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**Unconfirmed Minutes of the Board Meeting held on 26 May 2022
(held electronically via Microsoft Teams
and livestreamed via the web)**

Present:		
Jan Williams	(JW)	Chair
Tracey Cooper	(TC)	Chief Executive
Mark Bellis	(MB)	Executive Director of Policy and International Health, WHO Collaborating Centre on Investment for Health & Well-being (WHO CC)
Iain Bell	(IB)	National Director Public Health Knowledge and Research
Diane Crone	(DC)	Non-Executive Director (University)
Kate Eden	(KE)	Vice - Chair and Chair of Quality, Safety and Improvement Committee
Dyfed Edwards	(DE)	Non-Executive Director and Chair of Audit and Corporate Governance Committee
Nick Elliot	(NE)	Non-Executive Director (Digital/IT)
Huw George	(HG)	Deputy Chief Executive and Executive Director of Operations and Finance
Sian Griffiths	(SG)	Non-Executive Director (Public Health) and Chair of Knowledge, Research and Information Committee
Fu-Meng Khaw	(MK)	National Director, Health Protection and Screening Services, Executive Medical Director
Mohammed Mehmet	(MM)	Non-Executive Director (Local Authority) and Chair of the People and Organisational Development Committee
Rhiannon Beaumont-Wood	(RBW)	Executive Director of Quality, Nursing and Allied Health Professionals
Kate Young	(KY)	Non-Executive Director (Third Sector)
In Attendance:		
Sally Attwood	(SA)	Transition Director Health and Wellbeing
John Boulton	(JB)	National 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 the Board Business Unit
Neil Lewis	(NL)	Director of People and Organisational Development
Sarah Morgan	(SM)	Head of Employee Experience (for item 4.6)
Claire Sullivan	(CS)	Staff Side Trades Unions representative
Stephanie Wilkins	(SW)	Staff Side Trades Unions representative
Verity Winn	(VW)	Audit Wales
Apology:		
There were no apologies.		

The meeting commenced at 9:45

PHW 1/2022.05.26 Welcome and Apologies

JW welcomed everyone to the meeting, extending a warm welcome to those observing the proceedings online. She noted that this was the first Board meeting since changes to the regulations on 1 April, 2022; the Board now included a stand – alone Vice-Chair, and an additional Non-Executive and Executive Director, making a total of 8 non-executive and 6 executive Board members. JW congratulated KE formally on her appointment as Vice-Chair and IB on his appointment to a formal Executive Director role. JW went on to welcome NE, joining the Board on a fixed term basis as Digital/IT Non-Executive Director, and KY, attending her first formal Board meeting as the Non-Executive Director (Third Sector)

SA was attending her last Board meeting, due to her retirement at the end of the month. JW indicated her intention to return to this at the end of the meeting.

JW noted that the Board worked to a formal Board Etiquette, the details of which could be found via the following link: <https://phw.nhs.wales/about-us/board-and-executive-team/board-etiquette1/>. Board members also adhered to Public Health Wales’ values: *Working Together, with Trust and Respect, to make a Difference*. JW went on to summarise 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 organisational tone and culture. On the last point, JW emphasised the Board’s commitment to ensuring that everyone could come to work and be their authentic best selves, without fear of discrimination or disadvantage of any kind. The Board also wanted staff to feel safe in raising concerns, whether on their own behalf or because of something that they had witnessed. Public Health Wales had a Raising Concerns Policy that could be found on the staff intranet.

PHW 2/2022.05.26 Declarations of Interest

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

PHW 3/2022.05.26 Strategy – Improvement Cymru

JB welcomed the opportunity to provide an update to the Board on progress against the 2022/23 work plan ; he noted that this formed part of the NHS Wales- approved Improvement Cymru Strategy – '*Achieving Quality and Safety Improvement*' (2021).

JB drew attention to the following issues:

- The range and breadth of work underway, centred on:
 - the organisational approach to quality focused outcomes;
 - spreading the provision of safer care;
 - supporting people.

NHS Wales bodies had welcomed this focus, with a resulting increase in requests for Improvement Cymru support and input.

- The Institute for Healthcare Improvement (IHI) *Patient Safety Partnership – Safe Care Together Collaborative*. The Collaborative aimed to support organisations in improving their patient safety priorities, broadening individual skill sets and expertise, thereby enabling organisations to become quality-led, He noted that IHI were recognised world experts in quality, improvement and safety and the award of the two year contract followed from an extensive procurement process.
- The establishment of an *Executive Clinical Leadership Network* to support strategic thinking and to bring clinical executives together through a collaborative approach to problem solving and highlighting clinical safety at a strategic level. The Network included representatives from each health board (HB) and Trust.
- *Real Time Demand Capacity* work to support organisations to improve their patient flow systems by building capability improving situational awareness; this had prompted positive initial feedback.
- The development of a single measurement platform to provide a standardised system for improvement teams in Wales to record, analyse and share data to test clinical improvement ideas. Following market engagement in autumn 2021, Improvement Cymru had partnered with two software specialists to develop a technical solution based on Microsoft Power Platform technology, for application across NHS Wales. Next steps included additional functionality and the development of a dashboard.
- The Improvement Cymru National Conference held on 11-12 May 2022; over 350 delegates had attended each day, to listen to UK and international speakers and learn more about specific case studies. Those attending warmly

welcomed the return of this seminal date in the improvement conference calendar.

- The 5-year partnership between the Health Foundation and Improvement Cymru, supporting sustainable improvements for complex challenges and introducing design and technology based methodologies.
- Quality-led health and care through an effective quality management system. Expert consultants had assisted in testing the approach and had enhanced the understanding of how to meet needs across Wales.
- Participation in two upcoming events: one in Gothenburg in June, followed by a second in Orlando later in 2022.
- The proposed regional approach to working, introduced under an Organisational Change Policy, to ensure both national co-ordination and local delivery of the Improvement Cymru work programme.

JW thanked JB for his impressive presentation, noting that it had not been exhaustive; she invited Board members to comment.

KE offered her appreciation to JB and the whole team. She noted JB's recent presentation to the Quality Safety and Improvement Committee (QSIC) on just one element of the work programme—the Improvement and Innovation Hub; the sheer breadth of the programme prompted her to seek assurance around the capacity and capability of the team to deliver. JB recognised the need to build in further resilience, and for some possible prioritisation; he was, however, confident of delivery.

DE also noted the scale and pace of the work; he viewed Improvement Cymru as a beacon for driving change across NHS Wales. He noted the collaboration with IHI and commented on the different healthcare delivery models in place in the UK and USA; DE asked whether this impacted on the contract. JB advised that IHI was a global organisation and that the contract focussed on NHS Wales' context, to ensure relevance and effectiveness.

CS sought assurance that the regional delivery model would take account of any travel implications for staff, particularly given current cost of living increases. JB confirmed this and the intention to be flexible in working locations and arrangements.

NE thought that the impressive work programme would provide organisations with traction in addressing quality and safety improvements; he asked about possible consideration of wider social care opportunities. JB recognised the key role of social care and wider local authority services and advised that a scheduled meeting with Social Care Wales would address this issue.

SG also noted the need to operate in a whole system context, not just in hospital settings; JB confirmed that this was the case.

JW asked JB to convey to the team the Board's appreciation of all the work underway across the NHS and wider care system in Wales; the level of interest generated in the presentation signalled the importance that the Board placed on the improvement and innovation agenda and on supporting Improvement Cymru as a national resource.

The Board **noted** the Improvement Cymru National Strategy '*Achieving Quality and Safety Improvement*' and **took assurance** from the Strategy Report and discussions.

PHW 4/2022.05.26 Board Assurance Framework

PHW 4.1/2022.05.26 Chief Executive's Report

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

- The re-designation of Public Health Wales as a World Health Organization (WHO) Collaborating Centre for Health and Wellbeing for a further four years. She paid tribute to MB and Mariana Dyakova for their superb leadership of the Centre, evidenced by the record time in which the WHO had approved the re-designation.
- Attendance on 19 May 2022 at the Health and Social Care Senedd Committee, to give evidence on its *Inquiry into Mental Health Inequalities*. TC extended her thanks to Julie Bishop, Director of Health Improvement, and Jo Hopkins, Director of the Adverse Childhood Experience Support Hub who had accompanied her to the Committee Inquiry session. She also thanked Nathan Jones for supporting the preparatory work. The evidence submitted in advance of the meeting was available via the following link: <https://business.senedd.wales/documents/s125138/Paper%201%20-%20Public%20Health%20Wales.pdf>
- The establishment of the NHS Executive announced in *A Healthier Wales* in 2018 but delayed due to the COVID-9 pandemic. The key purpose of the NHS Executive centred on bringing together improvement, performance and planning functions at national level. JB had represented Improvement Cymru at the first Steering Group meeting on 23 May 2022.
- The publication, on 25th May 2022, of *Fair Work for Health, Well-being and Equity, a guide* for local authorities, health boards and other regional and local agencies on improving health, well-being and equity through action on fair work. TC thanked Ciaran Humphries for leading the work and Professor Ceri Phillips for chairing the group. The document could be accessed via the following link: <https://phw.nhs.wales/services-and-teams/healthy-working-wales/fair-work-for-health-well-being-and-equity/>

- TC invited MB to provide an update on the launch of the Behavioural Science Unit on 19 May, 2022. The development of this Unit reflected the increasing recognition of the important contribution that behavioural science could make to many aspects of Public Health Wales' work. MB extended his thanks to Ashley Gould, the Director of the Unit and the whole team, complimenting them on a successful launch. MB advised that the Unit would link with academia, Welsh Government Chief Medical Officer and other officials, together the Directors of Public Health Network. JW had chaired the launch event and added her congratulations to all involved; attendees (165) commented positively throughout the event, and the expert speakers had all commented on the world-leading strategic intent underpinning the setting up of the Unit.
- JW took the opportunity to comment on the event on 24 May, 2022 to publish the findings of the *sexual and gender-based violence against refugees from displacement to arrival (SEREDA) Project*. She provided the background to the ACE Support Hub commissioning this research work from Birmingham University. In the keynote address, Jane Hutt, the Minister for Social Justice, acknowledged the importance of the findings for Wales' role as a Nation of Sanctuary and for wider policy work around the prevention of violence against women and girls. The Minister paid specific tribute to Jo Hopkins, Director of the ACE Support Hub, for her career-long focus on this agenda and her significant contribution to policy development. The document could be accessed via the following link: <https://www.birmingham.ac.uk/research/superdiversity-institute/sereda/index.aspx>

MM commended colleagues on their work on fair work and wellbeing, noting the opportunities at local government level to progress this agenda.

The Board **received** the Report and **took assurance** from its contents.

PHW 4.2/2022.05.26 Cervical Screening Wales Interval Change - update

MK updated the Board on the actions taken in response to the public reaction to the change made to the interval screening time for women and people with a cervix aged 25-49 years; introduced at the start of the year, in line with UK and Wales Screening Committees' recommendations, this had prompted significant adverse publicity.

The paper set out the background to the change and the action taken to implement it. MK concentrated on the action taken following implementation, including an After Action Review (AAR) that SA had facilitated. He outlined the appointment of a creative agency to assist with a trust-building campaign, a meeting with UK colleagues to share learning and the Wales Screening Committee decision to publish the notes of its meetings on the Welsh Government web-site.

JW thanked MK and invited questions:

- SW noted the reference to the use of a commissioned external creative agency and asked whether Public Health Wales should develop in-house capacity for this type of work. HG commented on the infrequent use of external communications support, and only for specialist purposes that did not warrant in-house investment.
- DE welcomed the paper and the use of the AAR to inform future approaches. He recognised that Public Health Wales had a role in communicating with the public on a continuous basis and MK confirmed that this was the case, in respect of both direct and indirect communication, through third parties. He provided an example of service user engagement in the Diabetic Eye Screening Wales transformation process, to inform actions and improve communication approaches.
- KY recognised the contribution of third sector organisations in helping to communicate and inform service users. She noted the opportunities that third sector communication machinery could offer Public Health Wales. MK reiterated his appreciation of the assistance from Jo's Trust and Cancer Research UK in respect of this issue, and looked forward to wider opportunities.
- MM sought further detail on the rationale for changing the interval time from 3-5 years. MK explained that the increased sensitivity of HPV testing meant the revised screening interval was appropriate. HB agreed to circulate a FAQ briefing note on the background to the change.
- JW asked KE to take assurance on behalf of the full Board, through QSIC, on the full learning from the AAR process.

Action: HB / KE/MK

The Board **received** the updated and **took assurance** from the Report and the continued role of QSIC in progressing the work on behalf of the Board.

PHW 4.3/2022.05.26 Integrated Performance Report (Month 1)

Introducing the Integrated Performance Report HW noted the recent setting of budgets and agreement of the Operational Plan; he advised that Welsh Government had not yet responded to the IMTP submission. From a resource perspective, the month 01 position forecast balance at the year-end. HG then invited executive leads to comment on their respective areas:

- NL drew attention to the following points:
 - The reduction is staff absence this month.
 - Appraisal compliance at 52.7% and the work underway to compare locally held data to that held on the Electronic Staff Record (ESR).

- Pay progression requirements in place from October 2022, requiring end of year review for some 80 staff. NL confirmed that support was available managers and staff to meet this requirement.
- Further work on the Dashboard to include equality and diversity, overtime and additional hours. The People and Organisational Development Committee (POD) would consider the proposed revisions.

Action: MM/NL

KE asked about staff vaccination rates. She noted that staff flu vaccination rates did not match those for staff vaccination against COVID-19. QSIC had noted only a 44% rate for the former, with a staff survey revealing that 19% of respondents were not aware that Public Health Wales offered staff the vaccination. RBW agreed that flu vaccination rates were lower than COVID-19, but cautioned the use of the survey as it offered only a limited sample. Learning from the COVID-19 vaccination process would inform the 2022/23 flu vaccination programme and QSIC would monitor this, along with a reconciliation of local data compared with that available via ESR.

Action: KE/RBW

- HG commented on the approach adopted in the 2022/23 budget strategy around the management of underspends and non-recurrent investment.
- MK drew attention to:
 - the changed reporting and testing requirements for COVID-19; these had impacted upon universal surveillance. Hospital admission rates and mortality rates continued to fall, indicating that community infection rates were not translating into a need for hospital admission. MK confirmed Omicron as the main variant.
 - The development of a business case in respect of the surveillance system.
 - The evaluation of the Optometry pathway for Diabetic Eye Screening; this pathway ended on March 31 2022.
 - The improvement in waiting times for bowel screening related colonoscopies.
 - Microbiology performance.
- RBW noted:
 - 82 incidents during the reporting period; 98% of these related to health protection and screening.
 - The number of outstanding incidents had reduced significantly, from 237 to 37; most of these would close by July 2022.
 - One 'no surprises incident' concerning the mailing of incorrect letters to survey participants; RBW outlined the actions and notifications undertaken.
 - The receipt of 4 complaints and their acknowledgement within the 48 hour initial response time.

- HG confirmed that, following Board approval of the 2022/23 Operational Plan in March 2022, there were no issues to report at the end of month 01.

JW thanked HG, NL, MK and RBW for their updates, noting that the Board Committees made regular use of the Performance Assurance Dashboard and thanking all those involved in its compilation each month.

The Board **noted** the update and **took assurance** from the papers and discussion.

PHW 4.4/2022.05.26 Break

PHW 4.5/2022.05.26 Update on COVID-19 and Other Incidents

MK provided an update on three issues:

- The hepatitis outbreak of unknown origin affecting primarily children. The UK Health Security Agency (UKHSA) was investigating the small number of cases reported across the UK, including 17 cases in Wales. MK noted that outcomes for children could be serious: some had required liver transplantation.
- The position regarding refugees from Ukraine. Some 6million people had sought sanctuary in other countries. The International Association of Public Health Institutes (IANPHI) was working to understand how to prepare better to respond to refugees' needs; MK commented on his visit to Poland two weeks ago, when he had met with the teams who had established welcome centres in Poland for Ukrainian refugees. A key observation involved the rapid focus on infrastructure to accommodate circa 100,000 refugees per day initially. The findings had implications for Wales as a Nation of Sanctuary and a report from the visit would follow.
- The Monkeypox cluster emerging primarily in London, particularly affecting men who had sex with other men. MK noted the confirmation of the first case of Monkeypox in Wales that morning, with management following agreed protocols, using standard UK-wide procedures. MK outlined the current advice for the public.

JW thanked MK for his update and invited questions:

SG asked about vaccine availability for Monkeypox. MK commented on the current supply, managed through a centrally co-ordinated process. Wales would access vaccines through the central procurement arrangements. Public Health Wales was working closely with the UKHSA Strategy Sub Group.

SG also sought an update on the COVID-19 autumn booster programme. MK confirmed that Wales would follow the advice of the Joint Committee on Vaccination and Immunisation (JCVI). JW noted that a recent Ministerial Statement had indicated that the booster would be for those aged 65 years and over.

KY asked about the offer of a vaccine to unpaid carers would be offered the booster; MK agreed to confirm the position and the eligibility criteria.

Action: MK

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

PHW 4.6/2022.05.26 Staff Networks: progress update

JW summarised the 2021/22 Board programme of meetings with Staff Network co-chairs and welcomed Sarah Morgan, Head of Employee Experience, who had initiated the programme.

NL added detail around the 'asks' made of the Board and both he and SM commented on how positive the engagement had been. SM advised that the Report included 20 actions, most of which were either complete or in progress; the one exception concerned the lack of functionality within the ESR system to record transgender status. This was not solely a Public Health Wales issue but one that affected the whole of NHS Wales; resolution depended on a future system upgrade.

JW thanked SM for the composite report and invited questions:

MM thanked SM and SW for the work undertaken, as reflected in the Year End Report; POD Committee would determine a programme of engagement during 2022/23, and would look at ways of engaging with staff outside the Network machinery. SW highlighted the role of Trades Unions as a conduit for staff engagement and the importance of reflecting this in the arrangements.

MM confirmed that the Committee would take SWs points on board and take assurance on behalf of the Board around completion of the remaining 2021'22 'asks'.

Action: MM/NL/SM

JW extended her thanks to all members of the five Staff Networks for their engagement with the Board during the last financial year; Board members had welcomed the opportunity and looked forward to continuing engagement in the coming year

The Board **took assurance** on the progress made and the 2021/22 year-end position, as set out in the Report.

PHW 4.7/2022.05.26 Committees of the Board: Report from Committee Chairs

In introducing this agenda item JW acknowledged the role of the Committees in discharging significant work programmes on behalf of the full Board. The composite report provided Committee chairs and lead executives with the opportunity to bring any issues of concern or note to all Board members' attention.

Knowledge Research and Information Committee (KRIC)

SG welcomed NE to KRIC membership and looked forward to working with him. She noted the work underway currently, with the next meeting schedule for June. There were no matters of concern to report to the Board.

Audit and Corporate Governance Committee (ACGC)

In providing an update DE noted the circulation of the record of the March ACGC meeting with the Board papers. The recent 5th May ACGC had focused on the annual reports, seeking assurance on behalf of the Board on a range of matters. He referenced the Finance Delivery Unit hosting arrangement as one of the range of issues considered. DE also advised the Internal Audit year-end assessment of 'reasonable'. HG noted a final meeting with audit in the coming week and referred to the Auditor General in Wales taking a different view from other Auditors General regarding the assessed position; HG agreed to circulate a note outlining the issues.

Action: HG

People and Organisational Development Committee (PODC)

MM had recently welcomed KY to her first PODC meeting; the Committee had considered how best to align its work with the organisational priorities over the coming year. There were no issues of concern.

Quality Safety and Improvement Committee (QSIC)

KE provided a verbal update including discussions at the 18th May QSIC meeting. This had included:

- a deep dive exercise focused on the Improvement Cymru Innovation and Improvement Hub; the Committee would receive regular updates on progress with this.
- An update on the flu vaccination programme.
- Screening programmes recovery; KE welcomed the progress in returning bowel screening programme rates to pre COVID-19 levels.
- Consideration of a series of annual reports and an updates on Infection Prevention and Control, Safeguarding, and Health and Safety.
- RBW noted that QSIC had also considered and taken assurance on the Health and Care Standards.

On her own behalf, and that of TC, JW thanked Committee chairs, Lead Executives, members and all those who attended meetings, for their sterling work throughout the year; their 'heavy lifting' on behalf of the full Board was pivotal to the maintenance of good governance.

The Board **noted** the updates provided in the Reports and **took assurance** from the contents and the discussion.

PHW 5/2022.05.26 Items for Approval**PHW 5.1/2022.05.26 Strategic Risk**

RBW introduced the paper, noting the purpose as being to present the revised Strategic Risk Register, together with the proposed risk appetite descriptors against each of the strategic themes.

RBW advised that the Board had allocated a specific Development Session to discussing and framing the revised strategic risk themes, and to exploring the risk appetite descriptor to assign to each risk theme. As yet, the Board had not produced an overarching risk appetite statement, but would give further consideration to so doing.

JW thanked RBW for her work in leading the discussions around this important governance domain and invited questions, or comments:

MM welcomed the progress made and the clarity of layout and approach. The proposed strategic risk themes and associated risk appetite descriptors captured the key risks facing the organisation, and were realistic, from the point of view of severity and impact, should they occur.

The Board **considered** the risk appetite descriptors and the revised strategic risk register and **approved** the proposed approach, noting the rationale for considering strategic risk 6 on cyber security, in private session.

PHW 5.2/2022.05.26 Board Committee Governance

HB introduced two papers for Board approval:

- The combined Annual Report for the Board level Committees; this summarised the reports that the Board and its Committees had considered over the preceding year.
- A Review of the Committee Terms of Reference, in line with good practice.

SW noted that the PODC Terms of Reference did not reference partnership working with trades unions and suggested the need to make this explicit. MM, NL and HB agreed to work with SW outside the meeting to make the relevant amendments.

Action: MM/NL/HB/SW

The Board **considered** and **approved** the Combined Annual Report for Board level Committees and the revised Terms of Reference, subject to an amendment to the POD Committee Terms of Reference, to include reference to the Partnership Forum and staff engagement.

PHW 5.3/2022.05.26 Capital Programme

In introducing this paper HG noted the substantial reduction in the 2022/23 discretionary capital allocation; this was in line with the allocation to all NHS Wales bodies. He referenced the bidding process for capital and the prioritisation approach set out in the paper.

HG noted the added cost pressures of increased costs for raw materials that impacted primarily on capital expenditure. He drew the Board's attention specifically to a capital development in North Wales and sought approval to move £60k from the Magden Park floor strengthening scheme, plus the £205k contingency sum to the North Wales Estates scheme.

MM asked whether the reduced capital allocation would impact on delivery of the strategic objectives. HG advised that the position would be subject to close monitoring, given the scale of the reduction; the level of investment in IT maintenance/replacement over the past two years suggested less of a need to invest in these areas in 2022/23.

The Board **approved** the proposed discretionary capital spending plans for 2022/23, amended to include the move of £265k from the Magden Park strengthening of flooring/contingency sum, to the North Wales Estate scheme. The Board also **noted** the strategic capital replacement programme with regard to Breast Test Wales and the two major strategic capital programmes, LINC and RISP, managed by the NHS Collaborative.

PHW 5.4/2022.05.26 Minutes and Action Log from the Board Meeting

The Board confirmed the minutes as an accurate record of the meeting.

HB advised that there were no concerns regarding the action log.

PHW 6/2022.05.26 Items for Noting**PHW 6.1/2022.05.26 Chair's Report**

The Board **noted** the Chair's Report to the Board on the matters considered in the Private Board meeting of the 31 March 2022.

PHW 7/2022.05.26 Date of Next Formal Meeting of the Board

The next scheduled Board meeting was the 28 July 2022

PHW 8/2022.05.26 Close of Public Meeting

Before closing the meeting, JW paid tribute to SA, retiring after a professional career of 41 years. During that time, SA had developed subject matter expertise across a number of corporate disciplines: organisational change; governance; programme and project management; strategic and operational planning. JW reflected on the great debt of gratitude that Welsh Government, the wider NHS and Public Health Wales owed SA, for her significant contribution and her unswerving commitment to the values and purpose of the NHS. SA had been an exemplary public servant and would be a major loss to public life in Wales. The Board joined with JW in wishing SA a long and happy retirement and every success in her future plans.

The meeting closed at 12.20pm