

**Confirmed Minutes of the Public Health Wales  
Quality, Safety and Improvement Committee Meeting  
13 December 2023, 09:30  
Held in Capital Quarter 2 and via Microsoft Teams**

<b>Present:</b>		
Diane Crone	(DC)	Committee Chair and Non-Executive Director (University)
Kate Eden	(KE)	Vice Chair of the Board, and Non-Executive Director
Sian Griffiths	(SG)	Non-Executive Director (Public Health) and Chair of the Knowledge, Research and Information Committee
<b>In Attendance:</b>		
Claire Birchall	(CB)	Executive Director of Quality, Nursing and Allied Health Professionals (Interim)
Liz Blayney	(LB)	Deputy Board Secretary and Board Governance Manager
Angela Cook	(AC)	Assistant Director of Quality and Nursing, Quality Nursing and Allied Health Professionals
Neil Desmond	(ND)	Head of Estates and Health & Safety (for item 4.6)
Sharon Hillier	(SH)	Screening Director (for item 3.1)
Wayne Jepson	(WJ)	Head of Quality, Engagement and Collaboration (for item 4.3)
Meng Khaw	(MK)	National Director of Health Protection and Screening Services, Executive Medical Director
Jim McManus	(JM)	National Director of Health and Wellbeing (joined at 10:50 am)
Sarah Nicol-Hughes	(SNH)	Representative of Healthcare Inspectorate Wales
Olusola Okhiria	(OO)	Trade Union representative
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Paul Veysey	(PV)	Board Secretary and Head of Board Business Unit
<b>Apologies</b>		
John Boulton	(JB)	National Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru
Jan Williams	(JW)	Chair of Public Health Wales
<i>The meeting commenced at 09:30</i>		
<b>QSIC 2023.12/13/1</b>	<b>Welcome, Introductions and Apologies</b>	
The Chair opened the meeting and welcomed all present.		

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 when the minutes had been agreed at the following meeting.

**QSIC 2023.12.13/2**

**Declaration of Interest**

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

**QSIC 2023.12/13/3.1**

**Workshop: Screening Services Update**

MK introduced the Screening Services workshop, which was designed to follow up on the recommendations within the Audit Wales report into the recovery of screening services arrangements, particularly around the structure of the reports to provide clear reporting of progress, the risks associated with recovery and assurance about the delivery of screening services.

SH went on to provide a brief explanation of the flow of data from Programme Board level up to Board and gave an update on the recovery of the two screening programmes (Breast and Diabetic), which included the recovery plan, trajectory and timescales and actions underway to recover the programmes.

The Workshop then focused discussion on the principles of delivering excellent screening services using the 6 domains of the Health and Care Quality Standards, and namely what assurance / evidence does the Organisation have/ need that our Screening Services are Safe, Timely, Effective, Efficient, Equitable and Participant Centred. Discussion points centred around:

- How do we get the population health picture and where do our services fit in the population health profile (including where our services fit within the overall screening pathways and any external constraints).
- The need for mechanisms to be in place for the consideration of thematic and systematic issues and incidents for assurance and Organisation wide learning.
- The need to engage with Iain Bell , Director of Public Health Data Knowledge and Research and the data team to undertake modelling to forecast the recovery against trajectory and forward look against targets, using an early warning system to show any divergence and impacts .
- Scope to consider elements of safe staffing levels (noting cross Committee remit with the People and Organisational Development Committee (PODC) and the Knowledge, Research and Information Committee (KRIC)).
- SG welcomed the opportunity for KRIC to consider the data elements that were raised during the workshop.
- Recognition of the need to provide narrative as well as data metrics when considering the importance of timely services, for context as well as assurance.
- Improved demand and capacity modelling against future plans / performance targets as well as current activity. Committee members noted conversations

with JB and Iain Bell regarding the transformation of the diabetic service and demand and capacity planning improvements for early 2024.

- The need to continue to exploit new technology / innovation and developments, particularly within the space of artificial intelligence.
- The need to monitor the equity gap for access and uptake area of deprivation and consider interventions that may lessen the gap, taking a cross organisational approach to consider the holistic nature of screening and exploring the data across the whole pathway.
- Consideration of thematic reviews into accessibility using the feedback and learning undertaken.
- Agreement on the need to see more person-centred feedback such as service user and staff stories regularly at Committee.

DC thanked SH and CB for the useful session and the Committee discussed the next steps to progress this. The Committee requested an update on the development of the report /draft template at the February 2024 Committee meeting and committed to reviewing the fully revised report during quarter 1 of 2024/25.

<b>QSIK 2023.12/13/4</b>	<b>Items for Assurance</b>
<b>QSIK 2023.12/13/4.1</b>	<b>Putting Things Right Report (Quarter 2, 2023/24 including National Reportable Incidents)</b>

AC introduced the report, highlighting the expected closure of one early warning incident from Cervical Screening Wales in September 2023, with no harm identified, the work underway to reduce incidences of incorrect reporting, and the improvements and learning arising from a duty of candour case. Keen to progress opportunities for the public to provide compliments and feedback.

The Committee discussed:

- And queried the Datix performance and impact of the system to date. AC commented on the improved engagement and training undertaken, the work underway with Datix Cymru around incident notification and dissemination of alerts to the right people. CB highlighted the intended focus to improve the closure of incidents and that this would be highlighted within the next iteration of the report.

**Action: CB**

- MK thanked the Putting Things Right team for their support of the Microbiology and Screening Directorates in this area and went on to query the work underway to encourage all directorates to use and report incidents via Datix. AC referenced the work underway with Directorates to ensure the correct hierarchy, noting this presented a good opportunity to target and raise awareness, but also give additional clarity about accountability and ownership.

The Committee thanked AC for the update and took **assurance** on the effective management of the Putting Things Right processes lead by QNAHPs.

<b>QSIK 2023.12/13/4.2</b>	<b>Alerts Report (Quarter 2, 2023/24)</b>
AC introduced the report, highlighted the two alerts relevant for the Organisation during quarter 2, 2023-24 and confirmed these had been actioned. AC highlighted the	

absence of an Alert's module in Datix Cloud, advising that further work would be undertaken to strengthen the assurance around tracking and completion of alerts actions during 2024/25. AC agreed to update the Committee on any progress in this area via future iterations of the report.

**Action: AC**

The Committee discussed:

- MK welcomed a review of the Alerts and Welsh Health Circular system to ensure relevant thresholds for referral and dissemination across the Directorates. MK went on to suggest a systematic review of alerts, with a robust system in place to ensure there is appropriate governance and assurance where timely actions were required. AC agreed with this approach and would work with the Office of the Medical Director and the new Clinical Governance Manager to streamline the system and process.

The Committee thanked AC for the update and took **assurance** on the effective management system for the distribution, management, monitoring and appropriate record keeping of safety Alerts / safety notices received by the organisation.

**QSIC 2023.12/13/4.3**

**Quality and Clinical Audit (Mid-Year Update)**

WJ presented the report on the Quality and Clinical Audit for 2023/24, highlighting the good progress of audits undertaken to date, and the addition of 11 new audits to the plan for service monitoring and improvement. WJ advised that the Leadership Team had approved the withdrawal of three audits from the plan due to capacity issues, it was noted that no risk/impact had been identified due to the withdrawal of these specific audits and they were due to be progressed during 2024/25. WJ concluded the report by highlighting the collaboration with the Improvement and Innovation Hub and engagement with Directorates, and the expanded training offer which may help to increase representation from Directorates / Teams not currently represented on the audit plan.

The Committee discussed:

- The opportunity to include Health Protection audits focused on areas of incidents and outbreaks as part of the 2024/25 plan, following the advent of the new communicable disease outbreak plan, which included standards.
- Reflecting on the Clinical Governance Framework and associated clinical audit pillar, the intended focus during 2024/25 to strengthen the audit cycle with improved tracking of audit action plans.
- A suggestion to highlight the impact of audits and celebrate the learning and outcomes as part of future iterations of the report, with lessons learned presentations to the Committee.

The Committee thanked WJ for the update and took **assurance** that the annual audit plan was progressing well, that new audits had been identified and added to the plan where required. The Committee looked forward to considering the annual report for 2023-24 and workplan for 2024-25 during the first quarter of 2024/25.

QSIC 2023.12/13/4.5	Arrangements for Medical Devices Management
<p>MK provided a verbal report on the arrangements underway for the management of medical devices:</p> <ul style="list-style-type: none"> <li>• He assured the Committee that the Medical Devices Management Group continued to meet on a regular basis and had achieved the majority of the workplan’s objectives for 2023/24.</li> <li>• He highlighted that the Policy and Procedure were tabled for approval /information later in the agenda and expanded on the work underway for a protocol and single repository for medical devices.</li> <li>• He commented on the focus with the Quality and Clinical Governance team to improve the quality of incident reporting in relation to medical devices.</li> <li>• He confirmed the successful recruitment of the Clinical Governance Manager post. The successful applicant would assume the role of Medical Devices Officer for the Organisation in Spring 2024 and would work with Leads to ensure good governance and escalation process were in place for medical devices. Another key piece of work would be to take forward training needs assessment and compliance for the Organisation.</li> </ul> <p>The Committee thanked MK for the verbal update and took <b>assurance</b> on the update on the arrangements of Medical Devices Management.</p>	
QSIC 2023.12/13/4.6	Health and Safety Report (Quarter 2 2023/24)
<p>ND introduced the Health and Safety quarter 2 report, summarising the work underway of the Health and Safety Group to improve health and safety statutory and mandatory training compliance rates.</p> <p>The Committee discussed:</p> <ul style="list-style-type: none"> <li>• A number of low harm incidents related to medical devices and the process to follow these up. The Microbiology and Screening Leads within the Health and Safety Group would investigate these incidents within their respective areas and report back to the Group. MK gave added assurance that these incidents had been followed up and managed within their respective divisions.</li> <li>• Reflecting on the requirement for colleagues with Public Health Wales honorary contracts to be compliant with the Organisations Statutory and Mandatory training (S&amp;MT), Committee members sought assurance that there was a system in place to monitor compliance, and queried compliance levels within this specific cohort of employees, particularly those who made use of the Organisations buildings. Noting that this area was within the remit of the People and Organisational Development Committee, the Committee agreed to refer the matter to them for further consideration and would consider the findings at an appropriate time.</li> </ul> <p><b>Action: LB</b></p> <ul style="list-style-type: none"> <li>• PV and AC went on to give the Committee assurance that the Senior Management Team were tasked with reviewing compliance at Directorate and individual level on a quarterly basis, and that compliance with S&amp;MT was stated within employee job descriptions.</li> </ul>	

The Committee thanked ND for the update and took <b>assurance</b> that appropriate measures were in place to monitor compliance and to address areas identified for improvement.	
<b>QSIK 2023.12/13/5</b>	<b>Items for Approval</b>
<b>QSIK 2023.12/13/5.1</b>	<b>Minutes, Action Log and Matters Arising of Meeting</b>
The Committee considered the minutes of the meeting held on 18 July 2023 and 12 October 2023 in turn and approved each respective set of minutes as an accurate record of the meeting.	
The Committee considered the action log updates, <b>approved</b> the request for a date changed, and <b>approved</b> the closure of the completed actions.	
<b>QSIK 2023.12/13/5.2</b>	<b>Policies and Procedures for Approval</b>
The Committee considered and: <ul style="list-style-type: none"> <li>• <b>Approved</b> the Putting Things Right Incident Management Procedure</li> <li>• <b>Approved</b> the Putting Things Right Complaints Procedure</li> <li>• <b>Approved</b> the Medicines Management Policy</li> <li>• <b>Approved</b> the Medical Devices Management Policy</li> <li>• <b>Approved</b> the minor change to the All Wales Consent to Examination or Treatment Policy</li> <li>• <b>Approved</b> the Exposure to Injury and Safe Management of Sharps Policy</li> </ul>	
<b>QSIK 2023.12/13/6</b>	<b>Items to Note</b>
<b>QSIK 2023.12/13/6.1</b>	<b>Committee Workplan 2023-24</b>
The Committee <b>noted</b> the updates to the Committee workplan for 2023-24.	
<b>QSIK 2023.12/13/6.2</b>	<b>Reporting Group Update</b>
The Committee <b>noted</b> the Reporting Group Update and the respective Terms of Reference for the subgroups (Infection Prevention & Control (IPC), Safeguarding and Health and Safety).	
<b>QSIK 2023.12/13/7</b>	<b>Closing Administration</b>
<b>QSIK 2023.12/13/7.1</b>	<b>Close of Public Meeting</b>
Members were asked to e-mail LB with any feedback on the Committee meeting.	
Date of next meeting: 21 February 2024.	
The Chair closed the meeting.	
<i>The open session closed at 12:20</i>	