

**Confirmed Minutes of the Public Health Wales  
Quality, Safety and Improvement Committee Meeting  
02 June 2025, 10:00 – 12:50  
Held in Capital Quarter 2 and via Microsoft Teams**

<b>Present:</b>		
Clare Jenkins	(CJ)	Chair of Committee, Vice-Chair of Board and Non-Executive Director
Sian Griffiths	(SG)	Non-Executive Director (Public Health) and Chair of the Knowledge, Research and Information Committee
Pippa Britton	(PB)	Chair of Board
Kate Young	(KY)	Non-Executive Director and Chair of the People and Organisational Development Committee (left 10:57)
<b>In Attendance:</b>		
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 5.4)
Danielle Gething	(DG)	Head of Risk Management (for items 5.3)
Iain Hardcastle	(IH)	National Director of Planning (for item 9)
Nicola Lewis	(NL)	Lead Nurse, Infection Prevention & Control (left 11:00)
Meng Khaw	(MK)	National Director of Health Protection and Screening Services, Executive Medical Director
Jim McManus	(JM)	National Director of Health and Wellbeing
Olusola Okhiria	(OO)	Trade Union representative
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Paul Veysey	(PV)	Board Secretary and Head of Board Business Unit
Jacqui Westmoreland	(JW)	Safety and Putting Things Right Manager (for item 6)
Angela Williams	(AW)	Interim Executive Director of Operations and Finance
Huw Williams	(HW)	Head of Emergency Response Resilience Preparedness (for item 3.2)
<b>Apologies</b>		
Tracey Cooper	(TC)	Chief Executive
Sophie Fuller	(SF)	Assistant Director Corporate Governance and Business Support, NHS Executive
<i>The meeting commenced at 10:00</i>		

<b>Part A</b>	
<b>QSIC 2025.06.02/1</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 2025.06.02/2</b>	<b>Declaration of Interest</b>
<p>There were no declarations of interest in addition to those already declared on the Declarations of Interest Register.</p>	
<b>QSIC 2025.06.02/3</b>	<b>Items for Approval</b>
<b>QSIC 2025.06.02/3.1</b>	<b>Minutes and Action Log</b>
<p>The Committee considered and <b>approved</b> the minutes of the meeting held on 04 February 2025 as an accurate record of the meeting.</p> <p>The Committee considered the action log update, noting that one item was on track for delivery by the next Committee meeting.</p>	
<b>QSIC 2025.06.02/3.2</b>	<b>Emergency Preparedness, Resilience, and Response Annual Report (EPRR)</b>
<p>MK introduced the annual report, which was a detailed reflection of the Organisations Emergency Preparedness, Resilience and Response (EPRR) efforts over the past year and plans for the next year. MK also advised of the minor revisions made to the Emergency Response plan which had recently been approved by the Board, and included for information and assurance in the private session due to the sensitive nature of the Plan.</p> <p>HW went on to provide an overview of the report, highlighting:</p> <ul style="list-style-type: none"> <li>• The enhancements made to the EPRR team, wide engagement across the Organisation and the establishment of a 24/7 on-call service.</li> <li>• The Digital resilience exercises underway and efforts to continue to strengthen the Organisation's position in terms of pandemic preparedness.</li> <li>• International work underway with the International Association of National Public Health Institutes (IANPHIs) and the upcoming tier one national exercise and internal validation planned for Q4 2024-25.</li> </ul> <p>Committee members thanked HW for the overview of the comprehensive work underway.</p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• Took <b>assurance</b> 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].</li> </ul>	

- Took **assurance** that the Public Health Wales Emergency Response Plan (V3.1, now 3.2) had undergone a rapid internal annual review and been updated within minor amendments (available in private session papers).
- Took **assurance** that the Public Health Wales Business Continuity Strategy (V2), Impact Analysis and Plan templates were reviewed and updated; with further confirmation that all directorates/Divisions have reviewed their business continuity arrangements to specifically consider digital resilience.
- **Approved** the Health Emergency Planning Annual Report submission to the NHS Executive.

**QSIK 2025.06.02/3.2**

**Policies and Procedures**

AC introduced the draft Chaperone Policy, which was a new policy designed to support staff and service users during intimate examinations.

OO sought more information about the training package that would be available to staff. Offering to share the training package details with OO in due course, AC went on to confirm that face to face sessions would be provided, predominantly within the screening programme services such as Breast Test Wales and Wales Abdominal Aortic Aneurysm (AAA) screening programmes. The training would cover staff members roles and responsibilities and how to report concerns so that staff feel fully supported and confident to fulfil their role in full.

Highlighting the importance of staff safety, CB thanked AC for her leadership and the team for their support in developing the Chaperone policy.

The Committee:

- **Noted** that the Leadership Team had endorsed the Policy to the Committee and approved the accompanying procedure
- **Approved** the Chaperone Policy.

**QSIK 2025.06.02/4**

**Ratification of Recommendation to Board**

LB introduced the Committee Effectiveness presentation, revised Terms of Reference (TOR) and workplan for 2025-26, highlighting that the Committee Terms of Reference and Workplan for 2025/26 had been endorsed by the previous Chair, Diane Crone, prior to her departure, and were presented to the Committee in retrospect due to the timing of the Board meeting (held on 29 May 2025).

CJ noted that there had been changes agreed at Board to the Committee terms of reference relating to the naming of the NHS Executive that would be reflected in the final versions published.

The Committee:

- **Considered** the Committee Effectiveness presentation
- **Ratified** the approval of the Terms of Reference, noting the change from the NHS Executive to the NHS Performance and Improvement Unit.
- **Ratified** the approval of the Committee Work Plan for 2025/26
- **Noted** that the Effectiveness presentation, TOR and Workplan were presented at the May Board meeting.

QSIC 2025.06.02/5	Items for Assurance
<b>QSIC 2025.06.02/5.1</b>	<b>Quality Governance Performance Report</b>
<p>AC provided an overview of the Quality Governance Performance Report for quarter 4, drawing the Committee's attention to specific areas for consideration:</p>	
<p><u>Putting Things Right (PTR), Q4</u></p>	
<p>AC summarised the PTR section, which covered the incidents, complaints and concerns reported and acted upon during quarter 4, including:</p>	
<ul style="list-style-type: none"> <li>• There were 528 incidents reported, 13 of which were initially reported as moderate harm. 12 have since been downgraded and 1 remained open. AC advised of a key piece of work underway to improve the initial assessment of incidents and the level of harm.</li> <li>• There were 64 incidents with overdue status. Similar to quarter 3, the biggest category related to assessment and investigation; and in particular failure to follow Standard Operating Procedures (SOPs).</li> <li>• There were no redress cases in quarter 4. 6 previously reported cases remained ongoing and under investigation.</li> </ul>	
<p>The Committee discussed:</p>	
<ul style="list-style-type: none"> <li>• Noting the time being taken to manage cases, the Committee sought assurance on the action being taken to reduce overdue cases. AC advised that the longest overdue case was reliant on a third party, but there was a resolution due. AC went on to highlight the significant efforts undertaken to close long waits which included liaising with the Office of the Medical Director to improve incident management.</li> <li>• Improving access to datix training. AC advised that all new starters were offered training and a monthly offer was made available to all staff. AC also noted that the Putting Things Right team were working with user groups to target areas as necessary, and awareness would also be raised as part of the national safety week in September. AC confirmed that she would ask for the Business and Planning Leads Group to raise awareness with their staff groups and place in the Line Managers Newsletter.</li> </ul>	
<p><u>Patient/Service User Experience Q4</u></p>	
<p>AC highlighted:</p>	
<ul style="list-style-type: none"> <li>• 22 early resolution complaints, and 13 formal complaints.</li> <li>• There was no duty of candour case reported this quarter.</li> <li>• 139 compliments were received.</li> <li>• Progress with the revised Putting Things Right regulations and the anticipatory preparations due to be carried out in light of the potential implications for the Organisation and service users.</li> <li>• The successful rollout of a pilot SMS survey across 8 Diabetic Eye Screening Wales venues. AC advised of the good uptake and that initial feedback centred around the building accommodation and car parks.</li> </ul>	
<p><u>The work of the Corporate Safeguarding Group, Q4</u></p>	
<p>AC provided an update on the work of the Safeguarding Group, highlighting:</p>	
<ul style="list-style-type: none"> <li>• 20 Safeguarding queries, mainly relating to advice and support were reported.</li> </ul>	

- The work underway to improve Safeguarding training compliance.

The Committee:

- Queried the increase in safeguarding queries. AC advised that these were likely as a result of raising the profile of safeguarding, and the team welcomed the opportunity to provide more advice and support at an early stage.

The Work of the Corporate Infection, Prevention and Control (IPC) Group, Q4

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

- 14 incidents were reported, and all deemed to be of low or no harm.
- Plans to roll out further training on Aseptic Non-Touch Technique, particularly across screening services.
- Remedial actions in place to address compliance concerns with cleaning standards in some screening services.
- The great work underway to support audit through the implementation of a new audit management system.

Safety Alerts and Notices Management, Q4

The Committee noted that 1 safety notice applicable to the Organisation was being actioned accordingly.

Quality and Clinical Audit, Q4

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.

**QSIC 2025.06.02/5.2**

**Putting Things Right Annual Report 2024-25 and Duty of Candour Annual Report 2024-25**

CB introduced the annual reports, noting that they were prepared in accordance with various regulations and summarised the information provided to the Committee at each meeting as part of the Quality Governance Performance report.

AC provided an overview of the Putting Things Right Annual Report for 2024-25, which provided an overview of the concerns management and subsequent actions taken to improve services. AC highlighted:

- An increase in reported incidents thought to be due to efforts to embed a positive reporting culture.
- An increase in complaints and highlighted actions to address this such as the revised process for complaints management to support a timelier and person-centred approach to complaint management.
- The annual reduction in the number of reported early resolutions, redress cases, claims and long over due cases.
- The focus on improvement work related to incident reporting, including those long overdue and improvements to the escalation process.

- 1 financial penalty to the Organisation from Welsh Risk Pool due to a late Learning For Events Report submission.

AC went on to provide an overview of the Duty of Candour Annual Report for 2024-25, highlighting:

- The investigation of two confirmed cases, one of which was a joint case with Cardiff and Vale University Health Board. Updates on both cases within the Breast Test Wales and Microbiology areas had been previously considered by the Committee and identified learning had been shared in order to improve services and staff development.
- The duty of candour e-learning training was at 88%.

The Committee thanks AC for presenting the annual reports and:

- Took **assurance** on the organisations effective management of the implementation of the Putting Things Right Regulations (2011).
- Took **assurance** that Duty of Candour cases were being managed in accordance with regulatory guidance and the relevant policies and procedures, including organisational learning and the reasonable assurance received from the Internal Audit report.

<b>QSIC 2025.06.02/5.3</b>	<b>Risk Assurance</b>
<b>QSIC 2025.06.02/5.3.1</b>	<b>Strategic Risk Register</b>

CB introduced the report and expressed her thanks to all colleagues who had reviewed and remapped the strategic risk register and contributed to the revised templated approach. The revised approach, risk appetite and architecture would be considered in-depth at the July 2025 Board meeting.

DG provided an overview of the new risk, noting that the new actions were mapped across to the previous controls and actions to the new in order to maintain transparency. The corporate risks that support this risk were also highlighted.

MK advised that the updated risk articulation was a good reflection of the controls and activity in place to mitigate the risk of providing excellent public health services and anticipated there would be a further focus on impact, surge capacity and training, and finally the route maps for digital resilience.

The Committee:

- Acknowledged the positive focus around unexpected events and sought assurance on the partnership with the rest of the United Kingdom (U.K) on potential risks. MK confirmed he was confident that Wales / Public Health Wales was connected into U.K conversations around horizon scanning, and early warnings and confirmed that were formal mechanisms and less formal mechanisms in place for 4 nation intelligence sharing, and consideration of pandemics and global threats.
- Commended MK and his team for their efforts, particularly around prevention themes.

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

**QSIK 2025.06.02/5.3.2 Corporate Risk Register**

CB introduced the Corporate Risk Register, which outlined the approved changes since the last Committee meeting and concluded the update by highlighting that the Board had held good discussion on the Corporate Risks at its May Board meeting.

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

**QSIK 2025.06.02/5.5 Bi-annual Policy Update**

LB introduced the report, noting that 93% of policies were in date. LB highlighted the 2 out of date policies for the Committee's review; a Uniform policy awaiting an all Wales review and a Water Management policy which was due to be submitted 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.

**Break**

**QSIK 2025.06.02/5 Items for Assurance (Continued)**

**QSIK 2025.06.02/5.4 Health and Safety Report Quarter 4 2024-25**

ND presented the Health and Safety Report for Quarter 4, 2024-25, which provided an overview of health and safety activities undertaken for this period. ND noted several highlights from the report:

- Good progress had been made against the recommendations of the Health and Safety Executive's routine audit of microbiology labs.
- There were no Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) incidents.
- There was 100% compliance across all sites for statutory and regulatory building management requirements.
- Statutory and mandatory training levels were at 85% and home working e-learning training also remained a priority for the Organisation

The Committee noted the rise in road traffic related incidents, in addition to increased rates of slips, trips and falls. ND advised that both were routine incidents with did not present a cause for concern. He highlighted the recent introduction of a Vehicle Telematics Procedure for screening services which aimed to support staff safety.

ND went on to present the Health and Safety Annual report for 2024/25, which outlined and demonstrated progress made and key issues that had been addressed throughout the course of the year. He highlighted:

- Engagement with Microbiology services and People and Organisational Development in order to improve and support incident management.
- Introduction of new comprehensive audits undertaken across the Organisation's site.

ND concluded by presenting the Health and Safety workplan for 2025-26, highlighting the planned policy development, proposed development of a set of Key Performance Indicators and progress with a potential workplace safety culture survey.

The Committee discussed:

- CB advised that revised cleaning standards were awaited, which would likely result in some additional resource and capacity requirements for the Health and Safety Team.
- The need to ensure Health Boards comply with appropriate facilities management. ND confirmed that they were working with Health Boards to improve facilities and that there were Service Level Agreements (SLAs) and Memorandum of Understandings (MoUs) in place that could be utilised to address concerns if required. The Team continued to foster good relationships with Health Boards in order to seek compliance data in a timely manner.

The Committee:

- Took **assurance** that appropriate measures were in place to monitor compliance and to address areas identified for improvement.
- Took **assurance**, based on the information available within the annual report, that health and safety in the workplace is proactively managed, and was monitored through audits, Datix, RIDDOR reporting and supported by appropriate policies and procedures.
- **Noted** the workplan for 2025-26.

**QSIC 2025.06.02/6**

**Deep Dive – Complaints and Incidents**

CB introduced the deep dive, welcoming the opportunity to share the improvement work around processes, investigation and the sharing of learning.

JW presented the deep dive overview through the lens of the six domains of quality, highlighting:

- Key achievements such as improved engagement across the system which had led to a positive increase in the incident reporting culture, a reduction in complaints, particularly within the Diabetic Eye Screening Wales service, and process improvements such as faster resolution of complaints / concerns. This had reduced the backlog in a safe and timely manner, and increasing patient and staff confidence.
- A service user centred health provision story, and a number of 'You Said, We Did' examples which helped to highlight the accessibility and equality issues faced by service users and the mitigating actions taken to address these. Examples of this were extending opening hours/days and the introduction of mobile screening units to address some of the concerns raised, and the plans in place to improve the demonstration of learning from incidents.
- Service programme risks, such as changes due to the Putting Things Right regulations and the impact on the Organisations resources, in particular the expected requirement to offer a listening in person meeting and potential mitigating actions.

The Committee discussed:

- How the learning could be applied systematically throughout the Organisation and the suggestion of accessibility standards to be adhered to in order to resolve the accessibility concerns raised in the service user story. JW advised of the aim to ensure directorates feel confident and supported to be able to share their learning and commented on the need to embed this as normal practice. AC raised the importance of the self assessment process. CB reflected on the Duty of Quality Internal Audit action plan which outlined the need to improve dissemination and resilience of learning and evidence and highlighted that a proposal would be rediscussed at the Quality Oversight Group.
- Consideration of how to frame our outward communication to ensure maximum inclusion and accessibility, so that service users are aware that the Organisation would make the necessary adjustments needed to facilitate their screen upfront, and considered a suggestion to explore accessible transportation and the opportunity to provide reimbursement in line with other Health Boards.
- Improvements in the identification of informal and formal complaints and the use of Datix as a single source of truth. JW confirmed that she met regularly with all directorates, and in particular public service facing programmes, to ensure Datix was embedded across the organisation, and commented on the usefulness of Datix to be able to identify themes across the services that could be addressed and improved.
- Welcomed the enabling function provided and noted that the Putting Things Right team provided dedicated areas that they support, for both routine queries and complex complaints / concerns.

The Committee thanked JW for the comprehensive deep dive presentation and thought provoking patient story and took **assurance** on the arrangements in place for Putting Things Right Regulations.

**QSIC 2025.06.02/7**

**Items to Note**

**QSIC 2025.06.02/7.1**

**Audit**

The Committee **noted**:

- The Internal Audit Recommendation Tracker.
- The Duty of Candour Internal Audit Report
- The Health Protection and Screening Services Procurement Improvement Plan Internal Audit Report

**QSIC 2025.06.02/7.2**

**Reporting Groups Annual Review**

The Committee **noted**:

- The Infection Prevention and Control Terms of Reference
- The Safeguarding Group Terms of Reference

<b>Part B</b>	<b>NHS Performance and Improvement Business</b>
<b>QSIC 2025.06.02/8</b>	<b>Declaration of Interest</b>
There were no declarations of interest in addition to those already declared on the Declarations of Interest Register.	
<b>QSIC 2025.06.02/9</b>	<b>NHS Executive Quarterly Governance Compliance Report (Q4)</b>
<p>IH introduced and provided an overview of the Quarterly Governance Compliance Report for Quarter 4, highlighting:</p> <ul style="list-style-type: none"> <li>• That from today the NHS Executive would be named the NHS Performance and Improvement Unit.</li> <li>• One complaint had recently been resolved, and there was one ongoing claim.</li> <li>• While there were no National Reportable Incident Reports for quarter 4, one has been submitted after the 31 March 2025 and was currently under investigation.</li> </ul> <p>The Committee thanked IH for the update and:</p> <p><b>Health and Safety</b></p> <ul style="list-style-type: none"> <li>• Took <b>assurance</b> that there are appropriate measures to monitor compliance and to address areas identified for improvement.</li> </ul> <p><b>National Reportable Incident Reporting compliance</b></p> <ul style="list-style-type: none"> <li>• <b>Noted</b> there have been no reportable incidents for the reporting period.</li> </ul> <p><b>Complaints (including PTR if applicable) compliance</b></p> <ul style="list-style-type: none"> <li>• <b>Noted</b> there was one complaint received for this period which was review during quarter 4.</li> </ul> <p><b>Claims reporting (staff and third-party claims)</b></p> <ul style="list-style-type: none"> <li>• <b>Noted</b> there has been one claim ongoing, first reported in quarter 3.</li> </ul> <p><b>DATIX compliance</b></p> <ul style="list-style-type: none"> <li>• <b>Note</b> that five health and safety related incidents were reported via Datix during the reporting period and take assurance that the appropriate process has been followed to manage these incidents.</li> </ul> <p><b>Safeguarding compliance</b></p> <ul style="list-style-type: none"> <li>• <b>Noted</b> that there have been no safeguarding matters reported in this period.</li> </ul>	
<b>QSIC 2025.06.02/10</b>	<b>Closing Administration</b>
<b>QSIC 2025.06.02/10.1</b>	<b>Close of Public Meeting</b>
The Chair asked for any feedback to be sent to LB.	
Date of next meeting: 26 August 2025.	



The Chair closed the meeting.

*The open session closed at 12:05*

Confirmed