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Iechyd Cyhoeddus  
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Public Health  
Wales

**Unconfirmed Minutes of the Board Meeting  
held on 24 September 2020,  
(held electronically via Microsoft Teams / telephone and  
livestreamed via the web)**

<b>Present:</b>		
Jan Williams	(JW)	Chair
Tracey Cooper	(TC)	Chief Executive
Jyoti Atri	(JA)	Interim Executive Director of Health and Wellbeing
Rhiannon Beaumont-Wood	(RB-W)	Executive Director of Quality, Nursing and Allied Health Professionals
Diane Crone	(DC)	Non-Executive Director (University)
Kate Eden	(KE)	Non-Executive Director, Vice Chair and Chair of Quality, Safety and Improvement Committee
Dyfed Edwards	(DE)	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
Mohammed Mehmet	(MM)	Non-Executive Director (Local Authority)
Stephen Palmer	(StP)	Non-Executive Director
Judi Rhys	(JR)	Non-Executive Director (Third Sector) and Chair of the People and Organisational Development Committee
Quentin Sandifer	(QS)	Executive Director of Public Health Services/Medical Director
<b>In Attendance:</b>		
Mark Bellis	(MB)	Director of Policy and International Health, WHO Collaborating Centre on Investment for Health & Well-being (WHO CC)

Sian Bolton	(SB)	Interim Transition Director, Knowledge Directorate,
John Boulton	(JB)	Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru
Helen Bushell	(HB)	Board Secretary and Head of Board Business Unit, via teleconference
Paul Dalton	(PD)	Head of Internal Audit
Nathan Jones	(NJ)	Programme Manager (item 5.2)
Giri Shankar	(GS)	Professional lead for Health Protection (item 4)
Stephanie Wilkins	(SW)	Representative of Staff Partnership Forum (from 10.15 to 11.30am)
Verity Winn	(VW)	Audit Wales
<b>Apologies:</b>		
Alison Ward	(AW)	Non-Executive Director (Local Authority)

*The meeting commenced at 10:00*

<b>PHW 141/2020</b>	<b>Welcome</b>
<p>JW welcomed everyone to the meeting, noting the need to continue with virtual meetings based on a COVID-related agenda. The meeting was open to the public and to staff via a livestream link on the website. JW summarised Public Health Wales' four statutory functions and the specific role of the Board in strategy development and direction; strategic partnerships; setting risk appetite and overseeing strategic risks; scrutinising in-year performance against plans and setting the organisational tone and culture.</p> <p>She welcomed those observing the meeting on line, explaining the rationale behind the selection of agenda items.</p> <p>JW extended a particular welcome to three new Non-Executive Directors, Professor Diane Crone, Professor Sian Griffiths and Mohammed Mehmet.</p> <p>JW went on to note that papers presented to the Board were often subject to detailed scrutiny at Committee level, or worked through in earlier drafts in Board development or briefing sessions. This prior scrutiny enabled Board meetings to focus on the Board's overarching governance role.</p>	
<b>PHW 142/2020</b>	<b>Apologies</b>
<p>The Board <b>noted</b> the apologies for absence.</p>	
<b>PHW 143/2020</b>	<b>Declarations of Interest</b>
<p>Board members made no additional declarations of interest in addition to those already on the declarations of interest register.</p>	

JW noted the intent to upload the updated Register to the website with any new declarations.

**PHW 144/2020                      Minutes, Action Log and matters arising from Board Meeting on 30 July 2020**

The Board **approved** the minutes of the meeting held on 30 July 2020 as a true and accurate record noting one amendment on page 6. (Ref 3.240920).

The Board **considered** the Action Log (Ref 3.240920). The Board **approved** the closure of the actions marked as complete.

**PHW 145/2020                      Presentation – Contact Tracing**

JW welcomed Giri Shankar to the Board to deliver his presentation about Contact Tracing, a key pillar of the Test, Trace and Protect strategy.

GS explained that Contract Tracing was a tried and tested method of controlling the spread of infectious diseases; it aimed to protect health, control the spread of infection by interrupting transmission and to enable people to self-isolate before becoming infectious. It was a central component of the current work to manage COVID-19 and GS outlined the process involved. He then set out Public Health Wales’ role.

GS went on to consider the issues and challenges associated with Contact Tracing and identified workforce resilience (both internal to PHW and external for partners) and team mobilisation as significant challenges, given the volume of cases. He also identified system complexity and the importance of ensuring clarity of responsibilities and expectations for all agencies involved.

GS concluded his presentation with an overview of the NHS COVID-19 app due to launch later that day.

StP thanked GS for his presentation, commenting on the important contribution Contact Tracing made in a pandemic. He asked about the means of securing continuous improvement; optimising testing capacity given the short window to follow up positive cases and the data collection arrangements to identify sources of transmission.

QS noted the re-profiling and prioritisation of domestic testing supply; he also referenced the contacts between the Wales and UK Governments on Lighthouse laboratory testing capacity.

GS added detail on the approach to learning and process improvement, and on data capture and utilisation.

DE reflected on the upward trajectory and likelihood of further increases in cases and subsequent increased demands on the workforce; he asked about the actions required to ensure system effectiveness over the coming period. GS acknowledged

the workforce resilience challenges, referring back to his presentation, reflecting that the first three weeks in September had seen more cases than in July and August. GS also reflected on the impact of increasing complexity and volume of contacts on the time needed to trace them, and on the resilience of the current model. TC noted the additional funding received to increase capacity in domestic Welsh laboratories.

JR asked about the size of the current workforce, roles required and about plans to supplement the workforce. GS outlined the various roles, skills required and the transferrable skills and the training programmes to deliver transferable skills. GS also referred to the small, specialist health protection resource available to Public Health Wales and the complex risk assessments this team had to undertake when chairing incident meetings.

DC sought information on plans to encourage sustained public use of the new app; GS summarised the use of media briefings and social media promotions.

JW thanked GS for his richly informative briefing and asked him to convey the Board's appreciation to the team involved; Board members thanked them for their unstinting contribution to protecting the health of the people of Wales.

**ACTION: GS**

**PHW 146/2020 Chief Executive's Report**

TC introduced her report, reflecting on the recent evidence session with the Health, Social Care and Sport Committee; she, QS and GS had attended to give evidence as part of the Committee's Inquiry into the COVID-19 pandemic in Wales. The session had focussed on Test, Trace and Protect and Board members had access to Public Health Wales' submission here - <https://business.senedd.wales/ieListDocuments.aspx?CIId=448&MIId=6442&Ver=4>

TC summarised the data breach that had occurred in late August involving the accidental publication of a number of records. TC extended her profound apologies to all those affected, confirmed the setting up of an information help line and the development of a "Frequently Asked Questions" section on the website. She also noted the commissioning of an independent investigation into the incident; the Board would receive the outcome of this. In the meantime, TC assured the Board that the team had taken some immediate process improvement actions.

**ACTION: TC**

TC went on to comment on the plans to reinstate the five national screening programmes, subject to temporary suspension from March 2020. She outlined the detailed plans to restart each of the five programmes, including the risk assessment, together with the contingency plans for any subsequent COVID-19 waves or spikes. TC drew attention to the key constraints, including venue access; she appreciated the anxiety that service users and professionals had experienced

during the programmes' suspension and confirmed the discussions underway to identify safe venues for the coming months.

JR asked for further detail on the discussions around venues and SG raised the issue of possible further suspensions. QS noted the ongoing dialogue with Health Boards and other parties; he also referenced the six criteria in place to guide any future decisions.

The Board **resolved** to **receive** the information contained in with the report.

### **PHW 147/2020                      Integrated Performance Report**

HG introduced the newly developed integrated performance report and the interactive Performance and Assurance Dashboard (PAD). HG thanked staff involved in developing the PAD acknowledging their hard work in what was the first phase of the new development.

The design of the PAD, which was available on screen for public view, centred on assuring the Board, its committees and the Executive Team against a series of indicators. HG reinforced the ongoing development of this work and invited Board members to provide feedback following the session.

StP acknowledged the excellent work in developing the PAD and recognised the significant step change in performance assurance to the Board.

MM asked about data sources and the level of data quality. HG drew attention to the data source quality rating on each page of the PAD. HG agreed to provide the definition of the data source quality ratings.

#### **Action: NJ/HG**

HG referred to the work undertaken previously to develop population level outcomes to assist the Board in monitoring progress against the long term strategy. The PAD provided indicators, not outcomes and HG confirmed plans to revisit outcome measurements at a later stage.

HG went on to introduce each section of the report.

#### **Workforce**

NL summarised the key indicators relating to staff absence, staff turnover, People Support Plus, statutory and mandatory training and appraisal compliance. JW noted a further workforce report later on the agenda where additional questions may arise.

#### **Finance**

HG drew the Board's attention to the scale of COVID costs incurred since April, noting the £10m interim funding from Welsh Government to support costs. This

resource was addition to the £1.215m made available from within Public Health Wales. He noted the expected Welsh Government decision on Friday 25 September for the remainder of the financial period. HG continued to project a break even position for the end of 2020/21, noting the need to assess the impact of the Welsh Government decision.

HG advised the Public Health Wales' Balance Sheet reflected atypical in-year movement; he noted the allocation of £8m capital funding, all of which was COVID related.

HG then commented on the cash flow position, noting Audit and Corporate Governance Committee oversight of this.

He confirmed that new Board members would have a specific session on the Balance Sheet. Stock levels remained higher than usual, due to the volume of chemical and reagents needed for COVID-19 testing.

#### **ACTION: HG/HB/DE**

#### **Corporate Risks**

RB-W outlined the new presentation of the corporate risks with 18 risks remaining on the Corporate Risk Register (CRR). The Board would receive the updated CRR at its next meeting.

#### **Action: RBW**

#### **Delivering our Key Services**

HG reminded the Board that COVID related data represented a moment in time and was accurate at the point of publication (15 September). QS noted the Board receive weekly updates on surveillance data and case summaries.

QS summarised the performance levels within the Newborn Bloodspot and Newborn Hearing screening programmes with performance exceeding targets, despite the challenges the pandemic had presented. QS went on to summarise the Healthcare Associated Infections (HCAI) dashboard drawing attention to increases of hospital acquired COVID cases.

QS confirmed that the '6 in 1' vaccination uptake performance continued to exceed 96%; this reaffirmed the continuing priority of childhood immunisation.

#### **Quality / Putting Things Right**

RB-W outlined the number of potential clinical negligence claims; this stood at 18 with the aggregate risk totalling just over £2.8m, £250k of which reflected Public Health Wales, liability. RB-W also noted the current level of reported incidents.

HG invited any further feedback about the new dashboard and report. This would help shape future Board sessions and maximise the value of the tools now available.

JW thanked HG and team for the ground-breaking development and welcomed the new tools as part of the Board Assurance Framework.

The Board **received** the report, and took **assurance** in relation to the information provided.

### **PHW 148/2020 Strategic Risk**

RB-W presented the revised Strategic Risk Register (SRR), which included the COVID-19 risk reviewed at an earlier Board meeting. RBW explained that the Executive Team had reviewed the content of all risks (descriptors, ratings, assurances, controls and action plans); they were presented for Board approval.

JB provided some background to the recommendation around removing the previous Strategic Risk 7, on the basis that the organisation would embed innovation across all other Strategic Risk areas. The pandemic had, in fact, provided an opportunity to capitalise on innovative practice across all Public Health Wales' functions and services.

MM commented on the complexity of the approach as set out, noting the high level of impact and likelihood identified against each of the Strategic Risks. He found it hard to navigate without greater context.

JW noted that the Board had spent some time on its Risk architecture and that the SRR should be seen alongside the management of corporate and operational risks. She understood MM's comments completely, as did TC, who suggested the convening of a small group, to review the SRR and the overall presentation of the Risk architecture. New Board members would also have a specific briefing session on Public Health Wales' appetite to strategic risk.

KE welcomed the suggestion to set up a small group, asking that the group consider the intention to remove Strategic Risk 7 (innovation); she wanted assurance on the embedding of this risk across all others, and the reconsideration of this decision should it not prove possible to do this.

The Board **resolved**:

- to take **assurance** on the updating of the SRR;
- to **approve** Risks 1-3 and 5-8, subject to further consideration of the removal of Strategic Risk 7;
- to **convene** a small group to review the presentation of the SRR, and the overall risk architecture, together with consideration of Strategic Risk 7;
- to **hold** a specific briefing for new Board members.

**ACTION: TC/RB-W/HB/JB/MM/KE**

**PHW 149/2020      Novel Coronavirus (COVID-19) General Update**

QS provided a brief verbal update on the global position, noting that the number of deaths was approaching 1m and that there had been 31.4 m cases. He set out the weekly case incidence rate in the UK, before commenting in more detail on the 7 day incidence case rate in different local authority areas across Wales. This ranged from 5.5 - 170.7: 100,000.

The figures presented a clear message - the case numbers were increasing and Wales had reached a critical juncture, as had the wider UK; Prime Ministerial and First Ministerial statements had reflected this during the week.

QS also drew attention to health care acquired infection rates and the need for robust infection prevention and control measures, particularly in hospital settings. He noted hospital cases in different parts of Wales and actions being taken.

StP asked about the learning from the first wave of the pandemic, particularly in respect of care home and hospital mortality. QS outlined the learning, including the way in which this had influenced the context of Test, Trace and Protect. He referenced specifically the increase in mobile testing capacity as a means of responding to clusters and outbreaks

QS also commented on the actions in hand in respect of care home support, linked with greater protection of older people and vulnerable groups. Public Health Wales was working closely with Welsh Government and local government on the support of care homes during the coming months.

StP then noted the changed nature of virus over the summer months, with infections occurring in younger people, and asked about the strategic approach, at governmental level, to the return of the student population. He referenced the need to balance the focus on health protection with the broader population health impact.

DE followed up on that question of balance, noting that, whilst waiting for the vaccine, people were subject to a range of interventions. He asked whether there was any 'middle ground' and how Public Health Wales could be proactive.

KE followed up on StP's question regarding the strategic approach to the return of the student population with a query on PHW's interaction with the higher education sector as cases rose within particular universities. QS outlined the approach to higher education and reinforced the role of local health boards with higher education institutions in their boundaries.

QS acknowledged the question of balance and the difficult choices it presented around resource prioritisation and focus. In his view, society had collectively 'dropped its guard', following the easing of restrictions, with the resultant increase in infection rates happening earlier than expected. Whilst the vaccine would have a significant impact at population level, he emphasised the need for basic hygiene practice, across the country, centred on hand and respiratory hygiene, face covering, social distancing and compliance with the rules on social mixing.

JW thanked QS for his update, noting that he would continue to brief the Board regularly as events unfolded.

**Action: QS**

### **PHW 150/2020                      Workforce – Our People**

NL introduced the paper, noting that he would draw attention to specific indicators. He began by commenting on My Contribution compliance levels which had improved but remained below target. He went on to update the Board on the current Microbiology and Health Protection recruitment programmes and on levels of staff mobilisation across the organisation.

MM asked for further detail on the breakdown of workforce numbers and NL agreed to supply this outside the meeting.

**Action: NL**

JR thanked NL for the report, asking if there was any feedback from the use of People Support Plus. NL confirmed he was in the process of changing data recording; he would provide a further breakdown for the next Board report.

**Action: NL**

JR went on to ask about the difference in the How are we Doing staff survey, and the key changes from the first survey. NL explained that the second survey would distinguish between staff who had remained in their substantive roles and those who had been re-deployed.

JR acknowledged the increase in compliance with My Contribution appraisal levels but noted that there was some way to go to reach the target. NL agreed and recognised the significant work that remained, particularly in the context of COVID-related demands.

NL provided added detail on the recruitment programmes, noting the receipt of more than 3,000 applications for 170 microbiology roles. DE recognised the opportunities the new roles presented for the economy as well as meeting organisational needs.

JW noted that the new PAD presented a timely opportunity to expand workforce-related data, subject to the quality of data sources. The People and Organisational Development Committee could consider this subsequently in 2021/22.

The Board resolved to take **assurance** in respect of the following workforce areas:

- Employee Well-Being and Engagement;
- Workforce Information/Recruitment;
- Partnership Working.

<b>PHW 151/2020</b>	<b>Update on the impact of leaving the European Union</b>
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QS introduced the item, noting that a little over three months remained until the UK exited the European Union (EU). In his view, the principal challenge for Public Health Wales centred on the need to continue exit preparations whilst continuing with COVID-mobilisation.

DE commented on the implications for Wales, and the UK, of health surveillance intelligence; QS confirmed that work was ongoing with IANPHI and national public health institutes about the appropriate sharing of data. QS referenced the Memorandum of Understanding already in place with the Republic of Ireland.

MB commented on the broader implications for Wales, including the stresses on the system as a whole and the impact on deprivation. He outlined the series of bi-lateral arrangements in place and emphasised the importance of taking a broader population health approach.

The Board **resolved** to take **assurance** on Public Health Wales' preparations and response to the ending of the UK transition period in the three key areas of health securities/health protection; policy and evidence; and international health.

<b>PHW 152/2020</b>	<b>Committees of the Board: Report from Committee Chairs</b>
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The Board **received** the Committees of the Board: Report From Committee Chairs paper (Ref 5.8.240920) specifically from the Quality, Safety and Improvement and Audit and Corporate Governance Committees.

The Board **resolved** to take **assurance** from the Committees of the Board.

<b>PHW 153/2020</b>	<b>Approval of Annual Reports</b>
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HB summarised the three annual reports presented to the Board for approval:

1. the **Annual Quality Statement 2019/20** considered at the Quality, Safety and Improvements Committee meeting in September;
2. the **Performance Report 2019/20** approved at the 26 August Board briefing and presented for ratification;
3. the **Welsh Language annual report 2019/20** presented directly to the Board in the absence of the People and Organisational Development Committee.

DE thanked NL for the Welsh Language report, acknowledging the work achieved within the year. DE went on to reaffirm the importance of the Welsh Government's Cymraeg 2050 Strategy to have a million Welsh speakers by 2050; he sought clear reference to this in the report.

<b>Action: NL</b>  The Board <b>resolved</b> to <b>approve</b> the Annual Quality Statement, Performance Report and Welsh Language Annual Report for 2019/20.
<b>PHW 154/2020                      Items for Noting</b> The Board <b>received</b> the Board and Committee work plan for information; JW asked Board members to identify any additional topics for inclusion in Board and Committee plans. There were none at this stage.
<b>PHW 155/2020    Professor Stephen Palmer</b> JW noted that this was Professor Palmer’s last Board meeting, he had joined the Board in 2018 for 6 months and had remained for 2 years. During that time StP had made a valuable contribution both around the Board table and in Audit and Corporate Governance and Quality, Safety and Improvement Committees. He had used the depth of his knowledge and expertise to provide insightful challenge whilst also offering support, advice and guidance.  JW acknowledged her personal debt of gratitude to StP for his agreement to remain on the Board, a commentary on the consummate professionalism and dedication to public service. All Board members joined with JW in wishing StP well for the future.
<b>Date of Next Formal Meeting of the Board</b>
The meeting closed at 13:05, with the next meeting scheduled for the 29 October 2020.