

**Confirmed Minutes of the Public Health Wales
Quality, Safety and Improvement Committee Meeting
04 February 2025, 10:30 – 13:15
Held in Capital Quarter 2 and via Microsoft Teams**

Present:		
Diane Crone	(DC)	Committee Chair and Non-Executive Director (University)
Clare Jenkins	(CJ)	Vice-Chair of Board and Non-Executive Director
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 (for item 5.2.1)
Claire Birchall	(CB)	Executive Director of Nursing, Quality and Integrated Governance
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Angela Cook	(AC)	Assistant Director of Quality and Nursing
Neil Desmond	(ND)	Head of Estates and Health & Safety (for item 5.5)
Sophie Fuller	(SF)	Assistant Director Corporate Governance and Business Support (for item 8)
Rosemary Fletcher	(RF)	Governance Lead, NHS Executive Implementation (for item 8)
Tom Fowler	(TF)	Deputy National Director of Screening and Health Protection, representing Meng Khaw
Danielle Gething	(DG)	Head of Risk Management (for items 5.2.1 and 5.2.2)
Sharon Hillier	(SH)	Director of Screening (for items 5.3 and 5.4)
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		
Tracey Cooper	(TC)	Chief Executive
Sian Griffiths	(SG)	Non-Executive Director (Public Health) and Chair of the Knowledge, Research and Information Committee
Meng Khaw	(MK)	National Director of Health Protection and Screening Services, Executive Medical Director
Olusola Okhiria	(OO)	Trade Union representative
<i>The meeting commenced at 10:30</i>		

Part A	
QSIC 2025.02.04/1	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 2025.02.04/2	Declaration of Interest
<p>There were no declarations of interest in addition to those already declared on the Declarations of Interest Register.</p>	
QSIC 2025.02.04/3	Items for Approval
QSIC 2025.02.04/3.1	Minutes and Action Log
<p>The Committee considered and approved the minutes of the meeting held on 25 November 2024 as an accurate record of the meeting.</p> <p>The Committee considered the action log updates and approved the closure of completed actions.</p>	
QSIC 2025.02.04/3.2	Policies and Procedures
<p>AC introduced the draft Outbreak policy, which had been through the consultation process and endorsed by the Infection Prevention and Control Group. AC advised that the policy had been updated to reflect the All-Wales Outbreak Framework recommendations.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • Approved the Outbreak Management Policy and Equality, Health Impact Assessment and; • Approved the archive of the Outbreak Management Procedure. 	
QSIC 2025.02.04/4	Recommendation to Board
QSIC 2025.02.04/4.1	Committee Annual Report 2024-25
<p>LB introduced the draft annual report, which summarised the Committee's key areas of business activities undertaken during 2024-25 to date.</p> <p>DC thanked the Committee members for their positive contribution over the past year, which the reports content was reflective of, and highlighted the success of the QSIC pilot which was being rolled out across the breadth of the Board Committees.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • Agreed for the final version with today's meeting content to be agreed with the Chair of the Committee prior to submission to Board; • Agreed to recommend the report (subject to the amendments agreed with the Chair) to the Board to provide assurance that the Committee was fit for purpose and operating effectively in fulfilling its terms of reference. 	

QSIC 2025.02.04/5	Items for Assurance
QSIC 2025.02.04/5.1	Quality Governance Performance Report
<p>AC provided an overview of the Quality Governance Performance Report for quarter 3, drawing the Committee's attention to specific areas for consideration:</p>	
<p><u>Putting Things Right (PTR), Q3</u></p>	
<p>AC summarised the PTR section, which covered the incidents, complaints and concerns reported and acted upon during quarter 3, including:</p>	
<ul style="list-style-type: none"> • One nationally reportable incident this quarter, a joint case with Cardiff and Vale University Health Board which was under review. • There were 591 incidents reported, an increase of 118 from the same period last year. This was thought to be attributed to an improved reporting culture and its importance promoted amongst new starters. • 15 incidents were initially reported as moderate harm, with most downgraded after investigation. AC highlighted the work underway to improve the identification of levels of harm as a result of health care including strengthening the training aspect so staff assess this correctly. • 32 incidents with overdue status, an improvement from 66 in the previous quarter. 	
<p>The Committee discussed:</p>	
<p>Recognised the great improvement in the number of overdue incidents. The Committee went on to seek assurance that there was a plan in place to address incidents that were long overdue (120 days plus). AC advised that these cases were largely within the Screening Directorate and the PTR team were working with the Screening leads to progress them. They were largely interdependent on external digital requirements . CB also advised of the ongoing discussion with Digital Health and Care Wales in relation to the IT issues, the work underway on an escalation procedure that would seek to help address and escalate these issues in a timely manner and the work to improve the Integrated Performance Report (IPR) and track trajectories.</p>	
<ul style="list-style-type: none"> • Sought further information into the profile of the increased incidents. AC advised that most incidents related to accident, investigation and diagnosis (an increase of 66 incidents). These included incidents such as 'failure to follow Standard Operating Procedures' and 'sample taker errors' in Cervical Screening and were low level harms. AC advised of the ongoing work to try and resolve concerns within Cervical Screening Wales, which had the highest number of open incidents. 	
<p><u>Patient/Service User Experience</u></p>	
<p>AC highlighted:</p> <p>16 early resolution complaints, and 7 formal complaints. Common themes related to staff attitude and clinical treatment. AC highlighted learning from previous complaints within Bowel Screening Wales which had led to the acceptance of private colonoscopies where they meet qualifying standards. This positive outcome for service users was due to be reported within the annual quality report.</p>	

There was no duty of candour case reported this quarter. Two cases linked with Cardiff and Vale UHB were previously reported to the Committee and remain ongoing.

120 compliments were received, with Abdominal Aortic Aneurysm (AAA) having the highest number relating to going beyond the level of care.

Reflecting on the upcoming change to PTR regulations and the potential impact on service users and the Organisation, the Committee raised the importance of engaging with community-based partners. Recognising this, AC commented that community partners contributed during the consultation stage and going forward, the PTR team would work with the Engagement team and Community partners to ensure the Organisation's PTR materials and webpages meet the Communities needs and that the Organisation would be in a position to offer in person PTR meetings as a standard offer.

The work of the Corporate Safeguarding Group, Q3

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

- 14 Safeguarding incidents relating to advice and support were reported.
- AC highlighted a new safeguarding module being piloted within DATIX
- The work underway to address a new risk related to Safeguarding training compliance for certain position numbers in Screening Division.

The Committee:

- Reflected on the continued focus to address the risk related to Disclosure and Barring Service (DBS) checks, which included work to ensure the right level of DBS checks have been assigned to historic and new staff. Recognising the level of support that would be required to enable staff to navigate the introduction of a new policy and process and any potential impact a higher level of check may have on staff.
- Thanked AC and the safeguarding team in recognition of their efforts to improve the Safeguarding service provided over the past year.

The Work of the Corporate Infection, Prevention & Control (IPC) Group, Q3

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

- 14 incidents were reported, and all deemed to be of low level harm.
- Progress to address decontamination practices within Screening Services, including Ultraviolet cabinets to decontaminate ultrasound breast probes and ventilation systems now in place for Breast Test Wales.
- Remedial actions were underway to address compliance with cleaning standards within some screening services.
- That Nicola Lewis had taken up the post of the corporate IPC Nurse in January 2025.

The Committee were pleased to note the successful resolution of the Ultraviolet cabinets and ventilation systems and thanked AC for the update.

Safety Alerts and Notices Management

The Committee noted that 4 safety notices applicable to the Organisation were being actioned accordingly.

Quality and Clinical Audit

The Committee noted the progress to the Quality and Clinical Audit plan.

The Committee:

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

QSIK 2025.02.04/5.2	Risk Assurance
QSIK 2025.02.04/5.2.1	Strategic Risk Register

DG introduced the Strategic Risk Register within the Committees remit, confirming that there had been no change to the current risk scores since the Committee last considered the report. DG noted that the relevant action plans had been updated and revised deadlines highlighted.

SA provided an in-depth update on the developments to Strategic Risk 3, highlighting

- Controls and actions were being progressed, with a focus inclusion health programmes and inequalities at an Executive level and the Health Inequalities Steering Group.
- Progress of the behavioural science enabling plan, which was due to be considered by the Business Executive Team and the Knowledge, Research and Information Committee.
- Ongoing efforts to progress the approach to engagement plan, including long term improvements to the young ambassador's programme and service user experience framework.

The Committee noted the progress being made to address risk score and the valuable work being undertaken.

TF went on to provide an update to Strategic Risk 5, highlighting:

- A deep dive into the strategic risk register was conducted in collaboration with the Nursing, Quality and Information Governance team. A number of risks were expected to change into controls in the next iteration due to this work.
- Previous discussion on whether complaints and concerns should be included in the risk space, noting the likely recommendation to focus on performance.

The Committee thanked TF for the update and looked forward to seeing the next iteration of Strategic Risk 5 following the changes reflective of the deep dive.

The Committee took **assurance** on the management of strategic risk within the Committee's remit.

QSIK 2025.02.04/5.2.2	Corporate Risk Register
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DG introduced the Corporate Risk Register, noting that the report was approved by the leadership team on 23 January 2025. DG highlighted one change in risk score for

risk 1648 relating to Public Health Wales losing access to primary care data. The Residual risk had been reduced from 9 to 3, which was a positive development.

The Committee took **assurance** on the management of Corporate Risk within the Organisation.

Break

QSIC 2025.02.04/6	Items to Note
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QSIC 2025.02.04/6.1	Review of dedicated 24/7 EPRR On Call Service
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TF introduced the report which provided an overview of the review into the effectiveness of the dedicated 24/7 Emergency Preparedness, Resilience and Response (EPRR) on-call service was conducted after a six-month period since its establishment on April 1, 2024. TF emphasised the collaborative nature of the service and the exemplary feedback received on the service. This was seconded by CB, who commented on her firsthand experience of the service as an Executive on call, highlighting the increased robust and well-connected system in place.

The Committee thanked TF for report, acknowledged the success of the on-call service and the plans for continuous improvement to ensure the service remains effective and responsive.

The Committee:

- **Noted** the report and acknowledged the thematic areas, recommendations and actions identified.
- Took **assurance** that Public Health Wales has a robust, resilient dedicated 24/7 EPRR On-Call Service which helps to ensure that the organisation meets its statutory obligations under the Civil Contingencies Act 2004 and receives Emergency and Major Incident notifications in a timely manner.

QSIC 2025.02.04/5	Items for Assurance (Continued)
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QSIC 2025.02.04/5.3	Screening Service Update
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SS introduced the report, which provided an overview of the screening services, with a focus on quality, issues within the programmes performance that were not in line with set standards and key quality improvements to further improve the health of the population in Wales. SS explained that following the discussion held at a previous Committee workshop, the report was structured to align with STEEP (Safety, Timeliness, Efficiency, Effectiveness and Person -Centred).

Bowel Screening Wales

SS then provided an overview of the Bowel Screening Wales service, noting that colonoscopy waits were longer than the target of four weeks, averaging seven weeks across Wales. SH advised of the actions in place to improve performance, including regular meetings with Health Boards to discuss screening capacity and expanding the pool of accredited screening colonoscopists.

The Committee:

- Explored the possibility and appetite of in/outsourcing colonoscopy services across health boards or private practices to increase capacity and reduce waits on a regional basis.
- Considered the potential harm to patients which was thought to be emotional rather than clinical harm, the individual support in place for service users and the potential for look backs.
- Consideration of the National Endoscopy Programme and wider discussion with Welsh Government, ensuring the Organisation engaged with the broader agenda on wait times across Wales.

Breast Test Wales

SH provided an overview of the Breast Test Wales service, considering the timely quality domain, noting delays to assessment clinics due to a shortage of skilled clinical staff, particularly in North Wales. SH identified that the wait times were still well within the time of clinical impact but over their set target, outlined actions underway such as optimised and weekend bookings, utilisation of other clinical staff and optimised job plans and noted the improving picture.

The Committee noted that they had had an in-depth presentation and discussion on Breast Cancer Assessment times at its previous meeting and thanked SH for the update on plans to address the wait times.

Diabetic Eye Screening Wales

SH went on to provide an update on Diabetic Eye Screening Wales, considering the timely, efficiency and person-centred quality domains and highlighted the recovery of the screening backlog. SH explained that while the timeliness of current screening was improving, it was not in line with set standards, with delays in the 12-month recall pathway. SH advised of actions underway to address the risks, including optimisation and transformation of the programme.

The Committee sought further information on their 'Did Not Attend' (DNA) rates. SH commented on the rebooking service in place to manage capacity and agreed to provide details on the impact of true DNA rates on service capacity in the next iteration of the report.

Action: SH

Bowel Screening Optimisation

SH provided an update on the Bowel Screening Wales Optimisation programme, which aligned with all of the quality domains and highlighting the expansion of the screening age range to include people aged 50 by July 2025 and above and lowered the positive fit sensitivity cut-off. SH also highlighted the development work to introduce new cameras to improve image quality and reduce inadequate retinal images.

The Committee:

- Sought assurance that a full public information campaign was in place to support the public with the changes. SH confirmed that they had worked with

the Communications department to ensure this was in place and advised of a case study which had been well received.

- Were pleased to note the investment in prevention and renewal of equipment and highlighted the need to ensure the Organisation promoted the work underway with central government to showcase the importance of investing in prevention. SH took on board this feedback and also welcomed discussion with AC around inclusion of the transformation aspects in the Annual Quality Report.

Lung Screening Project

SH concluded the update by providing an update on the Lung Screening Project, which aligned with all aspects of the quality domains and highlighting a Welsh Government commissioned scoping project to review how a national targeted lung cancer screening program could be delivered in Wales in the future. An interim report on finding and options was due to be submitted by the end of March 2025 and the Committee would consider an update in due course.

The Committee thanked SH for the informative report and took **assurance** that there was a focus on working to deliver quality screening programmes in line with delivery of excellent public health services to the population in Wales.

QSIC 2025.02.04/5.4

Healthcare Inspectorate Wales Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) Inspection at Breast Test Wales

SH introduced the report, which outlined the progress against the action plan following the Health Inspectorate Wales Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) inspection at Breast Test Wales, Llandudno, on 28 and 29 August 2024. SH confirmed that all actions to address the recommendations were complete, including rewritten procedures and staff training, and advised that the improvement notice was lifted on the 10 December 2024. SH advised that a re-inspection was scheduled in Swansea during April 2025.

The Committee thanked SH for the update, noting that the Committee had previously considered updates to address the recommendations and learning outcomes in private Committee sessions and at the January Public Board meeting. The Committee went on to reiterate the Board's commendation of the team for their timely response to address the recommendations of the report.

The Committee took **assurance** that Public Health Wales has addressed the actions as raised by Health Inspectorate Wales Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) inspection at Breast Test Wales, Llandudno, on 28 and 29 August 2024.

QSIC 2025.02.04/5.5

Health and Safety Report Quarter 3 2024-25

ND presented the Health and Safety Report for Quarter 2, 2024-25, which provided an overview of health and safety activities undertaken for this period. ND noted several highlights from the report:

- Recent Health and Safety Executive routine audits of microbiology labs and the actions underway to address the ensuing recommendations.

- 1 reported Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) incident related to staff injury, investigations were complete.
- 100% compliance across all sites for statutory and regulatory building management requirements.
- Training underway for Diabetic Eye Screening Wales service staff, including manual handling of the new cameras.

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 2025.02.04/6	Items to Note
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QSIC 2025.02.04/6.2.1	Audit Action Tracker
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LB introduced the report which provided a summary of audit actions relevant to the Committee following consideration at the Audit and Corporate Governance Committee on 14 January 2025.

The Committee:

- **Considered** the updates to the Audit Tracker relevant to the Committee.
- **Considered** any impact to the Committee's workplans / areas of focus.

QSIC 2025.02.04/6.2.2	Duty of Candour Audit Report
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LB introduced the Internal Audit Report, noting that a Reasonable Assurance rating had been given and that the one recommended action was in progress.

The Committee **noted** the contents of the Internal Audit Report, and the plan to review the audit process with the Board Committee Chairs to ensure the appropriateness of the flow of audit information between the Committee's.

QSIC 2025.02.04/6.3	Committee Workplan
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The Committee **noted**:

- The Committee's workplan for 2024-25.
- The draft Committee workplan for 2025-26 would be circulated to the Committee at the next Committee meeting, following a Committee Effectiveness Review Workshop.

Part B	NHS Executive Business
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QSIC 2025.02.04/7	Declaration of Interest
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There were no declarations of interest in addition to those already declared on the Declarations of Interest Register.

QSIC 2025.02.04/8	NHS Executive Quarterly Governance Compliance Report (Q3)
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RF introduced and provided an overview of the Quarterly Governance Compliance Report for Quarter 3, highlighting:

- One health and safety incident related to facilities at River House, which has been closed.
- Fire risk assessment completed at Pencoed, with minor issues addressed and very high standards of fire safety at the site was noted.
- Ongoing work to improve Health and Safety training and compliance.
- Plans to ensure the NHS Executive are sighted on relevant Health and Safety Alerts and Notices.
- There was one employment-related claim received, with a formal investigation completed and outcomes due imminently.

RF welcomed SF to the meeting and invited her to add in any reflections. SF went on to advise the Committee of plans to map out monthly reporting for trend analysis and improved compliance monitoring.

The Committee thanked RF for the update and:

Health and Safety

- Took **assurance** that the NHS Executive has appropriate measures to monitor compliance and to address areas identified for improvement.

National Reportable Incident Reporting compliance

- **Noted** there have been no reportable incidents for the reporting period.

Complaints (including PTR if applicable) compliance

- **Noted** there have been no complaints received regarding the NHS Wales Executive for this period. Through its core national role, the NHS Wales Executive has been asked to respond to a complaint regarding incident reporting and this will be addressed in the coming weeks.

Claims reporting (staff and third-party claims)

- **Noted** there has been one claim received for this period.

DATIX compliance

- **Noted** that one health and safety related incident was reported via Datix during the reporting period and take assurance that the appropriate process has been followed within the NHS Executive to manage this incident.

Safeguarding compliance

- **Noted** that there have been no safeguarding matters reported in this period.

QSIC 2025.02.04/9	Closing Administration
QSIC 2025.02.04/9.1	Close of Public Meeting
<p>Noting that this was DC's last meeting as Committee Chair, Committee members thanked her for exemplary support and contribution to the Committee and gave their best wishes for her future endeavours.</p> <p>The Chair asked for any feedback to be sent to LB.</p>	



Date of next meeting: 02 June 2025.

The Chair closed the meeting.

The open session closed at 13:15

Confirmed