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**Confirmed Minutes of the Board Meeting
held on 25 February 2021,
(held electronically via Microsoft Teams and livestreamed via the
web)**

Present:		
Jan Williams	(JW)	Chair
Tracey Cooper	(TC)	Chief Executive
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)
Andrew Jones	(AJ)	Acting Executive Director Public Health Services
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
Helen Bushell	(HB)	Board Secretary and Head of Board Business Unit
Aled Bishop	(AB)	Digital Officer
Paul Dalton	(PD)	Head of Internal Audit Wales (NWSSP)
David Heyburn	(DH)	Head of Operations, Microbiology
Stuart Silcox	(SS)	Assistant Director, Integrated Governance

Karen Williams	(KW)	Head of People and Organisational Development Operations
Verity Winn	(VW)	Audit Wales
Apologies:		
Jyoti Atri	(JA)	Interim Executive Director of Health and Wellbeing
Rhiannon Beaumont-Wood	(RBW)	Executive Director of Quality, Nursing and Allied Health Professionals
Eleri Davies	(ED)	Interim Medical Director
Neil Lewis	(NL)	Acting Director of People and Organisational Development
Mohammed Mehmet	(MM)	Non-Executive Director (Local Authority)
Judi Rhys	(JR)	Non-Executive Director (Third Sector)
Stephanie Wilkins	(SW)	Trade Union representative

The meeting commenced at 10am

PHW 223/2021	Welcome and Apologies
<p>The Board noted the apologies 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 and she extended a warm welcome to those observing the meeting online.</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 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; the recently updated version could be found on the website here – https://phw.nhs.wales/about-us/board-and-executive-team 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. The papers included a proposal to change the Board/Committee structure from April 2021, to reflect changing circumstances.</p>	
PHW 224/2021	Declarations of Interest
<p>Board members made no declarations of interest in addition to those already recorded on the Declarations of Interest Register.</p>	
PHW 225/2021	Board Assurance Framework

PHW 225.1/2020 Chief Executive's Report

In introducing her Report, TC drew attention to the following:

- The successful retention of UKAS accreditation:ISO15189 2012 in respect of the Screening Laboratory in Magden Park. Under Gareth Powell's leadership, the team had delivered a high quality laboratory service throughout the pandemic and justly deserved the assessment team's complimentary remarks;
- Ministerial approval of significant investment in health protection services, following submission of the Business Case in November 2020. The additional 109 WTE staff approved would facilitate delivery of a resilient, sustainable and integrated health protection system for Wales;
- The separate request for recurring funding in relation to additional staff for the COVID-19 vaccination programme, given Public Health Wales' key role in this;
- The meeting that afternoon with the Minister for Health and Social Services, one of the monthly meetings that she and JW attended with the Minister and Andrew Goodall;
- The latest update on COVID-19 Variants of Concern (VoC). AJ added detail on these, noting the submission of two documents to Welsh Government (Variants and Mutations of Concern (VAMC): approach to identification and management in Wales and the End to End Process Manual for Operational Teams in Wales.

JW thanked TC and AJ for the updates; she extended the Board's appreciation to all staff involved in the achievements set out in the report.

JW then asked about the oversight and assurance arrangements to underpin the health protection investment programme. TC outlined the programme management arrangements; AJ would discharge the role of Senior Responsible Officer and a Programme Board would report to the Business Executive Team. The People and Organisational Development (POD) and Quality, Safety and Improvement (QSIC) Committees would both have assurance roles and the full Board would receive regular updates, given the strategic importance of the investment. JW asked the chairs and lead executives of both Committees to determine the exact assurance arrangements.

ACTION: KE/RB-W/AJ; MM/NL

SG commented on the setting up of the National Institute for Health Protection in England, from 1 April 2021; she asked about the possible implications for Public Health Wales. TC set out the connections in place and the ongoing UK level liaison.

The Board **resolved** to **receive** the information and to **take assurance** from the actions in hand/completed for each of the items discussed.

PHW 225.2/2021 Novel Coronavirus (COVID-19) General Update

AJ provided a general update, highlighting the following points:

- Case rates continued to fall, but at a slower rate than had been the case; the halving time was now 50 days;
- The overall rate, as at 23 February, 2021, was 75 per 100,000 population, with a range between 27 and over 100 per 100,000 population, highlighting the variations still extant across Wales;
- The overall positivity rate was 7%, with a range of between 3.5% and 11%; the estimated R number was between 0.8 and 0.9;
- Hospital admissions continued to decline, along with admissions to ITU; the daily death rate had declined, but AJ noted that, sadly, over 5200 people in Wales had lost their lives to date.

AJ provided a detailed update on Variants of Concern (VoC):

- Mutations and variations were a feature of coronaviruses and work was underway at a UK-level on variant identification;
- Systems in place at a UK level to ensure primary prevention included the border control restrictions established on 15 February 2021, requiring arrivals from 'red list' Countries to isolate for ten days;
- Public Health Wales continued active sequencing on a community basis, supported by active case management where cases arose;
- As at 24 February 2021, Wales had seen a total of 21 variants. AJ explained the difference between variants under investigation and variants of concern. He advised that the Kent variant was the most prevalent variant in Wales, accounting for 65-95% of infections across the country. There was no evidence currently of sustained community transmission of the 'South Africa variant';
- In summary: case numbers remained low and were reducing; the majority were linked to travel; and active incident management arrangements were in place.

AJ concluded his presentation by providing an update on three other issues:

- Vaccination – as at 24 February 2021 over 878,000 people had received a first vaccine dose, and 60,000 people had received their second dose. Attention had now turned from Priority Groups 1-4, to Groups 5 and 6. Uptake to date was over 90%. 48% of Public Health Wales staff had been vaccinated, including 84% of front line staff;
- Evidence confirmed inequalities in vaccine uptake in BAME communities and those aged 80+, with deprivation also having an impact. This was preliminary data and surveillance and analysis would continue;
- A recent YouGov survey reported that 72% of participants viewed Public Health Wales as a trusted source of information, second only to healthcare professionals.

On behalf of the Board, JW thanked AJ for the presentation; it highlighted the significant amount of work in progress. She invited comments and questions:

DE commended AJ for a comprehensive and informative presentation, and emphasised the value of providing advice to Welsh Government, to inform policy. He noted that emerging evidence around COVID-19 impact mapped across to wider health inequalities mapping; he emphasised the importance of utilising this intelligence to inform policy.

SG also complemented the work being undertaken and, as DE, noted that the emerging map for COVID-19 spread and differential vaccine uptake corresponded with the wider inequalities position. This underscored the impact of the structural determinants of health.

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

PHW 225.3/2021 Microbiology Improvements following Investment

JB and DH took Board members through a slide presentation that referenced the key points set out in their Report:

- The welcome investment from Welsh Government that had enabled further development of NHS Wales Laboratory services; this had included: three regional 24/7 laboratories; the introduction of hot labs at six Hospital sites; and the development of high volume COVID-19 laboratory. Collectively, this increase in capacity had significantly improved testing turn-around times;
- Following on from time invested in training and inducting new staff, a new programme of improvement using Lean methodologies was underway across the laboratory network. This work focused on smoothing flow and addressing bottlenecks through redesign, concentrating not only on laboratory performance but also on the end-to-end process. This had reduced turnaround times from over 20 hours to five hours across the laboratory network;
- The next stage of the work concerned working with health boards and the Test, Trace and Protect Programme Board, on both the in-lab and wider system processes.

In concluding the presentation, JB and DH both noted the rapid pace of improvement, delivered at a time of extremely challenging work pressures; this was exceptional. Both recognised the commitment and enthusiasm of the laboratory teams in delivering the significant improvements seen across the system, along with their commitment to making further changes.

In thanking JB and DH, JW also expressed her thanks on behalf of the Board to the team, noting the intention to share the learning more widely, both nationally and internationally.

JW then invited views and comments:

DE congratulated all involved and thought that it represented a wider learning opportunity for the organisation. DH agreed and outlined the ways in which that wider learning was already happening.

The Board **received** the report and the slide presentation and **took assurance from** the significant evidence of improvement across the NHS Wales laboratory system. The Board **noted** the further work underway and looked forward to future updates

Minute Note: The slide presentation can be accessed via the following link:

<https://phw.nhs.wales/about-us/board-and-executive-team/board-papers/board-meetings/2020-2021/25-february-2021/25-february-2021-board-papers/>

PHW 225.4/2021 Items for Approval

PHW 225.4.1/2021 Integrated Governance

TC introduced this Agenda Item, noting the inclusion in the 2018/19 structural reorganisation of a proposal to create an integrated governance team as part of RB-Ws portfolio. The pandemic had caused a temporary suspension of the work but the time was now thought right to resume it.

SS provided a short slide presentation to supplement the Paper which can be accessed here - <https://phw.nhs.wales/about-us/board-and-executive-team/board-papers/board-meetings/2020-2021/25-february-2021/25-february-2021-board-papers/> :

- The work built on the strong governance arrangements already in place and recognised the dynamic and integrated approach the Board had adopted to ensure right-touch governance;
- Preparatory work had included reviews of different governance models; the preferred model was adapted from the ACCA (Association of Chartered Certified Accountants). This centred on adherence, simplicity and consistency, with organisational culture at its core;
- Development of the model had taken the COVID-19 pandemic and other opportunities for organisational learning into account;
- Acknowledging current work pressures associated the COVID-19, implementation would begin with three pilot areas: information governance; newborn blood spot screening; and the response to COVID-19. The work would include developing improvement measures, supported by a communication strategy to promote engagement and understanding.

JW thanked SS for his informative presentation; she summarised comments that MM and JR had made in respect of the added value of the proposal, over and above the current governance arrangements, and the timing of proposed implementation. JW invited any other comments, prior to asking SS to respond.

AW recognised the benefits of further integration but queried staff capacity to participate, given Public Health Wales' role at the forefront of the COVID-19 response in Wales. SS assured the Board that the pilot proposals would not impact adversely on staff, using the data breach action plan as an example of the integrated approach in action. Staff could see the benefits of joining the different governance components together and this augured well for the roll out of the approach.

The Board resolved to **approve** the proposed Integrated Governance Model; the Audit Committee would continue with its oversight role, as the model rolled out across the organisation.

PHW 225.4.2/2021 Board Governance from April 2021 Onwards

JW introduced the item and drew attention to the changes made to governance arrangements in March 2020, to reflect the impact of the COVID-19 pandemic. The Board had made further adjustments in-year and the Paper set out further proposed changes to Board and Committee level governance, from 1 April 2021. She took Board members through the proposed arrangements as set out in Section 3 of the Paper, designed to reflect the changing strategic and operating environment.

JW invited VW to provide a view on the proposed changes, given that Audit Wales had commented on the effectiveness of the arrangements put in place for 2020/21. VW welcomed the proposed changes as being timely, and noted the particular value to new Board members of the resumption of development sessions. VW reiterated her earlier advice on the need to post presentation slides on the website in a timely way and to minute discussions in sufficient detail, when using presentation material. She advised that, in her view, the minutes to date included sufficient detail.

JW thanked VW for the helpful advice and sought any comments and queries:

DE welcomed the proposals as being sensible and timely, recognising that the Board had been agile and flexible in-year and would continue to be so. He reminded the Board of the need to demonstrate the value of the Governing Body role, a key component of which was a future focus on strategy.

JW agreed with DEs comments and confirmed that pre COVID-19 work on outcomes and Board-level indicators would resume, as part of that value-added focus.

The Board **considered and approved** the variations to the Board and Committee schedule, as outlined, to take effect from 1 April 2021, with a subsequent review in July 2021.

PHW 225.4.3/2021 NHS Health Collaborative – extension of hosting

agreement	
<p>HW reminded the Board of the need to consider hosting arrangements annually; he sought Board approval to extend the hosting agreement for the NHS Wales Collaborative for the 2021/22 financial year.</p> <p>HB referenced the need to include the incoming Digital Health Wales (Special Health Authority) as a signatory from 1 April 2021.</p> <p>The Board approved the extension to the Hosting Agreement for the NHS Wales Health Collaborative for the 2021/22 financial year.</p>	
PHW 225.4.4/2021 Minutes and Action Log from the Board Meeting on 28.01.21	
<p>JW confirmed that Board members had the opportunity to consider the Minutes in draft format before the meeting, precluding the need to consider the accuracy in detail at the meeting itself.</p> <p>The Board approved the minutes of the meeting held on 28 January 2021 as a true and correct record.</p>	
PHW 226/2021 Items for Noting	
PHW 226.1/2021 Public Health Wales COVID-19 Safe Working Environments	
<p>JW advised that this Paper resulted from a discussion at the January 2021 Board meeting. It set out all the actions taken in-year to ensure staff safety, whether staff were working from home or in office-settings. She commended the facilities and estates teams for their diligence in this regard.</p> <p>The Board noted this document.</p>	
PHW 227/2021 Date of Next Formal Meeting of the Board	
The next meeting was scheduled for 25 March 2021.	
PHW 228/2021 Close of Public Meeting	
The meeting closed at 11.45am	