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**Confirmed Minutes of the Board Meeting
held on 28 January 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)
Judi Rhys	(JR)	Non-Executive Director (Third Sector)
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

Alex Lewis	(AL)	Corporate Analytics Project Manager (item 213.3/2021)
Neil Lewis	(NL)	Acting Director of People and Organisational Development
Sarah Morgan	(SM)	Diversity and Inclusion Manager (item 213.6.2/2021)
Richard Roberts	(RR)	Head Vaccine Preventable Disease Programme (item 213.1/2020)
Stephanie Wilkins	(SW)	Representative of Staff Partnership Forum
Apologies:		
Rhiannon Beaumont-Wood	(RB-W)	Executive Director of Quality, Nursing and Allied Health Professionals
Andrew Jones	(AJ)	Interim Executive Director of Public Health Services
Alison Ward	(AW)	Non-Executive Director (Local Authority)

The meeting commenced at 10:15

PHW 211/2021	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 with the papers for the meeting. 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.</p>	
PHW 212/2021	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 213/2021	Board Assurance Framework
PHW 213.1/2020	PHW role in COVID vaccination (presentation)

JW welcomed Dr Richard Roberts to the meeting and invited him to make a presentation to the Board on the COVID-19 vaccination programme roll out. RR gave a slide - based presentation that provided information on:

- The global, UK and Wales' positions on the number of COVID-19 cases and the number of deaths;
- MHRA authorisation of two vaccines to date, noting that the temporary authorisation did not indicate any concern; the scrutiny process had followed that for any other product;
- The role of Public Health Wales in contributing at a national level to the training programmes;
- The priority groups, as the Joint Committee for Vaccination and Immunisation (JCVI) determined; these focused on those most likely to suffer severe effects from contracting the virus, along with frontline health and social care workers;
- The accelerating daily pace of vaccination roll-out ;
- The Public Health Wales role in providing updates daily, both online and via social media.

The presentation can be accessed here - <https://phw.nhs.wales/about-us/board-and-executive-team/board-papers/board-meetings/2020-2021/28-january-2021/28-january-2021-board-meeting-papers/>

JW thanked RR for his informative presentation and invited questions:

SG asked whether the data captured allowed Public Health Wales to identify information on black and minority ethnic groups, and other vulnerable groups, presenting for vaccination. RR confirmed the capture of uptake data for all vaccination and immunisation programmes; this enabled a focus on any community group with a lower than expected uptake. COVID-19 vaccination uptake rates were also available and data provided to both the Vaccine Programme Board and local Health Boards (HBs).

DE referenced Public Health Wales' position on the adjusted time between first and second vaccinations, and role in advising Welsh Government on this matter. RR explained the JCVI provided the fomal advice and its- position in respect of the time-lag between vaccinations; this aimed to ensure that more people received the dose at an earlier point, to provide a greater degree of protection for the population.

TC thanked RR for his national leadership role in the COVID-19 vaccination programme. She also conveyed her appreciation of the work of the VPDP team. She asked RR to summarise the respective roles of Public Health Wales and HBs in respect of the programme. He confirmed that Public Health Wales' role included: contributing to vaccine trials; providing public-facing information, including leaflets and online information; providing e-learning and some hands on training for HBs; responding to clinical queries from service colleagues;

supporting HBs in delivering the vaccination programme via primary care, mass vaccination centres and mobile teams; and finally, advising Welsh Government on policy and strategic decisions.

JR asked RR for his views on whether the priority list should include teachers. RR noted that any teacher who was: clinically extremely vulnerable; at risk; or over 50 years of age, already fell within the JCVI priority groups. In respect of occupational exposure for those under 50, who did not fall within the priority groups, RR advised that the risk of serious illness was very small.

JW thanked RR again for taking the time out of his busy schedule to present to the Board; she confirmed that members could email HB to follow up on any further points with RR.

Further information about the vaccination programme is available here - <https://phw.nhs.wales/topics/immunisation-and-vaccines/covid-19-vaccination-information/>

PHW 213.2/2021 Chief Executive's Report

TC drew attention to the following key issues included in the Report:

- The latest meeting with the Minister for Health and Social Services; this formed part of a number of meetings in different fora.
- Attendance at two Welsh Government Committees this week – the Public Accounts Committee and the Health, Social Care and Sport Committee. TC thanked MB and Summina Azam for their evidence on health and sustainability to the Public Accounts Committee Inquiry: *Barriers to the successful Implementation of the Well-Being of Future Generations (Wales) Act 2015*. TC also extended her thanks to Giri Shankar and Robin Howe for their evidence to the Health, Social Care and Sport Committee: *COVID-19: evidence session*, including evidence on epidemiology, mass testing and vaccinations. TC also thanked SB for compiling the written submissions; both Committee Chairs had commented on the quality of the written evidence. The written evidence submissions were contained within the Board papers and available here - <https://phw.nhs.wales/about-us/board-and-executive-team/board-papers/board-meetings/2020-2021/28-january-2021/28-january-2021-board-meeting-papers/>
- SB added detail on work undertaken by the Networked Data Lab (a partnership with Swansea University, Social Care Wales and the Health Foundation); this had resulted in publication of a Report (Exploring demographic variation in people advised to shield) describing the demographics and underlying health conditions of the shielding population across the UK.

JW paid tribute to TC and all attendees at both Committee sessions. Committee members were clearly impressed with the authoritative and informative evidence presented. JW then invited any questions or comments.

SG reflected on the need to consider the longer term impacts of COVID-19, not only 'long covid' itself, but also the impact on wider determinants, including on education, employment and wellbeing. TC agreed that, whilst the current focus had to centre on protecting the population, the need to build momentum in considering the broader harms was clear. She noted that the Operational Plan reflected this and, despite limited current capacity, the Executive Team had this imperative in mind.

MB echoed the importance of addressing this vital agenda, given the known, and increasing impact of the pandemic on wider harms. He highlighted work underway on the impact of unemployment, on mental health and well-being and on vulnerable groups.

JA pointed out that the learning from COVID-19 would inform and improve the response to future communicable and non communicable disease management, noting the intrinsic link between health protection and the wider public health agenda.

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

PHW 213.3/2021 Integrated Performance Report

HG highlighted the new features included in this month's report. He indicated that he would follow the usual format and ask each lead Director to comment on the section relevant to them:

Workforce

NL highlighted the following key points:

- A slight increase in sickness and absence, primarily linked to stress and anxiety. He confirmed the deployment of wellbeing resources to support staff, and the close liaison with Trade Union representatives and the Partnership Forum on this issue;
- Continuing recruitment arrangements and the stable position in respect of turnover;
- Unchanged levels of compliance with statutory and mandatory training requirements; the impact and pressures of COVID-19 were key factors in this;
- The vaccination of 640 staff, with numbers increasing daily;
- Low staff survey returns; these were supplemented with: managerial 'check-ins'; team meetings; appraisals; and risk assessments. Meetings with Trade Unions and Partnership Forum also continued.

SW asked about the measurement of the effectiveness of staff support mechanisms. NL outlined the arrangements and noted the intention to develop them further.

In his role as Chair of the People Advisory Group (PAG), JW asked MM to comment at this point.

MM referenced the latest PAG meeting, when discussions had included: the increase in staff vaccination numbers; health and wellbeing of staff and support mechanisms in place; the need to supplement responses from staff surveys, given low response rates; sickness and absence rates; personal risk assessments.

MM welcomed the recent email from TC to staff, on the need for everyone to look after their wellbeing and highlighting the support mechanisms in place. Finally MM noted the work underway on recruitment.

JR added detail on the PAG discussions, reinforcing the need for effective measures to support staff health and wellbeing.

Finance

HG noted the inclusion of the full financial report and the supplementary data provided on the Performance Assurance Dashboard (PAD). He drew attention to the following issues:

- The detailed work underway to ensure that in year performance remained on target;
- The monthly data capture, and Welsh Government reimbursement, of COVID-19 related expenditure. This required detailed data analysis and accurate forecasting, particularly for testing-related expenditure, to enable accurate planning assumptions;
- The significant in-year Capital expenditure, higher than in previous years, linked mainly to COVID-19;
- The complexity of the budget strategy for 2021/22, due to the ongoing implications of COVID-19.

JW invited DE to comment, in his role as Chair of the Audit and Corporate Governance Committee (ACGC) DE paid tribute to HG and the finance team on their rigorous approach to financial management, and confirmed that the Committee continued its oversight of COVID-19 specific expenditure. Members noted the timely discussions with Welsh Government on the reimbursement of this expenditure.

Operational Plan

HG reminded the Board of the impact of the second wave of the pandemic on work programmes; the report included changes to target dates, all reported through to the Board as they happened.

Quality Indicators

SS referenced the inclusion of quality indicators in Phase 2 of the PAD development. He commented on the 'bronze' status of data quality available through the DATIX system and the work underway to improve source data systems generally. SS noted the introduction of the All Wales Incident Management System; this would reduce the need for manual interventions and improve data quality

Finally, SS confirmed that future Quality reports would headline the themes of complaints received, to support learning and improvement.

Action: RB-W/SS

Screening Services

ED reported on the ongoing reactivation of screening programmes and the close working with HBs to maintain this at the levels of performance set out in the report. The position in Wales mirrored that in the other UK countries, given the earlier suspension of five programmes and the ongoing impact of COVID-19. She commended the screening teams on their performance in these very challenging circumstances and on actions taken to avoid increasing the backlog.

ED went on to explain the roll over from 2019/20 of the Healthcare Associated Infections (HAI) targets set by Welsh Government; Public Health Wales continued to monitor HAIs and to provide an all Wales position against these targets. Reporting on surveillance programmes continued on a monthly basis.

JW thanked ED for her update and invited questions.

JR noted the effect on the bowel screening pathway of extended colonoscopy timescales. ED confirmed the work underway with Health Boards on this. JW asked KE to consider this matter further at the next Quality, Safety and Improvement Committee (QSIC) meeting.

Action: KE/AJ

KE asked about the possible timescale for resuming normal levels of cervical screening capacity in primary care. ED summarised the discussions underway with primary care colleagues, noting the rate limiting factors mitigating against normal levels of service resuming in the near future.

MM sought clarification on the comparative position with other UK countries and whether the backlog was affecting all community groups equally. JW asked KE if QSIC would also consider this matter at the next meeting.

Action: KE/AJ

COVID-19

The Board agreed to discuss this element of the report as part of the following agenda item.

The Board **considered** and took **assurance** from the discussions and the information set out in the Integrated Performance Report.

PHW 213.4/2021 Novel Coronavirus (COVID-19) General Update

ED provided an update that covered the following points:

- The current global position; almost 100m people had been infected and tragically, there had been over 2m deaths. Deaths in the UK had exceeded 100,000, with almost 5,000 of those sadly occurring in Wales;
- The general trend for Wales was downwards, but this was a slower trend than observed previously. There were variations across Wales with the highest incidence currently in north Wales;
- The UK variant comprised 80% of cases in north Wales and up to 50% in other parts of Wales;
- Public Health Wales', continuing contribution to UK-wide work on variants and genomic monitoring;
- Partnership working with HBs, local government and Welsh Government on a range of advice to support the vaccination programme.

JW thanked ED for her informative update and invited any comments or questions:

SG asked whether there was evidence of the South African (SA) variant in Wales and whether the risks from this variant were more significant. ED confirmed the identification of a small number of cases of the SA variant in Wales and the close monitoring of these. On the risks from variants, she reported the increased transmissibility, by 30-50%, of the UK variant, but it was too early to form a clear view on any difference in mortality rates. ED drew attention to the work of the Public Health Wales' PenGu (Genomics) team in contributing significantly to the global body of knowledge in respect of vaccine effectiveness.

DE asked whether the slower downward trend resulted from the new UK variant. ED outlined the thinking in this respect, but stressed the need for more data. She also noted that the R rate was below one in Wales, indicating the effect of the lockdown and other associated measures.

PHW 213.5/2021 Committees of the Board: Report from Committee Chairs

JW noted that MM had provided an update on the Performance Advisory Group meeting earlier in the meeting; MM confirmed that he had no other points to raise.

JW invited DE and KE to highlight any specific issues from the Audit and Corporate Governance (ACGC) and Quality, Safety and Improvement (QSIC) Committees respectively.

DE commented on the last meeting of the ACGC on 9 January 2021; in line with the right touch approach, the Committee had temporarily adjusted its agenda to allow more time to focus on specific issues. In January, this had included a focus on cyber security and the proposed Integrated Governance model, as detailed in his Chair's report.

DE also highlighted the Audit Wales Annual Report and the positive feedback for Public Health Wales. He thanked the Audit Wales team for their helpful approach. JW echoed DE's comments and thanked Audit Wales for their constructive relationship.

KE confirmed that QSIC would consider the additional two issues identified during the Board meeting: (i) the extended colonoscopy timescales and their impact on the overall bowel screening pathway and (ii) a comparison of the Wales position against the other UK countries regarding the screening backlog, together with consideration of any differential effect on specific community groups.

PHW 213.6/2021 Items for Approval

PHW 213.6.1/2021 Minutes and Action Log from the Board Meeting on 17.12.2020

The Board **approved** the minutes of the meeting held on 17 December 2020 as a true and correct record.

PHW 213.6.2/2021 Gender Pay Gap report 2019/20

In introducing this Item, JW noted the regulatory requirement to provide an Annual Report; she recognised the further work needed to close the gap. JW welcomed SM to the meeting and invited her to contribute to the discussions.

JW then asked NL to summarise the position as set out in the Report. NL commented on:

- The fact that, despite efforts to focus on diversity and inclusion, there had been a slight increase in the gender pay gap;
- The further modelling to provide more detail on specific areas and proposed engagement with Trade Unions to consider the data;
- The need to consider gender pay within the wider context of diversity and inclusion and the intention to set out Public Health Wales' ambitions in this respect.

SM added detail on actions taken to date and the plans proposed to improve the position.

JW thanked NL and SM for their updates; she also took the opportunity to congratulate SM on the wide range of events held during Diversity and Inclusion Week.

DE welcomed the intention to focus on more ambitious and creative solutions; the work would contribute to creating a fairer Wales. He noted the medium to long term nature of the agenda and supported PAG oversight of proposed action plan.

DC also supported the intention to focus specifically on this agenda, reflecting that the organisation already had a number of very senior female role models.

TC recognised the progress made in driving creative approaches to diversity and inclusion; these would assist a focus on gender pay. She confirmed the inclusion of the action plan and associated delivery in organisational priorities for the coming year.

In thanking NL and SM, JW confirmed the Board's commitment to closing the gender pay gap and to supporting the design and delivery of a creative action plan to support this, in the context of the wider diversity and inclusion agenda.

The Board resolved to **approve** the Gender Pay Report for 2019/20 and to **remit** to the People Advisory Group, oversight of the action plan.

Action: MM/NL

PHW 214/2021	Items for Noting
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There were none identified.

PHW 215/2021	Date of Next Formal Meeting of the Board
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The next meeting was scheduled for 25 February 2021.

PHW 216/2021	Close of Public Meeting
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The meeting closed at 12.20pm.