

**Unconfirmed Minutes of the Public Health Wales
Quality, Safety and Improvement Committee Meeting
21 February 2024, 09:30 – 12:20
Held in Capital Quarter 2 and via Microsoft Teams**

Present:		
Diane Crone	(DC)	Committee Chair and Non-Executive Director (University)
Kate Eden	(KE)	Vice Chair of the Board, and Non-Executive Director (for part of the meeting)
Sian Griffiths	(SG)	Non-Executive Director (Public Health) and Chair of the Knowledge, Research and Information Committee
Mohammed Mehmet	(MM)	Non-Executive Director and Chair of the People and Organisational Development Committee (for part of the meeting)
Tamsin Ramasut	(TR)	Non-Executive Director (Equality and Diversity)
In Attendance:		
Claire Birchall	(CB)	Executive Director of Quality, Nursing and Allied Health Professionals (Interim)
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 (for part of the meeting)
Amy Burgess	(AB)	Engagement and Collaboration Manager (for item 3.4)
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 3.8)
Danielle Gething	(DH)	Head of Risk Management (Observer)
David Heyburn	(DH)	Head of Operations- Infection Services (for item 3.8.2)
Sharon Hillier	(SH)	Director of Screening Services (for item 3.7)
Junaid Iqbal	(JI)	Lead for Service User Engagement (Observer, for item 3.4)
Wayne Jepson	(WJ)	Head of Quality, Engagement and Collaboration (for item 3.4)
Andrew Jones	(AJ)	Deputy Director of Health Protection and Screening Services (for item 3.6)
Meng Khaw	(MK)	National Director of Health Protection and Screening Services, Executive Medical Director

Jim McManus	(JM)	National Director of Health and Wellbeing
Paula Mitchell	(PM)	Quality and Clinical Governance Manager (for item 3.8.2)
Olusola Okhiria	(OO)	Trade Union representative
Michelle Peters	(MP)	Network Health and Safety Manage, Microbiology (for item 3.8.2)
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Paul Veysey	(PV)	Board Secretary and Head of Board Business Unit
Huw Williams	(HW)	Head of Emergency Preparedness and Response (EPRR) (for item 3.6)
Apologies		
Sumina Azam	(SA)	National Director of Policy and International Health
Jan Williams	(JW)	Chair of Public Health Wales
<i>The meeting commenced at 09:30</i>		
QSIC 2024.02.21/1	Welcome, Introductions and Apologies	
<p>The Chair opened the meeting and welcomed all present.</p> <p>The Committee noted the apologies above.</p> <p>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.</p> <p>The Chair noted changes to the order of the agenda to ensure relevant attendance.</p>		
QSIC 2024.02.21/2	Declaration of Interest	
<p>There were no declarations of interest in addition to those already declared on the Declarations of Interest Register.</p>		
QSIC 2024.02.21/4	Items for Approval	
QSIC 2024.02.21/4.1	Minutes, Action Log and Matters Arising of meeting - 13 December 2023	
<p>The Committee considered and approved the minutes of the meeting held on 13 December 2023 as an accurate record of the meeting.</p> <p>The Committee considered the action log updates and approved the closure of the completed actions.</p> <p><u>Matters Arising - Update on Clinical Governance Framework</u> MK and CB provided an update on the progress of the implementation of the Clinical Governance Framework across the Organisation, highlighting the Office of the Medical Director/Clinical Governance meetings taking place on medical devices and the development of an operational group to support the delivery of quality, and to put operational aspects of the Clinical Governance Framework into practice.</p>		

The Committee thanked CB and MK for the update and **agreed** to consider a presentation at the next meeting demonstrating progress to date and future plans.

Action: CB/MK

QSIC 2024.02.21/3	Items for Assurance
QSIC 2024.02.21/3.7	Update on the Revised Screening Services Update

MK introduced the report, which provided an update on the development of a revised Screening Services report to the Committee, following the Committee workshop and Board Development Sessions held in December 2023 around the audit recommendations.

SH then presented the report, highlighting a framework which focused on improving the data within the monthly Performance Assurance Dashboard (PAD). This was aligned to the principles of delivering excellent screening services, using the Quality Standards STEEEP (Safe, Timely, Effective, Efficient, Equitable and Person centred), and aimed to focus on improving performance metrics and identifying those not achieved.

Secondly, the framework focused on the recommendation to provide clear reports to the Committee, with more quantitative information around the recovery of the Breast and Diabetic Eye screening programmes. The section of the report would aim to identify progress against the backlog, detailed actions and risks respectively. SH concluded her update by noting that the framework was a work in progress, which aimed to ensure a clear narrative of information flow from the Programme Board up to the Committee and Board.

The Committee discussed:

- The positive progress made to develop a clear reporting style and the clear visual direction of travel.
- And welcomed the opportunity to consider the Screening Division Inequities Annual Report once published.

Action: MK/SH

- JB suggested benchmarking against the remaining six quality enablers/standards in addition to STEEEP, to include for example, measuring patient experience. JB also suggested further thought around the measures going to Board as part of the PAD and offered the support of his Directorate in these areas.
- Reflecting on the domains of effective and efficient domains, AC commented on potential future consideration of the number of women who do not return after a rejected smear sample, and the usefulness of having sight of the completion of the Cervical Screening Wales Audit of Cervical Cancers (CSWACC), from a quality perspective. SH confirmed that there were important areas and would be taken forward as part of their workplans.
- KE commented on the high quality of conversation at the January Board due to the improved quality data presented, and suggested high level exception reporting at Board, with their confidence that the assurance and detail would be considered at the Quality, Safety and Improvement Committee.

- SG sought further information around the cancer pathway and whole person experience in terms of outcomes across Wales and any blocks in the system. Referencing the cross-Committee relationship with QSIC, SG noted that the Knowledge, Research and Information Committee would be looking at the data and welcomed any thoughts on this area.
- MM asked that further thought be given to displaying whether agreed actions were making the desired impact and how progress was being made in real time.

MK thanked the Committee for the rich discussion and agreed that further thought would be given to providing more narrative around the cause and effect of actions, whilst simplifying the information. MK concluded the update by noting that SH would work with directorates to prioritise salient metrics and areas of concern that require Board consideration, to give assurance to the Board that they were on track to address the most important areas.

The Committee thanked SH for the comprehensive report and **confirmed** that they were content with the approach outlined within the report.

QSIC 2024.02.21/3.8	Health and Safety
QSIC 2024.02.21/3.8.1	Health and Safety Report Quarter 3 2023-24

JB left the meeting

ND introduced the Health and Safety quarter 3 report, confirming that there had been no 'Reporting of Injuries, Diseases and Dangerous Occurrences Regulations' (RIDDORs) reported during the quarter. He went on to summarise the remedial actions undertaken to address two areas out of statutory compliance at the time the report was written (electrical safety testing and gas safety) and concluded his update by highlighting the engagement with the People and Organisational Directorate around Display Screen Equipment (DSE) assessments.

The Committee discussed:

- Concern regarding lower levels of mandatory training compliance, in certain areas, noting that that this has been discussed in the last Health and Safety Group. Representatives had been tasked with raising awareness with their respective Directorates. LB confirmed that she would look to support the Executive and Non-Executive Directors to raise compliance within the Corporate Directorate.
- CB highlighted that the new Head of Risk would be in touch with the facilities team to discuss the fit/ thematics of risk registers across Directorates, including the Health and Safety Risk Register.

The Committee thanked ND for the update and took **assurance** that appropriate measures were in place to monitor compliance and to address areas identified for improvement.

QSIC 2024.02.21/3.8.2	Health and Safety Case Study (including Staff Safety Case Study)
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ND introduced the Incident Management presentation, which provided an overview of the risk management processes of Health and Safety related incidents reported via Datix. He commented on the types of incidents reported and the follow up and investigation undertaken by the Health and Safety team, and the occasions where this had led to the provision of specific training within directorates to meet their needs. He went on to note ongoing issues with incorrect risk assignment /narrative that were under review. ND concluded his presentation by noting the intention to improve dissemination of lessons learnt throughout the Organisation, and to help strengthen those directorates that self-investigate to actively manage and improve delivery.

MP then presented a case study on improving staff safety, highlighting the submission of 4 RIDDOR reports related to biological agents from two labs during 2022-23 and the proactive actions taken to seek advice, undertake investigations and mitigate the situation using the themes identified during the investigation. MP highlighted that they then undertook a review of the actions to measure their effectiveness and noted the consistent improvement in nil RIDDOR reportable related incidents.

The Committee discussed:

- AC offered to support the health and safety team regarding cascade of learning as part of their plans to strengthen this aspect under the Duty of Quality.
- The positive continuous review of incidents, and the good improvement over the course of the year.
- AC commended the work on sharing vaccination data, and the use of QI data. The Committee recognised the need to review the record management of staff vaccination across the Organisation, due to the various occupational health sites through the lens of quality, and the work required in response to a recent Welsh Health Circular around staff measles vaccination.
- The importance of 'You said, We Did' to close the loop on datix incident management, in order to foster an open reporting culture.

The Committee thanked ND, MP and DH for their presentations and case studies into the management of Health and Safety Incidents and Staff Safety.

MM left the meeting

QSIC 2024.02.21/3.2

Quality Governance Performance Report

CB introduced the report, commenting on the newly consolidated report, which incorporated two domains of quality assurance and quality improvement to cover the broader aspects of Quality Governance.

AC then presented each section of the report:

Putting Things Right (PTR) (Quarter 3, 2023-24)

AC summarised the PTR section, which included the incidents, complaints and concerns reported and acted upon during quarter 3. AC noted one new redress case within Cervical Screening Wales, and one Nationally Reportable Incidents within Bowel Screening Wales, both cases were under investigation. One Duty of Candour case reported during quarter 2 remains ongoing. AC went on to highlight improvements in

achieving consistent category reporting within Cervical Screening Wales, the learning of which would be shared throughout the Organisation. AC confirmed the intention to progress improvement work within complaints management and to strengthen the learning from compliments.

Management of Alerts and Safety Notices (Quarter 3, 2023-24)

AC provided an update on the management of alerts section, noting three relevant alerts for the Organisation during quarter 3 which were for information only. AC then highlighted the work underway with the NHS Executive and the Officer of the Medical Director to streamline the entry point for alerts notifications.

The work of the Safeguarding Group

AC provided an update on the work of the Safeguarding Group, highlighting their focus on improving assurance around the right level of Disclosure and Barring Services (DBS) checks assigned to job roles, particularly patient facing staff. AC noted that Safeguarding compliance for the Board would be addressed, with a Board training session planned for 2024/25. AC concluded the update by confirming that that three outstanding safeguarding maturity matrix actions would be moved to next year's plan; plans to address these actions were already underway.

The Work of the Infection, Prevention & Control (IPC) Group

AC provided an update on the work of the IPC group, noting the commencement of an IPC Link Worker programme in January 2024, improvements required in IPC mandatory training, the learning from 12 IPC related incidents within the laboratory during quarter 3 and the work underway to improve compliance with decontamination standards within Breast Test Wales. AC also noted that an update on the success, risks and impact of delivering the Influenza campaign was due to be considered by the Business Executive Team.

The Committee discussed:

- Feedback sought around the new style of combined report. The Committee requested that CB consider the presentation format of the collated report to ensure full assurance for each aspect, and to highlight the good points, areas of concern, and any areas/points that would benefit from the Committees' support at the beginning of the report.

Action: CB

- The Concern around Digital Health and Care Wales capacity delaying improvements for Cervical Screening Wales, and considered whether to escalate this to the Board.

Action: LB

- CB commented on the need for effective performance management with a focus on quality to close the loop around incident closure and complaints.
- Agreed to further discuss the support needed around the area of decontamination outside of the meeting. OO commented that she would welcome an update around the area of decontamination and staff safety following this discussion.

Action: LB

The Committee

- **Noted** the performance standards being achieved and areas for improvement,
- Took **assurance** that appropriate governance was in place to govern safe, timely, effective, equitable and person-centred services via Putting Things Right, Management of Alerts, and the work of the Safeguarding and IPC group.

*KE left the meeting
JB joined the meeting*

QSIC 2024.02.21/3.1

Update on Implementation of Duty of Quality Act and Duty of Candour Act

JB presented the Duty of Quality update, summarising progress with the development of the Governance Hub, the Board Assurance Framework and the Improvement and Innovation Hub. JB highlighted the handover of the implementation of the Duty of Quality Act, and Quality as an Organisational Strategy workstreams to the Quality, Nursing and Allied Health Professionals Directorate.

AC then presented the Duty of Candour Act update, noting the one open Duty of Candour case from Quarter 2. AC went on to note the continued monthly offer of bespoke training throughout the Organisation and highlighted that issues in the recording of e-learning completion had been escalated to shared services for remedial action.

The Committee discussed the fit of the Governance Hub with the newly established Quality Oversight Group. PV confirmed the intention of the Governance Hub would be to provide guidance and assistance on the best pathway for governance throughout the organisation. It would have no decision-making powers and would sit alongside the other groups.

The Committee thanked JB and AC for the update and took **assurance** on progress to meet the requirements of the Duties of Candour and Quality in Public Health Wales.

QSIC 2024.02.21/3.3

Managing Risk (Corporate and Strategic Risk Register)

CB introduced the report, highlighting the deep dive undertaken at the January 2024 Board meeting into the approach to risk, and noted that the Board had approved the change to assuring Board Committee for Strategic Risk 1 and 2, from the Quality, Safety and Improvement Committee (QSIC) to the Knowledge, Research and Information Committee (KRIC). CB concluded the update by noting the intention to present more high-level clarity of detail around the strategic risks and that the next iteration of the Risk Registers would have significant change to the risk descriptors.

Strategic Risks

- Strategic Risk 3

SS gave an update on behalf of SA, noting the large scale of risk actions required, which were very dependent on engagement with stakeholders and communities. In recognition of the size and nature of the risk, under review was the areas that the Organisation could have impact and influence.

CB noted that the new Head of Risk would look to develop a framework and infrastructure to support the risk owners to ensure maximum and meaningful contributions from the risk contributors.

- Strategic Risk 5

MK provided an update to risk 5, highlighting the revised All Wales Communicable Disease Outbreak Plan, and the approval of the Organisation’s Emergency Response Plan, along with the learning from the COVID Inquiry on Emergency Planning and the planned conclusion of the PHW debrief on operational readiness to help reduce the impact of the strategic risk over the coming months.

MK also commented on the discussions underway to refine and potentially combine risks 5 and 6 in the future, to build the narrative around providing excellent emergency preparedness for our services.

- Strategic Risk 6

MK provided an update to risk 6, summarising the actions around specific programmes within screening programmes, which included a focus on surge capacity and procurement activity improvements.

Corporate Risk Register

CB noted the improvements to the Corporate Risk Register and commented that the narrative may change by the next meeting. The Committee noted that one of the six risks had been omitted from the cover paper, however the full detail of all six risks was available in appendix 2 of the report.

The Committee:

- Considered and took **assurance** on the Strategic and Corporate Risks relevant to the Committee’s remit,
- **Noted** that the Board approved the change to assuring Board Committee for Strategic Risk 1 and 2 (from QSIC to KRIC) at its meeting on 25 January 2024,
- **Noted** the changes to the mechanism and frequency of reporting of the Corporate Risk Register to the Committee.

SG left the meeting

QSIC 2024.02.21/3.4

Engagement of our Services (our approach to engagement)

CB introduced the refreshed report, following the Board’s first approval of the ‘Our Approach to Engagement’ implementation plan in 2021. Reflecting on the strong engagement across the Organisation, CB commented on the need to strengthen the learning from multiple aspects of engagement and commented that a key finding identified the need for a central repository /connectivity on the Organisations engagement, questions, and approach with stakeholders.

AB went on to summarise the key findings of the report and progress against the milestones. AB then advised of the intended focus on two programmes going forward, firstly a review of the Young Ambassadors programme, and secondly, the use of Civica throughout the Organisation, including the development of a robust governance system to ensure mandated consistency, standardisation and use of diversity and inclusion questions. AB concluded the update by highlighted the need to embed engagement, this was due to be considered at an upcoming Strategic Business Executive Team session, through the lens of quality. AB then sought the Committee’s feedback around the recommendations within the report.

The Committee discussed:

- MK welcomed the approach to coordinate, improve oversight and consistency in the area of engagement, noting learning and improvement was key. He commented on the need to consider the collection and flow of data, and how engagement aligned with strategic priorities/ helped to improve service delivery. CB and AB welcomed this approach and were keen that the network works together to develop ways of sharing and learning.
- CB commented on her discussion with Kate Young, Non-Executive Director and Young Ambassadors Champion around the strengthening of governance and support when working with young people. DC echoed this and noted the importance of continued support and wellbeing of the Young Ambassadors. CB agreed with this and confirmed that the Organisation would look to keep its accreditation commitment to the Young Ambassadors.
- OO sought assurance around ensuring specific and robust data capture. JI confirmed he was working with the Health Protection and Screening Services Directorate, and the Policy and International Health Directorate around a consistent core data set, banks of questions and data collection.

The Committee thanked AB for the update and:

- Took **assurance** that progress had been made in delivering ‘Our Approach to Engagement’ over the last three years.
- **Noted** that the Business Executive Team approved the following recommendations set out in section 4.2 on service user experience and the rollout of Civica, most pertinently that the Quality, Nursing and Allied Health Professionals directorate would work collaboratively with other Directorates and stakeholders to develop an organisational-wide governance system and mandate for use of Civica.
- **Agreed** to consider a mid year update, noting that an update on the Young Ambassadors would also be provided as part of a broader paper beforehand.

QSIC 2024.02.21/3.5

Tuberculosis Action Plan – Update on Implementation

MK introduced the report, which built upon the update provided at the October 2023 meeting and sought to provide an update on progress of agreed actions following the independent review into the response to the outbreak to Tuberculosis (TB) centred on Llwynhendy, Camarthenshire.

MK advised the Committee that good progress had been made across all the actions within the Tuberculosis action plan to address the recommendations of the independent review, including revised Standard Operating Procedures (SOPs) and on a national level, the development of a Welsh Government led TB Elimination Action plan and the review of the Outbreak Control Plan for Wales.

The Committee thanked MK for the update on the TB action plan and took **assurance** on the progress with the implementation of actions within Public Health Wales. MK noted the intention to provide an update in six months time with a completed action plan for the Committee to take assurance on, and to request the closure of reporting into the Committee.

QSIC 2024.02.21/3.6

Emergency Preparedness Resilience and Response (EPRR) Welsh Government Emergency Planning Report for 2023

MK introduced the annual report, commenting on the robustness of the Emergency Preparedness Resilience and Response (EPRR) assessment of the last 12 months. He highlighted the success of key areas such as: the approval of the Organisation’s revised Emergency Response Plan, the refresh of the All Wales Communicable Disease Control Plan, and a recent well attended emergency planning exercises.

AJ went on to present the report, highlighting how the Organisation had strengthened and improved its ERPP function and business continuity.

HW added further detail around the Organisation’s ongoing preparedness plans and noted that the Organisation had been given substantial assurance around the Organisation’s corporate documentation during a recent audit. He concluded his update by noting that the team would look to drive continual improvement through key developments such as the establishments of a 24/7 Emergency Preparedness Service, updating of pandemic guidance and internal surge capacity arrangements, and a virtual exercise on the 19th March focused on the updated Communicable Disease Outbreak Plan.

CB noted how well embedded emergency planning was throughout the Organisation and thanked the Emergency Response Team for their welcome and induction.

The Committee noted that this would be Andrew Jones last Committee meeting and thanked him for his support and contribution to the both the Committee, Organisation, and at a UK national level.

The Committee

- Took **assurance** in relation to the organisation’s compliance with the requirements of the Civil Contingencies Act [2004] and the NHS Wales Emergency Planning Core Guidance [2015].

QSIC 2024.02.21/5

Items to Note

QSIC 2024.02.21/5.1

Committee Work Plan 2023/24

The Committee **noted** the updates to the Committee workplan for 2023-24.

LB advised the Committee on the development and progress route of the draft Committee workplan for 2024/25, noting that endorsement of the plan would be sought at May's Committee meeting.

MK requested that winter planning agenda items be categorised under the Emergency Planning section of the workplan.

Action: LB

QSIK 2024.02.21/6	Closing Administration
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QSIK 2024.02.21/6.1	Close of Public Meeting
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Members were asked to e-mail LB with any feedback on the Committee meeting.

Date of next meeting: 20 May 2024.

The Chair closed the meeting.

The open session closed at 12:20

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