

lechyd Cyhoeddus Cymru Public Health Wales

Unconfirmed Minutes of the Board Meeting held on 25 June 2020, (held electronically via skype / telephone)

Present:		
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
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
Judi Rhys	(JR)	Non-Executive Director (Third Sector) and Chair of the People and Organisational Development Committee
Quentin Sandifer	(QS)	Executive Director of Public Health Services/Medical Director
Stephen Palmer	(SP)	Non-Executive Director
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,

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John Boulton	(JB)	Director of NHS Quality Improvement
		and Patient Safety/Director
		Improvement Cymru
Helen Bushell	(HB)	Board Secretary and Head of Board
		Business Unit, via teleconference
Verity Winn	(VW)	Audit Wales
Stephanie Wilkins	(SW)	Representative of Staff Partnership
		Forum
Dr Tom Connor	(TmC)	Bioinformatics Lead Public Health
		Wales
	·	
Apology:		
Phil Bushby	(PB)	Director of People and Organisational
-		Development

The meeting commenced at 10:00

PHW110/2020 Welcome

JW welcomed everyone to the meeting, noting the need to continue with virtual meetings based on a Covid-related agenda. She extended a particular welcome to those observing the meeting, explaining the rationale behind the selection of agenda items. JW went on to note that papers presented to the Board were often subject to detailed scrutiny at Committee level, or worked through in earlier drafts in Board development sessions. This prior scrutiny enabled Board meetings to focus on its overarching governance role.

PHW111/2020 Apologies

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

PHW112/2020 Declarations of Interest

Board members made no additional declarations of interest in addition to those already on the declarations of interest register.

PHW113/ 2020 Minutes, Action Log and matters arising from the Board Meeting on 28 May 2020

The minutes of the meeting held on 28 May 2020 were **approved** as a true and accurate record. (Ref 3.1.0.250620).

The Board **considered** the Action Log (Ref 3.1.0.250620). The Board **approved** the closure of the action marked as complete.

PHW114/2020 Annual accounts and reports 2019/20

The Board received the Annual Accounts and Reports for 2019/20 (Ref 4.0 250620).

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DE confirmed that the Audit and Corporate Governance Committee had received the Annual accounts and reports on two occasions; on the latter, the Committee had noted the ISA-260 document from Audit Wales. This confirmed the expectation that the Auditor General would issue an unqualified opinion.

TC extended her thanks to all staff from the Finance, People and OD and Board Business Unit teams for their work in producing the annual statements.

HB noted one minor change to the section on Non-Executive Director recruitment.

The Board resolved to:

- **Receive** the Audit Wales Annual Opinion (ISA 260)
- **Approve** the Accountability Report for 2019/20 and the Financial Accounts
- Note the submission of these to Welsh Government on 30 June 2020.

PHW115/2020Board Assurance FrameworkPHW115.1Chief Executive's Report

The Board **received** the Chief Executive's report (ref 5.1 250620).

TC extended her thanks to all staff across the whole organisation for their ongoing hard work in managing the overall pandemic, coupled with recent localised outbreaks.

TC drew attention to the 'Black Lives Matter' section of her report, asserting her (and the Board's) absolute commitment to ensuring that Public Health Wales was a safe, welcoming and supportive place to work.

She had met with the Chair of the BAME staff network and other colleagues to discuss recent world events and to review work underway in Public Health Wales. She went on to confirm the review of the Bullying and Harassment Policy and the provision of additional training with specific focus on training for those sitting on recruitment panels.

TC referenced the following reports from both Public Health Wales and Welsh Government

- The Report of the Socio Economic Subgroup
- How are we doing focus on Equality
- Beyond the data: Understanding the impact of COVID-19 on BAME groups
- COVID-19 BAME Advisory Group Potential impact of COVID-19 evidence paper

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TC agreed to forward these reports to the Board. Action: TC

KE welcomed the unequivocal response that Public Health Wales had taken on 'Black Lives Matter', congratulating the communications team on the robust responses posted on the public Facebook account to inappropriate comments from members of the public.

JW commented on the Board's role in setting the tone and culture of the organisation, confirming that the Board opposed discrimination in all its forms and stood firmly alongside BAME colleagues in opposing racism.

SW thanked TC for her report and particularly her comments in respect of Black Lives Matter. SW noted her attendance at Unite organised national BAME network; she would highlight any learning for the Public Health Wales network **ACTION: SW**

TC updated the Board on the current position in respect of Test, Trace and protect noting the policy changes around population sampling centres and the increased use of Lighthouse Laboratories. She commented on data capture issues in this respect and the discussions that the Welsh Government Chief Statistician was having discussions on tis with colleagues in England.

TC referenced Appendix 1 (NHS Wales COVID-19 Operating Framework Quarter 1 Summary for Public Health Wales) and Appendix 2 (Public Health Wales written evidence on COVID-19 - submitted to Health, Social Care and Sport Committee). Both documents exemplified the breadth of work undertaken across the organisation in the 2020/21 year to date.

The Board **resolved** to receive the information contained within the report.

PHW 115.2 Integrated Performance Report

The Board **received** the Integrated Performance Report (Ref 5.2 250620).

HG updated the Board on the work underway to refine the dashboard, including the suggestions from the Non-Executive Directors. The July Board IPR would include a number of changes and others would follow, subject to clarification of data capture and ownership. HG envisaged a dynamic approach to dashboard development and thanked all those involved in the ongoing design work.

COVID-19

QS reported that, taking all the high level dashboard indicators together, the trends were downwards; with the exception of the outbreak-related rates in North Wales, positivity rates were now between 2%-5%. Both overall hospital

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admission and critical care admission rates were down, presenting a markedly different picture from that during the peak in April 2020.

JA commented on the population impact to date, a point that SP echoed, noting the gradient in covid-19 deaths by deprivation fifths, as taken from the ONS mortality data for Wales. He asked about the intended use of such knowledge and TC agreed that it was now timely to step back and consider how it should influence policy and action; the Gold group had discussed the issue earlier that morning and would be returning to it.

QS noted the forthcoming additions to the surveillance report; taken together with the wider dashboard indicators that MB outlined, they would give the Board a broader picture of the position.

Action: QS/MB

Finance

HG outlined the capital and revenue position as at 31 May 2020, reporting a net surplus of £16k. He drew the Board's attention to the inclusion in the month 02 Monitoring Return of the £3.140m costs directly associated with COVID-19. The position anticipated income of £2.330m from Welsh Government; as the total quantum of funding across Wales to address COVID-19 remained fluid and uncertain, the Board report included the associated risk.

Workforce

RB-W drew attention to the level of staff sickness, which remained low, particularly given Covid-19. She highlighted the Personal Risk Assessments that were being facilitated across the organisation and referenced the My Contribution Action plan that had been put in place and considered by Audit and Corporate Governance Committee earlier in the week.

SW noted the helpful data provided in relation to various workforce matters. SW asked if the Local Partnership Forum could receive and discuss the data. RB-W agreed to facilitate this.

ACTION: RB-W

RB-W also noted the inclusion of a comprehensive workforce report as a separate agenda item.

Putting Things Right

RB-W highlighted the key points on the receipt and management of complaints, incident management and claims. She noted the support that the Risk and IG team was providing across the organisation and the development of a newly-formatted report to capture covid-19 risks.

The Board **received** the report, and took assurance in relation to the information provide.

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PHW 115.3 Public Health Wales Test, Trace and Protect Implementation Plan – Stage 1 Closure and Stage 2 Plan

The Board **received** the Public Health Wales Test, Trace and Protect Implementation Plan – Stage 1 Closure and Stage 2 Plan (Ref 5.3 250620). JW referenced the fact that the Board had seen two earlier versions of the plan; the Business Executive Team had approved the version presented to the meeting and sought the Board's ratification of it.

Board members expressed their appreciation of all the hard work involved in compiling the plan and congratulated the contributors.

The Board **ratified** the Implementation Plan and noted the accompanying work being undertaken on controls and assurance.

PHW 116/ 2020 COVID-19

PHW 116.1 COVID-19 General Update

QS reported briefly on progress with Test, Trace and Protect, noting that, prior to the outbreaks in North Wales, the number of new cases had been decreasing. He then updated the Board on those outbreaks on Anglesey and in Wrexham, together with an incident in Merthyr Tydfil. The update included the latest positive numbers associated with each and the outbreak/incident management action being taken.

SP sought further information on the difference between actual clinical cases and those who were asymptomatic; he also asked about the engagement of environmental health officers (EHOs) QS advised that additional epidemiological analysis would result in better understanding of the data; he also confirmed that EHOs in North Wales formed part of the multi-agency team working under the operational leadership of the health board.

QS went on to commend the microbiology team in the Rhyl laboratory; staff had mobilised quickly, and introduced 8am- midnight shift working to process high volumes at speed. SW added her congratulations to the staff involved.

KE asked about the additional support provided by Public Health Wales' health protection consultants and whether that had called for any scaling up of resources. QS confirmed that the team had provided the Director of Public Health and the regional tier with direct support. The management of multiple outbreaks /incidents did represent a challenge, a point on which TC reflected. The high profile nature of the North Wales' outbreaks called for more proactive engagement with local partners, alongside the ongoing overall management of the pandemic.

JW expressed the Board's appreciation of all the action taken in responding so impressively to the outbreaks and thanked everyone involved. Partners had

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commented most favourably on the way in which Public Health Wales was discharging its system leadership role.

PHW 116.2 COVID-19 – Focus on Surveillance

The Board **received** an update on COVID-19, focusing on surveillance (Ref 5.5.2 250620).

QS reminded the Board that effective surveillance formed a vital part of Test, Trace and Protect. He was pleased to introduce Chris Williams (CW), Consultant Epidemiologist, who would present on aspects of the surveillance programme set out in the Stage 2 Implementation Plan.

CW began by commenting on the long term trends in the proportion of positive testing episodes, noting the <5% positivity rate; the hospital rate was slightly higher than that in the community.

On the health board and local authority breakdown, both Betsi Cadwaladr and Cwm Taf Morgannwg Health Boards had seen slight recent increases, associated with the outbreaks/ incident mentioned earlier.

CW then drew attention to the age distribution, referencing the fact that the numbers of people under 60 resulted from the focus on testing key workers; covid-19 had impacted more severely on the older population, whilst children and young people tended to experience very mild symptoms.

CW noted the welcome reduction in the numbers of deaths, commenting on the risk factors associated with a number of deaths in people under 50.He talked about the R rate and the move from doubling to halving times for all hospital admissions, together with critical care admissions.

CW then turned to surveillance developments: clustering; community surveillance indicators; nosocomial infections; field epidemiology. On the last point, CW highlighted the training up of 6 hospital epidemiologists and the work underway in support of both hospital and community outbreaks. He referenced particularly the investigative work to date in care homes. Preliminary results suggested that admissions to care homes following hospital discharge had not placed larger homes at more risk of COVID-19 infections; however, the movement of staff was an implication.

CW concluded his presentation by summarising the modelling and collaborative working underway cross the UK; he noted particularly the work with Swansea University on building Wales' model for future predictions. CW commented on the implications of converting evidence into policy, the data issues associated with use of the lighthouse labs and the need for prioritisation of the multiple analyses and datasets requested.

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JW thanked CW for his richly informative and illuminating presentation; she invited any comments or questions. SP complimented CW on the breadth of his excellent presentation; he was interested in whether current data capture allowed for a breakdown of cases by ethnicity and occupation and whether a drop in case numbers would enable some retrospective analysis.

CW advised that he had wanted to capture this information from the start; work had begun with Swansea University to explore this at research level, through interrogation of the SAIL data. The issues around completion of data fields were the subject of ongoing focus.

TC expressed her thanks to CW and the whole team for their expert contribution to the COVID-19 surveillance agenda, as the presentation had demonstrated.

JW expressed the Board's appreciation of the vital role the surveillance team was playing in the management of the pandemic to date; this would continue through the proposed developments. She invited CW to return to the Board later in the year to give a further update on these. In the meantime, Board members were welcome to contact CW directly with any more queries.

Board members noted the presentation slides would not be published due to aspects of the data being considered official sensitive.

PHW 116.3 Focus on Genomics

The Board **received** the update focusing on Genomics (Ref 5.5.3 250620).

QS introduced Professor Tom Connor (TmC), Bioinformatics Lead Public Health Wales. His presentation gave the Board the opportunity to learn more about the building of a world-leading COVID-19 sequencing service in Wales.

TmC outlined the development of the Public Health Wales Pathogen Genomics Unit (PenGu) over a 3-4 year period; he explained the purpose of the study of genomics and how the team had applied it to covid-19. Within 24 hours of approval to switch on sequencing for covid-19, the team had sequenced the first SARS-CoV-2 genome. Building an analysis and reporting system from scratch, the team had gone on to sequence and share more genomes than all but two other countries- the US and England. This third in the world ranking was testament to the expertise and commitment of all involved.

The data supplied was supporting every level of the pandemic response, and TmC gave examples of its current impact. He concluded by setting out area for future work, bringing to the Board's attention the possible implications of increased use of the lighthouse labs.

SP congratulated TmC and all those acknowledged at the start of his presentation; this world-leading sequencing service had so many applications,

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from local to international level and it was incumbent on the Board to offer every support and protection.

On behalf of the Board, JW congratulated TmC and his colleagues on their ground-breaking work and expressed members' inordinate pride in their achievement.

PHW 116.4 Organisational Recovery Including reactivation of services

The Board **received** an update on the Organisational Recovery Including reactivation of services (Ref 5.5.4 250620).

HG advised that, given the ongoing nature of the pandemic, the organisational recovery plan would be subject to change. He reported on the commissioning of a review of office and wider estate accommodation, including facilities for screening services, aimed at ensuring the safety of both staff and service users.

HG went on to outline the personal risk assessment process for all staff; where possible, staff would continue to work from home for the foreseeable future.

QS then outlined the approach to reactivating the five suspended national screening programmes; he confirmed that the approach had both business executive team approval and Welsh Government support. Board discussions included the potential for different models of delivery for those services/areas of work suspended; Board members also highlighted the importance of identifying different performance measures in the future.

KE confirmed that, at its July 2020 meeting the Quality, Safety and Improvement Committee would also consider the reactivation of screening programmes.

The Board took **assurance** on the approach set out in the report to organisational recovery, including the reactivation of screening programmes.

PHW 116.5 Workforce – Our People

The Board **received** a report on workforce matters (Ref 5.5.6 250620).

RB-W outlined the areas contained within the report, commenting in relation to the staff survey, re-deployment, training and development, specialist recruitment, health and safety and staff wellbeing.

The Board asked several follow up questions on: staff health and wellbeing; support for staff working at home; VPN access; the breakdown of staff available for redeployment; resources available for training and support; recruitment plans and managing overtime and annual leave.

RBW agreed to provide a briefing for the Board outside the meeting.

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Action: RB-W

PHW117/2020 Committees of the Board: Report From Committee Chairs

The Board **received** the Committees of the Board: Report From Committee Chairs paper (Ref 5.8 250620).

DE provided a verbal update following the Audit and Corporate Governance Committee meeting on the 23 June. He confirmed that the Committee had spent the majority of its time on the annual accounts, as discussed earlier in the Board agenda.

DE advised that the Committee had also sought assurance on Information Flows and My Contribution. Oversight would continue on both on behalf of the Board.

Action: DE/HG

The Board **resolved** to consider and note the update from the Committee Chairs (Ref 5.8 250620).

PHW 118/2020 Board Forward Work Plan 2020/21

The Board received the Board Forward Work Plan 2020/21 (Ref 5.9 250620).

Date of Next Formal Meeting of the Board

The next meeting was scheduled for the 30 July 2020.

JW closed the public session of the Board, thanking everyone for the information provided.

Meeting closed at 12:50.

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