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**Approved Minutes of the Board Meeting
held at 10:00 on 29 September 2022
(held electronically via Microsoft Teams
and livestreamed via the web)**

Present:		
Jan Williams	(JW)	Chair
Iain Bell	(IB)	National Director Knowledge, Research and Information
Mark Bellis	(MB)	Executive Director of Policy and International Health, WHO Collaborating Centre on Investment for Health & Well-being (WHO CC)
Diane Crone	(DC)	Non-Executive Director (Academic Public Health)
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
Nick Elliott	(NE)	Non-Executive Director (Data and Digital)
Huw George	(HG)	Deputy Chief Executive and Executive Director of Finance and Operations
Siân Griffiths	(SG)	Non-Executive Director (Public Health)
Fu-Meng Khaw	(MK)	National Director Health Protection and Screening Services, Executive Medical Director
Mohammed Mehmet	(MM)	Non-Executive Director (Local Authority)
Rhiannon Beaumont-Wood	(RBW)	Executive Director of Quality, Nursing and Allied Health Professionals
Kate Young	(KY)	Non-Executive Director (Third Sector)
In Attendance:		
Sumina Azam	(SA)	Consultant in Public Health, Head of Policy, Deputy Director (WHO CC) – item 3

Liz Blayney	(LB)	Deputy Board Secretary and Head of Board Business Unit
John Boulton	(JB)	National Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru
Helen Bushell	(HB)	Board Secretary and Head of the Board Business Unit
Angela Jones	(AnJ)	Acting Director Health and Wellbeing
Neil Lewis	(NL)	Director of People and Organisational Development
Judith Paget	(JP)	Director General of the Welsh Government Health and Social Services Group and Chief Executive of NHS Wales- for item 6
Claire Sullivan	(CS)	Staff Side Trade Union representative
Stephanie Wilkins	(SW)	Staff Side Trade Union representative
Gaynor Williams	(GW)	Minute taker
Verity Winn	(VW)	Audit Wales
Apology:		
Tracey Cooper	(TC)	Chief Executive

The meeting commenced at 10am

PHW 1/2022.09.29 Welcome and Apologies

JW welcomed everyone to the meeting, extending a warm welcome to those observing the proceedings online. She summarised 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; maintaining good governance and setting organisational tone and culture.

On tone and culture, the Board adopted a learning culture, and one in which everyone could come to work and be their authentic , best selves, without fear of discrimination or disadvantage of any kind. The Board conducted its business in line with a formal Board Etiquette, the detail of which was on the web-site. This referenced the reading of all papers before the meeting, optimising the time available for debate on the day. The Board also adhered to Public Health Wales' Values: Working Together, With Trust and Respect, to Make a Difference.

JW summarised the Agenda, noting that Judith Paget, the Chief Executive of NHS Wales and Director General of the Department of Health and Social Services at Welsh Government would join the meeting later in the morning, to discuss the key challenges facing health and social care in Wales and the role of Public Health Wales.

HB noted an apology from Tracey Cooper.

PHW 2/2022.09.29 Declarations of Interest

Board members declared no interests outside those recorded already on the Declarations of Interest Register.

PHW 3/2022.09.29 Cost of Living – Strategic Presentation

Introducing this Agenda Item, MB emphasised the profound public health implications for the population of Wales resulting from the current, and still developing, cost of living crisis; this was not a short-term issue, extending into 2023 and possibly beyond. MB highlighted the adverse impact on health inequalities and, specifically, on the general health and wellbeing of the most deprived and disadvantaged groups, when this was already fragile. MB went on to outline Public Health Wales' system leadership role, and the importance of advising the public, Welsh Government and other partners, referencing the latest available data, intelligence and best practice, both nationally and internationally.

SA took the Board through a slide presentation, setting out the content of a forthcoming Report (currently in final draft form) based on the key findings of a cross-organisational Cost of Living Co-ordination Group. This highlighted that:

- The cost of living crisis was a result of income not keeping pace with rising living costs; SA noted the rising Consumer Price Index and the Bank of England predictions around higher interest rates;
- The on-going volatility of house prices, food, fuel and energy costs would add to the crisis, with predictions that all would rise even higher than the current concerning levels. In response, reductions in household spending were impacting adversely on the wider economic position;
- Those in the poorest quartile of the population were at increased risk of physical and mental health illness, as the crisis was accelerating existing inequalities;
- Predictions suggested that those 'just about managing' could also find themselves in a crisis position;
- The cost of living crisis affected the five building blocks for a healthy life identified by the World Health Organisation (WHO); SA noted the potential to lead to worsening health inequalities, with an intergenerational effect. Those living in rural areas would also experience a disproportionate impact, compared with people in more urban areas.

SA completed her presentation by summarising what it all meant for public health in Wales and the response required. She outlined the policy response and itemised Public Health Wales' actions, which included: supporting staff and service users; partnership working- with the Third Sector, and the health and care system; providing data, research and intelligence, using international horizon scanning and rapid monitoring to provide expert advice to support Welsh Government policy (advice on free school meals was one example of this).

IB recognised the need to ensure that actions to support the crisis were data driven; also, preparing and planning for winter had a particular importance this year. IB went on to refer to the role of the Third Sector and the need to exploit all opportunities to work together in an integrated way, to ensure that advice, guidance and support reached those communities most affected.

On behalf of the Board JW thanked MB, SA and IB for their expert presentation, scoping as it had the seriousness of the crisis facing the country. She invited questions:

- DE asked about the circulation of the final Report. IB confirmed that, whilst Welsh Government colleagues were a key audience, with the Report designed to support policy development, it would be subject to much wider circulation. He referenced a forthcoming workshop with Hywel Dda University Health Board- this would use the findings set out in the Report;
- JW noted the work of the Wales Council for Voluntary Action (WCVA) and KY added detail to this, welcoming the presentation, and noting the opportunities it offered for cross-sector working. SA agreed to follow up on the WCVA work with KY outside the meeting.

Action: SA/KY

- SW asked about the ongoing updating of the Report, in response to changing economic conditions and sought assurance that, in addition to influencing policy decisions, the Report would have value at individual/community levels. MB confirmed the arrangements in place to update the findings and noted that, as the work aimed to inform Welsh Government policy development, the impact should come through as a consequence of government decision-making. JW suggested that this could form one of the discussion points with JP later in the meeting.
- JW asked MM and NL if the People and Organisational Development Committee could follow through on those actions in place to support staff.

Action: MM/NL

- KE congratulated the team on an excellent but sobering presentation. She sought assurance on the mechanisms in place to exploit the routes available to disseminate the findings, and to make the connections to vaccination and immunisation programmes. IB outlined the communication plans and HG agreed to follow through with the Communications Team.

Action: HG

- RBW noted the work underway to develop a Memorandum of Understanding with the Third Sector, through the WCVA; she would ensure connectivity across the agenda outlined in this discussion.

Action: RBW

JW extended her thanks to all those involved in developing Public Health Wales' response and contribution to this nation-wide crisis, to ensure the primacy of a public health approach

The Board **considered** the approach outlined to respond to the Cost of Living crisis and **supported** the framework as the basis for a public health approach to the cost of living crisis.

PHW 4/2022.09.29 Board Assurance Framework

PHW 4.1/2022.09.29 Integrated Performance Report (Month 5)

Introducing the Integrated Performance Report documents, HG explained the additional material set out in the appendices; these were presented for completeness, so that the Board had sight of all performance-related submissions to Welsh Government. Further work would streamline the documentation for future meetings.

HG then invited executive leads to comment on their respective areas.

NL drew attention to the following issues:

- A reduction in the sickness and absence rate from 5.8% to 3.9%. He noted that stress, anxiety and depression continued as the predominant reasons for sickness and absence; NL outlined the significant work underway with line managers across the organisation, to support staff and consider how workplace adjustments and alternative working patterns could help avoid sickness absence and/or support an early return to work. The highest rates of sickness and absence centred on the Health Improvement, Microbiology and Screening Services Departments;
- An improvement in statutory and mandatory compliance; this was now at 80% against a target of 85%;
- The remaining low staff turnover rate.

On financial matters, HG noted:

- A small surplus at Month 5; he remained confident that the organisation would report a break-even position at year-end;
- Fuel costs would be an increasing cost pressure, as they were for all other NHS Wales' organisations, with additional resources reserved for this purpose. This could well be an issue into 2023/24 and costs were subject to close monitoring;
- Welsh Government continued to reimburse COVID-19 associated costs on a monthly basis. These were non-recurring costs and related primarily to testing;

- On capital, HG reminded the Board that, of the £6.540m capital spend, £1.158m was discretionary capital and £5.382 was strategic capital. Of the latter sum, Public Health Wales was responsible for £3.069m, with the NHS Collaborative accountable for £ 2.313m. As at month 05, £2.602m of Public Health Wales 'allocation had been committed via purchase orders, a significant improvement on the month 05 position in 2021/22. In response to a query from JW, HG confirmed that the Audit Committee continued to oversee COVID-19 expenditure.

RBW drew attention to:

- The improved position on incidents, concerns and complaints;
- The reporting of one bowel screening incident as a national reporting incident. She outlined the systems in place to identify such incidents; these included actions to both resolve the incident and identify organisational learning;
- On the no surprises incident, there had been contact with service users , with offers of colposcopy;
- The receipt of one new clinical negligence claim in August.

MM drew attention to the staff shortages highlighted during August and sought assurance on the future management of leave to avoid this happening again. RBW noted this point, explaining the circumstances around the testing of the Cervical Screening Information Management System (CSIMS) during August, prior to its launch on 20 September.

MK reported on:

- A slight increase in COVID-19 reporting, based upon the ONS Survey and LFT testing results; this increase was subject to careful monitoring, together with variant profiling. Omicron remained the major strain;
- Monkeypox, following the first reported case in Wales four months ago; to date, there have been 47 cases but numbers of new cases have reduced significantly. October would see the publication of a plan for the management of future cases;
- The successful implementation in September of the CSIMS. This had been a major undertaking and MK extended his thanks to all involved.
- The opening of the Mountain Ash Facility for screening on 15 August- this was already proving beneficial;
- An ongoing multi-media vaccination campaign, seeking to encourage uptake of both influenza and COVID-19 vaccinations, as part of the seasonal winter planning arrangements.

SG sought assurance on the plans to apply the same level of monitoring to the take-up of the influenza vaccination programme as that applied to the COVID-19 vaccination programme uptake; this was of equivalent importance for the forthcoming winter. MK agreed and outlined the plans for active surveillance of both programmes. He also noted that the current strains were vaccine-preventable and that Public Health Wales would continue to work with Welsh Government and health

boards to monitor take-up for children. This included work on vaccine hesitancy, with behavioural psychology expertise included in the vaccination team.

HG asked IB to provide an update on the Public Health Dashboard:

IB drew attention to:

- Referral to treatment times, compared with pre-pandemic levels, and the need to consider this in the design of public health interventions;
- The health behaviours and well-being indicators - these were broadly flat, other than anxiety levels that begun to increase;
- Ongoing work advising Welsh Government policy approaches on obesity and tobacco strategies;
- An increase in the number of people leaving the labour market for health related reasons; any link with Long Covid was not yet clear.

SG welcomed the update, particularly in the context of the cost of living discussion.

JW thanked IB for this important update on the key public health issues facing the nation and suggested including this as a specific agenda item for future meetings. Board members supported this suggestion. IB also agreed to provide a briefing note on dashboard development outside the meeting.

Action: IB

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

PHW 5/2022.09.29 Break

PHW 6/2022.09.29 Strategic Partnership - Judith Paget, Director General and Chief Executive of NHS Wales

JW extended a warm welcome to Judith Paget, Director General of the Welsh Government Health and Social Services Group and Chief Executive of NHS Wales. She invited JP to share her perspective on the key challenges facing the health and care system in Wales, together with her expectations of Public Health Wales; there would then be an opportunity for questions.

JP welcomed the opportunity to meet with the Board and extended her thanks to Public Health Wales for its ongoing contribution to improving population health and wellbeing. Focusing on the strategic challenges facing the health and care system in Wales, JP drew attention to:

- The significant efforts underway to ensure effective autumn and winter planning; she recognised the risks associated with any increase in respiratory viruses, including another COVID-19 surge;
- The impact of the cost of living crisis and its effects, both on the population generally and on health and social care staff specifically;
- Work underway to recover from the pandemic, with all parts of the system experiencing significant pressures. There was a focus on performance but JP

- emphasised the need to focus also on safety and the patient experience. People needed assurance that care would be available to them when needed;
- The Ministerial priority around cancer; JP acknowledged Public Health Wales' role in recovering screening programmes and contributing to improved outcomes;
 - All sectors were now experiencing seasonal peaks and all partners were seeking to develop additional resilience as the winter season approached. This would include a focus on prevention as well as on emergency responses.
 - The target of 75% uptake for influenza and COVID-19 vaccination programmes was subject to a major communications and media campaign, with careful monitoring of uptake, and Public Health Wales had a key role in this. Early awareness of any respiratory virus surge, using an effective surveillance plan, was essential;
 - The biggest challenge at this stage was the cost of living crisis and Welsh Government was exploring the policy responses as a matter of urgency. The First Minister had established a cross-departmental group to focus on the actions needed and Public Health Wales had an essential role in identifying what would work to mitigate against population level impacts;
 - The work in hand to ensure that 'every contact counts', using all opportunities, and health and care touch points across the whole system, to support people and signpost them to the right support. JP asked Public Health Wales' screening services to consider signposting people to benefits advice as an example of exploiting all opportunities and contacts.

Action: MK

- The financial position was extremely challenging, with ongoing COVID-19 related costs, the energy crisis and, more recently, broader inflation all contributing to the challenge. JP noted that some health boards were experiencing a worsening financial position and welcomed Public Health Wales' focus on delivering a balanced budget position.
- Ministers remained keen to maintain momentum on recovery and progress in other areas of risk, including mental health and wellbeing and climate change.
- Other important issues included:
 - The COVID-19 Public Inquiry;
 - The successful transfer of Local Public Health Teams to health boards on 30 September;
 - The prospect of industrial action impacting on health and care delivery.
 - Inter-governmental relationships post changes at UK Government level, and the re-setting of Ministerial and departmental relationships and priorities;
 - The establishment of the NHS Executive; JP thanked JW and HG for their contributions to this programme of work.

JW thanked JP for her comprehensive and informative assessment of current risks and challenges, together with her complimentary remarks about the important

system leadership role that Public Health Wales was discharging. JW then invited any questions or comments:

- HG reflected on the breadth of cost of living discussions during the Board meeting and sought a view from JP on how Public Health Wales could best support this agenda. JP referenced policy support advice across the agenda, commentary on the real time impacts and what would work to mitigate against these, through to the opportunities presented through Public Health Wales' service delivery functions to promote 'Making Every Contact Count' She reinforced Public Health Wales' essential role in advising and guiding the NHS Leadership Board on these issues. Reflecting on an earlier point by SW on the value of Public Health Wales' advice to support policy development, JW welcomed JP's recognition of this support role;
- JW noted the further development of the Public Health Dashboard to include cost of living related issues; this would provide hard data and intelligence to support actions and capture the benefits. It would be a valuable resource for the newly-established National Health Inequalities Reduction Group;
- KY noted the learning from the pandemic and possibly using vaccination centres as a route to access 'hard to reach' groups, and to signpost the support available. She also noted that, at a recent meeting, the Minister for Health and Social Services had suggested that no additional resources would be available. JP confirmed that Welsh Government had responded to concerns about the late release of winter funding in previous years by issuing available resources earlier in 2022; there would be no further resource allocation in-year;
- DE reflected on the increasing challenges in the context of limited resources and the possible role of Public Health Wales in helping to optimise resource use. JP confirmed that all organisations would need to reprioritise against available resources and balance short-term imperatives with longer term approaches to address inequalities;
- JW noted the dual role of Public Health Wales as an NHS Trust and as the National Public Health Institute in Wales. The Board and all Public Health Wales' staff remained committed to discharging the organisation's role to the best of its collective capacity and capability;
- On behalf of the Board, JW thanked JP once again for taking time out of her demanding schedule to join the meeting and for sharing her priorities and perspectives with the Board. JW reiterated the Board's appreciation of JP's complimentary remarks about the organisation and its role and invited her to return to a future meeting in 2023.

PHW 7/2022.09.29 Board Assurance Framework (Continued)

PHW 7.1/2022.09.29 Chief Executive's Report

HG referred to the Chief Executive's Report and drew attention to some key issues:

- The Public Inquiry (The Inquiry). HG advised that a Preliminary Hearing would take place in London next week. A recent meeting with The Inquiry Team had helped the Team members to gain a broad understanding of the role and function of Public Health Wales. Following this, The Inquiry Team lawyers had

forwarded some questions, for a response by 5 October. This would undoubtedly be an ongoing feature as The Inquiry progressed.

- The transfer on 30th September 2022 of Local Public Health Teams to health boards. JW confirmed that each member of staff would receive an individualised letter, thanking them for their significant contributions to the organisation. A Memorandum of Understanding would set out the ongoing relationships and interfaces. HG confirmed that the Welsh Government NHS Leadership Board had approved the Memorandum of Understanding. NL extended his thanks to all those engaged in managing the transfer process. JW thanked NL, Andrew Jones as the SRO, AnJ and all those involved in securing the transfer.
- JW confirmed that the Board would receive the final version of the winter planning document on 11th October. SG welcomed the opportunity to read through the final draft and looked forward to the published plan.

Action: HB

The Board **received** the Chief Executive's Report and **took assurance** from the Report and the discussion.

PHW 7.2/2022.09.29 Committees of the Board: Report from Committee Chairs

Introducing this item, JW outlined the role of the Committees in undertaking agreed annual programmes of work on behalf of the full Board. Chairs provided a composite report at each Board meeting, and all Board members had the opportunity to read Committee papers, through the links provided.

JW invited each Committee Chair to provide an update and to identify any specific issues:

Quality Safety and Improvement Committee (QSIC)

KE noted that she had provided a verbal update at the July Board meeting. She advised that QSIC had considered the Audit Wales Review of Quality Governance and the management response and had taken assurance from this exercise. KE extended her thanks to Verity Winn for the review work and confirmed that QSIC would continue to track progress.

JW confirmed with KE that QSIC would look at the reportable and no surprises incidents referenced in the Performance and Insights Report and would also track the benefits of implementing the CSIMS. KE extended her thanks to all involved in this major project. QSIC had a planned time out in December to consider screening services and KE would report back on this at the January 2023 Board meeting.

Action: KE

JW thanked KE and the QSIC membership, lead Executives and attendees for their significant contribution to the work of the Board.

People and Organisational Development Committee (PODC)

MM referred to the papers provided as a full update on the work of the POD Committee. He confirmed consideration at the 6th September meeting of a range of HR policies; the next meeting would focus on policy discussions.

Audit and Corporate Governance Committee (ACGC)

There was no outstanding Audit Committee report; the next meeting would take place in October

Knowledge Research and Information Committee (KRIC)

SG advised that the last KRIC meeting had included a presentation from the Open University regarding academic partnerships and that KRIC would be exploring this further; she commended the slide deck to Board colleagues. KRIC was also considering a deep dive exercise into digital approaches to retinopathy screening, together with an update on the development of a research strategy.

JW complimented SG, KRIC committee members, lead executives and attendees on the agile way in which they had re-established the committee and developed a substantive work programme.

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

PHW 8/2022.09.29 Items for Approval

PHW 8.1/2022.09.29 Minutes and Action Log from the Board Meeting (28 July 2022)

The Board **approved** the Minutes of the 28 July 2022 an accurate record of the meeting.

HB confirmed that those outstanding actions identified on the Action Log were on track.

JW took the opportunity to thank GW for her exemplary minute-taking and LB for her diligence in maintaining the Action Log and in ensuring timely completion of actions.

PHW 8.2/2022.09.29 Board and Committee Governance

PHW 8.2.1/2022.09.29 Protocol for reserving matters to a private Board (and Committee) meeting

Introducing this Item, HB reminded the Board of the development of The Protocol was a matter of good practice; it was now due for an annual review. She advised that there were no significant or material changes to the Protocol, noting also the

maintenance of a log of matters discussed. The chair reviewed these with VW from Audit Wales.

The Board considered and **approved** the revised Protocol for Reserving Matters to a Private Board (and Committee) Meeting and **approved** an annual review.

PHW 8.2.2/2022.09.29 Ratification of Chairs Action

JW reminded the Board of the provisions for Chair's Action, in line with Section 8 of the Standing Orders. JW confirmed that, in taking Chair's Action on this occasion, she had sought the involvement and agreement of the Vice-Chair and Chair of the Audit and Corporate Governance Committee.

The Board **ratified** the Chair's Action to approve a Single Tender Action for on-line access to testing for Sexually Transmitted Infections (STIs) and **took assurance** that the Chair had acted in accordance with Section 8 of the Standing Orders.

PHW 9/2022.09.29 Items for Noting

PHW 9.1a/ 2022.09.29 Chair's Report (28 July 2022)

The Board **noted** the Chair's Report to the Board on the matters considered in the Private Board meeting on 28 July 2022.

PHW 9.1b/2022.09.29 Public Health Wales Board: Forward Plan 2022/23

The Board **noted** the Forward Plan 2022/23.

PHW 10/2022.09.29 Date of Next Formal Meeting of the Board

The next scheduled Board meeting was the 24 November 2022.

PHW 11/2022.09.29 Close of Public Meeting

JW thanked everyone for their attendance and contributions to the meeting. The meeting closed at 12.20pm.