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Wales

**Unconfirmed Minutes of the Board Meeting on 28 September 2023
Held in 3.7, CQ2 and electronically via Microsoft Teams
Livestreamed on the Internet**

| Present: | | |
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| Jan Williams | (JW) | Chair |
| Tracey Cooper | (TC) | Chief Executive |
| Sumina Azam | (SA) | National Director of Policy, and International Health, World Health Organisation Collaborating Centre |
| Iain Bell | (IB) | National Director for Public Health Knowledge and Research |
| Claire Birchall | (CB) | Interim Executive Director of Quality, Nursing and Allied Health Professionals |
| 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 and Chair of the Knowledge, Research and Information Committee |
| Mohammed Mehmet | (MM) | Non-Executive Director and Chair of the People and Organisational Development Committee |
| Kate Young | (KY) | Non-Executive Director (Third Sector) |
| In Attendance: | | |
| Liz Blayney | (LB) | Deputy Board Secretary and Board Governance Manager |
| John Boulton | (JB) | National Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru |
| Sarah Brewer | (SB) | Employee Engagement Manager (for Agenda item 3.1 only) |
| Des Brown | (DB) | Co-chair, REACH (for Agenda item 3.1 only) |
| Graham Brown | (GB) | Co-chair, Enfys (for Agenda item 3.1 only) |
| Paul Daulton | (PD) | Head of Internal Audit |

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| Andrew Jones | (AJ) | Deputy National Director of Health Protection and Screening services |
| Neil Lewis | (NL) | Director of People and Organisational Development |
| Hannah Lindsay | (HL) | Co-chair, REACH (for Agenda item 3.1 only) |
| Jim McManus | (JM) | National Director of Health and Wellbeing |
| Leah Morantz | (LM) | Head of Communications |
| Claire Sullivan | (CS) | Staff Side Representative |
| Paul Veysey | (PV) | Board Secretary and Head of Board Business Unit |
| Zoe Wallace | (ZW) | Director Primary Care |
| Karl Whitcombe | (KW) | Co-chair, Enfys (for Agenda item 3.1 only) |
| Apologies: | | |
| Diane Crone | (DC) | Non-Executive Director (University) and Chair of Quality, Safety and Improvement Committee |
| Kate Eden | (KE) | Non-Executive Director and Vice Chair |
| Meng Khaw | (MK) | National Director Health Protection and Screening Services, Executive Medical Director |

The meeting commenced at 11am

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| PHW 2023.09.28/1 | Welcome and Apologies |
| <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 and 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. JW referenced the recent publication of NHS Wales'</p> | |

Speaking up Safely Framework and confirmed that this would form part of ongoing arrangements.

The Board conducted its business in line with a formal Board Etiquette; 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 and, on behalf of the Board, welcomed Claire Birchall and Jim McManus to the organisation and to their first meeting.

The Board noted apologies from: Kate Eden, Meng Khaw, and Diane Crone

PHW 2023.09.28/2

Declarations of Interest

JW sought Declarations of Interest other than those recorded already on the Declarations of Interest Register. There were none.

PHW 2023.09.28/3

Board Assurance Framework

PHW 2023.09.28/3.1

Staff Networks

PHW 2023.09.28/3.1.1

Enfys Network

JW noted the return of the Board engagement programme with Staff Networks and extended a warm welcome to the co-chairs of the Enfys and REACH (Race, Equality and Cultural Heritage) Networks. This was the start of a second round of engagement and all Board members looked forward to hearing more about the Networks and the further 'asks' of the Board.

JW then invited Karl Whitcombe and Graham Brown, the co-chairs of the Enfys Network, to make their presentation.

Using a series of slides, the co-chairs drew attention to the role of Enfys in providing a supportive, inclusive and confidential space for all LGBTQ+ staff to meet, share and discuss views, experiences or concerns. Enfys currently had 76 members and acted as a critical friend to Public Health Wales. They went on to summarise the range of activities and events undertaken during 2022/23 and those planned for 2023/24.

The Enfys Network had four 'asks' of the Board:

- Consideration of reverse mentoring for the executive team;
- Executive level attendance at conferences, events and seminars;
- Participation in internal awareness-raising sessions, demonstrating executive level support for the Network;
- Confirmation of the Executive lead for Enfys, following the recent retirement of Rhiannon Beaumont Wood.

JW thanked KW and GB for their informative presentation and congratulated the Network on its impactful work in supporting staff to be their best, authentic selves.

She then invited comments and questions:

- KY welcomed the presentation and expressed an interest in reverse mentoring to support individual and Board level learning from the lived experiences of staff. She suggested an opportunity to connect the work of Enfys with the Young Ambassadors, especially relating to exploring identity.
- On the need for a new executive sponsor, TC advised that she had waited for CB and JM to join the organisation, to discuss executive sponsorship with them; JM would be the new executive sponsor and he looked forward to learning more about Enfys and meeting with the membership.
- NL expressed his thanks to KW and GB for Enfys' sterling work and commitment to collaborating across the organisation to support staff; this was most encouraging.

PHW 2023.09.28/3.1.2

REACH (Race, Equality, and Cultural Heritage) Network

JW then welcomed Hannah Lindsay and Des Brown, co-chairs of REACH; she invited them to update the Board on the role of REACH, how it had supported diversity across Public Health Wales and the 'asks' of the Board in developing further through 2023/24.

Using a slide presentation, HL and DB noted the growth in membership, from 33 in April 2023 to 52 members currently; a range of network events had successfully engaged staff. The 'asks' from 2021/22 Board engagement programme remained relevant, with some progress that the Network looked forward to accelerating. Participation in the development of a new set of standards to drive race equality across NHS Wales continued, through the Chief Nursing Officer's Action Group.

Both HL and DB expressed their thanks to HG for his ongoing support as the executive sponsor; he continued to provide supportive and safe sponsorship to discuss and address what were sometimes difficult and challenging issues.

On the 'asks' of the Board, the co-chairs proposed:

- The inclusion of REACH representation on recruitment panels, initially focused on Bands 8a and above, with resource packs developed for issue to every applicant;
- Consideration of paid ethnic minority internships;
- An enhanced programme of staff racial awareness training, seeking to identify and challenge unacceptable behaviour and language;
- An ethnic minority development programme, aiming to increase opportunities through the staff grades and into leadership positions.

JW then invited HG as executive sponsor to comment. HG emphasised his appreciation of the opportunity to work with REACH members; he had personally benefitted significantly from the relationship with the Network. HG thanked HL and DB and reflected on how the Network was one example of the organisation's commitment to addressing inequalities. Finally, he recognised the additional work needed to meet in full the organisation's aspirations around inclusivity.

JW thanked HL and DB for their insightful presentation and work to increase membership levels; she also thanked HG for his committed sponsorship and constructive assessment of the work ahead. She also commented on action taken following the recent cultural competence training programme, following feedback from the trainer.

MM welcomed the presentation, finding it interesting and thought provoking. He reflected on any support or contribution that he could make as a non-executive director (NED) of the Board and raised the question of NED engagement with the Networks.

Action:PV

IB thanked HL and DB for their presentation and assessment of progress in delivering on the 2021/22 'asks'; he also expressed a personal view on the specific feedback following the recent training programme and the need to learn from this in ongoing work around organisational culture. Finally, IB noted work underway across Wales regarding protected characteristics; he would seek to use the data highlighted by REACH to inform that work.

Action:IB

TC extended her thanks to HL and DB for their thought-provoking presentation. She added her reflections following the feedback at a training event and committed to developing an environment in which people felt safe to challenge inappropriate behaviours in the moment. On the 'asks' TC suggested that, in

addition to HGs sponsorship, broader executive level participation and support for the REACH Network might be helpful.

In closing the discussion, JW expressed her thanks to the co-chairs of Enfys and REACH Networks for their leadership and commitment to developing the Networks as an integral part of staff engagement across the organisation. She confirmed that the People and Organisational Development Committee (PODCOM) would take assurance on progress with the 'asks' on behalf of the Board.

The Board:

- **noted** the updates provided by both the Enfys and REACH Networks and **supported** the 'asks' of the Board, for executive implementation;
- **thanked** the Network co-chairs for their leadership and commitment to progressing their respective work programmes;
- **remitted** to PODCOM the ongoing assurance of progress in delivering against the 'asks'.

PHW 2023.09.28/3.2

Chief Executive's Report

Introducing the Chief Executive's Report, TC drew attention to:

- The ongoing participation in the COVID-19 Public Inquiry with the Inquiry now moving to Module 2; Module 2b would focus on Welsh Government decision making, expected to commence in February 2024. She confirmed that the Public Health Wales team was preparing to scale up the response to the Inquiry in readiness for Module 2b, with support being offered to staff who found it distressing to revisit such a difficult and traumatic period. TC extended her thanks to the team leading on the Inquiry process and also to Dr Quentin Sandifer for his expertise and input in providing evidence as part of Module 1 of the Inquiry. PV confirmed that the resources required to respond to Module 2b were significant, but that staff were in place to enable timely and detailed responses.
- The renewal of the Memorandum of Understanding (MoU) between the World Health Organization (WHO) and the Welsh Government. Public Health Wales' WHO Collaborating Centre on Investment for Health and Well-being (WHOCC) had enabled a renewal of the MoU between the Welsh Government and the WHO Regional Office for Europe (WHO/Europe) signed originally in 2020. TC noted the unique nature of the MoU that strengthened cooperation between Wales and the WHO.
- The positive response from Welsh Government to the 2023/26 Strategic Plan, with confirmation that the Minister for Health and Social Services had

approved it in September. The Director General for Health and Social Services would write separately on the conditions underpinning the approval.

- The work led by IB to review the prevalence of disease in Wales. This work began with the review of diabetes in Wales and continued to gain momentum; a planned presentation to the NHS Leadership Board along with work to engage fully with local authority partners was intended to accelerate momentum in reducing type 2 diabetes through promoting healthier lifestyles. IB noted the inter relationship between diabetes and cardiovascular disease and that a focus on diabetes would also impact positively upon the management of other diseases. He was exploring the inclusion of the diabetes work in the NHS Performance Framework.
- JW noted that IB had presented the work to Cwm Taf Morgannwg UHB, following which there would be a joint Board session in the Spring, 2024, the purpose being to consider how Public Health Wales could assist the health board agenda.
- Changes to the executive team: TC welcomed CB, as the Interim Executive Director of Quality, Nursing and Allied Health Professionals and JM, as National Director of Health and Wellbeing. TC also extended her thanks to IB for his leadership of the directorate for several months.

SG extended her congratulations on the renewal of the MoU; she was also pleased to note the progress in work on non-communicable diseases across Wales.

The Board **noted** the Chief Executive's Report and **took assurance** from the Report and the discussions at the Board meeting.

PHW 2023.09.28/3.3

Latest Public Health Overview

Referring to the Public Health Rapid Overview Dashboard, IB drew attention to the following:

- The position regarding COVID-19 hospital admissions and vaccinations;
- The launch of the annual winter flu vaccination campaign;
- The position in respect of those patients on pathways who were waiting to begin treatment. Less than hoped-for progress during the Summer months would impact on movement during the challenging Winter period;
- The consistent position regarding excess mortality and risk factors, including smoking and alcohol consumption;

- On healthy behaviours and wellbeing, IB noted the continuing upward trajectory on obesity levels, indicating little change in eating habits; other indicators such as loneliness and anxiety now compared with pre pandemic levels;
- On the wider determinants of health, there was some progress with inflation showing signs of easing, but with evidence of increased inequalities. The cost of living was apparently levelling off but IB recommended caution, given the high baseline position.

JW thanked IB for the summary and invited comments and questions:

SG noted that the August Public Health Survey had included cost-of-living impacts; 42% of people had expressed significant concerns about their financial position as the winter period neared.

SG also noted that smoking data referred only to tobacco and not vaping; she asked whether any work was underway to capture vaping behaviours and trends. IB advised that the Schools Health Research Network provided some insight into children's behaviour; he also intended to explore other sources of data on vaping to build into the Dashboard.

MM asked whether it would be better to compare data now with that available pre pandemic rather than making a comparison with the pandemic period. IB noted the difficulties in such comparisons, given the number of major events that occurred at around the same time period; these included the pandemic, leaving the Economic Union, and the war in Ukraine. He agreed to look at using a baseline linked to the cost of living.

Action: IB

NE drew attention to the mortality position at page 21 of the Report. He asked whether the removal of COVID-19 data had resulted in a non-representative position. IB agreed to review the data to ensure clarity. TC commented on the stark position regarding inequalities and mortality and wondered whether more could be done. IB would consider this point further.

Action: IB

The Board **discussed** and **scrutinised** the Rapid Overview Dashboard Report and **took assurance** from the feedback and comments.

PHW 2023.09.28/3.4

**Integrated Performance Report (Month 5) and
Finance Report**

Introducing this item, JW advised that, to assist the flow of discussion, Agenda item 3.6 would follow on from item 3.4.

HG noted that the format of the report would continue to develop and evolve over time; he referred to the need to reflect both Board responsibilities and accountabilities for assuring itself against the delivery of in-year targets as well against Public Health Wales' Long Term Strategy. The format of the report supported both these purposes and also aligned with the Committee structures. Taking the Report as read, HG invited executive colleagues to identify key points.

Board and Corporate Governance

PV advised that work continued on the production of an accessible and practical Board Assurance Framework. This included the mapping of documents and would be complete by November.

Finance

HG referred to the challenging resource position across NHS Wales and the need for all organisations to produce in-year plans to reduce expenditure. Board members had participated in discussions during August and a submission to Welsh Government had followed; this was still subject to a response. HG emphasised the essential need to deliver against planned expenditure month-on-month.

On capital funding, HG noted the pressures on discretionary capital, outlining its purpose. He noted the number of business cases submitted to Welsh Government; should any of these fail to gain approval, because of the overall financial position, HG raised the possibility of reviewing planned expenditure and reprioritising accordingly.

MM welcomed the approval of the 2023/26 IMTP; this had included a commitment to progress projects and services, including capital spending, and he asked about any impact on these. HG advised that NHS Wales' financial position would be a key factor in determining resource availability.

Workforce

NL referred to the Audit Wales *NHS Workforce data briefing* issued in September 2023 and set out the position of Public Health Wales compared with the all-Wales position for a number of key issues:

- Sickness and absence rates of 4.5% compared with an all Wales position of 6.6%. This had resulted in 1.4m days lost to NHS Wales, with Public Health Wales constituting 34000 days of that loss;
- The wider NHS Wales' workforce position, with 7000 vacancies across NHS Wales; 2500 of these related to nursing vacancies. Public Health Wales had 230 vacancies in the same period, 30 of these for nursing posts;
- Indications that more staff were leaving the NHS now than at any other time in the last five years; Public Health Wales had a 10% turnover rate;
- An over reliance on Agency staff placing significant additional financial pressures on NHS Wales; Agency costs amounted to £325m in 2022/23, whilst Public Health Wales costs for the same period were approximately £4m. NL confirmed plans are in place that aim to reduce this by £1m in 2023/24;
- Public Health Wales' headcount had risen from 1741 in 2018/19 to 2307 in 2022/23. There were currently approximately 230 vacancies, however, work is underway nationally in relation to vacancy figures across the NHS in Wales due to reporting challenges within ESR. Turnover rates remained relatively consistent over the last four years at between 10% - 13%.

Finally, NL noted that statutory and mandatory training compliance stood at 92%.

IB asked about the inclusion of retirement data, to inform the overall position and NL confirmed the capture of this data and usage to assist workforce planning.

Health Protection and Screening

AJ drew attention to:

- The all-hazard approach to health protection, with the remit extending beyond communicable diseases. Public Health Wales engaged in weekly all-hazard meetings with the other UK nations;
- A slight reduction at week 37 in COVID-9 rates and in overall infection rates; hospital admission rates remained stable. The Omicron variant continued to be the most prevalent in Wales, comprising a third of all cases. New variants were subject to close monitoring, to assess rates of transmissibility. The vaccination campaign had commenced as planned in mid-September, supported by a media campaign. Efforts should be made to encourage all who were eligible for both the covid and flu vaccinations to access them;

- Other respiratory illnesses remained stable, with a slight reduction in Respiratory Syncytial Virus in children;
- Work continued on winter preparedness with reminders to NHS Wales about Infection Prevention and Control principles and requirements;
- A recent outbreak of Salmonella in north Wales; this had resulted in the activation of Outbreak Control Plan (OCP) and relevant actions to control the spread had enabled subsequent closure of the incident;

On vaccinations, SG asked about guidance on carers' eligibility for the vaccines. AJ advised that this was clear and that he would check the Green Book Guidance to ensure that this was not open to interpretation.

Action: AJ

Quality and Safety

CB noted:

- An increase in Datix Incident Reporting; recent training had reinforced the imperative of reporting, possibly influencing the increased number of reports coming through. CB was assessing this and would report back at the November Board meeting.

Action: CB

- Work underway to capture and describe external risks;
- A reduction in 30-day response performance, possibly seasonal and linked to peak holiday periods. CB was liaising with Datix Cymru to clarify elements of reporting;
- The receipt of two formal and two informal complaints. A specific translation requirement had caused a slightly longer response time on one complaint.

MM noted that a number of incidents remained open after 30 days, with one incident still open after a year. CB assured the Board of active team management of all incidents; she would report back at the November Board meeting on plans for improving closure rates.

Action: CB

Strategy and Delivery

HG confirmed ongoing active monitoring against milestones; the increase in numbers of requests to extend milestone timeframes was subject to rigorous assessment and agreed only after clear justification.

JW thanked everyone for the updates provided; she noted that, as usual in November, the Board would undertake a 'deep dive' against delivery of the in-year plan at the half year stage.

The Board **considered** the financial position of Public Health Wales as of 31st August 2023, **took assurance** from the discussions and actions and **noted** the planned 'deep dive' at the November Board meeting.

PHW 2023.09.28/3.5

Committees of the Board: Report from Committee Chairs

Committee chairs drew attention to the following issues:

Knowledge, Research and Information Committee (KRIC)

SG highlighted the work underway with academic partners and IB noted the planned October publication timeline for the Data and Digital Strategy.

Audit and Clinical Governance Committee(ACGC)

NE referenced the need to rebalance the Internal Audit work programme, to facilitate a more even spread throughout the year, rather than a concentration towards the final months.

The Board **noted** the report and **took assurance** from these and the updates provided at the meeting.

PHW 2023.09.28/3.6

Infrastructure Plan

Introducing the Infrastructure Plan (the Plan), HG set out the intent to capture in one document the strategic approach to infrastructure development across Public Health Wales; this included the identification and prioritisation of key digital and estates developments.

HG advised that the Plan summarised current and planned infrastructure developments in the 2023/24 Capital Programme; he drew attention to the unusual position that Public Health Wales found itself in, owning only one of its facilities and having tenant/lessee status in all others.

MM welcomed the informative Report; given the overall financial position of NHS Wales, he sought further detail on the prioritisation process and on any estate rationalisation proposals. Responding, HG noted a reduction against the discretionary allocation over time, despite a significant increase in the

organisation's size and revenue allocation. He outlined the prioritisation process, in the event of further constraints.

NE welcomed the inclusion of all estates and capital issues in one report. He suggested more prominent positioning of the digital, cloud and IT infrastructure. SG also suggested the strengthening of the decarbonisation agenda. HG agreed to make these amendments.

Action: HG

TC reflected on a discussion at the July 2023 Board meeting on the horizon scanning of new technologies, as current IT systems aged and needed replacing. JW extended her thanks to HG and his team for collating all infrastructure related issues into a single Plan; this drew on all the detail already set out in the IMTP and provided a helpful single reference point.

The Board **noted** the report and **took assurance** from the discussions.

PHW 2023.09.28/4

Items for Approval

PHW 2023.09.28/4.1

International Health Strategy Refresh

Introducing this item, SA noted that this was an enabling strategy intended to support the delivery of LongTerm Strategy; it also reflected the changing global position and how Wales connected with the other UK nations. She drew specific attention to the Annexes, as these included the detailed evidence and case studies.

A Board development session had helped to frame the final product and SA thanked SG for her insights, based on her global health expertise. Finally, SA noted the intention to measure impact through a formal evaluation process.

SG welcomed the Strategy as demonstrating Wales' leadership role in this important agenda.

MM expressed his pride in being part of an organisation that had such a wide international context; he asked about the possible inclusion of an indicator in the Board's insights and performance report to reflect progress in implementation.

Action: HG/SA

TC extended her thanks to all involved in the development of an inspirational strategy.

The Board **approved** the International Health Strategy Refresh.

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| PHW 2023.09.28/4.2 | Board Governance |
| PHW 2023.09.28/4.2.1 | Board Minutes and Action Log from the Meeting 27 July 2023 |
| <p>The Board confirmed the Minutes as an accurate record of the meeting.</p> <p>PV provided an update on the Action Log; two actions remained open and were on track for completion within timescales.</p> <p>The Board approved the Minutes and noted the position regarding the Action Log.</p> | |
| PHW2023.09.28/4.2.2 | Ratification of Chair’s Action and Affixing of the Common Seal |
| <p>The Board:</p> <ul style="list-style-type: none"> • Noted no use of the Chair’s Action provision; • Noted three uses of the Common Seal to report to the Board: <ul style="list-style-type: none"> • Licence to Install Signage outside the Demise of Kimberly House, Tŷ Glass Avenue, Llanishen. • Lease renewal for Unit 1 Fairway Court. • Lease Renewal for Unit 22a/b Taff Business Centre • Took assurance on the use of the Common Seal in accordance with Section 8 of the Standing Orders. | |
| PHW 2023.09.28/4.2.3 | Annual Review of Standing Orders and Standing Financial Instructions |
| <p>PV noted the annual review of Standing Orders and Standing Financial Instructions undertaken by the Audit and Clinical Governance Committee (ACGC). He drew attention to the changes in the Standing Orders that concerned: the introduction of the Duty of Quality and Duty of Candour; the establishment of Llais; and the increase in the number of executive directors.</p> <p>PV also sought approval to change the terminology used from ‘non-officer members’ to ‘non-executive directors’. Finally, he noted that Schedule 1 now set thresholds of £500k.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Considered the proposed revisions to Standing Orders and Reservations and Delegations of Powers; • Adopted the proposed revised Standing Orders and Reservations and Delegations of Powers, and agreed to the change of nomenclature to reflect non-executive directors; • Adopted the latest version of the Model Standing Financial Instructions. | |

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| PHW 2023.09.28/5 | Items for Noting |
| PHW 2023.09.28/5.1 | Private Chair's Report (27 July 2023) |
| <p>JW explained the purpose of placing this report in the public domain, in line with the Board's <i>Protocol for Reserving Matters to a Private Board (and Committee) Meeting</i>, updated in July 2023.</p> <p>The Board noted the Private Chair's Report.</p> | |
| PHW 2023.09.28/5.2 | Board Forward Plan |
| <p>The Board noted the Forward Plan table.</p> | |
| PHW 2023.09.28/6 | Date of Next Formal Meeting of the Board |
| <p>The next meeting would be held on 30 November 2023</p> | |
| <p>The meeting closed at 13.25</p> | |

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