

**Unconfirmed Minutes of the Public Health Wales  
Quality, Safety and Improvement Committee Meeting  
25 November 2024, 10:30 – 12:20  
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
Tamsin Ramasut	(TR)	Non-Executive Director (Equality & Diversity)
<b>In Attendance:</b>		
Carys Allen	(CA)	Florence Nightingale Scholar and Deputy Lead Nurse Specialist (Observing)
Sumina Azam	(SA)	National Director of Policy and International Health (for item 4.2)
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
Tracey Cooper	(TC)	Chief Executive
Angela Cook	(AC)	Assistant Director of Quality and Nursing
Neil Desmond	(ND)	Head of Estates and Health & Safety (for item 4.5)
Katrina Febry	(KF)	Performance Audit Lead (Audit Wales)
Rosemary Fletcher	(RF)	Governance Lead, NHS Executive Implementation (for item 7)
Tom Fowler	(TF)	Deputy National Director of Screening and Health Protection, representing Meng Khaw
Danielle Gething	(DG)	Head of Risk Management (for item 4.2)
Sharon Hillier	(SH)	Director of Screening (for item 4.4)
Olusola Okhiria	(OO)	Trade Union representative
Catherine Richardson	(CR)	Registered Nurse Graduate (Observing)
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Paul Veysey	(PV)	Board Secretary and Head of Board Business Unit
<b>Apologies</b>		
Kate Young	(KY)	Non-Executive Director and Chair of the People and Organisational Development Committee
Clare Jenkins	(CJ)	Vice-Chair of Board and Non-Executive Director
Meng Khaw	(MK)	National Director of Health Protection and Screening Services, Executive Medical Director
Jim McManus	(JM)	National Director of Health and Wellbeing

*The meeting commenced at 10:30*

<b>Part A</b>	
<b>QSIC 2024.11.25/1</b>	<b>Welcome, Introductions and Apologies</b>
<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>	
<b>QSIC 2024.11.25/2</b>	<b>Declaration of Interest</b>
<p>TF advised the Committee that he was in the process of completing his declaration of interest submission, highlighting that he was an authoritative member of the Human Fertilisation &amp; Embryology Authority Organisation.</p> <p>There were no other declarations of interest in addition to those already declared on the Declarations of Interest Register.</p>	
<b>QSIC 2024.11.25/5</b>	<b>Items for Approval</b>
<p>The Committee considered and <b>approved</b> the minutes of the meeting held on 16 September 2024 as an accurate record of the meeting.</p> <p>The Committee considered the action log updates and:</p> <ul style="list-style-type: none"> <li>• <b>approved</b> the requests to change the date of actions, and</li> <li>• <b>approved</b> the closure of completed actions.</li> </ul>	
<b>QSIC 2024.11.25/4</b>	<b>Items for Assurance</b>
<b>QSIC 2024.11.25/4.1</b>	<b>Quality Governance Performance Report</b>
<p>CB introduced the report, noting the intention to request the Committees thoughts on the reports continued relevancy towards the end of the financial year.</p> <p>AC provided an overview of the Quality Governance Performance Report for quarter 2, drawing the Committee's attention to specific areas for consideration:</p> <p><u>Putting Things Right (PTR), Q2</u></p> <p>AC summarised the PTR section, which included the incidents, complaints and concerns reported and acted upon during quarter 2, including:</p> <ul style="list-style-type: none"> <li>• One national incident and one early warning report (this one and the same incident was within Diabetic Eye Screening Wales and under current investigation).</li> <li>• 541 total incidents were reported, of which 2 remain as moderate harm and were under investigation. Failure to follow protocol/SOP remained the highest reported sub-category.</li> </ul> <p>The Committee queried the work underway to improve the incident closure rates. The Committee noted the focus with screening service colleagues to progress closures in a timely manner, which centred around increased staffing resource within screening,</p>	

digital investment, development of an escalation protocol, and a focus on reviewing the process for managing incidents and subsequent roll out of exemplary practice.

#### Patient/Service User Experience

- 11 early resolution complaints, which was a significant reduction compared to the previous quarter, and 13 formal complaints. Common themes related to communication, access to services, appointments, and staff attitude.
- 135 compliments received, the most common theme that service users received beyond the level of expected care.
- 3 safety notices applicable to PHW were being actioned accordingly.

The Committee discussed:

- The balance of compliments vs complaints, noting the development of infrastructure to support communication with service users, and celebrating good service.
- The work underway to address the complaints, which included screening services focus on customer service refresher training, and discussion at the Quality Oversight Group of the identified themes to rectify issues.
- Equality data, noted accessibility concerns related to wheelchair or visual/hearing impairment and the focus to address these issues, including the commission of audits within the screening sites and action underway to address findings by the screening operation and facilities teams. AC also advised that the refreshed approach to user engagement would seek to provide greater access and visibility of results, and improvements in gathering demographic data.

#### The work of the Corporate Safeguarding Group, Q2

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

- 13 safeguarding incidents reported, which included a rise within the domestic abuse concerns category.
- Training to raise awareness and curiosity of domestic abuse of service users by the Breast Test Wales staff.
- 1 risk on the Corporate Risk Register related to Disclosure and Barring Service (DBS) checks.

The Committee discussed:

- The progression of work around DBS checks that was being reviewed via the People and Organisational Development Committee, noting the need for a revised policy and further consideration by local partnership colleagues due to an expected change in practice. CB agreed to provide an update on the action plan at the next meeting.

**Action: CB**

#### The Work of the Corporate Infection, Prevention & Control (IPC) Group, Q2

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

- 21 incidents reported, 2 were deemed to be moderate harm and remained under investigation.

- IPC risks and issues, including ongoing concerns around decontamination practice, noting the increased scrutiny and monitoring within this area. AC also highlighted the significant progress against compliance with new decontamination requirements of breast ultrasound probes.

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.

**QSIC 2024.11.25/4.2**

**Managing Risk (Corporate and Strategic Risk Register)**

DG introduced the Strategic and Corporate Risk Registers 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 were highlighted for the Committee's approval. CB reassured the Committee that the change to dates were due to the maturity of the risk and further developments.

DG brought the Committee's attention to the introduction of a new overarching strategic risk profile, which highlighted the Organisation's strategic risk against the level of risk exposure. Whilst noting that Strategic Risk 1 was outside of the Committee's remit, TC highlighted that it was the Organisation's most significant risk and reiterated the need to assess the Organisation's risk against actions within its control. DG highlighted the constant review of actions and risk scoring with the executive colleagues to address this.

CB and SA provided updates on the developments to Strategic Risk 3, highlighting that the approach to engagement and young ambassadors deep dive considered by the Committee at its last meeting helped to exhibit the strength of the updates and source of assurances, along with offers of support from the Non-Executive Directors to ensure the work was in-line with the Committee's expectation.

The Committee commented on the comprehensive work underway on engagement and sought assurance that there was a cohesive approach to all the elements. The Committee went on to note the whole scale approach to engagement which included the support of the Executive Team and broader engagement with other key colleagues to take forward the revised and refreshed approach to engagement, which was aligned to the strategy and aimed to limit variability across the Organisation.

TF went on to provide an update to Strategic Risk 5, highlighting key workforce issues related to health protection, bioinformatics, and within other areas such as Breast Test Wales, including the mitigations underway such as feeding into the Healthcare Inspectorate Wales process on some of these challenges. TF advised of continued engagement with system users across NHS Wales to improve diagnostic pathways and referencing mpox, noted the work and mitigations to address ongoing challenges around equality and access to key demographics to ensure the provision of effective service to various groups.

The Committee:

- **approved** the change requests to the Strategic Risks,
- **approved** the Corporate Risk Register
- Took **assurance** on the management of risk within the Committee's remit.

**QSIC 2024.11.25/4.3**

**Clinical and Quality Audit**

AC introduced the report, which provided a mid-year update on the progress of clinical and quality audits within the Organisation, which aimed to improve patient/service user outcomes.

AC highlighted:

- 67 audits planned, which included 7 national audits, (of these, 5 were ongoing and 2 were on hold due to awaiting publication of new standards).
- 27 internal audits were underway and 8 had been completed. AC flagged one audit of concern within Bowel Screening Wales due to a risk of not having an independent auditor in post, noting a mitigation in place.
- The introduction of a digital audit platform would improve the tracking and visibility of audits.

The Committee queried the delay to quarter 4 of a number of audits due to capacity issues. AC confirmed that challenges in North Wales Breast Test Wales service contributed to delay, however service leads had reported their confidence in completing the audits by quarter 4.

The Committee took **assurance** on the progress against the Quality and Clinical Audit Plan for 2024-25.

**QSIC 2024.11.25/4.4**

**Breast Cancer Assessment Times**

SH introduced a presentation of the Breast Cancer Assessment Times across the three regions of the Breast Test Wales (BTW) service, highlighting that this was in response to a request from the Board at its September meeting to consider the data distribution of the assessment times and any potential implications in greater detail.

SH provided an overview of the BTW service programme across Wales, noting that 10,000 breast screens were undertaken each month and approx. 400 people brought back for assessment. SH provided detail on the length of time that women were sent results after being screened, and the time taken to assessment after a screen against the set standards.

Reflecting on the data graphs, SH advised that there were no significant concerns regarding the assessment waits within BTW West Wales and noted the improving picture across BTW South although the wait times remained above target. SH highlighted concerns around the longer assessment wait times BTW North Wales. SH expanded on the issues facing the service, which centred around increased screens to recover the backlog from the pandemic across the regions, and more specifically the national shortage of skilled clinical staff which was a significant contributing factor in BTW North Wales.

The Committee considered:

- That there was no expected clinical impact of delay to assessment and women invited for assessment were sent their invitation shortly before their appointment to reduce the time they are worried before attending clinic.
- The actions underway to address improvements to the assessment wait time included increased weekend clinics and optimising bookings.
- Considering the full pathway, of the 10,000 women screened each month, approximately 400 were brought for assessment (3.8% brought back for assessment) and approx. 89-90 are diagnosed with cancer (20% positive predictive value).
- Reflected on the shortage of skilled workforce in North Wales and sought assurance on the actions taken to address this in the short and long-term following an unsuccessful recruitment effort in the region.
- Noted the workforce planning underway to address this and the actions to shore up the North Wales service, which included support via two consultant radiographers, a recently trained breast clinician, support from the southern regions clinical lead for additional radiology support, and the medical skills plan for the locum currently on maternity leave.

The Committee thanked SH for the comprehensive presentation and agreed to inform the Board that the Board action was now complete via the Chair's Composite Report.

**QSIC 2024.11.25/4.5**

**Break**

**QSIC 2024.11.25/4.6**

**Health and Safety Report Quarter 1 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:

- 1 reported Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) incident related to staff injury. The staff member was supported to return to work and remedial actions undertaken to minimise risk.
- Two properties had fallen out of compliance, due to a fire risk assessment and gas safety certification, these had been addressed.
- A Health and Safety advisor was undertaking audit review visits across the estate portfolio to follow up on progress of identified actions.
- Corporate Risks related to Health and Safety are actively managed and followed up with directorates.

The Committee discussed:

- Remedial actions undertaken to eliminate staff contact injuries related to Breast Test Wales mobile units.
- The positive collaboration between directorates to improve disability awareness training compliance within Screening Services.

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

**QSIC 2024.11.25/4.5**

**Bi-annual Corporate Policy Update**

LB introduced the bi-annual corporate policy update, highlighting that 90% of policies that were within the Committee's remit were in date. LB highlighted the updates to the three out of date policies, noting that two were due to be tabled for approval at the next Committee meeting.

The Committee took **assurance** on the prioritisation and progress being made to review policies, procedures and other written control documents within the remit of the Committee.

<b>QSIC 2024.11.25/5</b>	<b>Items to Note</b>
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<b>QSIC 2024.11.25/5.1</b>	<b>Audit Action Tracker</b>
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The Committee **noted** that the audit action tracker had been considered at the previous Committee meeting and that a detailed update would next be considered at the February Committee meeting.

<b>QSIC 2024.11.25/5.2</b>	<b>Committee Workplan</b>
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The Committee **noted** the Committee's workplan.

<b>Part B</b>	<b>NHS Executive Business</b>
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<b>QSIC 2024.11.25/6</b>	<b>Declaration of Interest</b>
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There were no declarations of interest in addition to those already declared on the Declarations of Interest Register.

<b>QSIC 2024.11.25/7</b>	<b>NHS Executive Quarterly Governance Compliance Report (Q2)</b>
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RF introduced and provided an overview of the Quarterly Governance Compliance Report for Quarter 2, highlighting:

- The transfer of the TEC Cymru team into the NHS Executive
- There were 5 Health and Safety related incidents, which were mainly office related health and safety matters. 4 incidents were closed and 1 incident relating to water ingress/damage remained open.
- 1 inspection audit had been completed since the report was submitted to the Committee.
- The improved progress to implement the full use of datix within the NHS Executive.

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 had been no reportable incidents for the reporting period.

**Complaints (including PTR if applicable) compliance**

- **Noted** there had been no complaints received for this period.

**Claims reporting (staff and third-party claims)**

- **Noted** there had been no claims received for this period.

**DATIX compliance**

- **Noted** that five incidents were reported on Datix for this period and took assurance that the appropriate process was followed within the NHS Executive to manage these incidents.

**Safeguarding compliance**

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

<b>QSIC 2024.07.24/8</b>	<b>Closing Administration</b>
<b>QSIC 2024.07.24/8.1</b>	<b>Close of Public Meeting</b>
<p>TC thanked all colleagues who had mobilised and responded to calls regarding the weather disruption over the weekend.</p> <p>The Chair asked for any feedback to be sent to LB.</p> <p>Date of next meeting: 04 February 2024.</p> <p>The Chair closed the meeting.</p>	
<p><i>The open session closed at 12:15</i></p>	

Unconfirmed