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Wales

**Unconfirmed Minutes of the Board Meeting
held on 27 January 2022
(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
Judi Rhys	(JR)	Non-Executive Director (Third Sector)
Mohammed Mehmet	(MM)	Non-Executive Director (Local Authority)
Rhiannon Beaumont-Wood	(RBW)	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
Neil Lewis	(NL)	Director of People and Organisational Development
Verity Winn	(VW)	Audit Wales
Apologies:		
Helen Bushell	(HB)	Board Secretary and Head of the Board Business Unit
Claire Sullivan	(CS)	Staff Side Trade Union representative

The meeting commenced at 10am

PHW 1/2022 Welcome and Apologies

JW welcomed everyone to the meeting, extending a warm welcome to those observing the meeting online, to Hannah Lindsay, co-chair of the BAME Staff Network and to Sarah Morgan, Head of Employee Experience.

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, JW confirmed the Board’s commitment to fostering a learning culture. This meant that, when things went wrong, Public Health Wales looked to apologise, to put things right and to secure improvements as a result of applying the learning. Such a learning exercise was underway currently, following the much-publicised public response to the change in cervical screening intervals for 25-49 year old women and people with a cervix. On behalf of the Board, JW apologised and committed to identifying and applying the learning; TC would provide further detail in her CEO report.

The Board was also 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. As an explicit example of that commitment, the Board looked forward to signing the Zero Tolerance of Racism Pledge at the end of the meeting.

JW went on to comment on the conduct of Board business in line with a formal Board Etiquette; this could be found on the web-site. It stipulated the reading of all papers before the meeting, optimising the time available for debate on the day. The Board also applied Public Health Wales’ Values: Working Together, With Trust and Respect, to Make a Difference.

JW drew attention to a new item for noting - a synopsis of those matters the Board had considered in private session on 25 November 2021, in line with the formal

Public Health Wales Protocol for Reserving Matters to a Private Board (or Committee) meeting. (Note: The Protocol can be accessed via the following link: <https://phw.nhs.wales/about-us/board-and-executive-team/protocol-for-private-meetings/>)

PHW 2/2022 Declarations of Interest

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

PHW 3/2022 Pledge - Zero Tolerance to Racism

JW introduced Hannah Lindsay and Sarah Morgan, joining the meeting for this significant agenda item.

NL summarised the background to this initiative; Race Council Cymru had designed an online Pledge, to encourage organisations and individuals to commit to zero tolerance of racism, and to promote racial harmony and equity. The BAME Staff Network had asked the Board to sign the Pledge and Board Directors were unanimous in their willingness to do so, as an explicit means of promoting Public Health Wales' Values.

NL confirmed that, following the signing at the end of the meeting, ongoing monitoring would build on the relevant questions already set out in the NHS Wales' and Public Health Wales' staff surveys.

JW thanked all those involved in the work to date, expressing specific thanks to the BAME Staff Network members for raising it with the Board. She asked HL and SM to relay the Board's appreciation to them; JW then invited comments:

- MM also expressed his thanks and proposed a role for the People and Organisational Development (POD) Committee in the monitoring process; colleagues supported this proposal. NL also noted that the February 2022 POD Committee meeting would consider a survey analysis and this could also form part of the ongoing approach.

Action: MM/NL

- DC asked whether the Public Health Wales staff survey could include questions to elicit staff perceptions of the organisational culture. NL confirmed that both surveys included this type of question already; the Public Health Wales' staff survey could, however, include additional questions.
- TC expressed added her thanks to HL, Shamala Govindasamy (the other BAME Staff Network co-chair) and SM for their leadership of this important area of Public Health Wales' equality, diversity and inclusion agenda. The signing of the Pledge represented an important public statement of the Board's commitment.

The Board **approved** the digital signing of the Zero Racism Pledge and **agreed** with the Statement of intent.

PHW 4/2022 Board Assurance Framework

PHW 4.1/2022 Chief Executive's Report

In introducing her report, TC drew attention to the following issues:

The recent public anxiety and concern around the changes to the cervical screening programme. Public Health Wales had announced changes to the current screening arrangements in early January 2022, the result of a UK National Screening Committee recommendation, following an evidence-based review and UK-wide consultation in 2019. TC advised that Scotland had implemented the changes in 2020.

The announcement of the changes in Wales had caused considerable adverse public comment and concern, unanticipated in its strength and scope. TC added her apologies for the anxiety caused and confirmed the intention to conduct a comprehensive 'debrief', to identify all the learning and to secure improvements across service change processes of this kind. This would include engaging with service users, relevant third sector bodies and other stakeholders before any announcements, reviewing the forms of communication, particularly in respect of social media platforms, and close working with Welsh Government, given that the decision was vested at government level, following advice from the Welsh Screening Committee.

JW thanked TC for her update and then invited questions:

MM also expressed his regret at the way in which a good news story had turned into such a controversial matter. He recommended close working with those third sector bodies in the field, whose links with service users could assist in the appropriate framing of future communications.

JR also welcomed the need for closer engagement with third sector organisations as a key learning point. She emphasised the willingness of relevant charities to work closely with Public Health Wales to optimise public messaging.

DE suggested that Public Health Wales should look to build on the heightened public awareness of health and public health issues; third sector engagement in this work was important.

KE advised that the agenda for the February 2022 Quality Safety and Improvement Committee (QSIC) meeting included an item centred on new ways of engaging with service users and stakeholders; this would address learning from both the pandemic and the cervical screening changes.

RBW noted the exciting organisational opportunity to work proactively with the third sector and with service users. She also indicated that work was underway on how best to target public health messages for children and young people.

JW welcomed the intention to conduct a comprehensive 'Debrief' and asked TC to keep the Board informed as the work developed.

Action: TC/HB

TC highlighted the programme of meetings with Ministers and Senedd Committee Chairs and drew attention to the written submissions provided as part of the engagement process.

In response to another aspect of TCs report, SG welcomed the recognition of Public Health Wales' role and profile both globally and across continental Europe; she referred specifically to the well-deserved global reputation of the Pathogen Genomics Unit (PenGu).

SG also asked about the prospect of a UK-approach to health improvement/inequalities/disparities, to mirror that set up for health protection and surveillance following the launch of the UK Health Security Agency.

TC reflected on Public Health Wales' significant contribution to the global public health agenda, with the prospect of further opportunities for research and innovation. She expected the Office of Health Improvement and Disparities in England to engage with partner UK bodies in 2022/23, on conclusion of its establishment period.

TC then invited IB to update the Board on Public Health Wales' engagement in an antiviral drug trial. IB noted the opportunities associated with this trial to move toward more rapid trials' development in the future. SG added that the Knowledge, Research and Information Committee would explore this issue and report back to the full Board.

Action: SG/IB

The Board **received** the report and **took assurance** from the updates provided.

PHW 4.2/2022 COVID-19 including Winter Response (incorporating strategic risk)

MK provided an update on the COVID-19 position, including the strategic risk information relevant to the ongoing response to the pandemic and other winter pressures. He used a slide presentation to demonstrate:

- the continued reduction in 7 day incidence rates;
- the reductions in positivity rates, the rate currently standing at 34%;

- the fact that Omicron remained the dominant variant over Delta; the latter had been dominant in 2021. Omicron now accounted for over 95% of cases;
- the findings of some vaccine effectiveness studies on the reduction over time of levels of immunity;
- the reductions in COVID-19 related Hospital admissions, in comparison with previous waves;
- the fact that all cases deaths remained higher than the 5 year average;
- the increase in COVID-19 numbers being reported amongst schoolchildren, with an increase in the 0-16 year age group being linked to much of this age group being unprotected by vaccination. There had been a sharp reduction in cases in the 17-49 years age group;
- the peak of the epidemiological curve during the Christmas and New Year period; this had then subsided to current levels; whilst this news was positive it was not possible to predict the position in the coming weeks; the hope though remained that of an ongoing reduction;
- the similar distribution of cases across health boards; the continuation of vaccination as the key preventative measure, with 91% of the age 12+ population receiving two doses and 66% having also received the booster;
- the delivery of over 1.8m doses of booster; the pace of booster vaccination from September 2021 aligned with JCVI recommendations on vaccine programmes;
- further development of the vaccination programme, for children aged 5 years and over with risk factors, depended on advice from JCVI;
- the suggestion from evidence on the protection offered through vaccination that this may be required more frequently than on an annual basis;
- the use of learning from the vaccination programme more widely, including the inequalities evident in the vaccine update information;
- the move in Wales to Alert Level 0 from 28th January; the reduction in the self-isolation period to seven days. The use of facemasks in schools would continue until the spring half term; decisions on mask wearing in schools would then be made at local level;
- the continued focus on prevention, vaccination and preparations for the transition from pandemic to endemic.

MK also reminded the Board that, whilst COVID-19 continued as the highest burden of infectious disease in circulation, other respiratory infections are also being detected, such as Rhinovirus, which causes the common cold. There were only a few cases reported of Influenza A and Influenza B but there are reports of increasing numbers in continental Europe. Small pockets of Tuberculosis clusters and incidents continued and MK referenced the ongoing position in Llwynhendy.

Finally, MK noted that gastrointestinal outbreaks continued in small numbers, primarily related to E.coli and Salmonella, with ongoing management in line with long-established protocols.

NL added detail on the workforce elements of strategic risk 1: Public Health Wales had to sustain an appropriately skilled workforce. He noted the actions in place to offset staff absence and maintain resilience.

JW thanked MK and NL for a detailed and informative update and invited questions and comments.

SG welcomed the update and took assurance from the ongoing and focused attention being directed towards the management of COVID-19 as well as the other infectious illnesses prevalent during the winter months. She queried the necessity for twice-yearly booster vaccinations. MK advised that current evidence for the Omicron variant indicated significant antibody waning at 20 weeks post booster; following this, the evidence pointed to only very low immunity against symptomatic infection. Whilst the likelihood of serious illness causing hospital admissions was less likely, it was too early to form a definite view. SG also noted that extending vaccinations to children would have resource implications.

MM asked why new variants tended to appear, peak, and drop off, with new variants then emerging; MK explained that this was the result of virus mutations.

MM also welcomed the incorporation of strategic risk data into Board reporting; he noted the impacts of the pandemic on organisational resilience. NL outlined the work underway on work on systems and processes to enable business continuity.

The Board **noted** the update provided via the presentation and **took assurance** from the update.

PHW 4.3/2022 Integrated Performance Report (Month 9)

In introducing the Integrated Performance Report, HG drew attention to the considerable detail now available through the Performance Assurance Dashboard (PAD) to support and inform the work of Public Health Wales. Further refinements would begin in the 2022/23 financial year and would incorporate some additional features suspended currently. HG then invited Executive Director leads to comment on each section.

Maintaining a healthy and sustainable workforce

NL drew attention to the December 2021 position on sickness and absence; at 3.4%, this represented an improvement on most of 2021. NL also outlined the work underway to report EDI data systematically at Board and Executive levels.

MM welcomed the low sickness/absence level, commenting that this reflected both the level of staff commitment and, hopefully, the success of the vaccination programme.

Delivering value and impact

Introducing the finance position, HG reflected on the challenge in achieving a break-even position at the year-end. Management of the revenue position included both

responding effectively to the COVID-19 pandemic and appropriate use of in year slippage; it required focussed effort across the organisation. The capital position was equally challenging and HG outlined the actions needed to spend the capital allocation by 31 March 2022.

DE noted the significant challenges involved in achieving financial balance at such a turbulent time. The additional finance flow linked to COVID-19 was welcome, but brought with it additional complexity. He recognised the benefits of moving resources between directorates and budget headings in-year, but asked whether this level of flexibility would be a requirement in 2022/23. In response, HG anticipated another transitional year, prior to greater budget stability thereafter. He also noted the tight NHS Wales' discretionary capital position for 2022/23.

Organisational quality and access to high quality services

MK drew attention to the following issues:

- work continued to return screening services to normal levels, but issues remained in respect of system level readiness. He gave the example of bowel screening; patients should have a colonoscopy within 4 weeks of referral, but some health boards were not achieving this timeline and discussions continued;
- there were some delays for breast screening but the position continued to improve;
- cervical screening continued with the change to a five year screening programme, subject to the earlier discussion, in the implementation phase;
- an initiative underway to improve diabetic eye screening access by managing lowest risk patients through local optometry services, releasing capacity in the usual screening service for those at higher risk. Early indications were positive, in terms of reducing the backlog. The identification of additional venues to improve accessibility further would also assist;
- Public Health Wales had a system leadership role in respect of health care acquired infections (HCAIs); the metrics included in the report referred to the delivery performance of health boards.

JR welcomed the progress in reducing backlogs and the identification of novel approaches. She asked whether the use of optometrists for low-risk diabetic eye screening was a trial that could become permanent. MK confirmed that this would be subject to evaluation and the results shared with the Board.

Action: MK

RB-W then reported on:

- the progress in closing older incidents;
- the forthcoming implementation of a revised Datix system;
- the nil return for national reportable incidents during the reporting period.

KE noted the tracking underway at QSIC meetings of the time taken to close incidents; additional investment in the team had resulted in a reduction in that time.

RB-W also updated the Board on the work underway to review the approach to strategic risk development.

Improved population health and wellbeing

Referring to the 2021/22 Operational Plan, HG reported that the position remained favourable, as the papers indicated; a flexible approach to financing across the directorates had facilitated this. He drew attention to the work reflected on page 132 of the report; this resulted from work that the Senior Leadership Team had conducted to consider milestones and ensure that staff had access to appropriate resources to deliver the required outcomes.

HG drew the Board's attention also to the key pandemic-related challenges; these were ongoing.

HG invited questions and comments:

- DE found the format of the report helpful, it set out both the position in respect of resource use and the challenging operating environment that called for agile and flexible financing;
- TC commended staff on their outstanding response to the unparalleled challenges of the past two years.
- Earlier in the meeting, MM had commented positively on the inclusion of strategic risk assessments as part of performance reporting. He queried the reporting of risk 2 as being green/amber, given the lack of progress against a number of the actions. MB, the strategic risk owner, indicated that many actions were underway; he agreed to look at the text supplied.

Action: MB

The Board **considered** and **took assurance** from the issues discussed and the supporting documents provided.

PHW 4.4/2022

Break

PHW 4.5/2022

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

JW invited the Committee Chairs to draw the Board's attention to any key issues in their composite report.

Quality Safety and Improvement Committee (QSIC)

KE noted that, in addition to the usual QSIC agenda, the last meeting had included taking assurance on the Winter Response Plan, incorporating the uptake rate following the staff 'flu campaign. The Committee was also considering how best to use the Performance Assurance Dashboard.

Knowledge Research and Information Committee (KRIC)

SG was pleased to report the first meeting of the reconvened KRIC in December 2021. She advised the next meeting would consider development of the research strategy and update the mapping process. KRIC had an exciting agenda for the coming year.

Audit and Corporate Governance Committee (ACGC)

DE provided a verbal summary of the ACGC meeting on 20th January 2022. He noted the four substantial reports from Internal Audit, along with the Audit Wales' Structured Assessment Report. The latter assessment had been one of substantial assurance and had praised Public Health Wales' leadership and governance.

JW invited VW to comment on the Structured Assessment Report. VW reflected on the way in which Public Health Wales sought constantly to improve on previous assessments; she found the culture of continuous improvement most commendable, particularly given the challenging circumstances. JW thanked VW for her constructive approach and for her preparedness to provide advice and guidance throughout the year. JW also commended everyone on the four substantial internal audit ratings; this was a remarkable achievement.

MM advised the People and Organisational Development Committee (POD) would meet next in February 2022, and would report to the March Board meeting.

The Board **received** the updates and **took assurance** from the information provided.

PHW 5/2022 **Items for Approval****PHW 5.1/2022** **Minutes and Action Log from the Board Meeting
(25 November 2021)**

The Board **approved the minutes** as an accurate record of the meeting and **noted** the Action Log.

On the Action Log, JW noted the request to revise two target dates. RB-W and JB confirmed that the proposed revisions, to March 2022, were achievable, and outlined the work required.

The Board **noted** the proposal to amend two target dates on the Action Log and **agreed** to amend these dates.

PHW 6/2022 **Items for Noting**

JW explained the inclusion of a new report summarising the Board discussions in private session in November, 2021. She referenced the Protocol cited at the start of the meeting; this provided a guide on the subject matter that was appropriate for discussion in private session; to increase transparency, JW confirmed her intention to provide a synopsis of such discussions at each Board meeting hereafter.

The Board **noted** the report.

PHW 7/2022	Date of Next Formal Meeting of the Board
The next scheduled Board meeting was noted as the 31 March 2022.	
PHW 8/2022	Close of Public Meeting
The meeting closed at 12.10pm.	

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