

**Unconfirmed Minutes of the Public Health Wales
Quality, Safety and Improvement Committee Meeting
16 September 2024, 13:00 – 15:42
Held in Capital Quarter 2 and via Microsoft Teams**

Present:		
Diane Crone	(DC)	Committee Chair and Non-Executive Director
Sian Griffiths	(SG)	Non-Executive Director
Kate Young	(KY)	Non-Executive Director
In Attendance:		
Anne Beegan	(AB)	Audit Wales
Claire Birchall	(CB)	Interim Executive Director of Quality, Nursing and Allied Health Professionals (Interim)
Julie Bishop	(JB)	Director of Health Improvement (for item x)
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Paul Brocklehurst	(PB)	Consultant in Dental Health
Amy Burgess	(ABu)	Engagement and Collaboration Manager
Tom Fowler	(TF)	Deputy National Director of Screening and Health Protection
Junaid Iqbal	(JI)	Lead for Service User Experience
Clare Jenkins	(CJ)	Vice-Chair of Board and Non-Executive Director
Anup Karki	(AK)	Team Lead and Consultant in Dental Public Health
Meng Khaw	(MK)	National Director of Health Protection and Screening Services, Executive Medical Director
Hannah Lindsay	(HL)	Programme Manager, Strategic Planning & Performance (Observer)
Jim McManus	(JM)	National Director of Health and Wellbeing
Tamsin Ramasut	(TR)	Non-Executive Director
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Sikha da Souza	(SdS)	Consultant in Public Health, Screening
Mary Wilson	(MW)	Consultant in Dental Public Health
Josie Yuen	(JY)	Evidence and Engagement Lead (Observer)
Apologies		
Angela Cook	(AC)	Assistant Director of Quality Nursing and Allied Health Professionals
Tracey Cooper	(TC)	Chief Executive
Paul Veysey	(PV)	Board Secretary and Head of Board Business Unit
<i>The meeting commenced at 13:00</i>		

Part A	
QSIC 2024.09.16/1	Welcome, Introductions and Apologies
<p>The Chair welcomed all to the public session of the Quality, Safety and Improvement Committee meeting.</p> <p>The apologies for absence were noted.</p>	
QSIC 2024.09.16/2	Declaration of Interest
<p>There were no declarations of interest in addition to those already declared on the Declarations of Interest Register.</p>	
QSIC 2024.09.16/3	Items for Approval
QSIC 2024.09.16/3.1	Minutes, Action Log and Matters Arising of meeting – July 2024
<p>The Committee considered and approved the minutes of the meeting held on 24 July 2024 as an accurate record of the meeting.</p> <p>The Committee considered the action log updates and approved the closure of one action and noted the update on the other two items.</p>	
QSIC 2024.09.16/4	Items for Assurance
QSIC 2024.09.16/4.1	NHS Wales Safeguarding Network Annual Report
<p>The Committee considered the NHS Wales Safeguarding Annual Report which provided assurance on the work programme of the National Safeguarding Service working with multi agency partners.</p> <p>CB introduced LM, the Interim Director of the National Safeguarding Service to the Committee. The Network had, over 10 years, developed strategies and learning to improve practice and outcomes for vulnerable people. The Network comprised Health Boards and Trusts, the Older Person's and Children's Commissioners, Welsh Government and the National Independent Safeguarding Board.</p> <p>LM introduced the report, which summarised the work and the vision of the Network in dealing with sensitive issues. LM shared selected highlights with the Committee:</p> <ul style="list-style-type: none"> • Procedural Response to Unexpected Deaths in Childhood (PRUDiC), the Service which delivered and audited the procedure. • Developed information leaflets for parents and other professionals affected by the sudden deaths. • Commenced the collection of feedback from children in care. <p>The Team was keen to develop feedback from all its service users and would continue this work in the year ahead.</p> <p>The Committee thanked LM for the thoughtful presentation, noting that the report showcased the breadth of the work undertaken, and detailed the support given both</p>	

those affected and to the service providers and professionals who deal with complex safeguarding issues in Wales.

The Committee discussed how the safeguarding work detailed in this Report compared with that within other organisations which were part of the National Safeguarding Service and were assured that the Network had representation from all relevant sectors.

The Committee observed the Report had not defined the term carer. Welsh Government defined a carer specifically as being unpaid in their Social Services and Well Being legislation and asked that this omission be corrected in future Reports. The Committee also asked that consideration be given to ensure that toolkits were fully accessible to everybody when developed and tested prior to publication.

LM thanked the Committee for their observations and confirmed she had noted them.

CB thanked LM for the presentation and for leading the team through a period of change. She informed the Committee that further change was expected following a national review of Safeguarding in health which would highlight new recommendations.

The Committee took **assurance** that the system leadership of the National Safeguarding Services was working across the Organisation.

QSIC 2024.09.16/4.2

TB Action Plan - Update on Implementation

The Committee considered the TB Action Plan – Update on Implementation Report.

MK provided the Committee with the background to the TB Action plan following the recommendations into the external review of the management of the outbreak in Llwynhendy, Carmarthenshire.

MK advised that Public Health Wales had worked strategically with Welsh Government to address the recommendations within the report, and noted the outstanding actions. MK noted the delay of the publication of a Welsh Health Circular due to strategic and operational implications required. These would require significant considerations from all parties. Public Health Wales continued to advocate for the completion of all actions from the Report, despite Wales having the lowest incidence of cases across the four nations of the United Kingdom.

It was recognised any case of TB emerging had the potential to become an outbreak as was seen at Llwynhendy where 31 cases were identified over 11 years. The Outbreak Control Team would close the outbreak as soon as they had identified all close contacts identified from the initial source.

In presenting the paper to the Committee, MK sought agreement to return to a business as usual approach. The Committee agreed with the proposed approach but suggested the need for continued screening for new entrants and that the publication

of the Welsh Health Circular was important. It was suggested that it should be included in the Directorate's Annual Report.

The Committee took **assurance** from the update of the outbreak of the progress of the actions following the development of the TB action plan following the external review of the management of the outbreak in Llwynhendy, Carmarthenshire.

QSIC 2024.09.16/4.3	Winter Planning
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MK introduced the annual update which detailed the Organisation's Winter Preparedness plans.

TF presented the paper and highlighted:

- The surveillance of public health threats, promotion of flu vaccinations and other vaccinations, preparation of communications, the development of surveillance and monitoring and business continuity plans.
- The Directorate's provision of system leadership to other areas within the Organisation and the advice provided to Welsh Government.
- Promotion of vaccination within the Organisation, and confirmation from preparedness leads that plans were in place to support potential emergencies.

The Committee thanked TF and acknowledged the extensive Cross Organisational working which had been involved in Winter Planning.

The Committee asked how the cessation of the UK Government's Winter Fuel Allowance would impact on the Organisation's services. TF would review the Winter Plans following this recent UK government announcement.

The Committee took **assurance** from the update on planning, preparation and progress for Public Health Wales for Winter 2024/25 and took **assurance** from the update on system leadership and business continuity planning Winter 2024/25.

QSIC 2024.09.16/4.4	Medicines Management
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MK introduced the Medicines Management Report, noting that the scope of this work had previously been considered by the Committee.

SdS went on to update the Committee on the work underway, noting that the Organisation's Medicines Management Policy helped to ensure the Organisation handled, stored and administered medicines in a safe and effective way.

It was acknowledged the Organisation held stocks of limited medicines which were used only within Screening Services. All other medicines used were prescribed by Public Health Wales employees who prescribed directly under Health Board Management roles using their honorary contracts with the relevant Health Boards.

A lack of expert pharmacy input at Public Health Wales was identified and AC was working to update the current Service Level Agreement with the Cardiff and Vale University Health Board in this area.

The Task and Finish Group which was established for the review had identified the need for a Medicine Safety Officer and suggested the Health Protection and Screening Services Clinical Governance Manager was appointed to the position. The Policy would need to be updated if this role was established. The Task and Finish Group had yet to decide whether a Public Health Wales Medicines Management Group was required and discussions continued. CB noted that it was important for the role of Medicines Safety Officer to be held by a clinician.

SdS asked for the Committee to provide comments on the requirement to form a Public Health Wales Medicines Management Group. The Committee suggested there was a need for such a Group, led by the Medicines Safety Officer as there was a role to provide leadership, management and manage risk. The Group formed would provide the assurance required and act as required. It would follow a role undertaken by similar Groups in other Trusts.

The Committee asked to be kept informed of any updates of the Groups Terms of Reference and decisions about the Group's formation as necessary.

Action: Sds

The Committee took **assurance** on the progress of actions to strengthen governance around Medicines Management within the organisation.

QSIC 2024.09.16/4.5	Population Health Programmes
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The Committee considered the Population Health Programmes Update.

In introducing the update, JM reminded the Committee they had requested a high level overarching review of the programmes which were undertaken within the Health and Well Being Directorate. The update showed the level of work undertaken and also highlighted any potential high-level risks to the Organisation. The cover report detailed the 19 Strategic Public Health Programmes and Appendix contained full details of all the Programmes.

JM informed the Committee of an additional programme, Tackling Diabetes Together, as this was a Wales-wide programme which was hosted by Public Health Wales.

The Directorate comprised two Divisions, Health Improvement led by JB and Primary Care led by ZW with a Wider Determinants Unit managed by the Primary Care Division. All Programmes were led by a Public Health Consultant or a Dental Public Health Consultant and each Programme had set objectives and a plan of typically 3 to 5 years.

ZW explained that most of the Programmes were delivered in partnership with external stakeholders, which were under the control of formal governance arrangements with Public Health Wales.

The Committee asked if an indication of progress on each Programme could be included on the Appendix, together with an indication of how successful the Programme had been when completed. The Committee suggested that this would be important information for use during Cross-Committee working meetings. JB and ZW

agreed to include the additional information which was requested in future versions of the Appendix.

The Committee noted the funding had been identified as a regularly occurring risk across the programmes and suggested that consideration should be given to the priority programmes which could be at risk.

The Committee suggested that consideration should be given to specific population groups, for example, Early Years and Older People. JB advised that whilst that data was captured it was not always presented in an age-related format.

JM thanked the Committee for the comments and questions and agreed to reformat the Appendix with additional useful information and present it to the Committee.

Action: JM

The Committee suggested that the interconnectivity of data between individual programmes and the integrated medium-term plan should be considered by the Board at a Board Development Session.

Action: LB

The Committee **considered** the range of programmes being delivered by the Health and Wellbeing Directorate and their associated governance arrangements to inform the future work programme of the Committee.

Break

QSIC 2024.09.16/4.6

Engagement: Engagement of our Services

The Committee considered the Engagement of our Services Update, comprising of three interlinked items, a Review of Engagement, the use of the CIVICA platform and the Young Ambassadors Programme.

Engagement Plan:

AB provided the Committee with a brief history of the Engagement Plan which aimed to bring together all patient and public engagement across Public Health Wales. The plan was reviewed between May and July 2024 and the Risk Register had been updated to acknowledge that the current approach was not appropriate.

The Organisation agreed to define engagement, evaluate engagement activity, assess the infrastructure it needed, avoid duplication of resources and address the financial and reputational implications of poor engagement. The Organisation also recognised the need to improve Engagement Services across the Organisation.

The Committee suggested that the Organisation would need to reach out to external stakeholders to engage with important groups and communities. It was suggested an agile process was the best approach to adopt. It also felt that when adapting programmes the Organisation should consult with users on what would work best for them and where the users felt the services the Organisation provided could be improved.

The Committee was reminded that the Duty of Quality requirements had changed the focus of the Organisation and the new Engagement Plan, despite having challenging timelines would be achieved. CB acknowledged the experience and help that Non-Executive colleagues had given.

The Committee discussed the delay in delivery of the Engagement work and asked had this been due to a lack of resources. The Committee noted delays in the completion of Internal Audit Action recommendations, which, due to the change in focus as a result of the Duty of Quality legislation, were now considered redundant and CB agreed to review these Audit Actions.

Action: CB

The Committee supported the direction of travel for this work.

Organisational Feedback (CIVICA):

Jl introduced the CIVICA video which showed methods of obtaining feedback to the Organisation using an 'always on' approach.

The CIVICA system was based on the NHS England Friends and Family Test (FFT) requirement to collect data. Currently there was no requirement to collect similar data from Welsh patients, however the People's Experience Framework would start to collect data using a five question survey, two of the questions were language and communication oriented and the three remaining questions would be similar to the questions which were used in England.

Currently two Welsh Health Boards (Hywel Dda and Swansea Bay) were using a FFT type survey to obtain patient feedback, this information would be incorporated into the Welsh set of questions when they were available.

It was planned to provide Organisation wide data using the system which would be broken down to show satisfaction from all public facing Screening Services and also from other services including Help Me Quit.

Additional reports could be obtained from the system, including Monthly Heat Maps which would show cumulative answers to questions over a fixed time period, such maps would facilitate the setting of benchmarks. Survey Summary Reports could be customised to show specific information required by the end user.

Comments made by the service users would be fully reviewed by staff. A set of Public Health Wales experience words will be established which the system would flag automatically to set alarms/alerts in the system to immediately notify nominated members of staff.

An automated system for Actions generated from within the system would send e-mails, once an action was assigned, then 5 days before the completion date of the action and then daily after the completion date until the action was completed.

It was proposed to publicise You Said, We Did posters which would be automatically generated by the Action Manager and populate the posters fields for display.

The term People's Experience was preferred to Service User and it was proposed to establish a People's Experience Group before the end of October to support the implementation of the Framework and to ensure a consistency of questions across all public facing services provided by the Organisation.

The Committee welcomed this initiative and encouraged the continued use of cross Organisational work which had been shown. It was recognised that cross Organisational work was a two way process, which would see the information collected from the service user being fed back to the service providers on an ongoing basis to ensure improvements were be planned and delivered.

DC thanked JI for his presentation and asked for him to bring an update to the Committee in the coming months.

Young Ambassadors Engagement:

JY presented an update on the Young Ambassadors Programme, highlighting that the programme was established in 2019 with the aim to provide young people across Wales with an opportunity to develop their skills and knowledge to support and influence. Children and young people aged between 11 and 21, recruited by local authority and youth workers had attended 7 residential days, 11 virtual meetings and participated in Public Health Wales Board Meetings.

Although the programme to date had significant value, it had not fully met its aim, and required a refresh and remodel following a pause to carry out a baseline review involving feedback from the Young Ambassadors and staff from the Organisation. The findings showed there was uncertainty regarding the aim of the Programme, and there was no means to formally evaluate the Programme's success or its impact. It was also identified this Programme duplicated similar youth programmes run in Wales.

The Organisation had expressed concern that there was often a lack of representation regarding protected characteristics and geographical spread and that going forward, the Organisation would like to focus the programme on a specific health issue or to improve the impact when addressing health inequalities. Areas where safeguarding could be strengthened had also been raised given the large age range of the participants, and that there was a lack of clarity between local authorities, youth workers and Public Health Wales around responsibilities. It was recognised that appropriate financial and workforce resources would need to be carefully considered going forward.

The next steps had been identified and agreed, a workshop with staff would identify and agree the area of healthcare on which to focus and a mapping exercise would identify any related activities in Wales. After meeting with partners, the proposal for

the redefined and fully costed Young Ambassadors Programme would be submitted to the Business Executive Team in September 2025.

The Committee acknowledged the work to date and the work that still had to be undertaken to continue with this important part of the public engagement process. The Committee emphasised the importance of engaging with young people and that it was important that they were allowed to drive the programme.

The presentation on vaping was recognised as a successful part of the Young Ambassador’s programme to date and it had demonstrated a way of successful communication to the age group.

The Committee asked for CB to bring an update to the February meeting of the Committee. CB informed the Committee that regular updates and a newsletter were sent to stakeholders and some members of the Committee. DC invited members of the Committee who would also like to receive the newsletter to contact CB.

The committee took **assurance** on the progress and the next steps relating to the Organisation’s approach to engagement of services.

QSIK 2024.09.16/5	Deep Dives
QSIK 2024.09.16/5.1	Deep Dive 1 - Oral Health

In introducing the deep dive on Oral Health, JM noted the importance of oral health to the population of Wales, and that Wales had retained its National Dental Public Health Team.

ZW presented the background to Dental Public Health in Wales and identified key areas of concern:

- Oral Health Improvement.
- Healthcare Public Health in Dentistry.
- Quality and Safety and Safety (including Quality Improvement).
- Oral health Intelligence.
- Workforce Planning and Development.

The Dental Public Health Team contributed to three partnership programmes in Wales:

- Designed to Smile (D2S), as defined in Welsh Health Circular (2017) 023, led by MW.
- Dental Epidemiology Programme in Wales, as defined in Welsh Health Circular (2021) 032, led by PB.
- Welsh Government’s Dental Reform Programme, led by AK.

The programmes were paused during the COVID-19 pandemic and were recovering.

ZW informed the Committee that reduction in budget was a cause for concern and requested support to increase resources to implement digital solutions to its D2S work. Concerning the Dental Epidemiology Programme, ZW asked the Committee to support the transfer of dental services from the NHS Business Services Authority to

Public Health Wales as envisaged in WHC (2012) 032, and he asked the Committee to note the ongoing input of Dental Public Health into dental service reform in Wales.

The Committee observed that dental cavities were the commonest non communicable disease which had considerable associated cost. The Committee felt it was important to support the work of the Team. The Committee suggested that it was imperative that the D2S programme was promoted as widely as possible as it was recognised by Welsh Government as an important aspect of children’s health.

MW provided the Committee with figures which showed there had not been an increase in costs provided for the Programme since the D2S Programme was launched in 2010 and that staff costs now meant that the Programme could not be fully delivered, there were currently 400 schools and nurseries on a waiting list to begin the Programme.

JM asked that the comments made by the Committee should be collated and reviewed by the Public Health Dental Team in collaboration with himself and other members of the Committee with the intention of focusing ways to raise the profile of the D2s programme further.

Action: JM

The Committee:

- Took **assurance** that Dental Public Health input into the Welsh Government’s Dental Reform Programme was seeking to influence the nature of the dental contract as well as overall dental system reform in Wales.
- **Noted** the risks in relation to uncertainties associated with new dental contract, overall dental services planning including how dental services will work with wider primary and community services in the neighbourhood.
- **Noted** that the role of Dental Public Health in a complex dental services reform programme within the context of wider primary and community care transformation programme in Wales.

The Committee thanked JM and his team for the comprehensive presentation and asked for updates in due course.

QSIC 2024.09.16/5.2

Deep Dive 2 - Health and Safety

This item was postponed to the November meeting.

QSIC 2024.09.16/6

Items to Note

QSIC 2024.09.16/6.1

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 withing their remit.

The Committee noted the Audit Action Tracker, and the progress with actions within the remit of the Committee.	
QSIC 2024.09.16/6.2	Committee Workplan
The Committee noted the Committee Work Plan, and the changes made since the previous meeting.	
QSIC 2024.09.16/7	Closing Administration
The Chair asked for any feedback to be sent to LB by e-mail, or via a new feedback form the link for which had been sent in the meeting chat.	
Date of next meeting: 25 November 2024.	
The Chair closed the meeting.	
<i>The open session closed at 15:42</i>	

Unconfirmed