

**Unconfirmed Minutes of the Public Health Wales  
Quality, Safety and Improvement Committee Meeting  
20 May 2024, 10:00 – 13:15  
Held in Capital Quarter 2 and via Microsoft Teams**

<b>Present:</b>		
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
<b>In Attendance:</b>		
Sumina Azam	(SA)	National Director of Policy and International Health (For item 3.5)
Claire Birchall	(CB)	Executive Director of Quality, Nursing and Allied Health Professionals (Interim)
Liz Blayney	(LB)	Deputy Board Secretary and Board Governance Manager
Kayleigh Chainey	(KC)	Governance and General Manager (Observing)
Jason Coombes	(JC)	Special Healthcare Scientist (Observing)
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 3.7)
Danielle Gething	(DH)	Head of Risk Management, representing SS
Sharon Hillier	(SH)	Director of Screening Services (for item 3.1)
Clare Jenkins	(CJ)	Vice-Chair of Board and Non-Executive Director
Wayne Jepson	(WJ)	Head of Quality, Engagement and Collaboration (for item 3.2)
Chris Johnson	(CJ)	Deputy Director of Health Protection and Screening Services (for item 6)
Meng Khaw	(MK)	National Director of Health Protection and Screening Services, Executive Medical Director (part of the meeting)
Jim McManus	(JM)	National Director of Health and Wellbeing
Paula Mitchell	(PM)	Quality and Clinical Governance Manager (for item 3.2)
Olusola Okhiria	(OO)	Trade Union representative
Samadini Perera	(SP)	Quality and Performance Improvement Manager (for item 4.1)

Jessica Pincemy	(JP)	Clinical Governance Manager, Office of the Medical Director (Observing)
Wendi Shepherd	(WS)	Deputy Director of Health Protection/Lead Consultant in Health Protection
Paul Veysey	(PV)	Board Secretary and Head of Board Business Unit
<b>Apologies</b>		
Tracy Cooper	(TC)	Chief Executive
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Jan Williams	(JW)	Chair of Public Health Wales
<i>The meeting commenced at 10:30</i>		
<b>QSIC 2024.05.20/1</b>	<b>Welcome, Introductions and Apologies</b>	
The Chair noted changes to the order of the agenda to ensure relevant attendance.		
<b>QSIC 2024.05.20/2</b>	<b>Declaration of Interest</b>	
<b>QSIC 2024.05.20/3</b>	<b>Items for Assurance</b>	
<b>QSIC 2024.05.20/3.1</b>	<b>Update on the Revised Screening Services Update</b>	
<p>MK introduced the report, which provided an update on the development of a revised Screening Services update report to the Committee. This was the result of feedback given during a Committee workshop and Board Development Session held in December 2023 in response to the Audit Wales Recovery of Screening Services audit recommendations, and an outline of the revised report for initial consideration at the February Committee meeting.</p> <p>SH then presented the report and highlighted:</p> <ul style="list-style-type: none"> <li>• The progress to recover two screening programmes, Breast Test Wales (BTW) and Diabetic Eye Screening Wales (DESW).</li> <li>• The improving round length plans indicated that the BTW programme was on track for recovery by June.</li> <li>• The improving picture for DESW, however this was not due to be recovered. SH went on to give an update on the current capacity within the DESW service and transformation plans, which included improvements to the IT appointments system, increased local accommodation across Wales and plans to mitigate the service risks in order to ensure the service was fit for purpose.</li> <li>• The proposed plan to report by exception, with regular monitoring undertaken by the Business Executive Team.</li> </ul> <p>The Committee discussed:</p> <ul style="list-style-type: none"> <li>• And were pleased to note the progress on the recovery of the BTW and DESW.</li> <li>• And commended SH on the clear and improved reporting format.</li> <li>• Requested that future reporting considered demographical data where appropriate to ensure the capture of any impact on those with specific characteristics.</li> <li>• The opportunity to review future reporting requirements to the Committee, including exception reporting on the recovery of screening programmes</li> </ul>		

following the pandemic, and regular updates across the full breadth of the screening programmes.

The Committee

- Took **assurance** on the continued recovery of BTW and plans to improve recovery of, and transformation of DESW.
- **Noted** the intention that the Committee would receive confirmation at the next QSIC meeting that the Breast Screening Programme had recovered in line with projections.

**QSIC 2024.05.20/3.2**

**Duty of Quality and Clinical Governance Framework Updates**

CB introduced the presentation, updating the Committee on the operationalisation and implementation of the Clinical Governance Framework, and the development of a Quality Oversight Group (QuOG). CB noted the joint responsibility with MK, highlighting the joint working across both directorate teams to set up the group and agree its Terms of Reference and Work Programme.

CB went on to highlight the progress against key Integrated Medium-Term Plan (IMTP) deliverables for the Group, such as the development of quality standards, creation of the Duty of Quality and Duty of Candour annual reports (tabled on the agenda for the Committee's consideration), and the aim to operationalise the QuOG by July. CB concluded the presentation by outlining the key future plans for the sub-group reporting structure.

The Committee thanked CB for the update, and in particular, the relationship and role of QuOG in support of both the Committee and the wider Organisation.

The Committee took **assurance** on the implementation of the Clinical Governance Framework, and the progress of the Quality Oversight Group (QuOG), noting that future updates would be incorporated as part of the Quality Governance Performance report.

*MK left the meeting*

**QSIC 2024.05.20/3.3**

**Quality Governance Performance Update**

CB introduced the report, which summarised the quality and safety performance data for quarter 4 and provided a summary from Public Health Wales's assurance groups.

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 4, including:

- 1 manual handling related moderate harm incident reported externally as a RIDDOR and 0 National Reportable Incidents.

- Overall incident closure rates were improving with a noticeable improvement in February 2024 for Cervical Screening Wales.
- Common themes of complaint included staff attitudes and behaviours, and common themes of compliments related to staff going beyond the level of expected care.

The Committee discussed:

- The common themes of concern, noting the work underway in the People and Organisational Development Directorate into workforce culture and potential linkages.
- CB went on to comment on the work around communications and the role out of customer training, and how we engage with people with disabilities. DC referenced the synergy and agreed to add it to the agenda of the next Cross-Committee Working Group.

**Action: LB**

- Referencing the processes in place for medicine shortages, SG would discuss this area with MK outside of the meeting.

The work of the Corporate Safeguarding Group

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

- That the 10 incidents reported were being actively followed up, and that that the highest reported category was in mental health concerns.
- The improved Safeguarding training compliance across the Organisation.
- That Risk 1541 related to Disclosure and Barring Service (DBS) checks for established staff was also reflected on the corporate risk register and was being considered at the People and Organisational Development Committee.

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

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

- 14 reported incidents that were deemed no or low harm, and 2 incidents under investigation.
- IPC related risks and issues, including decontamination practice and compliance in screening services and requirements for breast ultrasound probes.
- The improved IPC related training compliance, however, the figures remained below performance targets.
- CB noted that decontamination issues would be picked up by QuOG operationally, with assurance provided to QSIC via future updates.

**QSIC 2024.05.20/3.4**

**Putting Things Right Annual Report 2023/24**

CB introduced the Putting Things Right Annual Report for 2023/24, which was a requirement under the Putting Things Right Regulations.

AC introduced the presentation, summarising:

- The overall reduction in incidents compared to the previous year, and the noticeable reduction in incident categories of 'Equipment and devices' and 'Records and Information'.
- A noticeable drop in Nationally Reportable Incidents and Early warning reports.

- Of the 1842 incidents reported, the majority were no harm, with 1 severe harm, and 6 moderate harms (2 met the Duty of Candour threshold).
- The key themes of complaints included communication, appointments, staff attitude, behaviours and accessibility.
- A reduction in the compliments received, noting that a key focus would be on the reporting process during 2024/25.
- An increase in clinical negligence claims to 8 compared to 3 the previous year.

The Committee considered:

- That the reduction in compliments received was likely due to a new reporting process and reinforcement of the definition of a compliment.
- The plans underway to benchmark clinical negligence claims with other NHS Trusts.

The Committee took **assurance** on the Organisation’s effective management of Putting Things Right during 2023/24.

<b>QSIC 2024.05.20/3.5</b>	<b>Risk Assurance (Corporate and Strategic Risk Register)</b>
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CB introduced the report, which provided an update on the refreshed Strategic and Corporate Risk Registers that related to the remit of the Committee. CB went on to welcome Danielle Gething, the new Head of Risk.

DG provided an overview of the report, highlighting the recent work undertaken to ensure the controls and sources of assurance in relation to the management of the Strategic Risks were streamlined and effective.

On behalf of MK, DG provided a rationale for the amalgamation of Strategic Risks 5 and 6 to a new Strategic Risk 5, related to delivering excellent public health services. Referencing the Quality Governance Performance Report, DG highlighted that the Committee could take assurance that actions identified as part of the Strategic Risk were being acted upon.

SA then provided an update on the positive progress made in relation to Strategic Risk 3 following a review of the action plan and existing controls. SA noted that the Executive Team had undertaken an in-depth review of the gaps and controls within the Strategic Risk Register and noted that the Organisations approach to engagement would be considered at a July Business Executive Team meeting, alongside the Organisation’s approach to Strategic Partnership.

DG went on to provide an overview of the Corporate Risk Register, noting that the Leadership Team had considered the risk related to DBS (1541) as outlined in the Quality Governance Performance Report. As a result, DG would undertake a robust cause and effect analysis of this risk and report back to Leadership Team at its next meeting.

The Committee thanked DG for highlighting the linkages between the risks and the Organisation’s resulting actions as noted within the Quality Governance performance report.

The Committee:

- Considered the updated Strategic Risks (SRR) and took **assurance** on the management of Strategic Risk within their remit.
- Took **assurance** on the updated Corporate Risk Register within their remit.
- **Noted** the combined previous risks of SRR 5 and SRR 6 to a revised SRR 5.
- **Noted** the organisational future approach in relation to governance and sources of assurance of commissioned services.

**Break**

**QSIC 2024.05.20/3.6      Bi-annual Policy Update**

LB introduced the report, which provided an update on the review of Corporate policies, procedures and written control documents within the remit of the Committee. Noting the improved position in relation to policies, LB advised that 26 policies (90%) were in date and 3 policies (10%) were due for review. All outstanding policies were actively being reviewed by the Executive Lead and their assessment had been deemed of low-risk impact to the Organisation.

**QSIC 2024.05.20/3.7      Health and Safety**

**QSIC 2024.05.20/3.7      Health and Safety Report Quarter 4 2023-24**

ND introduced the Health and Safety quarter 4 report, noting:

- Two Reported Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORs) reported during quarter 4, and the learning and training implemented as a result.
- Two areas where the Organisation was out of compliance with its statutory duties. ND provided the reasoning behind each non-compliance and the work underway to resolve this.
- ND concluded the update by highlighting the efforts to improve the Organisation’s compliance with statutory and mandatory training and the commission of training including disability awareness training.

The Committee discussed:

- The improved manual handling training compliance, which had been an area of previous concern.
- And noted the collaborative working in relation to disability awareness.

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

**QSIC 2024.05.20/4      Items for Approval**

**QSIC 2024.05.20/4.1      Duty of Quality Annual Report 2023/24**

CB introduced the Duty of Quality Annual Report for 2023/24, noting that this was the first time the Organisation had produced the report. She then introduced SP and thanked her for her support and direction in the development of the report.

SP presented the annual report, which covered the standards for domains of quality and quality enablers. SP highlighted the good engagement and collaboration across the Organisation to provide content for the report and outlined the next steps, noting the Welsh Government expectation to publish the report by 31<sup>st</sup> May 2024.

The Committee thanked SP and Directorates for the contribution and development of the report, complimenting SP on a wonderful example of a clear and accessible report for the public.

The Committee **approved** the Duty of Quality Annual Report (for publication in line with the requirements of the Duty of Quality).

<b>QSIC 2024.05.20/4.2</b>	<b>Policies and Procedures for approval</b>
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AC introduced the All-Wales Aseptic Non-Touch Technique policy, for use across the Organisation. The Policy outlined the national standardised approach for raising clinical standards of aseptic technique.

The Committee **approved** the **adoption** of the All-Wales Aseptic Non-Touch Technique policy.

<b>QSIC 2024.05.20/4.1</b>	<b>Minutes, Action Log and Matters Arising of meeting – 21 February 2024</b>
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The Committee considered and **approved** the minutes of the meeting held on 21 February 2024 as an accurate record of the meeting.

The Committee considered the action log updates and approved the closure of the completed actions.

<b>QSIC 2024.05.20/5</b>	<b>Recommendation to Board</b>
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LB presented the annual Committee Reports and explained the approval process which followed submission to this Committee.

Committee Annual Report

The report summarised the work of the Committee in the year 2023/2024, providing assurance to the Board that the Committee had fulfilled its Terms of Reference.

Committee Workplan 2024/2025

The document summarises the Committee's workplan for the next 12 months. LB noted the elements from the Cross Committee work and that the Board Assurance Framework had been incorporated in to the Workplan.

Terms of Reference

The Terms of Reference included minor changes to ensure consistency across the Committees and Tracked Changes were included for reference.

Committee Effectiveness Survey

The recommendations drawn from the Board Workshop had been collated and would be taken forward to the Chairs Working Group. LB advised that the results of the survey would help to drive improvement in the Committee's ways of working during 2024-25.

The Committee thanked LB for the reports, which provided a clear cohesive overview of the Committee's activities and linkages with the other Committees.

The Committee:

- **Approved** the Committee Work Plan for 2024/25 and agreed to submit to the Board for assurance.
- **Approved** the Committee Annual Report and agreed to recommend it to the Board for assurance.
- **Recommended** the proposed changes to the Terms of Reference to the Board for approval.
- **Considered** the Committee Effectiveness presentation and recommended it to the Board for assurance.

**QSIC 2024.05.20/6**

**Deep Dive into Health Protection**

*MK rejoined the meeting*

CJ and WS presented a deep dive into the Health Protection directorate, providing an overview of who they were and their activity to protect the health of the population of Wales from infections and environmental threats. They provided an overview of each of the Directorate Teams and their successes, highlighting the Measles and Sexual Health programmes.

CJ and WS each went on to outline the key divisional objectives that contributed to the Organisation's Long Term Strategy, and in support of Strategic Priority 5, providing background information on the Communicable Disease Programme and the Immunisation and Vaccination Disease Programmes.

CJ concluded the presentation by outlining the key priorities and forward look for 2024-25, including various reviews of the Health Protection and Immunisation service delivery/models and the elimination of diseases such as measles and cervical cancer.

MK thanked CJ and WS for the presentation, and highlighted that whilst the deep dive presentation provided an overview of the function and structure of Health Protection, there were wider interdependencies such as emergency planning and resilience, and the work of the Healthcare Associated Infection, Antimicrobial Resistance & Prescribing Programme (HARP).

The Committee discussed:

- The positive work underway to consolidate the Health Protection workforce, and the potential to fully resource outreach to communities for specific purposes such as improving uptake of Measles / Human Papillomavirus Infection (HPV). CJ commented on the focus on inequalities and accessibilities in this area.

- Noted recent developments in Public Health England and sought assurance on clear lines of communication with the UK Health Security Agency (UKSHA). In response, CJ provided an example of successful joint working and consistent advice across the Welsh/English borders in response to a cross border chemical incident. MK also highlighted the excellent working relationship at a strategic level, linked across the four nations.
- The potential to include areas of this work as part of the Duty of Quality report, particularly where the Health Protection team were reaching out to vulnerable communities.
- And were pleased to see examples of the co-production and person centred approach undertaken to help improve the uptake of services.
- The linkages with behavioural science work in this space
- The need to update the Young Ambassadors on the work around Sexual Health since this was one of their three top priorities. MK acknowledged this and agreed to consider how best to provide a relevant deep dive into this area at a future Committee meeting or Board development session.

<b>QSIC 2024.05.20/7</b>	<b>Items to Note</b>
<b>QSIC 2024.05.20/7.1</b>	<b>Committee Work Plan 2023/24</b>
None	
<b>QSIC 2024.05.20/8</b>	<b>Closing Administration</b>
<b>QSIC 2024.05.20/8.1</b>	<b>Close of Public Meeting</b>
The Chair advised that a link to a Committee feedback form would be circulated following the meeting.	
Date of next meeting: 24 July 2024.	
The Chair closed the meeting.	
<i>The open session closed at 13:15</i>	