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**Unconfirmed Minutes of the Board Meeting
held on 25th November 2021
(held electronically via Microsoft Teams and livestreamed via the
web)**

Present:		
Jan Williams	(JW)	Chair
Tracey Cooper	(TC)	Chief Executive
Mark Bellis	(MB)	Executive Director of Policy and International Health, WHO Collaborating Centre on Investment for Health & Well-being (WHO CC)
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 (Public Health)
Susan Harris	(SH)	Trade Union Representative
Fu-Meng Khaw	(MK)	National Director Health Protection and Screening Services, Executive Medical Director
Mohammed Mehmet	(MM)	Non-Executive Director (Local Authority)
Rhiannon Beaumont-Wood	(RB-W)	Executive Director of Quality, Nursing and Allied Health Professionals
In Attendance:		
Sally Attwood	(SA)	Transition Director Health and Wellbeing
Iain Bell	(IB)	National Director Knowledge, Research and Information
John Boulton	(JB)	National Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru
Liz Blayney	(LB)	Deputy Board Secretary and Head of Board Business Unit

Helen Bushell	(HB)	Board Secretary and Head of the Board Business Unit
Neil Lewis	(NL)	Director of People and Organisational Development
Leah Morantz	(LM)	Head of Communications
Jamie Topp	(JT)	Digital Editor
Apologies:		
Judi Rhys	(JR)	Non-Executive Director (Third Sector)
Verity Winn	(VW)	Audit Wales

The meeting commenced at 10am

PHW 315/2021	Welcome and Apologies
<p>JW welcomed everyone to the meeting and extended a warm welcome to those observing the meeting online. She noted that Susan Harris, from the UNITE union, was attending the meeting for the first time, representing the Trade Unions Staff side Committee; JW extended the Board's warm welcome to her.</p> <p>JW went on to summarise the role of the Board as being the Governing Body of the organisation, with specific responsibilities for: strategic direction-setting; building and sustaining strategic partnerships; setting risk appetite and overseeing strategic risks; scrutinising in-year delivery against plans and setting the organisational tone and culture. On the last point, the Board was committed to ensuring that all members of staff could come to work and be their best, authentic selves, without fear of discrimination or disadvantage of any kind.</p> <p>JW advised that the Board conducted its meetings in line with a formal Board Etiquette; this could be found on the web-site and provided for the reading of all papers before the meeting. This optimised the time available for debate on the day. The Board also worked to Public Health Wales' Values: Working Together, With Trust and Respect, to Make a Difference</p> <p>The Board noted apologies for absence from Judi Rhys and Verity Wynn.</p>	
PHW 316/2021	Declarations of Interest
<p>Board members declared no interests in addition to those recorded already on the Declarations of Interest Register.</p>	
PHW 317/2021	Board Assurance Framework
PHW 317.1/2021	Chief Executive's Report
<p>In introducing the report, TC drew attention to the following points:</p> <ul style="list-style-type: none"> • A productive meeting, together with JW, on 16 November, with the Minister for Social Justice. This had covered a broad range of issues and the meeting had reflected the breadth of work underway, or planned, that mapped 	

across to the Minister's portfolio; further regular meetings would follow in the coming financial year.

- A meeting, together with JW, on 22 November, with the Chair of the Senedd Health and Social Care Committee (HSSC). Discussions had included three HSSC Consultations underway currently: *Hospital discharge and its impact on patient flow through hospitals*; the Impact of the COVID-19 pandemic, and its management, on health and social care in Wales and the *Impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment*. In response to the latter consultation, TC advised that Public Health Wales and Digital Health and Care Wales would be responding to a request to consider the dashboard, which IB would be taking forward. The meeting had been positive and constructive and had included an offer to support the Committee on all public health aspects of its forthcoming 5-year Strategic Plan.

JW thanked all those involved in producing briefings to support both meetings; the detail had proved most helpful in informing all the discussions.

- MK reflected on ongoing work in response to the COVID-19 pandemic, with case numbers still relatively high. He advised that system-level advice continued to evolve, the most recent concerning Public Health Wales' support for care homes in implementing Welsh Government policy. MK also noted a revision to the Operating Model, issued on 15 November, based on a single, central system. The Standard Operating Procedure set out the different roles and responsibilities across the system and the team would be working closely with partners to monitor implementation.

The Board **noted** and **took assurance** from the Report.

PHW 317.2/2021 Integrated Performance and Finance Report (Month 7)

HG began by explaining the rationale underpinning the change in report format. Accountability mechanisms to assess delivery against Operational Plans included two Joint Executive Team (JET) meetings between Executive Board Directors and Welsh Government (WG) officials. These were now taking place again, following a period of suspension; The Executive would be meeting with the WG team on 30 November. The guidance on the format of the JET papers referenced the provision of evidence against four main themes: the Board report reflected this format so that the full Board would all see the material submitted. The four themes were: Maintaining a healthy and sustainable workforce; Delivering value and impact; Organisational quality and access to high quality services; and Improved population health and well-being.

Before considering the themes, HG provided an overarching summary of the financial position. He confirmed the current forecast as being a break-even position at year-end but noted the complexity associated with different funding

streams coming in to the organisation. The year- end assessment was based on current knowledge.

HG drew the Board's attention to the fact that the phased approach to recruitment could lead to year-end slippage; he had agreed with WG officials the usage of any slippage for best value purposes and to offset the year-end position. HG also paid tribute to all staff, who continued to work hard to deliver the in-year Plan, against a backdrop of 20 months of relentless pressures associated with the COVID-19 response.

HG invited questions on the financial position:

- DE welcomed the forecast year-end position and the partnership working with WG, to ensure the best value use of resources. This demonstrated the maturity of the working relationship.
- MM also welcomed the report and commended everyone for their ongoing financial rigour; he noted that slippage against recruitment reflected wider societal challenges, rather than being organisation-related, as significant efforts continued to recruit to available posts.

MM then sought clarification on the expected level of spend against the capital allocation at the year-end, given the current commitment of £1.5m out of a total budget of £8m. HG advised that the timing of capital approvals in-year had affected spending to date; he was, however, confident of full allocation commitment and utilisation by year-end. Schemes were subject to individual management and he reminded the Board that a number of schemes had come into being during the year; the staff involved were working hard to deliver against the spend available.

HG invited Executive leads to take the Board through the four themes:

Theme 1: Maintaining a healthy and sustainable workforce

NL noted the sickness and absence rate of 4.3% compared with 3.5% the previous month. Detailed analysis had identified a spike within screening services, linked in part to COVID-19 isolation requirements. The projection for winter months was 5%. He noted improvements in statutory and mandatory training levels and also in appraisal undertaken; work continued regarding staff wellbeing and on workforce training and development.

SG noted a recent national report that had highlighted the mental health impact of COVID-19 and asked whether the increase in staff sickness/absence could, in part, relate to this. NL made reference to the Staff Survey underway currently; this would provide real-time intelligence; MM added that the People and Organisational Development (POD) Committee would be scrutinising this issue closely, taking account of the differential sickness rates across the directorates.

Action: MM /NL

Theme 2: Delivering value and impact

HG confirmed that he had covered all salient points in his introductory remarks.

Theme 3: Organisational quality and access to high quality services

MK reported on the good progress made in reactivating the five screening programmes suspended at the start of the pandemic; the reduction to 1m for social distancing would help, particularly with the Diabetic Eye Screening Wales programme, given its specific challenges.

MK paused and invited questions:

- SH noted the 36-48 month recovery period for breast screening and asked about the impact of this on those awaiting their first screening appointments. MK explained the management of the backlog, based on rigorous risk-assessment criteria.
- DE highlighted the opportunities when reactivating screening services to consider whether the current measures used to capture performance remained appropriate or whether alternative/extra indicators could be added at this point. MK supported a review of the metrics in place currently and confirmed that he would consider this further.

Action: MK

- KE noted the Quality, Safety and Improvement Committee (QSIC) role in scrutinising the screening programmes; from the beginning of the pandemic, each meeting had included detailed scrutiny and information was available from the Committee Secretariat. KE congratulated the screening teams on their sterling work on recovery and noted the opportunities to develop additional metrics to reflect health inequalities, improvement and innovation. JW had joined the most recent QSIC meeting, when she had conveyed the Minister for Health and Social Services' commendation of all screening staff for reactivating the five suspended programmes and for maintaining the remaining three programmes throughout the pandemic.

MK reported on the positive overall performance of microbiology services, with some peaks and troughs related to staffing and logistics. He highlighted the achievements of the Pathogen Genomics Unit (PenGu), and took pride in the fact that Wales had cemented itself as a world leader in the area of clinical pathogen genomics. PenGu performance was made the more remarkable given the small size of the Unit. He noted that Public Health Wales would be establishing a Public Health Genomics Programme to strengthen further this capability.

MK concluded by referencing the current position in respect of Healthcare Associated Infections (HCAIs) and the whole system support from Eleri Davies and her team.

- SG welcomed the positive report and congratulated all those involved in the development of PenGu; this was a major achievement and offered exciting opportunities for the future. She went on to comment on the increase in HCAIs and sought an explanation for this.

In response, MK reinforced the vital role that pathogen genomics had played in the COVID-19 response, especially in the identification of Variants of Concern. On HCAIs, MK commented on the significant changes in service delivery over the last 20 months, that could have impacted on the figures; the WG Deputy Chief Medical Officer and Chief Nursing Officer had given this issue a high priority and Public Health Wales was providing expert support across the system to reduce transmission, using the learning from COVID-19.

RB-W provided an overview of the concerns and incidents quality indicators, commenting specifically on the number of incidents, those still open after 30 days, the nil return in respect of Nationally Reportable Incidents and the one No Surprises Incident. Details of all incidents could be found at Annex A of the report.

RB-W then reported on the monthly and twelve month rolling compliance for complaints (details of which could also be found in Annex A) before turning to the key themes arising from a small number of complaints arising in this reporting period. The learning from these concerns relate to strengthening the quality assurance for communications used for British Sign Language, and other languages, together with one complaint raised with regard to service user concerns around equality and inclusivity. RB-W outlined the work underway to address the issues. She concluded by noting the number of compliments received is much larger than the number of concerns raised.

RB-W invited questions:

- KE expressed her concern at the themes relating to language and communication with service users; she raised the possibility of QSIC considering this matter further, given that it concerned service quality. RB-W confirmed that the outcome of the investigation could well involve a revised process to sign off public-facing information. JW asked KE and RB-W to include further consideration of the issue on the next QSIC agenda.

Action: KE/ RB-W

On risk management, RB-W reminded the Board that, following a review, the June 2021 Board meeting had reached agreement on five strategic risks, reduced to four at the September meeting, with Strategic risk 2 being redesignated as a corporate risk. A further period of reassessment was now underway, including consideration of the optimum management of risks relating to innovation and improvement. In response to a query from JW, RB-W confirmed that it would be possible to bring an update report to the January 2022 Board meeting.

Action: RB-WTheme 4: Improved population health and well-being

Referring to the 2021/22 Operational Plan, HG welcomed the positive progress made whilst also drawing attention again to the extreme pressures the organisation was still working under. He advised the Board of the work planned for the final four months of the year to capture the sustained impact and pressure on staff and how to address these further. TC welcomed this and noted that many staff were exhausted following many months of pressure, most recently from reactivating services, whilst also maintaining an appropriate response to COVID-19. This could require moving some planned work into the 2022/23 year, where appropriate.

- DE supported the move towards an outcome-focused approach but this had to be meaningful and kept as simple as possible. IB agreed that the use of outcome measures must be judicious and focused.
- MM acknowledged the possible need to transfer work into 2022-23 and asked that the Board be made aware of the detail; he sought confirmation that any transfer would be assessed against a prioritisation process. HG gave that confirmation and agreed to update the Board accordingly.

Action: HG

HG also confirmed the intention to continue with the themed approach set out in this report; JW asked Committee Chairs to review their Committee agendas, to ensure appropriate coverage against the themes.

Action: KE;DE;MM;SG.

JW concluded the discussion by thanking all those involved in the production of a sector-leading report and associated Performance Assurance Dashboard (PAD) that continually elevated the discussion around the Board table. At the forthcoming JET meeting, Executive Directors would be able to confirm that the full Board had assured itself on:

- the workforce risks associated with the 2021/22 Operational Plan, and the mitigating actions, particularly in respect of screening programmes;
- the review of year-end forecasts and the management of COVID-19 related funding;
- the inclusion in the Plan of innovative and transformational approaches to recovery and the actions in place to optimise these;
- the identification of Public Health Wales' system leadership role, together with examples of this;
- the plans for re-establishing the five screening programmes suspended earlier in the pandemic.

The Board also asked Executive Directors to stress the continuing pressure under which all staff found themselves, having to reactivate services whilst maintaining a COVID-19 response; 20 months on from the start of the pandemic, staff were exhausted and, yet, continued to strive to protect the health of the people of Wales and to provide high quality services. The Board was proud of all Public Health Wales' staff and wanted WG officials to note that.

Action: TC

The Board **noted** and **took assurance** from the Integrated Performance and Finance Report, commending all those involved in its production.

PHW 317.3/2021 Break

PHW 317.4/2021 Committees of the Board: Report from Committee Chairs

MM provided an update on the last meeting of the POD Committee, referring back to the discussions on workforce issues earlier in the meeting. The Committee made effective use of the PAD to inform its discussions and he welcomed the ongoing development of workforce information. This included a more detailed analysis of workforce recruitment matters; this should involve not only a breakdown of applications but also a review of panel membership and training, to avoid bias and to promote equality, inclusion and diversity. The Committee would have a major focus on this area in the coming months.

Action: MM/NL

KE provided an update on the most recent QSIC Committee meeting on the 10 November. She made reference to the discussions earlier in the meeting on screening programmes and the agenda item on winter planning; the Committee had discussed both matters in detail and she welcomed the added focus at full Board level.

KE and MM raised the issue of Committees considering ways to optimise use of the PAD during their meetings and highlighted the work underway on this.

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

PHW 317.5/2021 Winter Planning Update

MK referred to several papers that collectively supported this agenda item, including: the *Welsh Government Coronavirus Control Plan*, the *Welsh Government Public health response to respiratory illness Plan: winter 2021-22*; and the *Welsh Government Health and Social Care Winter Plan 2021-22*.

MK then summarised Public Health Wales' role in terms of both system leadership and service delivery; this included an ongoing acute response to COVID-19, providing a range of support to WG and other partners, provision of health protection and microbiology services, vaccination and immunisation

responsibilities, surveillance and information sharing, whole genome sequencing to support the COVID-19 and Influenza programme, expert advice and guidance on infection prevention and control, and responding to the wider harms facing the nation. The production of the Health Protection Response 'Operating Model' was a key example of system leadership in practice.

MK then invited IB and JB to add detail on Public Health Wales' support for the NHS during Winter 2021/22.

IB outlined the work underway to develop a dashboard focussing on public health system pressures; this would provide a 'cockpit' overview and would likely include: COVID-19 and other infectious diseases; burden of disease; population health behaviours; health care system pressures; wider determinants; predictive elements where feasible.

JB set out the support that Improvement Cymru could offer for Winter planning and wider system support, through: coaching support for organisations across the NHS, in respect of managing patient flow and patient safety challenges; assisting social care with continuum of care issues; providing improvement advice to national-level programmes. He looked to strengthen working relationships with Social Care Wales and the sector more broadly.

JW thanked MK, IB and JB for their comprehensive exposition of the system-wide leadership role that Public Health Wales discharged around Winter planning, in addition to its vital service delivery role. She then invited questions or comments.

- MM queried the impact of the numbers of people unvaccinated and those resistant to vaccination; he asked whether this constituted a major issue in Wales. MK advised that vaccination uptake and equity featured regularly in discussions with WG and through the Welsh Vaccination Equity Group; vaccination remained the strongest defence against COVID-19, with clear evidence that it prevented serious disease that required hospitalisation. Those countries experiencing a fourth wave had lower vaccination rates and their experience was linked, in part, to this factor.

HG indicated that LM could provide a short briefing note for the Board on the *Vaccination Saves Lives* campaign, the key messages and the issue of 'myth busting'. JW confirmed that this would be most helpful.

Action: LM

- On the influence of social media on vaccine hesitancy, IB commented on the fact that many anti vaccine social media posts were attributable to six twitter accounts. He noted the work underway to attempt to track the influence of social media posts on vaccine uptake for key groups, for example pregnant women.

- DC highlighted the 'reach' of the digital campaign as a percentage of the total population; she asked whether a social media response alone was sufficiently agile to address concerns and influence behaviours. MK agreed that social media numbers were small and it was important to set this within the context of a wider campaign. He noted the learning from previous winter flu campaigns on the methods most likely to achieve the greatest impact; these involved the use of credible and trusted information sources.
- SG asked whether equality data would, in future, be available for all preventable diseases in the way that it was for COVID-19. MK confirmed that the Vaccine Equity Programme did review inequities in a targeted way, with a particular focus on BAME communities and uptake across different socioeconomic bands.
- DE recognised the key role of Improvement Cymru in the COVID-19 response and in identifying new ways of working. He identified the significant untapped potential for further development and improvement actions and asked about national-level resourcing. JB noted the increasing requests for support from NHS partners and the need to consider whether the current team could accommodate the growing demand.
- KE advised that QSIC had considered whether public health was at a key moment as we emerged from COVID-19 and how this could be exploited to drive a greater level of health literacy and drive positive health behaviours. JW referred to the 'teachable moment' concept and invited MB to comment; he agreed and noted the opportunities to access a 'ready-made audience'; he also emphasised the need for clarity on whether the approach was a broad public health one or focused on health promotion. MB was strongly of the view that this opportunity should be used to broaden the public health discussion.

The Board **noted** the winter planning reports and **took assurance** from the detailed discussions, thanking all involved in assembling the material. This set out clearly both Public Health Wales' vital service delivery role, and its system leadership role.

PHW 317.6/2021 Knowledge, Research and Information Committee (KRIC) Terms of Reference

HB reminded the Board of the suspension of KRIC during the earlier stage of the pandemic; at its July 2021 meeting, the Board had approved reactivation. A first meeting was planned for December, to report back to the January 2022 Board meeting. In preparation for this, the Terms of Reference had been subject to review, as set out in the report.

HB also outlined that following review it was recommended that both cyber security and Information Governance be allocated to the Audit and Corporate Governance (ACGC) Committee. If approved the terms of reference for the ACGC would need amending.

<p>The Board approved the revised Terms of Reference and also approved the allocation of both cyber security and Information Governance to the Audit and Corporate Governance Committee; for which the terms of reference would be updated.</p> <p>Action: HB</p>	
PHW 318/2021	Items for Approval
PHW 318.1/2021	Minutes and Action Log from the Board Meeting on 30 September 2021
<p>In introducing this item, JW took the opportunity to place on record her grateful thanks to KE for acting into the chair role during her recent absence, a role that KE had discharged with distinction.</p> <p>The Board approved the minutes as an accurate record of the meeting and noted the Action Log.</p>	
PHW 319/2021	Items for Noting
PHW 319.1/2021	Staff Network Update Report
<p>The Board noted the Staff Network update report on work underway, with a full report scheduled for the March 2022 Board meeting.</p>	
PHW 320/2021	Date of Next Formal Meeting of the Board
<p>The next scheduled Board meeting was 27 January 2022.</p>	
PHW 321/2021	Close of Public Meeting
<p>The meeting closed at 12.18pm</p>	

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