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**Unconfirmed Minutes of the Public Health Wales  
Quality, Safety and Improvement Committee Meeting  
9 February 2021, 10:00**

**Venue: Room 3/7, 2 Capital Quarter, Tyndall Street, Cardiff and  
via Microsoft Teams**

<b>Present:</b>		
Kate Eden	(KE)	Committee Chair, Vice Chair of the Board, and Non-Executive Director
Diane Crone	(DC)	Non-Executive Director (University)
Sian Griffiths	(SG)	Non-Executive Director (Public Health) and Chair of the Knowledge, Research and Information Committee (left at 11am)
Judi Rhys	(JR)	Non-Executive Director (Third Sector)
<b>In Attendance:</b>		
Jyoti Atri	(JA)	Interim Executive Director of Health and Wellbeing
Rhiannon Beaumont-Wood	(RBW)	Executive Director of Quality, Nursing and Allied Health Professionals
Liz Blayney	(LB)	Deputy Board Secretary and Board Governance Manager
John Boulton	(JB)	Director for NHS Quality Improvement and Patient Safety / Director 1000 Lives
Helen Bushell	(HB)	Board Secretary and Head of Board Business Unit
Tracey Cooper	(TC)	Chief Executive (left at 11am)
Eleri Davies	(ED)	Interim Medical Director and Head of HCAI and AMR Programme
Richard Hayward	(RH)	Health Inspectorate Wales (HIW) Relationship Manager
Robin Howe	(RoH)	Consultant Microbiologist (for item 3.1)
David Heyburn	(DH)	Head of Operations Microbiology and Health Protection (for item 3.1)
Edward Guy	(EG)	Consultant Clinical Scientist (for item 3.1)
Andrew Jones	(AJ)	Interim Executive Director of Public Health Services

John Lawson	(JL)	Chief Risk Officer and Head of Information Governance
Sharon Hillier	(SH)	Director – Screening Division (for item 3.2)
Christopher Orr	(CO)	Head of Estates, Health and Safety (for item 3.3)
Gay Reynolds	(GR)	Head of Business, Quality, Nursing and AHP Directorate
Stuart Silcox	(SS)	Assistant Director Integrated Governance, Quality Safety and Allied Nursing Health Professional
Verity Winn	(VW)	Audit Wales
Stephanie Wilkins	(SW)	Staff side representative

**Apologies**

None

*The meeting commenced at 10:00*

**QSIC 1/2021 Welcome, Introductions and apologies**

KE opened the meeting and welcomed all present, noting that due to the ongoing response to the COVID-19 pandemic and in respect of the national guidance in place, meetings were being held electronically.

The Committee **noted** the apologies above, and welcomed DC who was attending her first meetings as a Committee member.

The Committee **noted** that the meeting was being recorded to support the accuracy of the minutes, and that the recording would be deleted once the minutes had been agreed at the following meeting.

**QSIC 2/2021 Declarations of Interest**

There were no declarations of interest in addition to those already declared on the Declarations of Interest register.

**QSIC 3/2021 Items for Assurance**

**QSIC 3.1/2021 Quality and Clinical Governance in Microbiology Deep Dive**

KE opened the item by outlining the purpose of the Quality and Clinical Governance in Microbiology Deep Dive, emphasising the Committee’s focus on the quality and clinical governance arrangements; including the medical and allied health professional leadership, and how that supports governance relating to Health Scientists.

RH provided a presentation detailing the quality system within microbiology, including:

- An overview of the quality management system including: the document control system management requirements and the control of records; the system of continuous improvement; evaluation methods including Audit and an Annual Management Review;
- The requirements for UKAS Accreditation (ISO15189:2012) and the significant quality assurance this provides within the system;
- Technical requirements of the quality system such as: laboratory equipment, procedures for pre examination, examination and post examination processes; the processes for the reporting of and releasing of results; and laboratory information management;
- An outline of the process for review and monitoring, including: monitoring personal training; vertical Audits; and document control system review.

ED provided the Committee with a detailed look at the people aspects within the quality system, including:

- The importance of professional leadership to ensure the organisation discharges its responsibilities as an employer of regulated health professionals; ensuring clinical safety and effectiveness by ensuring appropriate scope of practices were in place where required; its obligation to staff to optimise the workforce to support development and ensure career pathways through apprenticeships, practitioner training programmes, and higher specialist scientific training programme;
- Alongside the formal training routes, there was also opportunity for staff to progress through equivalence training; where an external review of staff portfolio was requested to assess skills achieved internally;
- A driver for change plan was set out in the '*Healthcare Science in NHS Wales: Looking Forward*' Welsh Government document to deliver improvement healthcare goals; underpinned through working in partnership with a range of organisations;
- An outline of the service transformation: significant increase in Healthcare Science Workforce due to recent significant recruitment in microbiology; supporting new and innovative roles such as the new Clinical Liaison Biomedical Scientist role. EG noted the importance of considering how Public Health Wales would embed these roles within its existing, and new, multidisciplinary teams;
- Further developments included: closer advice and support to operational teams in the design and delivery of new roles; and extend existing corporate and national professional lead roles and development education, training and competencies to support service transformation.

DH provided a presentation on testing, including:

- Significant challenges to respond to the requirements at the beginning of the pandemic;

- Subsequent service transformation to improve turnaround time for laboratory testing and capacity; and efficiencies within the service;
- Since 15 August 2020; Microbiology had recruited and inducted 170 whole time equivalent (WTE) substantive posts and 50 WTE temporary positions;
- Improvements made to the service included; streamlining processes; sharing the learning throughout the various platforms used.

The Committee raised and discussed the following points:

- Regarding the new professional roles, the Committee asked whether these roles were transportable across the system and outside of Wales. EG advised that the approving body was a National UK body, and provided assurance that the roles were transferable, which ensured fluidity of workforce nationally.
- RBW highlighted the number of new staff within Microbiology (now totalling 600 ) and the importance of providing professional support, which was discharged in part through EG's role;
- In response to a question regarding spillages, RH noted that spillages were a small percentage of the overall incidents at around 0.04%. He noted the key elements within a quality system to identify issues and incidents and the importance of this reporting. All instances were investigated and were found to have had different causes with no emerging themes. RH also noted the mitigations in place to reduce the risk;
- The Committee enquired as to the focus for future improvement and learning; RH outlined these included equality across the system, which would be achieved through work on the clinical governance arrangements; and also to develop and promote proactive design of Public Health Wales's research portfolio. DH added the embedding of the cultural changes associated with the increase in workforce, to ensure comprehensive and consistent organisational learning across the system. He also outlined the need to ensure the service was as efficient as it could be, providing maximum value for money.
- The Committee questioned how the team were ensuring the appropriate assistance and support was provided through the career progression for the retention and development of staff. RH noted that the service model offered exciting opportunities for dynamic career development, and stressed the importance of keeping the offer current and appealing. DH noted that the culture of proactive listening and investing in the professional development of staff was a key factor to ensure staff feel that their contribution was valued.

AJ echoed the points raised by EG in terms of the transferability of skills of the new roles developed; noting the business case for expansion of the health protection function and the intention to continue to develop the strong link between the two divisions. He also noted the importance of the organisation's

work on integrated governance, to ensure alignment between the corporate governance system and the divisional and clinical governance arrangements. JB added his thanks to the team, and commended the team on the pace and scale of transformation across the system.

TC commended the team on a comprehensive and detailed deep dive outlining the work undertaken to transform the microbiology service at pace and in a pandemic; the challenge to build capacity and transform the service offer during this very pressured time for the laboratories. She went on to outline the focus for future improvements to look at the continued embedding of a culture of research creating a prevention approach.

The Chair echoed the Committees thanks to the team for the comprehensive and thorough deep dive presentation, and took **assurance** on the transformation of the microbiology service, and commended those involved to transform the service at pace during the additional pressures of the pandemic. The Committee also **noted** the suggested areas to revisit in future deep dives.

### **QSIC 3.2/2021      Screening Programmes Update**

The Committee **received** the update on the screening programme (Ref 3.2 QSIC.090221).

KE referred to the discussion on screening at the Board meeting on 28 January 2021, including the discussion on the relationships with Health Boards and the full pathway for the service user; which was addressed through the presentation.

SH provided the following update:

- All screening programmes had continued throughout the second wave of the pandemic between November to January;
- Reminded the Committee that contingency plans for the screening programmes in the event of a second wave or local spikes of COVID-19 had been prepared and agreed in September 2020. Screening services would continue as long as the six criteria defined for safe screening service were met;
- In January, the criteria had been reviewed weekly by the Screening Division Senior Management team to consider the current situation of national lockdown and new variants. The agreed criteria continued to be met and Screening Programmes continued to be offered;
- A key criteria (criteria four) was to ensure that individuals screening participants could be referred to the relevant Health Board following screening. The team were aware of delays in some of the Health Boards particularly in Colonoscopy, and work was ongoing to work with the Health Boards to ensure the clinical signs were reviewed and monitored;
- The fifth criteria was ensuring appropriate levels of resilience in the screening team to deliver the programme. This was also being closely

monitored and reviewed weekly. There had been absences due to COVID-19 and there were also limitations on the availability of staff due to schools being closed; however this had been managed and screening had continued to be offered throughout the second wave;

- SH noted that in December, possible actions to reduce pressure in the system had been reviewed in the event of the second wave impact being severe. The decision was taken in Bowel Screening to continue with the base line invitations for screening; it had been planned to start to recover the backlog and increase the invites, however this was not progressed at that time in order to manage pressure in the system;
- SH concluded that the intention was to continue screening programmes, with close monitoring of the agreed criteria. She noted the impact and the potential harms for service users should the programme have to be paused again.

The Chair thanked SH for the comprehensive update on the Screening Programmes. The Committee discussed the following:

- The Bowel Screening Optimisation Programme had been delayed due to COVID-19, the Committee asked if there was any plans to resume this work. SH indicated that this remained a key priority for the service, and work had been progressing during this time, but at an understandably slower pace. It was anticipated that work would recommence in 2021/22, however it would depend on the capacity within the colonoscopy system.
- Regarding reduction in the service, such as the pausing the self-referrals within breast screening, the Committee questioned how this had been communicated to service users. SH confirmed that the information was available on the website, and disseminated through Public Health Wales Partners, such as charities and Welsh Government. In the case of self-referrals, individuals would be advised verbally when they contact Public Health Wales.
- During the previous meeting, the Committee had been advised of the challenges to secure appropriate venues for screening. SH confirmed that this had been progressed and large scale venues such as the Millennium Centre had been utilised; coverage of venues was improving with all but three postcodes in Wales having an offer within 45 minutes' drive. Further work was ongoing to address the gaps.

The Chair thanked SH for the update, and the Committee **took assurance** on the management of the screening programmes, commending the team for their work and the steps taken to ensure continuation of the service during the second waves.

<b>QSIC 3.3/2021</b>	<b>Health and Safety Report - Quarter 3 / Clinical Governance Update Staff COVID-19 Vaccine</b>
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CO presented the Health and Safety Report for quarter 3 (Ref 3.3 QSIC.090221) including the updated on COVID-19 specific measures for the organisation.

CO highlighted the following from the report:

- Compliance levels within the estate were 100% as at 1 December 2020, which was an increase from 82% in the previous quarter;
- At the previous Committee meeting, the Committee had asked for any trends to be identified in terms of the location and timing of incidents. CO noted that there was a large proportion of incidents in Microbiology, however on further analysis of the data, it had not been possible to identify any specific trends;
- One new additional risk had been reported in quarter 3, relating to fire doors in Microbiology in Cardiff. It had been confirmed this week that capital funding had been agreed with the Health Board to resolve the issue;
- A report on COVID-19 specific compliance for estates was being prepared to report to the Board in February 2021.

RBW added that Infection, Prevention and Control elements had been included within this report, including on outline of improvements and learning that was taking place.

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

#### **QSIC 3.4/2021 Corporate Risk Register**

The Committee received the Corporate Risk Register (Ref 3.4 QSIC.090221), JL highlighted that one new risk had been added relating to screening, and one risk relating to Bowel Screening had been removed from the Corporate Risk Register and added to the Directorate level Risk Register.

The Committee took **assurance** about the management of corporate risks within the organisation.

#### **QSIC 3.5/2021 Putting Things Right Report - Quarter 3**

The Committee received the Putting Things Right Report – quarter 3 (Ref 3.5 QSIC.090221), noting one serious incident (SI) relating to Wales Abdominal Aortic Aneurysm (AAA) screening contained within the report, and that one additional SI within Sexual Health Services had been received since this report was written and would be captured in the next quarters report.

In relation to complaints performance, JL highlighted that the figure in the report indicated that the organisation was 25% compliant in responding to the complaints within 30 days. JL provided reassurance to the Committee that this figure was due to the time during the month at which the data was drawn down, and the current live figure was at 75%.

JL also noted the closure of legacy incidents from Datix.

The Committee took **assurance** in relation to Putting Things Right.

**QSIC 4/2021 Items for Approval**

**QSIC 4.1/2020 Strategic Risk Register**

The Committee received the Strategic Risk Register update (Ref 4.1 QSIC.090221), outlining the progress updates on the actions within the Strategic Risk Register falling into the remit of the Quality, Safety and Improvement Committee (risks 2 and 3).

RBW advised that the Quality Assurance Dashboard (action 3) was being developed for May 2021, and asked for the deadline date to be revised to reflect this.

The Committee:

- **approved** the closure of the actions outlined in table 2 of the report
- **approved** the changes to deadlines outlined in table 1 of the report, noting the change to the action 3 above.

**QSIC 4.2/2021 Minutes, Action Log and Matters Arising - 17 November 2020**

The Committee received the minutes of the Committee meeting on 17 November 2020 and Action Log (Ref 4.2 QSIC.090221).

The Committee:

- **Approved** the minutes of the meeting held on 17 November 2020 as a true and accurate record of the meeting.
- **Approved** the closure of the 3 actions on the action log.
- **Noted** that there were no matters arising.

**QSIC 4.3/2021 IPC Group Terms of Reference**

The Committee **received** the revised terms of reference for the Infection, Prevention and Control Group (Ref 4.3 QSIC.090221).

The Committee **approved** the revised terms of reference for the Infection, Prevention and Control Group.

**QSIC 4.4/2021 Emergency Response and Business Continuity Annual Report 2020/21**

This item was withdrawn from the agenda, pending consideration by the Business Executive Team and would return to a future Committee meeting

**QSIC 5/2021 Recommendations to Board:**

**QSIC 5.1/2021 Committee Terms of Reference Annual Review**

LB presented the report detailing a review of the Committee's terms of reference (Ref 5.1 QSIC.090221), which was a requirement of the Standing

Orders, to be completed annually. The main change suggested was to permanently move consideration of Health and Safety matters to within the Committee's remit; the Committee had been temporarily covering this whilst the People and Organisational Development Committee was suspended. The Committee **agreed to recommend** the revised terms of reference to the Board for approval, and noted that the Audit and Corporate Governance, and People and Organisational Development Committee would also be subject to review at Board.

**QSIC 5.2/2021 Committee Annual Report 2020/21**

LB provided the Committee with a draft Annual report for 2020/21 (Ref 5.2 QSIC.090221), summarising the activity of the Committee this year. The purpose of this report was to provide assurance to the Board on the effectiveness of the Committee in exercising its role and remit.

The report would be finalised to include items from today's meeting, the final wording for which would be approved by the Chair for submission to the Board.

The Committee **approved** the content as an accurate summary of the work undertaken, and agreed for the Chair to approve the final document prior to submission to Board in May 2021.

**QSIC 6/2021 For Discussion**

**QSIC 6.1/2021 Review of Committee Effectiveness and Work Programme for 2021/22**

LB provided the Committee with an update on the proposed plan for the annual review of Committee effectiveness, and sought the Committee's feedback on the approach.

It was proposed that the Quality, Safety and Improvement Committee undertook an online survey to review its effectiveness, a summary of the findings, including any trends, would be reported to the Committee's meeting in April 2021 for discussion. This would also take place for the Audit and Corporate Governance Committee, and any outcomes from these discussion would then feed into the overall Board review of effectiveness in May 2021.

The Committee **supported** the suggested approach, and **noted** the importance of the review at the next Committee meeting to allow for valuable discussion time to compliment and further explore the written results.

**QSIC 7/2021 Items to Note:**

**QSIC 7.1/2021 Committee Forward Look**

The Committee **received** the Committee forward look (ref 7.1 QSIC.090221), and noted the items scheduled for inclusion on the next Committee meeting agenda.

<b>QSIC 7.2/2021</b>	<b>Quality and Clinical Audit Plan 2020/21 Progress Update</b>
The Committee <b>received</b> the Quality and Clinical Audit Plan 2020/21 Progress Update (ref 7.2 QSIC.090221), and <b>noted</b> the progress made.	
<b>QSIC 7.3/2021</b>	<b>Quality Governance Self- Assessment Update</b>
The Committee <b>received</b> the Quality Governance Self- Assessment Update (ref 7.3 QSIC.090221), and <b>noted</b> the progress made.	
<b>QSIC 7.4/2021</b>	<b>Alerts Report - Quarter 3</b>
The Committee <b>received</b> the Alert Report (ref 7.4 QSIC.090221), and <b>noted</b> the updated provided that alerts were being managed in line with the Policy and Procedure.	
<b>QSIC 7.5/2021</b>	<b>Reports Circulated out of Committee</b>
The Committee <b>received</b> the Reports circulated out of Committee update: two reports had been circulated to the Committee and no comments or queries had been received.	
<b>QSIC 7.6/2021</b>	<b>Policy update</b>
The Committee <b>received</b> the policy update, and noted the information contained within the report.	
<b>QSIC 7.7/2021</b>	<b>Management of Alerts Internal Audit - Follow Up Report</b>
The Committee <b>received</b> the Management of Alerts Internal Audit follow up report, <b>noting</b> the reasonable assurance rating issued.	
<b>QSIC 8/2021</b>	<b>Closing Administration</b>
<b>QSIC 8.1/2020</b>	<b>Any Other Business</b>
There was no other business.	
<b>QSIC 8.2</b>	<b>Date of Next Meeting</b>
9 February 2020 at 10am.	
<b>QSIC 8.3</b>	<b>Committee Feedback</b>
The Chair invited feedback on the meeting to be provided via email following the meeting.	
<b>The open session closed at 12:45</b>	