



**Confirmed Minutes of the Board Meeting
held on 30 July 2020,
(held electronically via Microsoft Teams / telephone and
livestreamed via the web)**

Present:		
Jan Williams	(JW)	Chair
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
Stephen Palmer	(StP)	Non-Executive Director
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
Alison Ward	(AW)	Non-Executive Director (Local Authority)
In Attendance:		
Sian Bolton	(SB)	Interim Transition Director, Knowledge Directorate,
John Boulton	(JB)	Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru

Public Health Wales	Confirmed Minutes 30 July 2020
---------------------	-----------------------------------

Phil Bushby	(PB)	Director of People and Organisational Development
Helen Bushell	(HB)	Board Secretary and Head of Board Business Unit, via teleconference
Verity Winn	(VW)	Audit Wales
Apologies:		
Tracey Cooper	(TC)	Chief Executive
Mark Bellis	(MB)	Director of Policy and International Health, WHO Collaborating Centre on Investment for Health & Well-being (WHO CC)
Stephanie Wilkins	(SW)	Representative of Staff Partnership Forum

The meeting commenced at 10:00

PHW 119/2020 Welcome
<p>JW welcomed everyone to the meeting, noting the need to continue with virtual meetings based on a COVID-related agenda. The meeting was available to the public and to staff via a livestream link on the website. She extended a particular welcome to those observing the meeting, explaining the rationale behind the selection of agenda items.</p> <p>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.</p>
PHW 120/2020 Apologies
The Board noted the apologies for absence.
PHW 121/2020 Declarations of Interest
Board members made no additional declarations of interest in addition to those already on the declarations of interest register.
PHW 122/2020 Minutes, Action Log and matters arising from Board Meeting on 25 June 2020
<p>The Board approved the minutes of the meeting held on 25 June 2020 as a true and accurate record. (Ref 3.1.300720).</p> <p>The Board considered the Action Log (Ref 3.10300720). The Board approved the closure of the actions marked as complete.</p>

PHW 123/2020 Presentation – Focus on Sampling and Testing

JW welcomed JB and RH and invited them to make their presentation, noting that this was one of a series of “deep dives” that the Board had agreed to include in each meeting.

JB began by commenting on the significant workload associated with the workstream, including referrals, sampling, testing and result-giving. He referenced the move away from developing a specific Welsh portal for antigen testing to the use of the UK Government portal. Wales would in all likelihood also use a UK portal for serological testing.

JB continued by outlining the different approaches to sampling, confirming that the military mobile testing units would shortly transfer to a commercial provider. He drew the Board’s attention to the importance of comprehensive data to further COVID understanding, and of the electronic test request system. He commented on the data available from different testing laboratories.

RH summarised the increase in domestic testing capacity, noting the initial supply chain vulnerability and the implications of forming part of UK allocation arrangements. He added detail on the increasing use of Lighthouse Labs, meaning that in-house testing had decreased, although daily capacity remained around 16,000.

RH then commented on the current focus on turnaround times, the possibility of securing improvements across the end-to-end process, including in-laboratory processes, through additional recruitment and a move to 24/7 working; he also highlighted the implications of issuing testing results directly to “sample subjects” rather than to “ordering clinicians”.

JB updated the Board on the development of a new dashboard to capture all testing data, both within domestic and UK laboratories. This also captured the end-to-end process and enabled all parts of the system to review their performance. This was ground breaking in its approach and coverage and had system-wide utility, an important consideration given the end-to-end process.

RH concluded by referencing the concept of nuanced reporting and the development of a more sophisticated approach to urgent and routine reporting of test results, to reflect the different reasons for test requests. He also noted the level of false positives being reported, in the context of the low prevalence of the virus. In response to a request from StP to expand on this point, RH advised that, with a population prevalence of 0.01%, the false positive rate would be around 90%; this could skew the figures and have a significant impact on those tested. He outlined the actions being taken to mitigate against this and agreed to supply a briefing for Board members on this issue.

ACTION: RH

StP asked about work underway with health boards and RH confirmed the progress being made in hospital flows; current focus centred on key worker and care home testing, from an end-to-end perspective.

DE congratulated all involved in the system design work to date and asked if the system was now fit for its purpose, and whether any barriers remained; RH advised that the level was now one of "steady state" and that attention was turning to the winter respiratory season, the need for more rapid testing capacity and consequent workforce increases. He referenced the plan to move to syndromic, multiplex testing for a number of respiratory conditions.

KE reported on the demonstration of the dashboard at the July QSIC meeting; this had been most impressive and would enable the whole system to interrogate the data, mapped against respective roles and performance. JB hoped that it would also prompt a reduction in system complexity.

JW thanked JB and RH for this richly informative presentation, noting that the slides were on the website. Board members looked forward to further updates as part of the ongoing Implementation Plan.

PHW 124/2020 Governance Report

HB introduced the two papers (5.2.300720) outlining the request to the Board to consider a number of decision requests concerning: revised temporary Standing Orders, revised financial authorities within the Standing Financial Instructions, continued variations to the Board and Committee schedules and the Board etiquette, amended to incorporate electronic meeting requirements.

HB summarised the temporary nature of the continued governance changes, resulting from COVID-19.

The Board considered the recommended changes, noting that some of them were a continuation of the current position agreed earlier in the year; others had a fixed review period. HG advised that the Board may receive a request later in the year to further extend the changes to the Standing Financial Instructions. The Board noted this point.

The Board **resolved** to

- **Approve** the variations to the Board and Committee schedule as outlined;
- **Approve** the revised Board etiquette;
- **Approve** the continued variations to the Standing Financial Instructions for a further 8 week period (to the end of September 2020) as outlined;

- **Approve** the temporary amendments to the Standing Orders from the Welsh Health Circular, in addition to those already approved in March 2020;
- **Note** the update in relation to the executive governance structure;
- **Note** that the revised version of Standing Orders would be in place until 31 March 2021, unless the Board made further changes before this date.

PHW 125/2020 Chief Executive's Report

HG introduced the Chief Executive's report, drawing attention to the Health, Social Care and Sport Committee Report, noting that colleagues from Public Health Wales had provided evidence to the Committee on two occasions. The Committee had now released its *Inquiry into the impact of the **COVID-19** outbreak, and its management, on **health** and social care in Wales*. This contained a number of recommendations, and Welsh Government had yet to respond to them.

SB noted the receipt of the Health Foundation funding for a networked data lab for population health and health care in Wales: this was the first national network in the UK of this nature with funding of up to £400k over two years. JW congratulated SG and the 'team for securing a role in this important network. In the absence of KRIC meetings, SG would continue to brief the Board on key issues.

ACTION: SB

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

PHW 126/2020 Integrated Performance Report

HG introduced the report, noting that it continued in an abridged format, but with all the key indicators included. The August Board meeting would see the new, interactive dashboard, designed in-house and representing a major step change in Board-level reporting. HG thanked all those involved, noting that suggestions from Non-Executive Directors had also contributed to the new content. JW echoed his thanks and appreciation.

QS commented on the COVID-19 quadrant, highlighting specifically the surveillance data. This reflected a moment in time, and the website included daily updates.

StP asked about the ONS data on excess deaths, noting that the total number of deaths was below the five year expected number; what proportion of deaths could be considered as having been hastened, rather than as having been unexpected.

QS referenced the EuroMoMo tool in use at European CDC level, and to which Public Health Wales subscribed. This indicated a significant increase in

excess all-cause mortality, over and above that expected in a severe 'flu season.

HG then moved on to the finance quadrant, confirming a break even forecast position, whilst noting the fluidity and uncertainty around COVID funding. He advised that funding had been withdrawn from some budget headings and was being held centrally. HG then drew the Board's attention to both revenue and capital expenditure, noting the constructive relationship with Welsh government colleagues that resulted in prompt responses to expenditure on both COVID -related equipment and reagents. The Audit Committee kept a careful eye on COVID expenditure and the overall cash position and HG assured the Board on the cash flow position.

RB-W commented on the workforce quadrant, highlighting: low levels of staff sickness and absence, remarkable in the light of COVID -related pressures; measures in place to support staff health and well-being; the importance of timely recruitment; training compliance levels; My Contribution action plan.

JR welcomed the focus on staff health and well-being, and echoed the importance of staff resilience, particularly going into the autumn and winter. The implementation of the People Strategy remained important, given its provisions.

RB-W added detail on the work underway to ensure resilience and to refresh the People Strategy implementation plan.

QS drew the Board's attention to the explanation given for the performance of the new born hearing screening programme, normally a very high performing programme. Community clinics were restarting and audiology colleagues were assisting in addressing the backlog. He assured the Board that there was no residual pool of babies at risk of hearing deficits, as escalation arrangements had been in place throughout.

RB-W reported a dip in responding to concerns and the action underway to address this. She noted the development of a new Serious Incident Framework for NHS Wales and Public Health Wales' intention to retain local performance targets and comply with national targets.

DE noted the substantial sum being paid out in respect of one incident, and related this to a wider point around organisational culture and engagement with service users. He thought that this should be an ongoing process, a point with which RB-W concurred. She confirmed that QSIC had this matter under active consideration and would be reporting further to the Board later in the year on proposed changes.

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

PHW 127/2020 Organisational Recovery	
<p>HG introduced the paper (5.3.2.300720) providing a high level overview of the work undertaken during the first stage of organisational recovery and future plans. He stressed that the focus for the organisation continued to be COVID-19 and the health protection response to the pandemic.</p> <p>HG outlined the three main areas of focus for organisational recovery: our people, our environment and our services, ensuring the safety of staff and the wider population as a whole. This included full implementation of social distancing and other regulations in office facilities, compliance in respect of screening facilities and mobile screening units - this had been a significant undertaking.</p> <p>DE emphasised the positive approach to our learning from this period; staff had been very flexible, learnt new skills and been deployed into new areas of work. He also reinforced the importance of embedding the learning to optimise new technologies and innovation.</p> <p>The Board resolved to take assurance on the approach and work underway on the next phase of organisational recovery from COVID-19.</p>	
PHW128/2020 Strategic Risk	
<p>JW confirmed the deferment of this item.</p>	
PHW 129/2020 Novel Coronavirus (COVID-19) General Update	
<p>QS began his update with a summary of the global position on the number of cases and deaths, before noting the relevant numbers in Wales, always a source of great sadness. He noted the steady decrease in numbers, the stable position in most parts of Wales and the latest information available from the last 7-day reporting period around Test, Trace and Protect (TTP), incorporating the numbers of cases identified and the high percentage of follow-up contacts.</p> <p>QS then commented specifically on outbreak/incidents, referencing Anglesey, Rowan Foods in Wrexham, Merthyr, Blaenau Gwent and Powys. He provided further detail on the outbreak in Wrexham Maelor Hospital and the close working with the health board, the latter having the lead role for hospital-related outbreaks. Public Health Wales led on the community and food processing plant outbreaks. QS thanked members of the two North Wales' communities invited to come forward for testing, using mobile testing units; the response had been most encouraging.</p> <p>QS concluded his update with a synopsis of the work underway to prepare for winter 20/21, underpinned by a strategic intent to minimise the impact of seasonal 'flu, given the ongoing COVID -19 pandemic. He anticipated that, subject to Ministerial decision, those eligible for 'flu vaccination would</p>	

increase and he outlined what that would involve. QS also confirmed that Public Health Wales had advised the health and care system of those broader preventative measures that could form part of their winter planning.

StP asked about the learning so far from the outbreaks/incidents and whether this had identified any specific training needs. QS itemised the training and support available to the regional cells across Wales; the learning from Anglesey had been applied in the subsequent outbreaks/incidents and had formed part of an initial review, shared with the Chief Medical Officer and colleagues.

QS noted the challenges specific to the food processing industry and the collaborative working with the Health and Safety Executive and the Food Standards Agency. He also referenced the 'Guidance for meat and food plants on prevention and management of coronavirus (COVID-19)' issued to the industry.

AW reflected on the swift mobilisation of the contact tracing function across Wales and the potential to do more, if the system moved to testing on symptoms, rather than on a positive test. She noted that Public Health Wales had advocated this, asked if that remained the case, and what the progress was. QS confirmed that this remained the Public Health Wales' position; the TTP programme Board was of the view that the system was not yet ready to make this move; discussions continued and he would keep the Board updated.

Action: QS

DE asked whether the winter preparations would need additional resource; he was also interested in the use of international learning to inform policy in Wales. QS confirmed that work was already underway to inform workforce requirements over the coming months, incorporating: the ongoing COVID - 19 mobilisation response; the practical challenges of delivering the 'flu vaccination programme; the delivery of a COVID -19 vaccination programme, as and when that became necessary.

On international learning, QS noted the European and other international webinars conducted under the auspices of IANPHI, and five other bi-laterals with other public health agencies. These were all richly-informative, as was ongoing collaboration with the Netherlands institute, on its learning from behavioural interventions and population-level behavioural change.

JW thanked QS for his comprehensive update, noting that the Board would continue to review regular updates on international learning to inform policy, JW thought that MB would be able to provide an additional update at the August Board meeting. **Action MB**

PHW 130/2020 Workforce – Our People

RB-W began by thanking all staff for their hard work and dedication throughout the Covid pandemic. The People Strategy had proposed a number of changes to ways of working that had, in fact, happened over the last few months, including more agile and flexible working, acceleration of digital working and a matrix approach. The Business Executive Team intended to take stock of the People Strategy implementation plan and update it, to reflect the organic changes that had already taken place.

ACTION: RB-W/NL

RB-W went on comment on the 79.21 WTE staff not engaged in Covid or in other business critical work; they continued to work on the Public Health Wales agenda and their skill sets would be taken into account in service reactivation plans.

JR added further reflections on the prescience of the People Strategy, including as it did a focus on staff resilience, health and well-being, flexible and agile working, matrix working and optimising opportunity. Staff had gained new skills throughout the pandemic, and had found new ways of working with colleagues across the organisation that should be harnessed and promoted for the future.

She welcomed the ongoing attention being given to My Contribution, as this was one way in which staff could demonstrate new skills and experience during COVID. JR also welcomed the monthly workforce report to the full Board, as a means of keeping workforce issues high on the agenda.

JW thanked QS, HG and RB-W for their updates and looked forward to the launch of the new, interactive dashboard at the August Board meeting. All colleagues would have an opportunity to view this ground-breaking governance and performance tool during August.

The Board **resolved** to take **assurance** in respect of Employee Well-Being and Engagement, Workforce Information and Partnership Working.

PHW 131/2020 Strategic Equality Plan

PB introduced the paper (Ref 5.8.300720), Strategic Equality Plan, confirming that the Business Executive Team had considered the Plan, and the People and Organisation Development Committee had endorsed it. COVID -19 mobilisation had precluded its consideration before now, and the Equality and Human Rights Commission (Wales) had granted an additional six months for approvals.

PB noted the update in the introduction to reflect the pandemic; he also confirmed that the Plan included the organisational response to Black Lives Matter, and the report published in June by Professor Emmanuel Ogbonna, Chair of the First Minister's BAME Socio-economic Subgroup.

Public Health Wales	Confirmed Minutes 30 July 2020
---------------------	-----------------------------------

KE congratulated PB and the team on the development of, active engagement and consultation undertaken on, the Plan and welcomed the updated introduction in light of current global challenges.

JW extended her thanks to Sarah Morgan, Diversity and Inclusion Manager for leading this piece of work, reiterating the importance of the Plan for the Board and wider organisation.

The Board **resolved** to **approve** the Strategic Equality Plan.

PHW 132/2020 Update on the impact of leaving the European Union

QS provided a verbal update in relation to preparation for the UK's exit from the European Union.

QS provided a comprehensive update on health security – specifically Public Health protection, highlighting that COVID-19 demonstrated very powerfully the case for international and European collaboration. Over the past two years, PHW had worked very closely with other UK countries and the Republic of Ireland, the last meeting taking place two days previously. QS confirmed that the previously assessed risks had not changed. The five countries would continue to undertake a programme of risk based business continuity assessment, for completion by November; this would take place alongside the reassessment of stocks and supplies, together with a focus on contingency planning for critical supplies.

QS reminded the Board that, on the 31 January 2020, the UK had left the EU and entered a transition period. During this time, the UK remained a member of the EU customs and single market but, not the political structure.

The final deadline to reach a negotiated agreement at midnight on the 31 December 2020 remained. Should an agreed deal not prove possible, the UK would formally exit the EU completely and would resort to World Trade Organisation rules.

Public Health Wales had focussed specifically on four principal areas in relation to Brexit: 1) emergency planning and business continuity; 2) wider Public Health impacts; 3) health security; and 4) people and resources.

Two priorities remained as before, firstly to secure access to the European warning and reporting system hosted by ECDC (European Centre of Disease Control) – typically, the system received 50-75 or more reports of notifiable infectious diseases. The second priority concerned ECDC itself; colleagues continued to discuss opportunities to secure the maintenance of the relationship.

The Board **resolved** to **receive** the update provided by QS noting the intention to supply regular updates throughout the year on this important issue.

PHW 133/2020 Committees of the Board: Report from Committee Chairs

The Board **received** the Committees of the Board: Report From Committee Chairs paper (Ref 5.10.300720).

Audit and Corporate Governance Committee

DE supplemented his verbal report to the June Board meeting, referencing:

- the all-Wales work underway on financial and general governance throughout the pandemic; on completion, this would warrant Board-level review;
- the Committee's ongoing oversight of My Contribution and Information Flows;

JW thanked DE for his update and asked the Committee to consider oversight of any additional resource needed for winter pressures; this would align with oversight of COVID-related expenditure.

DE and HG agreed to this request, with HG also confirming the intention to incorporate all costs associated with the Stage 3 Implementation Plan and service reactivation plans into one complete, resourced plan for Board consideration.

ACTION: DE/HG

Quality, Safety and Improvement Committee

KE noted that the July Committee meeting had covered a number of important agenda items; she drew the Board's attention to the following:

- the work underway on user experience, resonating with the comments made earlier in the Board meeting; during the pandemic, the definition of service users had changed, the relationship between the contact centre and care homes being a case in point; at the appropriate time, the Committee would consider a refreshed approach to service user engagement and then update the Board accordingly.
- the reactivation of screening services, with the overriding priority of service user and staff safety;
- the capturing of COVID-related learning and improvement across the organisation and the ways of incorporating this into the QI process;
- the completion of the evaluation of the closed settings cell and action plan; the Committee would return to this at its September meeting, having considered the plan in the meantime. A companion piece of work would review incidents during the operation of the closed settings cell.

JW congratulated KE, the Committee members and lead executives on the breadth and depth of the work programme and on the rigour of its deliberations.

POD

In the absence of formal POD meetings, JW Invited JR to reflect on the workforce issues that had emerged during the Board meeting. JR reflected on:

- the strategic importance of the full Board overseeing workforce issues every month;
- the welcome intention to refresh the People Strategy implementation plan, given the vital importance of staff resilience, health and well-being. The ongoing COVID-19 mobilisation and plans for service reactivation would require staff to continue their hard work, dedication and commitment at a time when many were tired and in need of a break. Supporting staff was vital and JR looked forward to further updates on this work coming to the Board;
- the further refinement of staff numbers available for mobilisation and the plans to achieve this;
- the ongoing focus on My Contribution.

JW expressed the Board's thanks to DE, KE and JR, for their reports/reflections on Committee level working. The full Board could not give the time to its strategic role without an effective Committee tier.

The Board **resolved** to consider and note the update from the Committee Chairs (Ref 5.10.300720).

PHW 134/2020 Ratification of Chair's Action and Affixing of the Common Seal

The Board received the Ratification of Chair's Action and Affixing of the Common Seal report (ref 5.11.300720).

Board members **resolved** to ratify the affixing of the Common Seal to extend the lease to Unit C of the Archimedes Centre in Wrexham.

PHW 135/2020 Items for Noting

JW referenced AW's suggestion around identifying emerging "deep dives" for future Board agendas; this would enable Board members to supplement the standard agenda items. Members identified: workforce resilience, digital working, pandemic-related learning and the use of big data.

HB agreed to incorporate the feedback into the Board forward plan

Action: HB

Date of Next Formal Meeting of the Board

Public Health Wales	Confirmed Minutes 30 July 2020
---------------------	-----------------------------------

The meeting closed at 13:00, with the next meeting scheduled for the 27 August 2020.