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

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

Present:		
Kate Eden	(KE)	Committee Chair, Vice Chair of the Board, and Non-Executive Director
Diane Crone	(DC)	Non-Executive Director (University) <i>(left the meeting at 12pm)</i>
Judi Rhys	(JR)	Non-Executive Director (Third Sector)
Jan Williams	(JW)	Chair of the Board
In Attendance:		
Rhiannon Beaumont-Wood	(RBW)	Executive Director of Quality, Nursing and Allied Health Professionals
Liz Blayney	(LB)	Deputy Board Secretary and Board Governance Manager <i>(left the meeting at 11am)</i>
John Boulton	(JB)	National Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru
Helen Bushell	(HB)	Board Secretary and Head of Board Business Unit
Paul Dalton	(PD)	Head of Internal Audit
Sarah Evans	(SE)	Health Inspectorate Wales (HIW) representative
Rebecca Fogarty	(RF)	Engagement & Collaboration Manager <i>(observation)</i>
Sharon Hillier	(SH)	Director, Screening Division <i>(For item 64/2021)</i>
Wayne Jepson	(WP)	Programme Lead / Improvement Advisor
Nathan Jones	(NJ)	Head of Strategy and Planning <i>(For item 63/2021)</i>
Meng Khaw	(MK)	National Director of Health Protection and Screening Services, Executive Medical Director
Eleri Lloyd-Burns	(ELB)	Assistant Director of Quality, Nursing and Allied Health Professionals
Donna Newell	(DN)	Named Safeguarding Lead
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Chris Orr	(CO)	Head of Estates and Health and Safety/ General Manager Operations and Finance (for item 68/2021)
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Christopher Thomas	(CT)	Governance and General Manager
Verity Winn	(VW)	Audit Wales Representative

Apologies

Tracey Cooper	(TC)	Chief Executive Officer
Sian Griffiths	(SG)	Non-Executive Director (Public Health) and Chair of the Knowledge, Research and Information Committee
Andrew Jones	(AJ)	Deputy Director of Health Protection and Screening Services, Executive Team
Stephanie Wilkins	(SW)	Staff side representative

Secretariat

Reanne Reffell		Board Support Officer
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The meeting commenced at 10:00

QSIC 61/2021 Welcome, Introductions and apologies

The Chair opened the meeting and welcomed all present, and noted 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.

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

QSIC 62/2021 Declarations of Interest

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

QSIC 63/2021 Quality Indicators and the Performance Assurance Dashboard

KE opened up the session by explaining the planned presentation and discussion on quality (Putting Things Right) elements of the Performance and Assurance Dash Board, and how the Committee might want to use th Dashboard as a practical tool to discharge some of the Committee's duty of reviewing quality and safety across the organisation.

RBW provided the Committee with a presentation introducing an overview of the Quality and Engagement (Wales) (Act) to set the future context and referenced the Quality and Improvement Strategy and Integrated

Governance Model in supporting readiness for the legislation. This was followed by a focus on the current the Putting Things Right Quality Indicators. RBW went on to highlight changes being developed to the approach with Putting Things Right (PTR) information to undertake better analysis of the data, trend analysis and hot spots, and how this information could be used to drive some of the quality improvements needed throughout directorates.

In demonstrating the Performance Assurance Dashboard, NJ reflected on the move towards actionable insights and the focus on quality standards to ensure gold standard data. He went on to outline how the dashboard could be used as a tool to help support the Board and Committees in their assurance and scrutiny role, and to support the organisation's improvement journey by assisting with greater insight and intelligence.

Following the interactive demonstration, Committee members considered questions around the future use of the dashboard, accompanying narrative to the quality section, and the format of the quarterly PTR format.

Committee members were pleased with the development of the dashboard, and discussed:

- the importance of socialising the dashboard with directorate teams;
- regarding actionable insights, further development was required to ensure an integrated approach across areas, i.e. the connection between the dashboard and risks within services, and as we moved toward outcomes, the Committee would want to review milestones, and what were the issues, trends and actions identified.
- the importance of identifying and including positive areas in a balanced way;
- evidencing of improvement over time;
- what were the mechanisms to disseminate learning identified via analysis of the insights, and how we could engage more with service users and stakeholders, noting the planned purchase of a digital tool to help capture stakeholder feedback;
- education and training support needed throughout the organisation to effectively understand and use the data and run charts. RBW advised that this was part of the plans in supporting the implementation of the Quality and Improvement Strategy. JB also agreed to facilitate a training session for the Board at a future Board Development day;

Action: JB

- that the Dashboard was a helpful tool to map out the distinct and separate areas of Committee / Board focus and could be used to inform the work programme of the Committee, to help celebrate success and delve into areas requiring greater focus;
- approaches on the presentation of the dashboard narrative. Committee members reflected that key owners would need to be present at Committee to add narrative and answer questions around the data. Committee members went on to suggest the use of an interactive media

clip that would be presented to Committee members prior to the meeting, which drew out areas of focus for directorates.

The Committee **agreed** to trial the use of the dashboard for the next PTR report at Committee, resolving to reflect at the meeting on how it went, how it added to the Committees understanding and assurance of PTR, and how the Committee would provide assurance to the Board.

Action: RBW/NJ

The Committee noted the need to reflect on the narrative that accompanied the Performance Assurance Dashboard to Committee, to have a complete retrospective picture of the previous months.

Action: RBW

The Committee reflected on the way in which the Committee considered Service User Experience and was pleased to note the procurement of a digital solution to be implemented to support Service user feedback which would better enable organisational focus on engagement and experience metrics. The Committee requested that RBW prioritise this area of work in order for the Committee to see how this would add to its understanding of the organisations services and how we would use the tools to improve the work of the Committee to discharge its duty.

Action: RBW

NJ left the meeting

Items for Assurance

QSIC 64/2021

Screening Programme Update

SH joined the meeting

The Committee received an update from SH (ref 4.2.QSIC.10112021) on the recovery of the screening programmes.

SH provided an overview of the current situation and recovery plan for each of the screening programmes, which would be supported by additional funding from Welsh Government, and action plans to mitigate the backlog across the services.

The Committee considered:

- recent reports on the success of the HPV vaccine and impact on cervical screening rates within specific cohorts, and the development of extended screening intervals and cervical self-sampling in the future;
- the timeliness of colonoscopies within Bowel Screening Wales, noting the engagement with the National Endoscopy Programme Board as a tool to work with Health Boards to optimise the system;
- the improved progress within Breast Screening for recovery, and potential exploration of artificial intelligence as a tool to support screening

- positive feedback related to the decrease in Did Not Attend (DNA) rates following direct telephone interaction with patients prior to their appointment as part of Covid safe pathways, and the wider applicability within other screening programmes.

On behalf of the Minister for Health and Social Services, JW commended SH and the Screening teams for their efforts throughout the pandemic.

JW went on to raise a number of points on the:

- delivery confidence around the spend of 1.1 million Welsh Government funding. SH advised that while there were some issues around recruitment timelines, the funding was highly expected to be used by the end of the financial year. The Committee requested detail around delivery confidence be included in future iterations of the screening programme reactivation;
- improved population literacy in terms of health behaviours and self-screening, highlighting that higher uptake in screening going forward would require ongoing associated funding;
- mitigation of reputational risks. SH advised that direct engagement and clear messaging around the limitations/constraints of the current services had helped to manage public expectations;
- need for a nuanced narrative of the risks associated with the current service levels outlined within the report, and a sense of likelihood as well as impact in future report iterations;
- engagement needed to combat the whole system issues across the programmes. MK commented that whilst he had oversight of the whole of the screening programmes, he sought to influence the system at strategic and operational level within the areas of greatest risk, and whilst noting the benefits of a more health literate population within screening services, there was a need to understand the impact on whole pathways before undertaking new initiatives.

The Committee were pleased to note the two key developments within the Screening programmes, Bowel Screening optimisation and Breast Test Wales replacement screening equipment.

The Committee thanked SH for the comprehensive update on the screening programme recovery plans, additional investment and planned innovation.

The Committee took **assurance** that the recovery of the screening programmes was progressing and that there was continued development of the programmes as required.

SH left the meeting

QSIC 65/2021	Putting Things Right (Quarter 2, including National Reportable Incidents)
<p style="text-align: center;"><i>SS joined the meeting</i></p> <p>The Committee received the Putting Things Right Report: Quarter 2, 2021-22 (Ref 4.1.QSIC.101121).</p> <p>SS provided a summary of the report, and highlighted the intention to improve the content and style of the PTR report going forward, with emphasis on trends and theme analysis which was being worked on with Quality Improvement colleagues.</p> <p>In considering the report, the Committee enquired as to the number of concerns received around the people side of the service. SS commented that this was likely a consequence of workloads and COVID changes impacting on the service user experience. SS confirmed that while directorates addressed concerns with the relevant people, the Putting Things Right team would monitor trends and support Directorates as required.</p> <p>The Committee re-iterated the agreement to trial the use of the Performance Assurance Dashboard for the next quarter of Putting Things Right.</p> <p>The Committee took assurance on the effective management of Putting Things Right.</p>	
QSIC 66/2021	Strategic Risks and Corporate Risk Register
<p>The Committee received the Public Health Wales Strategic Risks and Corporate Risk Register (Ref 4.3.QSIC.101121).</p> <p>The Committee noted the three corporate risks within the Committee's remit and the update against these. RBW commented that the Board had agreed to de-escalate Strategic Risk Two to the Corporate Risk Register, which reflected the change in context of the response and reactivation.</p> <p>KE expressed unease at the de-escalation of Strategic Risk Two to the Corporate Risk Register, however she was pleased to note the intention of further risk assessment against the nature of the risk, to be assured of appropriate oversight.</p> <p>The Committee noted that consideration would be given to how risks related to innovation and improvement would be managed, and that the Long Term Strategy review may identify other risks.</p> <p>The Committee took assurance on the effectiveness of the management of risk relating to the Committee's remit.</p>	

QSIC 67/2021

Winter Planning Update (Health Protection and Microbiology)

The Committee received an update on Winter Planning within Health Protection and microbiology services (ref 4.9.QSIC.101121).

MK provided an update on the planning, preparation and progress within Health Protection and Microbiology Services for Winter 2021/22. He went on to detail the range of support provided to Welsh Government and partners in developing a planned approach for winter. MK highlighted the organisational wide approach in response to potential health protection threats during winter; support in the surveillance of respiratory illness; reporting on the flu virus; a focus on vaccination uptake and work to increase vigilance to potential new variants of COVID-19 in a timely way.

In considering the report, the Committee enquired as to the organisation's role in aiding the public's understanding of moving from COVID-19 pandemic to endemic status. MK commented on the intention to build on health literacy levels within the Welsh population and the use of non-pharmaceutical COVID prevention methods helped to mitigate other infections, noting how the legacy of the COVID pandemic could help to embed good practice generally in terms of hand washing, social distancing, and the importance of self-isolation with flu symptoms etc.

The Committee reflected on the continual improvements around the health protection operating model and the focus of the Guidance Group to establish guidance for various sectors and settings including care homes and prisons, as the organisation moves into the next stages of the response plan.

The Committee thanked MK for the comprehensive update and took **assurance** on the winter planning within the Health Protection and microbiology services for 2021-22.

QSIC 68/2021

Health and Safety Report

The Committee received the Health and Safety Report for Quarter 2, 2021-22 (Ref 4.5.QSIC.101121).

CO provided an overview of the Health and Safety report, noting the focus on improved compliance in relation to fire risk assessment and water management; and additional workplace safety measures in light of COVID.

CO commented that while no RIDDORs were reported in quarter 2, two had been reported in October 2021. CO provided a verbal summary of these, which centred on a staff member absent from work for over seven days as a result of an incident within the labs, and also a likely case of workplace transmission of COVID in Diabetic Eye Screening (the staff effected were not service facing so there was no risk to service users in this context). These

RIDDORS had been investigated respectively and mitigating actions put in place where necessary.

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

QSIC 69/2021 Health and Care Standards Update

The Committee received an update on Health and Care Standards Self-Assessment Process 2021-22 (Ref 4.6.QSIC.101121).

ELB outlined the proposed approach for the Health and Care Standards self-assessment for 2021-22, moving forward with the Quality and Engagement Act.

The Committee queried the change from the previous year where the Health and Care Standards assessment was carried out against the operational plan due to matrix working, noting that this year's assessment would be done at directorate level and would be peer led to enable shared learning, scrutiny and challenge, in order to drive improvement.

The Committee took **assurance** on the approach to review the Health and Care Standards Plan for 2021-22, noting that the outcome of the self-assessment will be reported at Committee in the first quarter of 2022-23.

QSIC 70/2021 Bi-annual Policy Update

The Committee received the Bi-annual Policy update (ref 4.7.QSIC.101121).

The Committee considered the current status of policies within the Committee's remit, and the updates provided in relation to the review of out of date policies.

The Committee noted the intention to progress and issue for approval the suite of Safeguarding policies and procedures at the next Committee meeting, and that discussion was underway on aligning the 'Raising allegations of abuse by staff procedure' to Quality, Nursing and Allied Health Professionals directorate rather than the People and Organisational Development directorate as it was part of the safeguarding suite of policies/procedures.

The Committee highlighted the lengthy out of date period for the Medicines Management and Code of Practice policy, noted the update provided for this policy, and requested a timeline of when it would be made ready for approval. MK recognised that this was long overdue and noted that a lead for this area of work needed to be identified before a timeline could be generated.

Action: MK

The Committee took **assurance** on the prioritisation and progress being made to review Quality, Safety and Improvement policies, procedures and other written control documents.

QSIC 71/2021 Staff Flu Vaccination Update

The Committee received the Staff Flu Vaccination Update (Ref 4.8.QSIC.101121).

The Committee considered the position update on the delivery of the 2021/22 internal influenza campaign, the risks identified and the work with the communications department to boost the vaccination campaign.

The Committee took **assurance** on arrangements in place to deliver the staff flu campaign.

Items for Approval

QSIC 72/2021 Minutes, Action Log and Matters Arising of meeting

The Committee received the minutes of the Committee meeting on 19 August 2021 and Action Log (Ref 5.1.QSIC.101121).

The Committee:

- **Approved** the minutes of the meeting held on 19 August 2021 as a true and accurate records of the meeting;
- **Approved** the closure of the four actions on the action log;
- **Noted** the progress update against one open action;
- **Noted** no matters arising.

Once for Wales Concerns Management System Update (In response to action log, ref 53/2021).

SS provided a verbal update, noting receipt of the system on 29 October. Testing was underway and the implementation plan would be finalised shortly. The Committee **took assurance** that access to the current datix system would be retained during implementation of the new system.

QSIC 73/2021 Policies for approval

The Committee received the revised Outbreak Management policy and procedure (Ref 5.2.QSIC.101121).

The Committee noted that the revised document had been approved on an interim basis in April 2021, and had since been issued for staff consultation, with minor changes highlighted.

The Committee resolved to **approve** the revised Outbreak Incident Management Policy and Procedure for immediate implementation.

Items for Note	
QSIC 74/2021	Alerts Report
The Committee noted the Alerts Report for Quarter 2, 2021-22 (Ref 6.1.QSIC.101121) and took assurance on the management of alerts received by Public Health Wales.	
QSIC 75/2021	Update on the Quality Act Preparedness
The Committee noted the update on the Quality Act Preparedness (ref 6.2.QSIC.101121) and took assurance on the approach to implement the Health and Social Care (Quality and Engagement) (Wales) Act 2020.	
QSIC 76/2021	Closing Administration
QSIC 76.1/2021	Any Other Business
The Committee thanked and sent farewell to Eleri Lloyd Burns, who was due to leave the organisation at the end of November 2021.	
QSIC 76.2/2021	Committee Feedback
It was agreed that feedback from the Committee meeting would be sought via email following the meeting.	
QSIC 76.3/2021	Date of Next Meeting
Wednesday 15 February 2022	
<i>The open session closed at 12:30</i>	