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Wales

**Confirmed Minutes of the Board Meeting
held on 17 December 2020,
(held electronically via Microsoft Teams and livestreamed via the
web)**

| Present: | | |
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| 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) |
| Eleri Davies | (ED) | Interim Medical Director |
| 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) |
| Andrew Jones | (AJ) | Interim Executive Director of Public Health Services |
| Judi Rhys | (JR) | Non-Executive Director (Third Sector) |
| Alison Ward | (AW) | Non-Executive Director (Local Authority) |
| In Attendance: | | |
| 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 |
| Liz Blayney | (LB) | Deputy Board Secretary and Board Governance Manager |

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| Neil Lewis | (NL) | Acting Director of People and Organisational Development |
| Stephanie Wilkins | (SW) | Representative of Staff Partnership Forum |
| Apologies: | | |
| Helen Bushell | (HB) | Board Secretary and Head of Board Business Unit |
| Mohammed Mehmet | (MM) | Non-Executive Director (Local Authority) |
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The meeting commenced at 10:00

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| PHW 200/2020 Welcome and Apologies |
| <p>The Board noted the apology for absence.</p> <p>JW welcomed everyone to the meeting, explaining the need to continue with virtual meetings, centred on a COVID-19 related agenda. The meeting was open to the public and to staff via a livestream link on the website.</p> <p>JW summarised the role of the Board as the Governing Body of the organisation, with specific responsibilities for: strategy development and direction; building and sustaining strategic partnerships; setting risk appetite and overseeing strategic risks; scrutinising in-year performance against plans and setting the organisational tone and culture. The Board was committed to ensuring that every member of staff could come to work and be their authentic selves, without fear of disadvantage or discrimination of any kind.</p> <p>JW advised that the Board conducted its meetings in line with a formal Board Etiquette, details of were on the website. She also explained that, in line with its commitment to continuous improvement, the Board had adjusted the agenda for the meetings, to optimise the time spent on assurance and approval. Board meetings alternated, having a full agenda one month and a shorter, focussed agenda the following month; this meeting would concentrate on COVID-19 and preparations for leaving the EU on 1 January 2021.</p> |
| PHW 201/2020 Declarations of Interest |
| <p>JW declared her appointment to the Board of the Human Tissue Authority, with effect from 4 January, 2021. There were no other declarations outside those already recorded on the Register.</p> |
| PHW 202/2020 Board Assurance Framework |
| PHW 202.1/2020 Chief Executive's Report |
| <p>In her verbal report to the Board, TC drew the attention to the following:</p> <ul style="list-style-type: none"> • A planned laboratory system upgrade of the Welsh Laboratory Information Management System (WLIMS) by the NHS Wales Informatics Service (NWIS) undertaken over the weekend of 11/13 December. This had taken longer than expected and had caused a delay in the reporting |

of approximately 11,000 accrued positive COVID-19 tests from the Lighthouse Labs. TC reminded the Board that NWIS managed the WLIMS and advised that Public Health Wales had no system or reporting failures to address.

Public Health Wales had notified all stakeholders, and the public, of the planned system upgrade, using social media postings linked to the daily dashboard, for several days prior to the maintenance taking place. Welsh Government knew of the upgrade and the likely impact on reporting systems. TC assured the Board on the availability of COVID-19 positive test results throughout the period involved, with patient contacts taking place as normal.

TC commented on the number of inaccuracies in early media reporting, the action taken, and in hand, to correct the public record. NWIS was also issuing a statement and Public Health Wales would issue further statements, should that prove necessary, during the day.

AJ added detail on the preparations made in advance of the upgrade, to ensure the timely upload and analysis of the data, once this started flowing again. In the event, this occurred on the evening of 15 December, with data analysis throughout 16 December, and the uploading of results onto the public facing dashboard on 17th. AJ echoed TCs confirmation that no one with a positive result had been adversely affected.

SG noted the planned nature of the upgrade, commenting on the importance of taking urgent action to correct misreporting, given the reputational impact of inaccurate media coverage earlier in the day. She congratulated TC and the team for their prompt response.

AW echoed SGs comments on reputational impact; she reflected on the challenge of communicating effectively with local government and other partners, given the pace at which the agenda was moving.

- The Welsh Government publication: *Coronavirus Control Plan: Alert Levels in Wales*; this set out four levels of restrictions, with thresholds and associated interventions for each. TC noted the Welsh Government indication that Wales would move to Level 4 from 28 December 2020.
- The possible implications for the national screening programmes of some Health Boards' plans to suspend non urgent services. TC rehearsed the action taken to suspend and reactivate five of the programmes, noting the need for access to assessment, diagnostic and treatment services. She would update the Board as the position became clearer.

ACTION:TC

- Ongoing work around the population health agenda; TC invited MB to outline that work. He referenced: the continuation of the fortnightly public engagement surveys; international comparisons of approaches to COVID-19 restrictions and preparations for the festive period; forthcoming health impact assessments; the overall focus on mental health and well-being, particularly of young people, employment and the impact of COVID-19 on vulnerable groups. The last would include looking at all aspects of violence, including against women and girls.

JR recognised the pressures facing the screening services, yet drew attention to the additional harms that would accrue from any further suspension of programmes.

SG thanked MB for the population health update; she referenced the recent Report *Build Back Fairer: The COVID-19 Marmot Review*, commissioned by the UK Government, that identified a relationship between COVID-19 and deprivation. SG asked whether the Report included data from Wales or whether a similar piece of work was planned for Wales. MB agreed to review the data sources used in the latest Marmot review. He also outlined the work planned in Wales, based on the WESRi work.

ACTION:MB

The Board **resolved** to **receive** the information shared and **took assurance** from the actions in hand against each of the items discussed.

PHW 203/2020 Novel Coronavirus COVID-19 General Update

JW advised that this item would now include all but one aspect of the COVID-19 agenda; the financial spend relating to the pandemic would continue to form part of the normal finance report.

AJ structured the update as follows:

Situational Update

AJ used graphs to demonstrate the growing seriousness of the position: 7 day incidence rates and test positivity percentages, together with increasing hospital admissions, all indicated that the gains made through the firebreak had not been sustained. He noted the Welsh Government announcement of further restrictions on 4 and 11 December; the Government had now determined on major additional restrictions over the Christmas period and from 28 December.

AJ emphasised the importance of reinforcing the key messages: hand hygiene; social distancing; home working where possible; the wearing of face masks; and self-isolation where necessary, supported by the Test, Trace and Protect system.

AW recognised the pressures on hospitals and other frontline health care services; she emphasised the holistic nature of the demand on health and social care services. The whole system was facing increasing demand in the context of limited capacity; both health boards and local authorities were seeking to appoint scarce additional staff with similar skills.

Test, Trace and Protect

AJ confirmed the revision of The Test, Trace and Protect (TTP) Operating Framework, being reissued on 9 December. This provided added clarity on the role of Public Health Wales and of partner bodies at regional and local levels. Its implementation should ease pressure on Public Health Wales' staff, all of whom were continuing to provide expert support to the system in the face of daily increases in demand. The Executive Team would continue to oversee the effect of the implementation.

ED provided an update on the position regarding new variants of COVID19: the mink variant linked to Denmark and another variant, identified primarily in south east England, but with a small number of cases also identified in Wales.

ED also reported on changes to the self isolation period, implemented from 10 December 2020 following a UK wide agreement.

JB then moved on to provide an update on the 3 regional laboratories, the fact that 5 out of the 6 hot labs were operational and the handover of the IP5 Lab in Newport. He commended the team involved in the commissioning of this facility, noting the speed of the achievement.

SG asked about the impact of lateral flow testing; JB advised that this was of limited impact to date but that he expected it to increase.

DE reflected on current approaches to messaging and the possibility of reviewing these, to optimise behavioural insights work. TC agreed to consider this issue further, looking at Public Health Wales' role as part of a wider messaging network.

ACTION: TC

Vaccination Update

In introducing the Report, AJ provided clarity on the role of Public Health Wales in vaccination programmes, including the COVID-19 vaccine programme. This leadership and system support role included the provision of: specialist advice; surveillance of disease and vaccination uptake; training and e-learning; professional guidance and clinical advice; service user engagement. AJ referenced the specific Paper on COVID-19 Vaccination programme (prepared by the Vaccine Preventable Disease Programme (VPDP) team), which focussed

on the general vaccination process, Public Health Wales' specific leadership and system support role in the COVID 19 vaccination programme, and health boards' responsibility for operational organisation and delivery. A Covid Vaccine Programme Board, established under Welsh Government leadership, had the oversight role in policy support and advice, together with monitoring of vaccination take up and delivery. AJ acknowledged the major contribution of the VPDP team and other PHW staff in the preparation work, which had been undertaken rapidly and highlighted the following:

- Pre planning that had enabled a rapid implementation of the vaccination programme, following authorisation;
- The purchase of a total of seven vaccines by the UK Government, with vaccination using the Pfizer vaccine commencing on 8 December;
- JCVI identification of priority groups;
- Whilst the vaccine was effective in treating symptomatic COVID-19, there was no confirmation as yet that it prevented virus transmission;
- The administering of over 6000 doses in the first week, with the ultimate aim of a 15,000 daily rate;

JW thanked AJ for this informative update; she asked RB-W to follow on with some information on the vaccination plans for Public Health Wales' staff. RB-W confirmed that she was working closely with health boards to ensure access to booking systems and appointments. She also advised that, as other vaccines became available, the programme would move in-house.

KE sought clarity on the role of Public Health Wales in monitoring vaccine uptake; AJ confirmed that the role related to the provision of surveillance of disease and vaccine uptake information (similar to influenza), to all partners and particularly to the Covid Vaccine Programme Board.

JW thanked AJ, ED and JB for their detailed updates; she asked Board colleagues to identify any additional issues for inclusion in this integrated COVID-19 report.

ACTION: All

The Board **resolved to take assurance** from all the actions identified as part of the discussion.

PHW 204/2020 Update on the Impact on the Leaving of the European Union

In presenting this update, AJ noted that it represented the final opportunity for the Board to discuss the matter, prior to the UK exiting the EU on 1 January 2021. The risks and mitigations sat under Strategic Risk 3 ('the delivery of ...infection and screening services') and AJ referenced these throughout his update.

AJ reminded the Board of the establishment of a EU Exit Transition programme that reported regularly into the Executive Team. The significant work undertaken included the development of activation plans to ensure business continuity, should that be necessary, informed by the ongoing negotiations. Continuity of the supply chain had been a key feature, as had staff communications.

At a national Wales level, AJ confirmed Public Health Wales' representation on the EU Transition Leadership Group; as the Interim Executive Director of Public Health Services had taken the lead for the Health Security workstream that reported into the main group, and this had concentrated on updating the relevant risk assessments. The main risk concerned surveillance and alerts, given that the UK was currently part of the EU reporting system. The ambition centred on maintaining contact and also on using mechanisms to engage with other non EU countries. The four UK nations were working to develop a protocol on surveillance and some legislative changes would also be necessary.

JW thanked AJ for the update and advised that the Board would consider the position, post 1 January 2021, at the next Board meeting.

The Board **noted** the update provided and took **assurance** from the arrangements put in place in advance of 31 December 2020.

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| PHW 205/2020 | Items for approval |
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| PHW205.1/2020 | Minutes and Action Log from the Board Meeting on 26.11.20 |
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The Board **approved** the minutes of the meeting held on 26 November 2020 as a true and correct record.

The Board **noted** the Action Log, **approving** the closure of those actions marked as complete.

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| Date of Next Formal Meeting of the Board |
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In closing the meeting, JW reflected on the sobering nature of the discussions; these signalled the grave position facing the Country. On behalf of the Board, she extended heartfelt thanks to all staff, whose commitment and sense of purpose had been outstanding throughout the year. The people of Wales owed them all a great debt of gratitude for their willingness to adapt to the requirements of COVID-19 mobilisation and to remain so focussed during the most challenging of times

JW wished everyone a safe Christmas, expressing the hope that 2021 would see better times.

The **next meeting** of the Board was scheduled for Thursday 28 January 2021.