

**Confirmed Minutes of the Public Health Wales
Quality, Safety and Improvement Committee Meeting
24 July 2024, 10:30 – 13:10
Held in Capital Quarter 2 and via Microsoft Teams**

Present:		
Diane Crone	(DC)	Committee Chair and Non-Executive Director (University)
Sian Griffiths	(SG)	Non-Executive Director (Public Health) and Chair of the Knowledge, Research and Information Committee
Kate Young	(KY)	Non-Executive Director and Chair of the People and Organisational Development Committee
In Attendance:		
Sumina Azam	(SA)	National Director of Policy and International Health
Lorna Bennett	(LBe)	Consultant in Public Health (Educational Settings) (for item 3)
Claire Birchall	(CB)	Interim Executive Director of Quality, Nursing and Allied Health Professionals (Interim)
Julie Bishop	(JB)	Director of Health Improvement (for item 3)
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Tracy Cooper	(TC)	Chief Executive (left 11:31)
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 items 4.3 and 4.4)
Rosemary Fletcher	(RF)	Governance Lead, NHS Executive Implementation (for item 8)
Tom Fowler	(TF)	Deputy National Director of Screening and Health Protection
Danielle Gething	(DH)	Head of Risk Management (for item 4.2)
Meng Khaw	(MK)	National Director of Health Protection and Screening Services, Executive Medical Director (left 11:59)
Jim McManus	(JM)	National Director of Health and Wellbeing
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Paul Veysey	(PV)	Board Secretary and Head of Board Business Unit
Apologies		
Clare Jenkins	(CJ)	Vice-Chair of Board and Non-Executive Director
Olusola Okhiria	(OO)	Trade Union representative

The meeting commenced at 10:30

Part A

QSIC 2024.07.24/1

Welcome, Introductions and Apologies

The Chair welcomed all to the public session of the Quality, Safety and Improvement Committee meeting.

The apologies for absence were noted.

QSIC 2024.07.24/2

Declaration of Interest

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

QSIC 2024.07.24/3

Deep Dive - Welsh Network of Healthy Schools

JM introduced the report which outlined work undertaken by the Health Improvement Division to ensure that the Welsh Network of Health and Well-being Promoting Schools (WNHWPS) Programme remained fit for purpose, was able to demonstrate impact and that mechanisms were in place to ensure quality of delivery.

JB covered the introduction of the work undertaken on this work programme since it's introduction in 2021, this included a roundtable event in October 2023 which brought together key stakeholders from across the system. The roundtable highlighted a strong consensus around the view that schools should be health-promoting environments and the need for a whole school approach to health and wellbeing.

LBe highlighted some key elements of the workstreams undertaken as part of the WNHWPS programme, such as:

- Moving away from different schemes to operating under a single All-Wales delivery model.
- Developing a set of proposed national minimum standards which had been supported by the Cabinet Secretary for Education and the Minister for Mental Health and Early Years.
- The development of a monitoring and evaluation framework.

LBe noted that no risks had been raised for this programme.

The Committee questioned how the impact from this programme would be monitored, and whether homeschooled children would be covered. JB noted that staff covered by the grant to support schools monitored progress across the areas of the framework. Also tools such as the School Environment Questionnaire help us to measure impact. JB also noted that homeschooled children were not currently within the remit of the programme, but that work with school nurses to link in with homeschooled children could be an area for future development.

The Committee also questioned whether the framework had inclusions for disabled students. JB gave assurance that special schools were included in this programme and that the standards covered support for meeting learning and physical needs, but noted that mainstream schools may need more support in this regard.

The Committee **took assurance** that progress had been made in demonstrating the quality and impact of the Welsh Network of Health and Well-being Promoting Schools programme and that an improvement plan continues to be implemented.

QSIC 2024.07.24/4	Items for Assurance
QSIC 2024.07.24/4.1	Quality Governance Performance Report

AC provided an overview of the Quality Governance Performance Report. This report was an amalgamation of several reports to update the Committee of the work undertaken on quality governance within Public Health Wales for the period Quarter 1 (April – 30 June 2024). AC then presented each section of the report, highlighting specific areas for consideration:

Putting Things Right (PTR)

AC summarised the PTR section, which included the incidents, complaints and concerns reported and acted upon during quarter 1, including:

- One national incident and two early warning reports related to Breast Test Wales.
- 511 total incidents reported, of which 6 were reported as moderate harm, one remained under investigation and one reported as severe but later downgraded to no harm.
- Highest number of incidents reported was submitted under 'specimens mislabelled' resulting in samples not being processed.
- Out of 72 open incidents, 10 were open over 120 days.
- 29 own resolution complaints were received which was a reduction on the previous quarter, 25 of 29 were resolved within two days.
- 10 formal complaints received, an increase on the previous quarter.
- 104 compliments received.

The Committee discussed:

- Ensuring that the staff member who submitted the severe incident before downgrading was provided with support and training.
- The causes of complaints related to communications, these were often due to letters delivered to the wrong address and issues with gaining information from staff over the phone.

The work of the Corporate Safeguarding Group

AC provided an update on the work of the Safeguarding Group, highlighting:

- 11 safeguarding incidents reported in quarter 1, which included a rise in domestic abuse concerns.
- A new safeguarding and advice module would be piloted on DATIX in August 2024.
- Training compliance had reached the Welsh Government target for level 1 and 2, but more work was required around domestic abuse training.

- A risk on the register relating to DBS checks for existing staff members. A change on this risk was approved by Leadership Team to divide it out into several risks to better articulate the different elements of the risk.

The Committee discussed:

- The work undertaken to raise awareness of domestic abuse may have contributed to the higher rate of domestic abuse reporting, and the need work with the People and Organisational Development Committee to ensure that training on this area was sufficient.

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

AC provided an update on the work of the Corporate IPC group, updating on:

- 15 incidents reported in quarter 1; 1 was deemed to be moderate harm and remained under investigation, and 2 related to contact with needles or sharp objects
- Issues continue to occur around contamination practice compliance regarding new guidance and the biopsy process in Breast Test Wales.
- A new task and finish group has been arranged to focus on issues regarding decontamination and ventilation.
- Compliance with IPC audits at some screening sites required attention.
- Work was underway to improve how audits were undertaken and to gain a digital platform to assist with this.

The Committee:

- **Received** and **considered** the Quality Assurance Report.
- **Noted** the performance standards being achieved and areas for improvement.
- **Received assurance** that appropriate governance was in place to ensure safe, timely, effective, equitable, efficient, and person-centred services.

QSIC 2024.07.24/4.2

Managing Risk (Corporate and Strategic Risk Register)

DG introduced the Strategic and Corporate Risk Registers within the Committees remit, noting that the paper included organisational themes to assure the Committee on the robustness of risk management across the organisation.

Referencing Strategic Risk 3, DG listed the changes since the last reporting period:

- A refresh of approach to engagement was underway which included discussions with the Executive team in Quarter 4 of 2023/24.
- An evaluation was underway, with a delivery plan due to be presented to the Business Executive Team in September 2024.
- A Behavioural Science Strategic plan had been drafted, and an organisation-wide strategy for public campaigns had been agreed by Executive Team.

SA highlighted that there were internal discussions underway to determine if the mitigations under this risk were sufficient, or if anything else was needed. SG questioned if a change in government was likely to have an impact on engagement; SA noted that it may bring an alignment between the Wales and UK approach to health and its wider determinants. KY asked that Board members relevant to these areas be

brought in to assist during the development stages, and agreed to discuss with SA out of meeting.

Action: SA

Referencing Strategic Risk 5, DG noted that Health Protection and Screening Services were undertaking a spotlight review on controls and actions, and that DG would attend to support the discussion of the risk.

MK highlighted the publish of the module one report of the Public Inquiry, and noted that actions would be taken forward to respond to the report findings. MK also agreed to speak to DG around whether this risk remained fit for purpose.

DG also provided an update on the Corporate Risk Register. DG noted that risks had been escalated onto the register since the last reporting period, this included the 1541 safeguarding risk around DBS checks which had been approved by Leadership Team.

CB noted that the plan to address this risk was being reassessed and that the changes would be brought back to Business Executive Team for approval. DC noted that this risk was linked with the People and Organisational Development Committee, and that CB would provide an update with Neil Lewis at next meeting.

Action: CB

The Committee **considered** and **approved** the change requests to the Strategic Risks, noted and endorsed the approach outlined in respect of the developing risk management reporting and dashboard template, and approved the Corporate Risk Register.

QSIC 2024.07.24/4.3	Health and Safety Report Quarter 1 2024-25
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ND presented the Health and Safety Report for Quarter 1 2024-25, which provided an overview of health and safety activities undertaken for this period. ND noted several highlights from the report:

- Three properties had fallen out of compliance:
 - River House due to water and electric issues, the repairs for these had both been completed. ND noted that as this was an NHS Executive property issues there would be reported separately but using the same template as Public Health Wales.
 - A delay on the fire risk assessment at the Capital Quarter 2 property due to a requirement for the landlord to approve.
- 64 incidents reported with one escalated to the Health and Safety Executive, no request for further investigation had been received.
- The commission of online training for staff working from home to ensure staff safety and wellbeing. The Quarter 4 meeting of the Health and Safety Group found an increase in compliance of this training with only two directorates below 54%.

The Committee questioned if issues around ventilation could be included in this report going forward, and whether staff would receive automatic reminders to complete the homeworking assessment. ND agreed to include reporting on ventilation work, and noted that whilst reminders for the training were done manually, completion was being overseen by the Health and Safety Group Leads, and staff would receive regular reminders until completed.

The Committee took **assurance** that appropriate measures are in place to monitor compliance and to address areas identified for improvement.

QSIK 2024.07.24/4.4

Health and Safety Annual Report 2023/24 and Forward Look 2024/25

ND provided an overview of the Health and Safety Annual Report for 2023/24, which provided an analysis of the level of health and safety performance throughout the organisation for 2023/24. ND noted several highlights from the report:

- The conclusion of investigations for the presence of Reinforced Autoclaved Aerated Concrete (RAAC) across the Public Health Wales estate showed satisfactory levels, particularly none in areas with staff working. This would be reported to Welsh Government through Shared Services.
- Health and Safety audits had been introduced focusing on the compliance of properties with health and safety regulations and suitability of facilities. All audits had been completed by Quarter 1 of 2024/25 and had produced recommendations that were being implemented, with further audits scheduled after completion.
- Identified challenges with meeting certain compliance criteria such as not receiving building inspection data from Health Boards when requested. To address this, funding was secured to purchase a management system database which would make it easier to upload the required information.
- The 2024/25 workplan has been viewed by the Health and Safety Group which made recommendations and revisions that had since been implemented.

The Committee took **assurance**, based on the information available, that health and safety in the workplace is proactively managed, and is monitored through audits, Datix, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reporting and supported by appropriate policies and procedures.

Break

QSIK 2024.07.24/4.5

Staff Flu vaccination campaign Annual Report 2023/24 and Forward Look 2024/25

AC introduced the Staff Influenza Vaccination Campaign Annual Report for 2023/24 on the delivery and outcomes of the Staff Influenza Vaccination campaign for 2023-24, and proposed Staff Influenza Vaccination plan for 2024-25.

AC highlighted that Public Health Wales achieved the second highest uptake figures across all NHS Wales organisations, for both total staff at 47% and frontline staff at 48.4%. Increased functionality was introduced into ESR which improved the accuracy of identification of frontline staff. AC noted an issue in October 2023 with the inability

to use the Welsh Immunisation Digital System, due to the system not being updated regularly after being introduced as a COVID reporting tool. The flu immunisation data was reported on the Tarian system. AC also noted the resource intensive nature of the flu campaign, with the use of in house Public Health Wales nurses and the Infection, Prevention and Control (IPC) corporate lead, resulting in less resource for other IPC issues.

AC highlighted that an appraisal of the programme was undertaken which identified an operational plan to commission and use the occupational health service level agreement to the maximum level, as well as changes to the eligibility criteria which would need to be communicated to staff. This appraisal was approved by the Business Executive Team. AC also noted that communications were being held with the Welsh Ambulance Services Trust due to concerns about the capacity that they were offering.

DC thanked AC for the update, and the Committee:

- **Considered** and **took assurance** from the Internal Influenza Vaccine Campaign end of year report for 2023-24
- **Considered** and **took assurance** from the Internal Staff Influenza Vaccination Plan for 2024-25

QSIC 2024.07.24/4.6

Corporate Safeguarding Annual Report 2023/24 and Forward Look 2024/25

AC provided an overview of the Corporate Safeguarding Annual Report 2023/24 and Forward Look 2024/25, summarising the work delivered against the workplan and compliance with current legislation and improvements identified. AC highlighted several points from the report:

- The focus of the Safeguarding Group on the risk register (particularly on the risk regarding DBS checks) and on training compliance due to it being recorded as low. Training policies were updated in 2023 and support was put in place for managers to assist with raising compliance.
- 71 safeguarding related incidents had been referred to the Named Lead for Safeguarding for advice and support, mainly concerning mental health issues and domestic abuse.
- The Safeguarding Maturity Matrix identified 16 required improvements, 15 were completed with the last rolled over into this year's workplan.
- 9 objectives were identified for the 2024/25 workplan, which included a focus on the DBS check work and a trial of a safeguarding advice module.

The Committee:

- **Took assurance** from this Safeguarding annual report that the Safeguarding Group and Named Lead for Safeguarding (Corporate) were ensuring that Public Health Wales was meeting its Safeguarding responsibilities in line with Legislation, Health and Care Quality Standards and continuous improvement.

QSIC 2024.07.24/4.7

Infection, Prevention and Control Annual Report 2023/24 and Forward Look 2024/25



AC presented the Infection, Prevention and Control Annual Report for 2023-24, highlighting the audits undertaken and the improvements made throughout the year. This included:

- A report on 2023/24 workplan deliverables – 13 completed, 5 were delayed and are part of the 2024/25 workplan.
- Work undertaken on the Terms of Reference to strengthen the oversight of the IPC Risk Register and IPC issues.
- Identified work to increase the number of areas cited within the report.
- Environmental audits were completed across all Public Health Wales managed sites, this identified issues with infrastructure that was incompatible with IPC standards.
- A need for greater assurance around staff hygiene standards.

AC also reflected on the engagement activity within the Organisation and the proposed action plan and improvement aims and initiatives for 2024-25. This highlighted:

- The need for improvement of audit tools and the management/visibility of IPC audits.
- An expected update to the All-Wales cleaning standards in 2024.
- The majority of the IPC audits had gone out for ratification, with the outbreak management procedure remaining outstanding.
- A training program initiated to increase the capacity to complete further environmental audits.

The Committee highlighted the risk that cabinets in Category 3 laboratory facilities would not pass sealability tests. DB asked AC to bring an update to this to the next meeting in September.

Action: AC

The Committee **took assurance** that the IPC Group and Lead Nurse for IPC (Corporate) are ensuring that Public Health Wales was meeting its Infection Prevention and Control responsibilities.

QSIC 2024.07.24/4.8	Clinical and Quality Audit End of Year Report 2023/24, incorporating the 2024/25 Plan
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AC provided an overview of the Clinical and Quality Audit End of Year Report for 2023/24 and the 2024/25 plan, which noted the completed audits over the previous year:

- 7 external audits (6 completed, 1 ongoing)
- 48 internal audits (31 completed, 2 delayed, 2 abandoned and 3 removed).

AC noted the aim to expand the number of directorates participating in clinical audits and that training was planned in Quarter 3 to ensure staff understand the reasons for clinical audits and how they fed into the Duty of Quality.

CB noted that funding had been secured to secure a new system that would allow all audits and their associated actions to be viewed together and for reminders to be sent

automatically. CB agreed to escalate the issues of the current reporting system and the need for an upgraded system.

The Committee:

- Took **assurance** on the progress against the Quality and Clinical Audit Plan for 2023-24
- **Approved** the Quality and Clinical Audit Plan for 2024-25

QSIC 2024.07.24/5

Items for Approval

QSIC 2024.07.24/5.1

Policies and Procedures

AC provided an overview of the revised decontamination policy and procedure for approval and noted the updated guidance to ensure clarity for staff on what standards were expected.

The Committee:

- **Considered** the information contained within the Equalities Impact Assessment
- **Approved** the revised policy and procedure.

QSIC 2024.07.24/5.2

Minutes, Action Log and Matters Arising of meeting – 21 February 2024

The Committee considered and **approved** the minutes of the meeting held on 20 May 2024 as an accurate record of the meeting.

The Committee was asked to approve a change of date for action QSIC 2024/05 to September 2024 to coincide with the next Cross-Committee meeting.

The Committee considered the action log updates and **approved** the date change of action

QSIC 2024.07.24/5.3

Emergency Planning Annual Report 2023-24

TF introduced the Emergency Planning Annual Report for 2023-24, which highlighted the update to Public Health Wales policies in response to a recent undertaken exercise, and that the learning had been implemented in the EPRR response and report.

TF noted that:

- the report had been delayed due to a change in the reporting system/template was underway. A report using the previously agreed template was completed, but a new reporting template and required timelines for completion was received.
- A change in the reporting timescale from calendar year reporting to financial year reporting.

The Committee questioned whether the report took COVID reporting recommendations into account. TF confirmed that it did not due to the timelines required for submission and that the reporting was completed in relation to externally sent questions, but that this may change in the future.

DC thanked TF for the update and 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].
- Took **assurance** that the Public Health Wales Emergency Response Plan (V3, now 3.1) has been reviewed and updated following feedback from Exercise CYHYRAETH in Q4 2023/24.
- **Approved** the NEW Health Emergency Planning Annual Report submission to the NHS Executive.

QSIK 2024.07.24/6

Items to Note

Audit Action Tracker

LB noted the Audit Action Tracker which was submitted to provide the Committee with oversight on relevant audit actions and issues within their remit. The oversight for the monitoring the implementation of actions sat with the Audit and Corporate Governance Committee. This was being provided to each of the Committees for awareness of relevant actions within their remit.

Part B

NHS Executive Business

QSIK 2024.07.24/7

Declaration of Interest

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

QSIK 2024.07.24/8

NHS Executive Quarterly Governance Compliance Report (Q1)

DC introduced RF from the NHS Executive to provide an overview of the Quarterly Governance Compliance Report for Quarter 1. RF highlighted from the report:

- The content of the report was approved by the Senior Leadership Team of the Executive after its business meeting on the 11 July. Regular business meetings would approve future reports.
- No health and safety matters or premises inspections reported during the period.
- Regarding incidents, complaints or claims, it was acknowledged that work was underway to the setup of accounts and systems, training dates and bespoke training.
- One safeguarding matter was in review at the time of the report, but it had required no further action and had been closed.

PV asked for assurance that a process for dealing with complaints or concerns whilst DATIX was being setup within the Executive. RF noted that issues of this nature would go through the National Directors before going to the Senior Leadership Team if appropriate. CB suggested an action to get relevant parties together to agree on a way

forward in order to confirm the assurance of delivery, and report back at the September meeting.

Action: RF/CB

The Committee:

- Took **assurance** that the NHS Executive has appropriate measures to monitor compliance and to address areas identified for improvement.
- **Noted** there have been no reportable incidents for the reporting period.
- **Noted** there have been no complaints received for this period to report to Committee.
- **Noted** there have been no claims received for this period to report to Committee.
- **Noted** that work is in hand between PHW and the NHS Executive to establish the DATIX hierarchy and provide training so that this requirement can be met.
- **Noted** that advice is being sought from PHW safeguarding and POD colleagues on a matter and, subject to which, this will be reported in the next assurance report to Committee.

QSIC 2024.07.24/8	Closing Administration
QSIC 2024.07.24/8.1	Close of Public Meeting
<p>The Chair asked for any feedback to be sent to LB, or via a new feedback form that had been sent in the meeting chat.</p> <p>Date of next meeting: 16 September 2024.</p> <p>The Chair closed the meeting.</p>	
<p><i>The open session closed at 13:09</i></p>	