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CYMRU  
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WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

**Unconfirmed Minutes of the Board Meeting on 25 May 2023  
Held in 3.7, CQ2 and electronically via Microsoft Teams  
Livestreamed on the Internet**

<b>Present:</b>		
Jan Williams	(JW)	Chair
Rhiannon Beaumont-Wood	(RBW)	Executive Director of Quality, Nursing and Allied Health Professionals
Iain Bell	(IB)	National Director Knowledge, Research and Information
Kate Eden	(KE)	Non-Executive Director, Vice Chair
Nick Elliott	(NE)	Non-Executive Director and Chair of Audit and Corporate Governance Committee
Huw George	(HG)	Deputy Chief Executive and Executive Director of Finance and Operations
Sian Griffiths	(SG)	Non-Executive Director (Public Health)
Meng Khaw	(MK)	National Director Health Protection and Screening Services, Executive Medical Director
Mohammed Mehmet	(MM)	Non-Executive Director (Local Authority)
Kate Young	(KY)	Non-Executive Director (Third Sector)
<b>In Attendance:</b>		
Dominique Bird	(DB)	Deputy Director and Head of Quality Improvement, representing John Boulton
Liz Blayney	(LB)	Deputy Board Secretary and Board Governance Manager
Paul Daulton	(PD)	Head of Internal Audit
Neil Lewis	(NL)	Director of People and Organisational Development
Rebecca Masters	(RM)	Consultant in Public Health representing Sumina Azam
Leah Morantz	(LM)	Head of Communications
Claire Sullivan	(CS)	Staff Side Representative
Stephanie Wilkins	(SW)	Representative of Staff Partnership Forum
Paul Veysey	(PV)	Acting Board Secretary and Head of Board Business Unit
<b>Apologies:</b>		

Tracey Cooper	(TC)	Chief Executive
Sumina Azam	(SA)	Acting National Director of Policy, and International Health, World Health Organisation Collaborating Centre
John Boulton	(JB)	National Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru
Diane Crone	(DC)	Non-Executive Director (University) and Chair of Quality, Safety and Improvement Committee
Angela Jones	(AJo)	Acting Director Health and Wellbeing

*The meeting commenced at 10am*

<b>PHW 2023.05.25/1</b>	<b>Welcome and Apologies</b>
<p>JW welcomed everyone to the meeting, extending a warm welcome to those observing the proceedings online. She noted that the Board was the Governing Body of the organisation, with specific responsibilities for: strategic direction-setting; building and sustaining strategic partnerships; setting strategic risk appetite and overseeing strategic risks; scrutinising in-year delivery against plans; maintaining good governance and setting organisational tone and culture.</p> <p>On tone and culture, the Board promoted a learning culture, one in which, if something did not go to plan, Public Health Wales apologised, set about putting things right making improvements for the future. The Board wanted everyone to come to work and be their authentic, best selves, without fear of disadvantage or discrimination of any kind, including from any form of phobic behaviour. The Board had a zero-tolerance approach to this and JW encouraged anyone subject to such discrimination to use the processes available to call it out. She also asked anyone who saw/heard of any such discrimination to report it, as no-one should put up with any injustice.</p> <p>The Board conducted its business in line with a formal Board Etiquette; this provided for 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.</p> <p>JW summarised the Agenda and welcomed DB and RM to the meeting as representatives for JB and SA respectively.</p> <p>The Board <b>noted apologies</b> from: Tracey Cooper; Sumina Azam; John Bolton; Diane Crone and Angela Jones.</p>	
<b>PHW 2023.05.25/2</b>	<b>Declarations of Interest</b>

JW sought Declarations of Interest other than those recorded already on the Declarations of Interest Register.

CS declared an interest in respect of Agenda item 4.4. SW indicated that she was unclear about the rationale for declaring an interest in the same agenda item, objected to being asked to leave the meeting and had submitted a collective grievance on the matter; JW explained that SW had a direct personal interest in the matter and good governance principles precluded her from taking part in the discussions. SW did agree to leave the meeting prior to item 4.4 and JW thanked both CS and SW accordingly.

**PHW 2023.05.25/3**

**Board Assurance Framework**

**PHW 2023.05.25/3.1**

**Chief Executive's Report**

Introducing the Chief Executive's Report, HG noted the breadth of the subject matter included; he drew attention to:

- The reintroduction of Directorate Reports; these had been a feature in Board reports pre COVID-19 and their return provided the Board with additional detail to supplement the narratives in the Integrated Performance Report(IPR); HG invited feedback on the content, to facilitate ongoing refinement.

**Action: All**

- *The UK COVID-19 Public Inquiry*: the generation of an increasing volume of work in the lead up to the formal hearings. HG noted the structure in place to enable the organisation to respond effectively to information requests and the additional resource to support this work.
- The Networks Conference held on 17<sup>th</sup> May for the seven Staff Networks and the level of interest that the event generated; HG invited NL to provide further detail and he emphasised the benefits to the organisation of the sharing of information across all the Networks; NL noted the enthusiasm and energy in the room throughout the day, coupled with rich discussions across the equality, diversity and inclusion agenda.
- A meeting on the 18 May with the Minister for Health and Social Services; the discussion had included the presentation on the 'deep dive' analysis into diabetes in Wales, with which the Board was familiar. JW and IB added detail on the work emerging from the meeting.
- The publication at the end of May of the Long Term Strategy 2023-35; HG outlined the arrangements in place to issue the Strategy to a number of stakeholders, in line with an e-mail to the Board of 24 May 2023. There would be a number of staff events, an accompanying video and specific letters to Ministers, Welsh Government officials and key partner bodies. HG

thanked all those involved in preparing for the publication and JW added the Board's appreciation.

JW thanked HG for the update and invited questions:

KY reflected on the growing demands on key staff resulting from the *UK COVID-19 Public Inquiry*. She sought assurance on the level of resource in place to respond to the requests from the Inquiry team and the actual/potential impact on core delivery. HG added detail to his earlier comments on the actions taken to date, the budget strategy, and the ongoing monitoring of the impact. Public Health Wales was committed to participating fully in the Inquiry, but the implications requires full scoping and management.

KE asked about specific arrangements to support those staff called to give evidence. HG confirmed that witnesses would have support from legal Counsel, with PV describing this as 'wrap around support'.

JW congratulated all those involved in designing and delivering the Staff Networks Conference; all attendees had contributed enthusiastically throughout the day, demonstrating high levels of creativity and commitment to the inclusion agenda.

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

<b>PHW 2023.05.25/3.2</b>	<b>Integrated Performance and Finance Reports (Month 1)(IPR)</b>
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Introducing this item, HG outlined the intention to refine the IPR during the year, to elevate all domains of the Board's governance role and to provide specific dashboards in support of the role and work of the Board Committees; these changes would take place from Quarter 2 and would draw on the breadth of the material captured currently in the PAD. They would aid the Board and its Committees to amplify the assurance and scrutiny functions.

HG then invited each executive lead to highlight any issues of concern or interest:

On workforce related issues, NL drew attention to:

- The decrease in sickness absence levels from 3.89% to 3.34% over the latest reporting period, with the rolling 12-month figure at 4.44%.
- Compliance against statutory and mandatory training at just over 90%.
- Appraisal compliance at 70% in April 2023, unchanged from the previous month.
- The investigation into breaches of Welsh Language Standard 39; NL indicated that these concerned website material and the team was preparing a plan to submit to the Welsh Language Commissioner.
- KY noted that stress and anxiety no longer featured in the top ten reasons for sickness absence; she sought detail on any evidence available on the

relationship between workload and stress. NL commented on the beneficial impact of 'Work how it Works Best' and the ongoing work to build on the positive outcomes to date. NL informed that the People and Organisational Development Committee(PODCOM) would continue to look at ways of optimising work life balance

SW asked about the monitoring and Board-level reporting of disciplinary and grievance procedures. NL confirmed that PODCOM had a standing item on these procedures and HG noted that reports centred on themes, as the reporting against individual cases was not appropriate. JW asked MM and NL to follow this up with SW outside the meeting.

**Action: MM/NL/SW**

On finance, HG noted:

- The balanced budget plan for 2023/24, with little variation at Month 1.
- The submission to Welsh Government of bids for screening recovery monies and for the introduction of lung health and newborn physical checks; Public Health Wales was not incurring costs at risk in the meantime.
- The Minister for Health and Social Services' announcement on 24<sup>th</sup> May regarding the 2023/24 NHS Pay Award; the NHS expected Welsh Government to fully fund this commitment.
- The low level of discretionary capital allocation; this posed an ongoing challenge and HG continued to raise the matter with Welsh Government.

On health protection and screening services, MK drew attention to:

- The World Health Organisation declaration on 5<sup>th</sup> May of the end of COVID-19 as a Public Health Emergency of International Concern. He confirmed that numbers in Wales continued to fall, as did hospital admissions; the revised testing strategy, introduced from 1 April 2023, remained extant.
- The recent cases of myocarditis affecting neonates following enterovirus infection. MK noted the reporting of ten cases in Wales and the ongoing investigations.
- On screening services , MK reported on :
  - The full recovery of the Abdominal Aortic Aneurysm (AAA) screening programme, with screening levels back to pre pandemic activity.
  - The ongoing recovery of two programmes: Diabetic Eye Screening Wales (DESW) and Breast Test Wales (BTW); the Quality, Safety and Improvement Committee (QSIC) had considered the issues in detail at its last meeting. MK noted that the main barriers to full recovery included the need for clinically trained staff at each step of the pathway, the implementation of COVID-19 safe clinics, with the consequent constraint on numbers , and the dependence on specialist staff. MK reported good

progress with BTW recovery in North and West Wales, with South/South East Wales continuing to pose the greatest challenge. The DESW programme was moving into the delivery phase, with access to venues continuing to present the greatest constraint. The commissioning of Kimberley House, Llanishen, which opened recently, provided welcome additional accommodation.

JW noted that the Chief Executive's Report had referenced Llais, the new Citizens Voice Body; the Screening Team had engaged Llais on the best way to implement the proposed change to the screening interval for people at low risk of diabetic retinopathy, from 1 to 2 years.

SG referred to the need to develop long term alternative recruitment options for screening services; she asked about the support that new technologies could provide as part of an integrated model. MK echoed the need to reflect the emerging evidence base for new and developing technologies and referenced the work to date on the potential benefits to breast screening of Artificial Intelligence(AI). He confirmed that Public Health Wales was working with Health Education and Improvement Wales (HEIW) to develop future workforce plans that incorporated new models. IB also added detail on the work underway, in partnership with HEIW, and Digital Health and Care Wales, on an AI blueprint for NHS Wales.

SG also asked about lung cancer screening and the strong evidence base for CT scanning; she asked about the introduction of genomic sequencing and MK outlined the latest thinking; this centred on 'genomic testing' as an adjunct or substitute for CT scanning, but there was no current proposal to replace CT scanning with this new modality.

MM asked whether financial resources alone would speed up recovery of the screening programmes or whether workforce capacity was the key rate limiting factor. MK noted the impact of the loss of venues during COVID-19, particularly for the DESW programme, as discussed earlier. The move to a 2 year screening interval for those at low risk of diabetic retinopathy would help, as would the review of workforce options.

JW reminded the Board that the October 2023 Board Development Session would include a detailed briefing on screening programme matters.

On immunisation and vaccination, MK referenced the metrics included in the Report and the need for continued vigilance in working to achieve vaccine equity. He drew attention to immunisation rates for children 0-4; these had still to return to pre-pandemic rates and would take another 12 months to do so. There was more positive news in respect of children aged 5+.

Finally, MK outlined the performance indicators for microbiology and infection services.



JW thanked MK and then invited RBW to comment on theme three. RBW noted:

- 119 incidents reported in April; this represented a slight reduction on previous months. Of these 119 incidents, 36 did not relate directly to Public Health Wales and 6 incidents concerned safeguarding, with system-wide implications. The safeguarding team had brought the incidents to the attention of the relevant Health Boards.
- One nationally reportable incident related to the age range for bowel screening and concerned 643 screening participants; an investigation was underway to inform any necessary follow up requirements and whether any clinical harm resulted.
- Reporting now included assessment of levels of harm; it was reassuring to note the levels were low or non-existent.
- The receipt of five formal complaints, with investigations underway.
- The early identification of one cervical screening case that was subject to Duty of Candour requirements.

JW thanked RBW and asked her to provide further information on the one nationally reportable incident; RBW advised that this related to the failsafe system not functioning for a period of six months, without any alert. An investigation would identify the reasons and put things right for the future. RBW agreed to update the Board on the outcome of the investigation and the planned action.

**Action: RBW**

Finally RBW expanded on the Duty of Candour; she confirmed that the organisation was well prepared and had considerable experience to call on around Putting Things Right. The modelling to date suggested 50 cases a year, requiring some 200 hours.

The Board **scrutinised** the paper, **provided** feedback and comments, and **took assurance** from the discussion.

**PHW 2023.05.25/3.3 | Latest Public Health Overview**

Using Rapid Overview Dashboard slides, IB drew attention to the following issues:

- The childhood immunisation uptake data; he referenced the earlier discussion on the impact of the COVID-19 pandemic on vaccination and immunisation rates and the timeline for recovery;
- System-wide ability to respond to demand, particularly to those patients waiting over 36 weeks; he referenced the work the Board had considered previously on diabetes and how risk factors influenced demand; this was also the case for cardiovascular disease, cancer, respiratory diseases and muscular skeletal diseases, all of which added cumulative pressure on the system.
- The continued influence of disease, including diabetes, on excess mortality,

- The unchanging trend on wellbeing and healthy behaviours in respect of alcohol and tobacco use, as well as daily consumption of fruit and vegetables.
- On the wider determinants of health, the reduction in inflation, whilst welcome, did not extend to food inflation; this continued to rise, with a consequent adverse impact on healthy choices.
- The labour market position had been constant but the latest data identified a sharp downturn of 0.9%; the unemployment rate had also tapered off considerably over the same time period. This was a UK wide phenomenon, linked in part to an ageing population and an increase in longer term sickness.

JW thanked IB for the informative presentation and invited questions:

SG asked whether there was a link between deprivation and increased mortality, noting the need to monitor the impacts of the wider determinants of health over time. IB referenced the work undertaken pre pandemic on this; he and RM would revisit it and update the Board accordingly.

**Action: IB/RM**

MM asked about the relationship between unemployment and economic activity; he noted that food inflation was likely to persist for some time, with a risk that people would opt for less healthy, but cheaper, food options.

On unemployment, NL noted that people with long term health conditions were more likely to opt out of the employment market. IB commented on the loss to the labour market of a number of people in the 50-64 age group; some had retired during the pandemic, and others had long term sickness that precluded employment.

NE asked whether any predictive information was available, particularly whether there had been an increase in the number of NHS staff making enquiries about their pension options. NL agreed to look at the data available and to report back to PODCOM, to assist with work underway on workforce planning.

**Action: NL**

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

**PHW 2023.05.25/3.4**

**Committees of the Board: Reports from Committee Chairs**

Introducing the Composite Committee Report, JW acknowledged the significant work programme for all Committees and thanked all involved. She invited the Committee Chairs to identify any issues that they wanted to bring to the attention of the full Board.



Knowledge, Research and Information Committee (KRIC)

SG referred to the update provided in the Report; KRIC would consider the Research and Evaluation Strategy next, along with the introduction of impact assessments. She also noted continuing work on the Digital and Data Strategy, and that on the link between equality and research.

People and Organisational Development (PODCOM)

MM drew attention to the actions resulting from the most recent PODCOM meeting on 15<sup>th</sup> March; he assured the Board that the Committee's work progressed as planned, with the current focus on workforce supply and demand issues including work to better understand the factors that influenced people leaving and joining the organisation.

Audit and Clinical Governance Committee (ACGC)

NE noted the range of work outlined in the Composite Report, particularly on annual year-end audit related issues. In addition he referred to a 'deep dive' undertaken on counter fraud and the production of an annual report, developed with counter fraud colleagues.

He confirmed that the Committee would be moving on to consider the draft Public Health Wales Annual Report and Accounts and HG added detail on this: work was already underway on the audit of accounts, and July remained the timeline.

NE referenced the internal audit reports, and summarised the findings as: reasonable assurance for Information Governance Management; substantial assurance for Cyber Security and limited assessment for Population Health. The Population Health limited assessment related to the grant administrative burden. NE confirmed the 2022/23 audited accounts would be concluded in July as planned.

On the Cyber Security Audit, HG noted that this referred to the way in which the organisation managed cyber security issues as they arose. For the Population Health Audit, the issue centred on the monitoring of grants subject previously to Welsh Government management; a review group would design an appropriate procedure.

MM asked whether the Wales Audit Office Report had yet produced the Structured Assessment Report for 2022/23, as he wanted to review any workforce-related findings. RBW agreed to follow through with Audit Wales and to circulate the report to the Board when received.

**Action: RBW**Quality Safety and Improvement Committee (QSIC)

On behalf of DC, SG noted: the 'deep dive' into safeguarding including the annual report; an update on the Duty of Candour and Duty of Quality; assurance on

screening services; and the Clinical Audit Report. She confirmed that there were no matters of concern.

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

### PHW 2023.05.25/3.5 | Committee Annual Reports and Work Plans

Introducing this item, PV advised that the Annual Reports and Work Plans summarised the key areas of Committee business activity undertaken during 2022/23. They were presented for assurance that the Committees had acted in a. Ordinance with their Terms of Reference.

After inviting any further comments from the Committee chairs, JW thanked the Committee members, lead executives and all those involved in Committee administration.

The Board:

- **Considered** the Committee Annual Reports for 2022/2023 summarising the key areas of business activity undertaken:
  - Audit and Corporate Governance Committee
  - Quality, Safety and Improvement Committee
  - Knowledge, Research and Information Committee
  - People and Organisational Development Committee
- Took **assurance** that the Committees are fit for purpose and operating effectively in fulfilling its terms of reference.
- **Noted** the Committee work plans for 2023/24.
- **Noted** the summary of the Committee's review of Committee Effectiveness.

### PHW 2023.05.25/4 | Items for Approval

#### PHW 2023.05.25/4.1 | Strategic Risk Register

Introducing this item, RBW noted the discussion at the March 2023 Board meeting and subsequent approval of the revised themes and seven Strategic Risk Descriptors; these now underpinned the Long Term Strategy 2023-2035 and the Integrated Medium Term Plan 2023-2026.

RBW advised that the paper presented the fully- refreshed Strategic Risk Register; in line with Board discussions, this reflected and identified strategic risks for Public Health Wales as part of the wider health and care system. It positioned Public Health Wales as a system leader and reflected the need to work in strategic partnerships with others. Work would now follow to align strategic risk descriptors and corporate risks.

JW thanked RBW for her summary and invited questions:

MM welcomed the broadening of the strategic risk parameters, to reflect Public Health Wales' wider system leadership role; he was interested in the ways of

defining that role, and being clear about population wide health risk ownership, particularly when considering delivery against outcomes.

NE asked about the process undertaken to determine the scores; he also asked about the definition of inherent risks, given the adoption of the wider perspective. He recognised the work undertaken and previous discussions but was left with the impression that the risk impact was subject to downward scoring, rather than the likelihood.

KE welcomed the refreshed Strategic Risk Register, noting that QSIC would have a key assurance role in respect of five of the seven strategic risks.

JW noted that the discussions had raised issues regarding the broader approach, the risk descriptors and the scoring system. She referenced KEs comments on the role of Committees in this process and invited HG and RBW to respond.

HG advised that the strategic risks mapped across to the Long Term Strategy outcomes and further work would define Public Health Wales' role and intended impact.

On scoring, RBW advised that inherent risks scoped what would happen if nothing was done; she recognised that scoring was subjective, given that it reflected judgements made at any given point. A systematic approach to evaluation would provide the evidence against which to refine the scoring.

IB noted the importance of scoring, both in respect of impact and likelihood; he recognised the work undertaken on both impact and likelihood, facilitating a more complete picture of how Public Health Wales discharged its responsibilities around population health.

In response to a specific query on the scoring for strategic risk 6, MK advised that the assessment had considered both internal and external factors, and reminded colleagues that screening programmes constituted one of a number of services/functions covered in this risk category and the assessment is across all services.

JW thanked Board members for their comments, noting that ongoing work around definitions and impact would provide the relevant Committees with the opportunity to shape the monitoring and evaluation measures.

**Accepting** the ongoing work on definitions, role clarity, impact and evaluation measures, and **acknowledging** the role of relevant Committees, the Board **approved** the refreshed Strategic Risk Register.

#### **PHW 2023.05.25/4.2 | Committee Terms of Reference (Annual Review)**

PV noted the requirement to review Committee Terms of Reference annually, in line with the Standing Orders. The Board paper set out the proposed key changes.

The Board:

- **Considered** the proposed changes to the Committees terms of reference;
- **Approved** the revised terms of reference to the Board for approval for:
  - Audit and Corporate Governance Committee
  - Quality, Safety and Improvement Committee
- **Noted** no proposed changes to the Remuneration and Terms of Service Committee,
- **Noted**, following a review, no proposed changes to the Standard Terms of Reference and Operating Arrangements.

#### PHW 2023.05.25/4.3

#### Board Minutes and Action Log from the Meeting 30 March 2023

The Board **approved** the Minutes as an accurate record of the meeting.

On the Action Log, PV advised that one action remained open for completion by July 2023. The Board then **approved** the Action Log.

#### PHW 2023.05.25/4.4

#### Partnership Working at Board

In line with Declarations of Interest made earlier in the meeting, JW asked SW and CS to leave the meeting for this item.

NL summarised the proposed changes to the way in which the Board and its Committees worked with Trades Union representatives. He reminded the Board of the initial consideration of this matter at the 28 July 2022 Board, and the subsequent decision to pause, in response to a collective grievance submitted by Unite the Union on the 27 July 2022.

NL outlined the investigation of the collective grievance, by means of an independent review, in line with the Respect and Resolution Policy; this had confirmed that Public Health Wales' proposals to improve partnership working, including the maximum tenure for Trades Union representatives on the Board, were appropriate and remained so.

Based on the outcome of the independent review, NL resubmitted the paper for consideration and approval, with an implementation date of 1 September.

JW asked NL to outline for the Board the additional communications from Unite the Union and SW, received just before the start of the Board meeting.

NL summarised two communications from SW, and one from Unite the Union, commenting on: the process to date and engagement opportunities; the rationale for withdrawing from the meeting; and the 8 year maximum tenure. The communications had included a request for a referral to ACAS and referenced another collective grievance under the Respect and Resolution Policy.

NL reminded colleagues of the process followed to date and JW noted that the Board was in receipt of all relevant documentation.

The Board:

- **Considered** the paper, noting the alignment to the Welsh Partnership Forum Handbook for Trade Union Representatives at Trust Boards (2007)
- **Approved** the recommendations in relation to Board and Board Committees working in partnership with Trades Unions , with particular reference to recommendation 1.3 (change to tenure)
- **Delegated** the implementation of the recommendations to the Director of People and Organisational Development and the Board Secretary and Head of Board Business Unit, with an implementation date of no later than 1 September 2023.

<b>PHW 2023.05.25/5</b>	<b>Items for Noting</b>
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<b>PHW 2023.05.25/5.1</b>	<b>Private Chairs Report (30 March 2023)</b>
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JW provided a Note of Board level discussions and actions undertaken in private session of the Board at its March 2023 meeting, in line with The Private Session Protocol. A review of the use of the Protocol in 2022/23 was underway, with any proposed changes to the Protocol being presented for consideration to the July 2023 Board meeting.

<b>PHW 2023.05.25/5.2</b>	<b>Board Forward Plan</b>
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The Board **considered** and **noted** the 2023/24 Forward Plan.

<b>PHW 2023.05.25/6</b>	<b>Date of Next Formal Meeting of the Board</b>
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The next scheduled Board meeting was 27<sup>th</sup> July 2023

<b>Close of Public Meeting</b>
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The meeting closed at 12.22pm