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**Confirmed Minutes of the Board Meeting
held on 29 July 2021,
(held electronically via Microsoft Teams and
livestreamed via the web)**

Present:		
Jan Williams	(JW)	Chair
Tracey Cooper	(TC)	Chief Executive
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)
Meng Khaw	(MK)	National Director Health Protection and Screening Services, Executive Medical Director
Mohammed Mehmet	(MM)	Non-Executive Director (Local Authority)
Judi Rhys	(JR)	Non-Executive Director (Third Sector)
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)	Acting Board Secretary and Head of Board Business Unit
Paul Daulton	(PD)	Head of Internal Audit
Danny Donovan	(DD)	Digital Communications Manager
Neil Lewis	(NL)	Director of People and Organisational Development

Leah Morantz	(LM)	Head of Communications
Stephanie Wilkins	(SW)	Representative of Staff Partnership Forum
Jamie Topp	(JT)	Digital Editor
Verity Winn	(VW)	Audit Lead (Performance), Audit Wales
Apologies:		
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)

The meeting commenced at 11.00am following on from the Annual General Meeting

<p>PHW 276/2021 Welcome and Apologies</p> <p>JW welcomed everyone to the meeting and extended a warm welcome to those observing the meeting online. She extended a particular welcome to those Directors joining the Board meetings for the first time:</p> <ul style="list-style-type: none"> • Sally Attwood, Transition Director for Health and Wellbeing; • Dr Fu-Meng Khaw, National Director of Health Protection and Screening Services and Executive Medical Director; • Iain Bell, National Director for Knowledge, Research and Information. <p>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 true and best 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; 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.</p> <p>JW summarised the items on the agenda, noting that, whereas the last year had seen the Board concentrate on COVID-19 mobilisation, items now included a phased return to the Board's wider focus. This meeting would centre on in-year issues, making the links to the future agenda where appropriate.</p> <p>The Board noted two apologies for absence, from Professor Mark Bellis and Professor Diane Crone.</p>

PHW 277/2021 Declarations of Interest

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

PHW 278/2021 Board Assurance Framework**PHW 278.1/2021 Chief Executive's Report**

TC introduced the report and drew particular attention to:

- the gradual and managed mobilisation of staff back to their core roles;
- the evolution of the health protection response during COVID-19 and the move towards a sustainable solution;
- the Joint Executive Team Annual Accountability Review with Welsh Government officials; the Director General, Andrew Goodall, had expressed his thanks for Public Health Wales' significant contribution over the past year;
- the Annual General Meeting, held immediately prior to the Board meeting; this had included presentations on key achievements and learning during the last year, with a significant focus on the pandemic. TC reiterated her pride in every member of staff for the way in which they had stepped up to the COVID-19 challenge.

TC then reported on two additional matters:

- a virtual Staff Conference, held on the 29th June, had celebrated the work undertaken across the whole organisation; TC extended her thanks to NL, as Master of Ceremonies, the Communications Team, all members of staff who had featured in the presentations and all those involved in designing and delivering the event. It had celebrated the contribution of all Public Health Wales Heroes during what had been the most challenging of times.
- TC referenced the very positive meeting that she, JW and RB-W had held the previous day with some of Public Health Wales' Young Ambassadors; she asked RB-W to provide some background to the Young Ambassadors Programme. RB-W outlined the setting up of the Programme in 2019, the significant progress made pre-COVID-19 and the plans now to reactivate the work programme, which included representatives from the Young Ambassadors participating and working with the Board. A planned approach would be required to ensure the young ambassadors, many of whom were new, were supported appropriately to participate in the work of the Board and develop their own work programme. Several Young Ambassadors would join the Board at the October 2021 development session and RB-W set out the preparations for this.

Action: RB-W

- MK added detail on the development of a sustainable health protection response model; he referenced the changing context, particularly with the successful roll-out of the all Wales vaccination programme. The revised

operating model, introduced on 5 July, 2021, on an interim basis, provided for a national all Wales centralised team- COVIDAWARE- and consultant and practitioner-level support at regional level. The introduction of the changes had exposed the need for further work to clarify roles and responsibilities across the system and two forthcoming learning events (with local government and then the wider system respectively) would set out to do this, whilst also capturing the learning. MK would keep the Board updated on this work.

Action: MK

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

PHW 278.2/2021 Integrated Performance Report

HG introduced the report, noting the intention to refine the format of reporting from the September 2021 Board meeting onwards, through the inclusion of more insights into, and analysis of, the data presented. As all Board members had read the documentation, each Executive lead noted any key issues and invited comments/queries.

Workforce

NL advised the Board that, at its meeting on 8 July, 2021, the People and Organisational Development (POD) Committee had focused on the Dashboard; he highlighted the position in respect of the appraisal process and My Contribution completion rates and advised the Board of the actions in hand. NL also commented on the sickness absence situation.

JW thanks NL and then invited questions:

- MM raised the performance around completed risk assessments; this had been static at around 56% for the last three months. POD had considered additional actions to improve the position, including consideration of data at a departmental level, to support focused actions. NL added further detail on the work underway and MM confirmed that POD would continue to scrutinise these two issues, on behalf of the Board.

Action: MM/NL

MM also noted that, whilst staff vaccination rates overall were higher than the national average, some 10% of frontline staff remained unvaccinated. He asked about the risk assessment process in respect of this group of staff. RBW was pleased to report an improved position, with 94% of staff now vaccinated. The remaining 6% included: staff on maternity leave; some data lag issues; and some predominantly younger staff members

who were vaccine hesitant, a hesitancy seen in younger age groups across the UK. She summarised the actions in place to engage with the staff concerned, with tailored 1:1 support available, if wanted. RB-W went on to note the continuing discussions with Trades Unions and other representative organisations at a four-nation level on mandatory vaccination; there was no current consensus on that approach.

JW queried the impact of recruiting an additional 242WTE staff on the diversity of the workforce; she asked POD to look at this issue, as part of its wider work on diversity and inclusion and update the Board accordingly.

Action: MM/NL

Finance

HG reminded the Board that this was an early stage in the financial year; he confirmed the forecast break-even position and projected achievement of all financial targets. HG drew attention to the additional in-year capital investment; this represented funding on a collaborative, all Wales basis and, also, funding to begin the digital breast screening replacement programme, following Ministerial approval. Finally, HG advised that, given the ongoing risks associated with COVID-19, it would be appropriate to review the overall position at mid-year and to determine the need for any financial allocation adjustments.

Action: HG

Operational Plan

HG confirmed that targets and milestones were largely on target; JB added detail on the action underway in respect of several sampling and testing issues.

Quality

RB-W drew attention to the recovery in respect of Tier 1 Complaints target, up from 27% in April 2021, to 100% currently.

RB-W commented on the new Welsh Government system for the reporting of serious incidents; now referred to as Nationally Reportable incidents, Public Health Wales had reported one screening-relates Nationally Reportable and one on a 'no surprises' basis.

The position on closing incidents remained challenging, with 306 open cases. RB-W noted this was not a static figure and that most cases related to the screening and microbiology divisions; these divisions were in the process of recovery and organisational support was available to assist them with closures which would need to be completed for the implementation of the new Datix system.

Finally, RB-W summarised the work underway to develop a risk development plan to refresh the approach to risk management.

Screening

MK referenced the focus on programme reactivation, recognising the long term impacts of last year. He commented on the need for careful planning and additional resourcing to meet previous target trajectories; the biggest challenges related to diabetic eye screening and abdominal aortic aneurysm screening. These challenges resulted partly from the populations involved and partly because of the limited access to venues as a result of COVID-19. The screening team had sought to broaden its approach and to adopt innovative solutions; these would have resource implications

JW thanked RB-W and MK, and then invited comments and questions:

- TC emphasised the importance of driving up engagement with screening programmes as a key part of reducing inequalities and inequities.
- MM asked if it was possible to quantify both the screening backlog and the resources needed to address this. MK confirmed the further detail available for each screening programme; he would share this.

Action: MK

- He noted that the duration of recovery depended on the backlog for each service and would range from several months to up to 2.5 years. An estimated additional £1.8m was necessary and this was with Welsh Government for consideration.
- JR noted the variation between Health Boards (HBs) around access to bowel screening colonoscopy; she asked why this was the case, whether inequalities played a part in it, and whether there was learning to share from those HBs with a better access rate. MK confirmed that he had raised the variation in HB colonoscopy rates with Welsh Government; in some areas of Wales the waiting time was an unacceptable 26 weeks. The variations resulted partly from a lack of specialist capacity and the solutions lay with HBs to identify ways to build capacity. MK noted the 'deep dive' exercise underway currently, focusing on how Public Health Wales could assist those HBs with long delays to improve their position; a recent meeting had concentrated on this issue.
- DE reflected on the way in which the pandemic had highlighted the vital nature of screening on the health of the population of Wales. He supported the work underway to consider the 'hard to reach' groups and suggested that the solutions may lie in community-level in reach. He used the mobile

Breast Test Wales screening van located in easily accessible local venues as an example of improving access. MK advised that work was underway, with discussions including academia, seeking solutions to the best way to provide screening interventions and how to enhance access opportunities.

- KE confirmed QSIC had recently considered a detailed recovery programme and the challenges that this would present. QSIC had challenged the team to consider the inequality issues in more detail and build back screening programmes on a fairer and more equitable basis. She advised that QSIC would revisit this in the autumn to provide the Board with assurance. She sought an update on the confirmation of funding from Welsh Government. HG confirmed that Public Health Wales had contributed some funding to allow the work to start; he noted the most recent communication from Welsh Government
- SG noted the potential impacts of reactivation as we moved towards the winter; she asked about capacity management and how Public Health Wales could future proof its plans to ensure that they would be robust in the face of additional seasonal-related demands. MK agreed on the need for careful assessment and monitoring; he noted an imminent threat from increasing numbers of Respiratory Syncytial Virus, uncharacteristic for this time of year. This had prompted a specific communications campaign. MK noted the need to ensure a balanced approach to COVID-19 alongside other public health risks: COVID-19 would not be the only threat and work was underway across the UK countries to look at COVID-19 in the context of other illnesses and risks. Public Health Wales was working with Welsh Government to shape a proportionate response.

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

PHW 278.3/2021 Novel Coronavirus (COVID-19) General Update

MK highlighted a number of key points:

- The current seven day rate of 155.2 per 100,000; a decrease on the previous seven day period;
- The decrease applied across LA areas. Denbighshire had seen the highest numbers, with a rate of 406.5 per 100,000; this represented a reduction of 99.3 per 100,000 on the previous rate;
- June had seen the first case of the Delta variant; this was subject to careful tracking, initially to try and contain the variant and, when that proved impossible, to manage community spread and clusters. The daily numbers had peaked four days ago with 500 – 600 cases daily reported, primarily in north Wales, as a result of cross border travel with the north west of England;
- The reducing numbers enabled a focus on shaping the future response;

- Whilst numbers had reduced, the closure of schools and other education establishments for the summer might also have had an impact on reducing numbers;
- The identification of a new variant in July; there had been one confirmed case in Wales and 29 cases in total across the UK; the risk was thought containable at this time.
- The Ministerial announcement of the COVID-19 vaccination booster programme.

MK summarised the position as: the threat from Delta variant was subsiding; the impact of the Delta variant was low, from a morbidity and mortality perspective, due in part to the high vaccination rates in Wales; genomic surveillance continued.

JW thanked MK for this detailed update and invited comments and questions:

- SG welcomed the overall positive position and sought confirmation of Wales' engagement in the integrated and expanded genomic screening programme. MK confirmed that Welsh Government was participating in discussions and was considering a business case from Public Health Wales, designed to further strengthen testing capacity and capability. This could include the identification of additional sites across Wales.
- MM sought clarification on whether COVID-19 mobilisation was thought to be largely over, enabling staff to return to their usual roles and modes of working. MK advised that, whilst numbers were reducing and with some de-escalation, risks continued; Public Health Wales would continue to discharge its statutory duties in responding to the pandemic. August would see a review of the position.

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

PHW 278.4/2021 Committees of the Board: Report from Committee Chairs

JW invited the Chairs of the Committees to provide a verbal update on any issues not already covered during the discussions.

Audit and Corporate Governance Committee (ACGC)

DE advised that the ACGC had last met in June and would meet next in September. There were no issues to raise in addition to earlier discussions.

Quality, Safety and Improvement Committee (QSIC)

KE noted the prior mention of the screening recovery deep dive exercise. She also noted the implementation of the Board-approved Quality and Improvement Framework; the Implementation Plan was scheduled for November.

People and Organisational Development (POD)

<p>MM noted the staff recruitment process had resulted in applications from across the UK and also internationally; this was very welcome news. The alternative working models, including online working, might have attracted a wider range of applicants.</p> <p>JW referenced the proposed reactivation of the Knowledge Research and Information Committee (KRIC) before the end of the calendar year, following on from a development session in the early Autumn.</p> <p>The Board noted the updates provided within this item and as part of earlier Agenda items; members took assurance from the work underway.</p>
<p>PHW 278.5/2021 Board and Committee Governance</p> <p>JW introduced the report providing a number of updates on the Board Governance arrangements during the continuing COVID-19 pandemic; to seek Board approval for further changes from August 2021 onwards.</p> <p>The Board approved:</p> <ul style="list-style-type: none"> • approve the resumption of the Knowledge, Research and Information Committee in quarter three of 2021/22; • approve the methods of holding meetings as set out in the report.
<p>PHW 279/2021 Items for Approval</p> <p>PHW 279.1/2021 Minutes and Action Log from the Board Meeting on 27 May 2021, 10 June 2021 and 24 June 2021</p> <p>The Board approved the minutes of the 27 May 2021 Board meeting as an accurate record, subject to one amendment on Page 5; this referred to staff reactivating their key roles, whereas some staff were reactivating their roles at that time.</p> <p>The Board approved the minutes of the extraordinary meetings on 10 and 24 June as an accurate record of each meeting.</p> <p>The Board noted the Action Log and the updates included for the meeting.</p>
<p>PHW 280/2021 Items for Noting</p> <p>PHW 280.1/2021 Annual update on NWSSP Committee 2021/21 Activities</p> <p>The Board noted the annual update.</p>
<p>PHW 280.2/2021 Health Inspectorate Wales (HIW) Annual Report</p> <p>RB-W welcomed the positive feedback regarding Public Health Wales in the HIW Annual Report. The Board noted the report accordingly.</p>
<p>PHW 281/2021 Date of Next Formal Meeting of the Board</p> <p>The next scheduled meeting is 30 September 2021</p>

PHW 282/2021 Close of Public Meeting
The meeting closed at 12.40pm

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