB for the phenomenal legacy he had created across the health and social care system in Wales.

The Board **noted** the presentation and discussion that summarised the legacy of Improvement Cymru and **took assurance** from the presentation and discussions on the effective and sensitive management of the transition.

PHW 2024.03.28/3.7	Digital Exclusion
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Presenting this paper, IB advised that the Older People's Commissioner had released a report in June 2023: *Access Denied: Older People's experiences of Digital Exclusion in Wales*. It included a series of recommendations for Welsh Government, Health Boards (HBs), Local Authorities and others, with five recommendations relevant to HBs. The Report emphasised the need to include the community in any service redesign undertaken, and the need for accountability at Board level responsibility for digital matters. NE was the Board level lead for Public Health Wales.

The paper presented to the Board set out Public Health Wales' response to the Report; the organisation had already adopted and complied with the Welsh Digital Service Standards, which included a core standard to design with inclusion from the start. He confirmed that he was working with HG to ensure that proper processes were in place for those parts of the organisation without a dedicated digital team.

IB also noted that, whilst many organisations had withdrawn hard copy information leaflets during the pandemic Public Health Wales had continued to make hard copy leaflets available.

The Board **considered** the report and **took assurance** from the information provided and the discussion at Board.

PHW 2024.03.28/4	Items for Approval
PHW 2024.03.28/4.1	Integrated Medium Term Plan/Annual Plan/Budget Strategy

JW welcomed NJ and DS, both of whom had been central to the production of the IMTP documentation.

In presenting the IMTP for approval, HG paid tribute to the team who had worked together to develop the Plan. He then: described the cyclical nature of the IMTP, with an annual review; referred to the cover paper which set out the actual requirements; and noted the intention, subject to any final comments on the draft presented for approval, to submit the Plan to Welsh Government later that day, to meet the required deadline.

HG then drew attention to some of the key differences in approach adopted this year:

- The close alignment of the strategic risk development work with the IMTP development process, with both running in parallel;
- The detailed cross organisational approach; this involved all Directorates and captured the impacts on all services and areas of responsibility;
- A cross cutting approach; this mapped interdependencies and how feasibility impacted across all teams;
- A more rigorous approach to the spacing of work and targets to ensure a smoother pattern and a reduced reliance on the majority of timescales being set for year end;
- The nature of Public Health Wales meant that some actions centred on influencing and leadership, whilst the delivery actually sat elsewhere in NHS Wales;
- A Ministerial mandate letter had set out the breadth of the actions required in the IMTP;
- The integration of the 2024/25 financial strategy into the IMTP;
- All directorates' achievement of a 2% savings level, designed to meet any residual 2023/24 cost pressures and to create an investment pot of funding to utilise in 2024/25.

HG confirmed that, following a scrutiny session, the Executive Team had recently approved the version presented to the Board; Non-Executive Directors had input earlier in the process.

HG then invited questions:

NE welcomed the document and the approach adopted during its development; he referenced specifically the recognition of the need to work in partnership with others to achieve the best outcomes. He commented on the extent of the commentary on providing policy advice and on innovation.

SG also welcomed the Plan and particularly the efforts made to align and triangulate the IMTP, strategic risks and the financial plan. She suggested greater clarity on expected outcomes and the implications for future reviews. She asked whether the IMTP allowed for flexibility, should anything unforeseen happen.

TC welcomed the comments and recognised the ongoing challenge of quantifying actual outcomes and trajectories over time towards an intended goal.

MM referenced discussions earlier in the meeting regarding the essential nature of partnership working and welcomed the recognition of this in the IMTP. He suggested an explicit differentiation between service provision and influencing roles. He also reflected on the challenge of setting targets regarding health inequalities when many of the solutions were outside the scope of Public Health Wales. He welcomed the more focused approach and a reduced number of actions. .

On outcomes and capturing progress, NJ shared work underway to develop a 2035 'road map' to set out the proposed timelines for delivery against the strategic priorities.

In response to NEs query regarding policy advice, SA noted the range of work underway across a number of directorates to support policy development.

Summing up the responses, HG recognised the need to make some amendments to the introductory section of the IMTP, to highlight and reflect Public Health Wales' work on innovation and influencing role. On flexibility, he cautioned that there would be less opportunity for flexible use of resources in years two and three; however, prioritisation would always be an option should there be a need to reconsider key actions.

In closing the discussion JW proposed that, with the amendments to the preamble proposed by HG, that the Board should approve the IMTP. She extended her sincere thanks to those who had worked so hard to develop the IMTP.

The Board **considered** and **approved** the IMTP, subject to the amendments to the introduction to better reflect the totality of the role of the organisation.

PHW 2024.03.28/4.2

Decarbonisation Plan

Introducing the revised *Decarbonisation and Sustainability Plan 2024 – 2026* HG referred to the cross cutting nature of the Plan and the need to ensure a cohesive and co-ordinated approach across the whole organisation.

SA reinforced the nature of the work, building on a previous plan; she advised that this version was more comprehensive and integrated across all areas and directorates. She also drew attention to the level of impact set out against the identified actions.

SG offered her congratulations on the Plan and welcomed its inclusion alongside the IMTP discussions, to inform and support actions. HG confirmed that the Programme Board considered Decarbonisation and Climate Change together, to ensure a fully rounded approach.

The Board **noted** the revised Decarbonisation and Sustainability Plan, **approved** the Plan and **took assurance** from the discussion.

PHW 2024.03.28/4.3

Strategic Risk Register

Providing an update on the Strategic Risk Register, SS referenced the discussions at previous Board meetings: the further iterations of the Register resulted from these. The report included updates on six of the seven strategic risks; discussions on the remaining risk took place in private sessions of the Board, given its sensitivity.

Following the detailed discussions at January Board, Executive Team colleagues had held a workshop session in February. This workshop, along with the appointment of a new member of staff had led to the refocused Strategic Risk Register presented to the Board today; this version included mitigating actions and sought to make the controls more specific.

SS confirmed the intention to continue this developmental work; the next iteration presented to the Board would include trend analysis and updated delivery assessments. Further analysis of both strategic and corporate risks against the risk appetite and risk tolerance levels would continue, in line with the evolving and dynamic nature of the process.

JW thanked SS for his concise update and invited questions:

NE welcomed the work undertaken to respond to previous feedback, noting that the latest iteration reflected that.

MM agreed; he suggested that the descriptors for Risks one and two had to set out clearly on the role and expectation of Public Health Wales – was the requirement for delivery or an influencing role? The articulation of the ambition could suggest the expectation of a worsening position and MM thought that reframing the ambition would direct this.

MK reflected on the discussion and wondered whether the language should change and denote specific milestones against which the Board could track progress.

JW noted that the role of the organisation as a service provider, or as a systems leader influencing others, was again at the core of this. TC agreed and reinforced the need for an active and iterative relationship between the strategic and corporate risk registers.

The Board **approved** the proposed changes to the Strategic Risk Register, **noted** the need for further development to reflect the discussion **and agreed** to take updated paper at the May 2024 Board meeting.

PHW 2024.03.28/4.4	Review of NHS Executive Hosting Arrangement
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NL summarised the Hosting Agreement to apply from 1 April. He drew attention to some key points set out in the Agreement.

The Board:

- **Approved** the hosting agreement Addendum with NHS Wales Executive which takes into account variations to the Agreement, this is effective from 1st April 2024. The Hosting Agreement ('the Agreement') was approved by the Board on 26 January 2023 and remains extant
- **Noted** the letter from Nick Wood, Deputy Chief Executive NHS Wales Executive, dated 21 March 2024.

PHW 2024.03.28/4.5	Board Minutes and Action Log from the 25 January 2024 meeting
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The Board **approved** the Minutes as an accurate record of the meeting.

The Board **noted** and **took assurance** from the update provided on the action log.

PHW 2024.03.28/5	Items for Noting
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PHW 2024.03.28/5.1	Private Chair's Report (25 January 2024)
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JW explained the purpose of placing this report in the public domain, in line with the Board's *Protocol for Reserving Matters to a Private Board (and Committee) Meeting*, updated in July 2023.

The Board **noted** the Private Chair's Report.

PHW 2024.03.28/5.2	Board Forward Plan
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JW confirmed the Forward Plan would be publicly available.

PHW 2024.03.28/5.3	Private Board Papers
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There were no Private Board papers to discuss.

PHW 2024.03.28/6	Date of Next Formal Meeting of the Board
<p>Before closing the meeting, JW thanked JB for his exemplary leadership of the Improvement Cymru Team, over the last five and a half years. Under his direction, the Team had provided invaluable support to the health and care system, across the breadth of the safety and quality agenda. JB and the Improvement Cymru Team had gained a UK-wide and international reputation for subject matter expertise and for their trailblazing approach. The next meeting would be held on 30 May 2024. On behalf of the whole Board, JW wished JB well for the future and looked forward to hearing of his career going from strength to strength.</p> <p>JW also invited QS to join the meeting, taking the opportunity to thank him again for his expert witness evidence to the Public Inquiry; QS was a consummate public servant and Public Health Wales was indebted to him for his preparedness to engage with the Public Inquiry. The Board wished him well for the future.</p>	
<p>The meeting closed at 14:50</p>	

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