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**Confirmed Minutes of the Public Health Wales
Quality, Safety and Improvement Committee Meeting
16 June 2021, 10:00**

**Venue: Room 3/7, 2 Capital Quarter, Tyndall Street, Cardiff and
via Microsoft Teams**

Present:		
Kate Eden	(KE)	Committee Chair, Vice Chair of the Board, and Non-Executive Director
Diane Crone	(DC)	Non-Executive Director (University) (left at 11:30)
Sian Griffiths	(SG)	Non-Executive Director (Public Health) and Chair of the Knowledge, Research and Information Committee (left at 10:30)
Judi Rhys	(JR)	Non-Executive Director (Third Sector)
In Attendance:		
Rhiannon Beaumont-Wood	(RBW)	Executive Director of Quality, Nursing and Allied Health Professionals
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
Eleri Davies	(ED)	Head of HCAI and AMR Programme (for item 3.3 only)
Beverly Gregory	(BG)	Infection, Prevention and Control Lead
Richard Hayward	(RH)	Health Inspectorate Wales (HIW) Relationship Manager
Sharon Hillier	(SH)	Director Screen Division
Wayne Jepson	(WP)	Service Lead, Service User Engagement
John Lawson	(JL)	Chief Risk Officer and Head of Information Governance
Paula Mitchell	(PM)	Quality Improvement and Impact Facilitator
Chris Orr	(CO)	Head of Estates and Health and Safety/General Manager Operations and Finance
Stuart Silcox	(SS)	Assistant Director of Integrated Governance

Jessica Taylor	(JT)	Quality Improvement and Clinical Audit Support Officer
Stephanie Wilkins	(SW)	Staff side representative

Apologies

Helen Bushell	(HB)	Board Secretary and Head of Board Business Unit
Eleri Lloyd-Burns	(ELB)	Assistant Director of Quality, Nursing and Allied Health Professionals
Tracey Cooper	(TC)	Chief Executive
Andrew Jones	(AJ)	Deputy Director of Health Protection and Screening Services, Executive Team
Meng Khaw	(MK)	National Director of Health Protection and Screening Services, and Medical Director

Secretariat

Andrew Morton		Board Support Officer
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The meeting commenced at 10:00

QSIC 26/2021 Welcome, Introductions and apologies

The Chair opened the meeting and welcomed all present, and noted that due to the ongoing response to the COVID-19 pandemic and in respect of the national guidance in place, meetings were being held electronically.

The Committee **noted** the apologies above.

The Committee **noted** that the meeting was being recorded to support the accuracy of the minutes, the recording would be deleted once the minutes had been agreed at the following meeting.

QSIC 27/2021 Declarations of Interest

There were no declarations of interest in addition to those already declared on the Declarations of Interest register.

Items for Assurance

QSIC 28/2021 Screening Recovery - Deep Dive

The Committee received a presentation from SH providing a detailed update on the screening programme recovery (Ref 3.QSIC.160621).

KE explained that the Committee had received regular updates on the screening programmes since the start of the pandemic, and that the purpose of this deep dive was to focus on the recovery and reactivation of the screening programmes.

SH presentation summarised the impact of the pandemic on the screening programmes:

- The impact of Covid-19 pandemic on each of the screening programmes was outlined through comparing activity levels as a baseline for the year 2019/20 to the pandemic year 2020/21 for each of the programmes, and included comparable data on the level of detection of conditions identified.
- The pandemic had impacted screening identified conditions for the adult screening programmes due to the pausing of all adult screening programmes in March 2020; the reduced capacity following reinstatement; and reduced uptake in some programmes;
- The antenatal and newborn screening programmes had been maintained throughout the pandemic as this would have been too impactful for the babies and their families with thanks to health board maternity and audiology staff;
- The backlogs for the programmes were increasing in three of programmes: Breast Test Wales; Diabetic Eye Screening Wales (DESW) and Abdominal Aortic Aneurysm Screening (AAA). The Screening capacity had reduced in these programmes following reinstatement due to the need to ensure Covid safe pathways. The volume required to cover the backlog would need to be at an increased capacity of around 20% increase to pre-Covid levels to decrease these backlogs.
 - **Breast Test Wales:** Compared to the pre pandemic year's data, there was a 50% reduction in the numbers of breast cancers identified.
 - **AAA:** The uptake rates were lower than usual during the pandemic, which was likely to be due shielding or reluctance to attend as we invite men aged 65 years.
 - **DESW:** This programme was showing a decline in numbers attending, due to the capacity of non-Covid safe pathways, additionally it was recognised that shielding patients formed a large cohort of this patient database due to being diabetic and elderly. The uptake had been significantly lower.
 - The backlog for **Cervical Screening Wales** and **Bowel Screening Wales** was decreasing:
 - Cervical Screening Wales was currently operating in excess of pre-Covid levels. Compared to the previous year's data, there was a 32% reduction in the numbers of high grade cytology identified.
 - For Bowel Screening Wales, there had been an increase in uptake of screening post-Covid; Compared to the previous year's data, there was a 20% reduction in the numbers of bowel cancers identified.

SH then summarised the ongoing work relating to the recovery of the screening programmes:

- The recovery would take significant time and would require additional activity above usual levels; the division was working to ensure everything possible within division was done to support recovery;

- Work was ongoing to secure additional Covid-safe venues where possible, to increase the screening capacity.
- Support from Health Boards was needed to enable recovery, such as for the availability of venues and timely provision of colonoscopy.
- Based on the current service levels, SH outlined the estimated recovery time for each of the screening programmes and the planned actions to achieve this, including:
 - Additional screening capacity to prevent the round length of the backlog from increasing further;
 - optimising of additional activity on the weekend; and
 - Options to provide additional staffing capacity and additional hours undertaken by existing staff.
 - Increasing number of clinic venues or efficiency with existing venues.
 - Modernised practices to increase efficiency such as the use of open appointment invitations to reduce the numbers of those who do not attend their appointments.

KE thanked SH for the detailed presentation and invited questions from the Committee.

The Committee considered the following:

- Confirmation that opportunities to utilise Optometry Departments or local Optometrist services to increase capacity for DESW screening were being reviewed and considered; Noted that this would need significant additional funding.
- In response to a query regarding the use of anticipated funding for additional venues, SH confirmed that monies were reallocated internally to allow to retain additional venues in the short term;
- Regarding the provision for staff well-being, SH assured the Committee that staff well-being was a major priority for the division and that we would need to balance the recovery plan to ensure this was sustainable and staff worked sustainably. The recovery plan included additional staff which is key to recovery.
- In response to a query as to how uptake could be increased within the DESW given the effect shielding had on numbers attending clinic, SH explained steps being taken to address this: the additional publicity sourced through partner organisations; sourcing local venues to establish clinics; triage of participants which enabled the opportunity to explain Covid safe measures.
- Whether screening staff could be trained to screen across multiple services, SH noted this suggestion and explained that AAA screeners had supported newborn hearing screening in first peak.
- Regarding the impact of the decline in referral numbers, SH explained this was a key reason for Screening Services to focussing on recovery as soon as possible to reduce the long term impact to the programme.

KE thanked SH for a comprehensive presentation and clearly explaining how the service was recovering in a transformed and innovative way.

KE noted that SG had submitted two questions to the meeting prior to leaving:

- 'Was there a way in which we could express the adverse impact of COVID-19 as a rate per 100,000, and the challenge we then face in closing that gap?
- Whether there were particular Communities who were adversely affected?'

It was agreed that a written response to these questions be sought from SH and circulated to the Committee following the meeting.

Action: LB

The Committee:

- **Took assurance** that the reactivation and recovery of Screening Services was well structured.
- **Noted** the planned next steps.

QSIC 29/2021

Breast Test Wales (HIW) Action Plan - Progress Update

The Committee received an update on the Breast Test Wales Health Inspectorate Wales (HIW) Action Plan (Ref 4.QSIC.160621), outlining the progress against the recommendations for improvement following the review undertaken by HIW.

RH suggested that further clarification would be helpful around the recommendation to increase the standard on timeliness of assessment.

The Committee **noted** the progress made against the Action Plan.

QSIC 30/2021

Medical Revalidation and Job Planning

The Committee received a report providing the Committee with the current position on Medical Revalidation and Job Planning (Ref 5 QSIC.160621). ED explained that further to the verbal update at the Committee's last meeting, a written report had been included to provide an update on the current position since the requirement to resume medical revalidation on 1 April 2021. She outlined the current challenges including the shortage of appraisers which impacted the Medical Revalidation and Job planning process.

The Committee **took assurance** that processes were in place to support our medical and dental workforce to undertake job planning and appraisal as required by the Medical and Dental contract.

QSIC 31/2021 Corporate Risk Register

The Committee received the Corporate Risk Register (Ref 6 QSIC.160621).

The Committee asked for clarification as to the rationale for the de-escalation of Risk 003. JL explained that since the risk was added to the risk register a Trade and Cooperation Agreement had been reached between the UK and European Union (EU); this came into force on 1 January 2021. The Public Health Wales European EU Preparedness Programme closed on 31 March 2021 and therefore the risk could be de-escalated from the corporate risk register. Any residual risk would be managed at service level; such as delays in exports / imports and people issues which as yet remained unknown.

The Committee **considered** the Corporate Risk Register and took **assurance** on the management of risks.

QSIC 32/2021 Internal Flu Vaccine Campaign - End of Year Report 2020/21

The Committee received the Internal Flu Vaccine Campaign - End of Year Report 2020/21 (Ref 7 and 7b QSIC.140421). BG highlighted the following from the report:

- Despite the operational challenges of Covid-19, uptake for the flu vaccine within Public Health Wales was 60.1% of all staff, 62.7% for frontline staff which was positive considering our staff were working remotely.
- The uptake was slightly lower than the 75% target set by Welsh Government, which was likely due to staff working from home making vaccine delivery more challenging;
- An online booking system was introduced and this system would be used in future campaigns; and
- Planning for the 2021/22 campaign began in May, and National guidance was awaited in July.

KE thanked BG for the update, and the Committee took **assurance** on the report.

Items for Approval

QSIC 33/2021 Quality and Improvement Strategy Implementation Plan (Year 1)

The Committee considered the Quality and Improvement Strategy Implementation Plan (Year 1) (Ref 8 QSIC.160621). RBW explained that the Strategy was approved at Board in May and is an enabling strategy to support creating the conditions for quality and improvement to flourish within the Organisation. The implementation plan over three years would be monitored by review and assessments and would require Board, Executive and senior leadership commitment alongside support from Improvement Cymru.

The Committee considered the following:

- Regarding the evaluation process, the Committee queried how this would be built to the implementation for Years 2 and 3. RBW advised that evaluation would be ongoing, and that delivery would be overseen by a programme board.
- An overview of how the organisation would demonstrate staged improvement in future years was suggested for inclusion in future years implementation plan.

KE thanked RBW and WJ for the Implementation Plan.

The Committee **approved** the Implementation Plan (Year 1), for the Quality and Improvement Strategy.

QSIC 34/2021	Terms of Reference - Health and Safety Group
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The Committee considered the Terms of Reference items (Ref 9a and 9b QSIC.160621). CO provided an overview of the Terms of Reference, highlighting the different methods of working during the pandemic.

SW asked whether the reference to the staff side representative within the terms of reference could be amended from 'Staff side Safety Committee representatives' to 'Staff Side Committee representative'. CO noted this change.

The Committee:

- **Approved** the revised Terms of Reference for the Health and Safety Group, noting the minor change referenced above;
- **Took assurance** that appropriate governance and operational measures were in place to ensure the effective functioning of the Trust's Health and Safety Group; and
- **Noted** the terms of reference would continue to be reviewed as and when required as the situation changes with the COVID-19 pandemic.

QSIC 35/2021	Strategic Risk Register
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The Committee received the Strategic Risk Register papers (Ref 10a, 10b, and 10c QSIC 160621). LB noted that since the report had been published, further updates had been received relating to Strategic Risk 3, which would be circulated to the Committee following the meeting.

Action: LB

The Committee:

- **Considered** the updates provided on the Strategic Risk Register
- **Approved** the requests for changes to deadline dates (Table 1); and
- **Approved** the requests to close actions (Table 2).

QSIC 36/2021	Minutes, Action Log and Matters Arising of meeting
<p>The Committee received the minutes of the Committee meeting on 14 April 2021 and 7 May 2021, and Action Log (Ref 11 QSIC.160621).</p> <p>The Committee:</p> <ul style="list-style-type: none"> • Approved the minutes of the meeting held on 14 April 2021 and 7 May 2021 as true and accurate records of the meeting. • Approved the closure of the actions on the action log. • Noted no matters arising. 	
QSIC 37/2021	Quality and Clinical Audit Plan 2021/22
<p>The Committee received the Quality and Clinical Audit Plan 2021/22 (Ref 12 and 12b QSIC 160621).</p> <p>The Committee enquired as to whether the planned audits had been reviewed in terms of the resources required from the directorates. RBW confirmed that the audits were put forward by the directorates and as such the resource requirements were appropriate.</p> <p>The Committee approved the content of the Quality and Clinical Audit Plan for 2021/22</p>	
QSIC 38/2021	Infection, Prevention and Control Annual Report 2020/21
<p>The Committee considered the IPC Annual Report (Ref. 13, 13b QSIC 160621) BG introduced the report and highlighted the following areas:</p> <ul style="list-style-type: none"> • The success of the internal flu vaccine campaign and the provision of the internal Covid-19 vaccine campaign; • The collaboration with the Screening Division to ensure staff and patient safety as part of the reactivation of Screening Services; • Ongoing work with the Health and Safety Team to ensured Covid-safe work places for all staff; Dashboard indicators for infection control within a clinical settings were being developed for 2021/22 and the Diabetic Eye Screening Wales (DESW) would be piloting an electronic system of audit; • Coordination for flu and booster vaccination for Covid-19 would begin once guidance was received in July. <p>The Committee considered and approved the Public Health Wales Infection Prevention and Control Annual Report for 2020/21.</p>	
QSIC 39/2021	Safeguarding Annual Report 2020/21
<p>The Committee received Safeguarding Annual Report (Ref 14a and 14b QSIC.160621).</p> <p>RBW noted a change to be made on slide 4, the last bullet point to read:</p>	

*"The Business Executive Team meeting receive reports by exception, whilst the Quality, Safety and Improvement Committee receive assurance by exception **and** in the form of an Annual Report"*

RBW took the opportunity to thank Ian Smith the former Safeguarding lead who had retired.

RBW noted the intention to engage further with Regional Safeguarding Boards to reaffirm corresponding membership as a minimum. This could provide opportunity to provide further assurance to the regional boards.

The Committee noted the training compliance levels for Safeguarding Training were low and should be monitored. It was noted this training was paused during the pandemic but had now restarted using online/virtual training methods. The compliance levels were increasing, but needed to be monitored for improvement.

The Committee **approved** the Public Health Wales Annual Safeguarding Annual Report for 2020/21, noting the minor adjustment to slide 4, and received **assurance** on how the organisation has discharged its Safeguarding responsibilities during the reporting period April 2020 to March 2021.

Items for Note

QSIC 40/2021	Committee Work Plan
The Committee noted the Work Plan (Ref 15 QSIC 160621).	
QSIC 41/2021	Bi Annual Policy Update
The Committee noted the Bi Annual Policy Update (Ref 16 QSIC 160621).	
QSIC 42/2021	Closing Administration
QSIC 42.1/2021	Any Other Business
None	
QSIC 42.2/2021	Committee Feedback
It was agreed that feedback from the meeting would be sought via email following the meeting.	
QSIC 42.3/2021	Date of Next Meeting
Thursday 19 August 2021	

The open session closed at 11:55