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**Unconfirmed Minutes of the Board Meeting
held on 27 May 2021,
(held electronically via Microsoft Teams and livestreamed via the
web)**

Present:		
Jan Williams	(JW)	Chair
Tracey Cooper	(TC)	Chief Executive
Jyoti Atri	(JA)	Interim Executive Director of Health and Wellbeing
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)
Mohammed Mehmet	(MM)	Non-Executive Director (Local Authority)
Andrew Jones		Interim Director HELEN can you complete title, please
Judi Rhys	(JR)	Non-Executive Director (Third Sector)
Rhiannon Beaumont-Wood	(RB-W)	Executive Director of Quality, Nursing and Allied Health Professionals
In Attendance:		
Mark Bellis	(MB)	Director of Policy and International Health, WHO Collaborating Centre on Investment for Health & Well-being (WHO CC)
John Boulton	(JB)	Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru
Liz Blayney	(LB)	Deputy Board Secretary and Board Governance Manager
Helen Bushell	(HB)	Board Secretary and Head of Board Business Unit

Paul Daulton	(PD)	Head of Internal Audit
Mariana Dyakova	(MD)	WHO Collaborating Centre on Investment for Health and Well-being (for item 3 only)
Neil Lewis	(NL)	Acting Director of People and Organisational Development
Jamie Topp	(JT)	Digital Editor
Verity Winn	(VW)	Audit Lead (Performance), Audit Wales
Apologies:		
Stephanie Wilkins	(SW)	Representative of Staff Partnership Forum

The meeting commenced at 10.00am

PHW 247/2021 Welcome and Apologies

JW welcomed everyone to the meeting, noting the availability of a livestream link on the website; she extended a particular welcome to those observing the meeting online.

JW summarised 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. The Board was committed to ensuring that every member of staff could come to work and be their best selves, without fear of disadvantage or discrimination of any kind.

JW advised that the Board conducted its meetings in line with a formal Board Etiquette, details of which could be found on the website: <https://phw.nhs.wales/about-us/board-and-executive-team/board-etiquette/>

The Board conducted its meetings on the basis that members had read all papers beforehand, thereby optimising the time available for debate

JW summarised the items on the agenda, noting that, whereas the last year had seen the Board concentrate on COVID-19 mobilisation, members could now begin to return to the Board's future strategic direction-setting role.

The Board **noted** the apologies for absence.

PHW 248/2021 Declarations of Interest

Board members made no declarations of interest in addition to those already recorded on the Declarations of Interest Register.

PHW 249/2021 Strategic Direction – WHESRI (presentation)

JW welcomed MD to the meeting to discuss the [Placing Health Equity at the Heart of the COVID-19 Sustainable Response and Recovery: Building Prosperous Lives for All in Wales. The Welsh Health Equity Status Report initiative \(WHESRI\)](#), jointly authored by MB and MA.

In introducing the Report, MB reminded the Board that Wales was the first country to apply the World Health Organisation (WHO) milestone European Health Equity Status Report initiative (HESRi), positioning itself as a Global influencer and live innovation site. He summarised the Memorandum of Understanding between the WHO Regional Office for Europe and Welsh Government; this had facilitated the production of the WHESRi.

MD then took the Board through a [slide presentation](#) that summarised the ground-breaking work involved. The first WHESRi report placed health equity at the heart of the COVID-19 sustainable response and recovery: to build prosperous lives for all in Wales. MD went on to outline the methodology used; this had brought together the evidence of all the ways in which COVID-19 had impacted on the population. She provided some data examples, set first in a Global context, and then as applied to Wales. The presentation set out both the challenges and opportunities resulting from the pandemic, summarising the key messages as follows:

- COVID-19 had exacerbated pre-existing inequalities and exposed new vulnerabilities;
- It had been most hard-hitting on those living in poverty, with low income employment, on young people, the homeless and people with disabilities;
- There was an opportunity now to recover and develop a sustainable and equitable post-pandemic recovery. Returning to the status quo would not be enough to address the underlying legacy of COVID-19. The opportunity existed to work collectively to develop more resilient populations into the future.

The WHESRi Report identified over 70 UK reports and policies that provided rich evidence of the enablers and equalisers; these included: education and digital technology; intergenerational opportunities; and alternative ways of working.

JW thanked MD and MB for their excellent presentation on this seminal work and invited any comments or questions:-

- SG congratulated MB and MD on the development of this exciting Global initiative. It had great value not only to Wales but also to many other parts of the world. One positive impact of COVID-19 was the resultant focus on the poverty/inequity gap. SG asked how Public Health Wales would embed the findings into its work and the arrangements for monitoring progress.

MB commented on the identification of a broad data set that could underpin a dashboard to demonstrate the inter-relationships; MD indicated that several dashboards were in place already and , with refinement, could provide data for Wales and for international

comparisons.

- MM also expressed his congratulations on the work. He noted the stark messages relating to young people who had fears about their future employment, lifestyle and economic futures; he asked whether there was any evidence to suggest an improvement as the country moved out of the pandemic.

MB reiterated the significant impact of the pandemic on young people; the data indicated some improvement in the position as restrictions eased but he cautioned that important aspects of the impact, including gaps in education and employment options, might not be evident yet in the data; these issues could actually worsen the position.

- KE thanked both authors for the exciting and transformational work undertaken. Her question related to the requirement to recover and rebuild the NHS at speed, with an inherent danger that this may prompt a return to pre-COVID-19 ways of working. This could exacerbate existing inequalities and KE asked about the capacity of local public health teams to help embed a change in approach.

MB agreed on the need to avoid a return to the status quo and set out the requirements for so doing. These included local public health teams emphasising the importance of a population health focus across all areas of service planning and delivery.

- DE welcomed the excellent presentation and commented on the unquestioning impact of COVID-19 on existing inequalities. He asked about actioning the findings from the WHESRI report.

TC noted that, given the continuing pandemic-related mobilisation, the organisation had limited resource to progress the wider harms work in the immediate future. The second half of the year should see an improvement in the position and she would update the Board regularly on this. The findings from the WHESRI report were important for government and all public bodies across Wales; Public Health Wales would identify additional resources to progress the agenda as soon as circumstances allowed.

JW brought the item to a close, by noting that this was the start of the conversation involving the Board, as the findings from the WHESRI report would have a major influence on the forthcoming review of the Long Term Strategy. She echoed others' appreciation of the ground-breaking work and conveyed the Board's warm congratulations to all involved.

Action: MB/MD

PHW 250/2021 Board Assurance Framework

PHW 250.1/2021 Chief Executive’s Report

TC advised that the organisation was moving into a carefully planned recovery phase; this would be cautious and include continuous assessment of COVID-19 requirements but staff would now resume their key roles, to support the reactivation of core functions. She went on to draw attention to:

- Changes to the Executive Team; TC extended her gratitude to AJ and ED for their leadership on the COVID-19 response;
- The work over the last three years to prepare for the European Union (EU) Transition and Exit process. The Programme of Work closed formally on the 31 March 2021 and the [EU Transition Preparedness Programme Project Closure Report](#) provided a summary of the actions undertaken. AJ noted the challenges in progressing this work at the same time as phase 2 of the COVID-19 pandemic, noting positively, however, the strengthened collaboration across the UK post EU exit;
- The meeting on 19 May 2021 with the Board of Community Health Councils, with JW, to explore opportunities for new ways of working; this had been very productive and further engagement would follow;
- The recent initial meeting with Dr Jenny Harries, the incoming Chief Executive of UK Health Security Agency (UKHSA)

DE noted that earlier risks related to leaving the EU had centred on medical staffing and recruitment; he asked about the current position and the ongoing monitoring arrangements in place. AJ confirmed the intention to manage any ongoing risks at Directorate level, although he was not aware that the risks DE highlighted remained current. He agreed to confirm this outside the meeting.

Action:AJ

AJ also noted the proposed Memorandum of Understanding involving Public Health Wales, Public Health England (PHE) and the European Centre for Disease Control (ECDC).

SG asked about the maintenance of effective working relationships with England, following the structural changes taking place there. TC confirmed the intention to maintain close working arrangements. She agreed to update the Board as the proposals unfolded.

Action:TC

The Board **noted** and **took assurance** from the report, together with the discussions.

PHW 250.2/2021 Integrated Performance Report

HG noted that the Performance Assurance Dashboard (PAD) had now been in

place for a year and would continue to evolve. He then introduced the report and asked each Executive lead to highlight any specific issues.

Workforce

NL drew attention to: the stable position regarding sickness and absence; the intention to utilise the PAD to inform the work of the People and Organisational Development Committee; the plans to improve completion rates for My Contribution and how this would fit with ongoing transformation work; the risk identified around training compliance in respect of statutory manual handling and basic life support training. Cancellation of training sessions in December 2020 had caused a delay but NL reassured the Board that plans were in place to resume the required training in the Summer.

Action: NL

Finance

HG noted the timing of the end of May for completion of the 2020/21 year-end; the application of the Board-approved budget strategy to the 2021/22 budget; the inclusion of new posts as part of the organisational approach to recovery.

TC extended her thanks to HG, Angela Fisher and the whole Finance Team for their expert oversight and rigorous management of Public Health Wales' finances during such a challenging period.

Operational Plan

HG reminded the Board that the Operational Plan remained in draft form, and that the Board would receive the final version at a meeting on June 24, prior to submission to the Welsh Government at the end of that month. The Board noted delivery to date.

Quality

RB-W highlighted the improving position regarding 30 day response time and the expected further improvements. She confirmed the implementation of the Once for Wales Concerns Management later in 2021 and reassured the Board of the plans in place around organisational preparedness for this system-level change

RB-W also provided a headline position regarding staff vaccinations and confirmed that 86% of Public Health Wales' staff were in receipt of their first vaccination and 52% of their second.

Screening

AJ reflected on the impact of COVID-19 on the majority of screening programmes; all had now restarted, with most programmes making headway into the backlogs. Diabetic Eye Screening Wales (DESW) remained challenging and the Quality, Safety and Improvement Committee (QSIC)

would receive a summary report at the next meeting.

DC acknowledged the challenges in reactivating DESW, this being the largest of Public Health Wales' screening programmes. She sought an update on work underway to identify appropriate venues to accelerate reactivation. AJ confirmed the adoption of a risk-stratified approach, within which the identification of appropriate venues remained a challenge for two main reasons (i) COVID-19 restrictions reduced the number who could attend each session and (ii) a reduction in the number of suitable venues. There was active consideration of other venues, including approaches to universities, sports' facilities and Arts Council premises. TC confirmed that she had met with local government colleagues to explore the possibility of using their premises.

HG advised that, as reactivation continued to be an important focus, the PAD captured reactivation-preparedness as well as actual activity.

JW thanked everyone for their updates; she advised observers to the meeting that the PAD was a dynamic management tool, and was in use on a daily basis.

The Board **noted** all the issues raised and **took assurance** from the Report and verbal updates provided.

PHW 250.3/2021 Novel Coronavirus (COVID-19) General Update

AJ provided the following update:

- The most recent data indicated that the COVID-19 incidence rate in Wales remained low and stable, with a 7-day incidence rate of 8.9 (range of 2–20). The positivity rate was currently 1%, with approximately 50 new cases per day. Clusters remained evident at local level but with no peaks since mid-May; the clusters were now centred more on nursery and educational establishments, with the numbers in care homes reducing. There had been no deaths reported for several days and hospitalisation rates remained at a low level.
- On the COVID vaccination programme, AJ reported on the administering of 3.1m (2.1m first doses (83%) and 1m second doses (40%)). 18-29 year olds could now access the programme and AJ noted its success in preventing avoidable deaths. Focused work continued to support uptake in areas where this had been low.
- The Kent Variant continued to be the predominant Variant of Concern (VoC) in Wales. All VoCs were monitored and reported on weekly; the number of variants remained stable, with no increase in the South Africa variant, but with an increase reported in the Indian Variant, the latter being declared a VoC in May 2021. The number of Indian Variant cases in Wales stood at 57 and the majority of these were travel related. Teams continued to investigate the incidence and clusters.

JW thanked AJ for his detailed update and invited questions:

DE sought further information the rates of vaccine uptake across different communities in Wales. JW commented on the recent issue of the Wales COVID-19 Vaccination Enhanced Surveillance Report 4 - [Wales COVID-19 vaccination enhanced surveillance - equality report.pdf](#)

SG welcomed the update and asked AJ whether there was any evidence of vaccination hesitancy in the younger age groups now being contacted. AJ confirmed that there was no evidence of this to date, and that rigorous monitoring continued.

JW extended the Board's thanks to AJ and ED for their significant contribution to the management of COVID-19 in Wales and for their informative updates to each Board meeting.

The Board **noted** the content of the update and **took assurance** from the discussions.

PHW 250.4/2021 Committees of the Board Annual Reports 2020/21

JW thanked KE, DE, HG, RB-W and AJ, together with Committee members, for the 'heavy lifting' that each Committee had undertaken on behalf of the full Board during an exceptionally challenging year. She reminded the meeting that the two Committees had met more frequently during COVID-19 and each had managed a significant agenda. Their work and focus had been invaluable and the two year-end reports testified to the weight of their contributions.

Audit and Corporate Governance Committee (ACGC)

In introducing the Audit and Corporate Governance Annual Report 2020/21, DE drew attention to the following issues:

- The additional meetings during 2020/21 and the benefit of an expanded membership. DE expressed his thanks to the Committee members, HG and support staff for their ongoing commitment to deliver the Committee's work programme over the past year.
- The 'substantial' or 'reasonable' assessment ratings of audit reports, reflecting the organisation's commitment to high performance.
- The intention to scrutinise the finance elements of the PAD to assure the Board further on this matter.

Quality, Safety and Improvement Committee (QSIC)

KE noted the role of the Committee in supporting the Board around the quality of the health protection response. As with ACGC, QSIC had met more frequently during 2020/21 and had also benefitted from an increased membership to ensure an appropriate level of oversight and scrutiny. She

drew attention to the following points:

- The report demonstrated the range of work considered, with a particular role in scrutinising the pausing and reactivation of screening programmes.
- Other areas of focus: the quality of information; the oversight of the Putting Things Right process; the health protection response from a quality and safety perspective, including microbiology 'deep dive' exercises.
- The challenges in ensuring appropriate service user input during the COVID-19 pandemic; QSIC would continue to focus on engagement.
- There were no outstanding issues of concern to bring to the Board's attention.

The Board **considered** the Annual Reports received from the ACGC and QSIC Committees and **took assurance** from the Reports and the discussion.

PHW 250.5/2021 Committees of the Board: Report from Committee Chairs

In introducing this Agenda item, JW noted that three of the four Board level Committees were now active, with the People and Organisation Committee (POD) joining ARAC and QSIC. For the benefit of those observing the meeting, JW explained that this agenda item gave the Committee chairs the opportunity to bring any specific issues to the attention of the full Board.

QSIC

KE stated that the QSIC Annual Report provided a full update, with no additional issues to report.

ACGC

DE noted that the 5th May ACGC meeting had considered an information governance report but some queries could not subject to immediate resolution; he emphasised the importance of timing reports to Committees, to enable prior consideration of the issues raised.

Action: HB

People and Organisational Development (POD)

MM commented on the first meeting of POD since reactivation, when discussions had included: Terms of Reference and modes of operation; COVID-19 staff vaccination uptake rate; recruitment; staff engagement; and a workforce performance management framework. He also noted that the Committee recognised the need to align its work programme, and to interface appropriately with, the other Board Committees.

The Board **noted** the updates provided, welcomed the reactivation of the POD Committee and **took assurance** from the work underway.

PHW 251/2021 Items for Approval**PHW 251.1/2021 Quality and Improvement Strategy**

In introducing this Agenda item, RBW reminded the Board that the Quality and Improvement Strategy (The Strategy) built upon the Quality and Impact Framework developed in 2019; the need to refocus onto the COVID-19 response had caused some delay, but she was pleased to present The Strategy to the Board; this would facilitate the embedding of improvement systematically across the organisation and support the Board in delivering its role and responsibilities.

The enactment of the *Health and Social Care (Quality and Engagement) (Wales) Act 2020* was scheduled for April 2023; the Duty of Quality was a legislative requirement that, in addition to compliance, required a move to an organisation-wide quality management system. Work on an Implementation Plan was underway, but the need for additional investment was clear.

JW thanked RB-W for her helpful background summary and invited any questions or comments.

- MM welcomed the approach set out in The Strategy. He queried the current organisational improvement capability assessment as being at level 1, given the range of improvement work underway across the organisation and the commitment to an improvement culture. He also supported an integrated approach, to make the best use of resources.

JW invited KE to comment. She confirmed that, when deliberating on the Strategy in draft form, QSIC had reached the conclusion that level 1 was appropriate because of: an over reliance on Improvement Cymru as the focus for most improvement activity; the lack of a consistent approach to improvement activity across the organisation as a whole; the need to embed systems leadership to support this.

- JB noted that the *Organisation for Economic Cooperation and Development Reviews of Health Care Quality: United Kingdom (2016)* had identified the opportunities for greater innovation in Wales and that this remained the case. Public Health Wales was atypical in not having a Quality Improvement Hub and JB emphasised the urgency of this requirement, together with strengthening in-house capacity and capability

TC supported the need for a Quality Improvement Hub; the focus on COVID-19 had prevented the progression of this at an earlier stage. She concurred with MM on the need to embed innovation across the organisation, using a single methodology; this would help to inform and strengthen the Long Term Strategy for the organisation.

JW noted the intrinsic value of improvement activity across the organisation over the past year and expressed the Board's appreciation of the work involved. The next steps concerned the systematisation of the approach, as discussed, and she asked about the funding of the proposed Quality Improvement Hub. HG advised that the final Operational Plan would include all the in-year investment proposals.

RBW confirmed that QSIC would receive the Year 1 Implementation Plan and she agreed to progress discussions on the Quality Improvement Hub outside the meeting.

Action: RB-W

The Board **received** and **approved** the Quality Improvement Strategy, noting the intention to review it again at the end of year 1.

PHW 251.2/2021 Finance Delivery Unit Hosting Agreement

HG advised that Public Health Wales supported and hosted several national functions, the Finance Delivery Unit being one such function. Arrangements were subject to review and the paper sought Board approval for a period of three years, to 2024. HG noted that the Hosting Agreement included expansion of the remit of the role but confirmed that this would not affect the hosting arrangement.

The Board **approved** the extension of the Hosting Agreement to 2024.

PHW 251.3/2021 Review of Standing Orders

HB noted that the paper to support this Agenda item included a full summary of the proposed changes to the Standing Orders. There were no material changes to bring to the Board's attention.

JW commented on the reference in the Standing Orders to the fact that individuals could hold non-executive membership of only one NHS body at a time. KE held the chair of the Welsh Health Specialist Services Committee, a joint Committee of the seven Health Boards. This was not a legal entity in its own right and the provisions of the Standing Order did not, therefore, apply.

The Board agreed to **approve, adopt and incorporate** the Model Standing Orders

PHW 251.4/2021 Review of Standing Financial Instructions

HG confirmed that, as for Standing Orders, Standing Financial Instructions were also subject to regular review across NHS Wales; he had no material changes to bring to the Board's attention.

The Board resolved to **approve, incorporate and adopt** the latest review of the Model Standing Financial Instructions.

PHW 251.5/2021 Committee Terms of Reference Annual Review

HB reminded the Board that all Board Committee Terms of Reference were subject to annual review; this paper related to the reviews for ARAC, QSIC and the Remuneration and Terms of Service Committee.

The Board **noted** and **approved** the reviews.

PHW 251.6/2021 Protocol – Management of Board Papers

JW reaffirmed the commitment of the Board to operate in as transparent, open and accountable a way as possible; she acknowledged that there were times when the Board had to move into private session and the Protocol set out the reasons for this. All private Board meetings would include the relevant rationales and JW proposed scheduling these on an annual basis, for reflection and review purposes.

The Board **approved** the Protocol, with the inclusion of an annual review for reflection and review purposes.

Action: HB

PHW 251.7/2021 Ratification of Chair's Action and Affixing of the Common Seal

JW noted that the Standing Orders provided for Chair's action if necessary; she used this provision only if absolutely necessary and with the support of at least two Non- Executive Directors. JW asked the Board to ratify the two actions taken since last Board meeting.

The board **noted** the taking of two Chair's Actions, **received assurance** that these accorded with the provisions of Section 2 of Standing Orders, and **ratified** the actions.

PHW 251.8/2021 Minutes and Action log from the Board Meeting on 25.03.21

The Board **approved** the minutes of the meeting held on 25.03.21 as a true and correct record.

The Board **noted** the Action Log and the two actions that remained open in progress.

PHW 252/2021 Items for Noting

There were no items for noting.

Before closing the meeting, JW advised that three Board members were leaving their current roles.

JA was leaving Public Health Wales to take up a new role as Director for Public Health in Cambridgeshire and Peterborough. On behalf of the Board,

JW congratulated JA on her new appointment and thanked her warmly for her significant contribution to the work of Public Health Wales since joining in 2017; this included her key leadership role in implementing *Building a Healthier Wales* and in ensuring an effective and appropriate relationship with all stakeholders, including Public Health Directors, across Wales. The Board joined JW in wishing JA well for the future and every success in her new role.

JW also advised that AJ and ED were returning to their substantive posts, following the ending of their interim roles. Both had discharged these with distinction and the Board had benefitted greatly from their subject matter expertise and their corporate leadership skills. Public Health Wales was fortunate indeed to count them amongst its senior leadership cadre and Board colleagues joined with JW in expressing their grateful thanks to AJ and ED.

PHW 253/2021 Date of Next Formal Meeting of the Board

The next meeting was scheduled for 29 July 2021

PHW 254/2021 Close of Public Meeting

The meeting closed at 12.30pm