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Public Health  
Wales

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

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

<b>Present:</b>		
Judi Rhys	(JR)	Non-Executive Director (Third Sector) Acting Chair of the Committee for this meeting
Diane Crone	(DC)	Non-Executive Director (University) (left at 10:50am)
Sian Griffiths	(SG)	Non-Executive Director (Public Health) and Chair of the Knowledge, Research and Information Committee
<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
Eleri Lloyd-Burns	(ELB)	Assistant Director of Quality, Nursing and Allied Health Professionals
Helen Bushell	(HB)	Board Secretary and Head of Board Business Unit
Tracey Cooper	(TC)	Chief Executive (left at 10:30am)
Eleri Davies	(ED)	Interim Medical Director and Head of HCAI and AMR Programme (for item 14.6)
Beverly Gregory	(BG)	Infection, Prevention and Control Lead
Aideen Naughton	(AN)	Service Lead, Safeguarding
Wayne Jepson	(WP)	Service Lead, Service User Engagement
Andrew Jones	(AJ)	Interim Executive Director of Public Health Services
John Lawson	(JL)	Chief Risk Officer and Head of Information Governance
Gay Reynolds	(GR)	Governance and General Manager Quality, Nursing and AHP Directorate

Stuart Silcox	(SS)	Assistant Director Integrated Governance,
Caroline Whittaker	(CW)	Quality Lead, Quality, Nursing and AHP Directorate
Stephanie Wilkins	(SW)	Staff side representative

### **Apologies**

John Boulton	(JB)	Director for NHS Quality Improvement and Patient Safety / Director 1000 Lives
Kate Eden	(KE)	Committee Chair, Vice Chair of the Board, and Non-Executive Director
Richard Hayward	(RH)	Health Inspectorate Wales (HIW) Relationship Manager
Verity Winn	(VW)	Audit Wales

*The meeting commenced at 10:00*

### **QSIC 12/2021 Welcome, Introductions and apologies**

JR opened the meeting and welcomed all present, noting that the Committee Chair KE was unable to attend the meeting. It was agreed that JR would Chair this meeting. JR 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 once the minutes had been agreed at the following meeting.

### **QSIC 13/2021 Declarations of Interest**

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

### **QSIC 14/2021 Items for Assurance**

#### **QSIC 14.1/2021 National Safeguarding Deep Dive**

The Committee received a report and presentation on the National Safeguarding Team (Ref 3.1.QSIC.140421).

AN provided the Committee with an overview of the role and function of the National Safeguarding Team (NST), including;

- An overview of the collaboration approach with Welsh Government, Health Boards and other NHS Trusts, with a focus on supporting continuous improvement in safeguarding across NHS Wales and other partnership agencies. NST provided independent national advice on behalf of the NHS Wales to the Multiagency Regional Safeguarding Boards (statutory partnerships).

- Since the beginning of March 2020, the NST had provided people resource to support the organisation's COVID-19 response for Wales.
- Key achievements included: the collaborative leadership approach through the NHS Wales Safeguarding Network and its subgroups; the development of products and improvement tools; translating Legislative and policy changes into practice; and upskilling a confident and competent workforce.
- Future vision to transform the NST was to further strengthen the system leadership approach; increase the use quality improvement methodologies and approaches; learning together along with NHS Wales, whilst retaining collaborative leadership of the NHS Wales Safeguarding Network.
- The next steps included commissioning an external Project Consultant to assess the current position as a Team; work collaboratively to develop a NST Quality and Improvement Plan; and identify, agree and commence a joint network improvement project to nurture quality improvement capability and capacity.

JR thanked AN for the informative presentation.

The Committee noted the following:

- Commented the team on the collaborative approach in place; and asked how this approach was communicated to partners, noting the importance of engagement for a successful systems leadership approach. AN confirmed that the team were members of all the Regional Safeguarding Boards, and continued have an open dialog with partners to ensure the challenges as an organisation were understood.
- AN highlighted the team were a small resource across a national function, and the importance of making clear our narrative of what the new offer could be: to look across that system for improvements.
- RBW had met with Welsh Government to discuss the risk outlined within the presentation around participation in practice reviews at a regional level; this had covered not only the impact of COVID-19, but also consideration as to what the role of a national safeguarding team should be going forward to make the most impact.
- RBW emphasised the need to strengthen the corporate safeguarding function, for a more effective relationship from a corporate perspective.

The Committee:

- **Noted** the overview of NST's role and function and future direction;
- **Noted** the impact of COVID-19 on service delivery;
- **Took assurance** that the service delivered a quality service;
- **Noted** the planned next steps.

<b>QSIC 14.2/2021</b>	<b>Arrangements for Medical Devices Management</b>
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The Committee considered the arrangements for medical devices management (Ref 3.2 QSIC.140421), which outlined the impact of changes
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in applicable legislation, and an overview of the work being undertaken to strengthen arrangements and ensure effective oversight of medical devices across the organisation.

SS provided an overview of the report and highlighted the following areas:

- There were a number of medical device registers in place within the organisation, the importance of the accuracy of these to ensure all devices were properly maintained was highlighted;
- The risk outlined in the report was the potential for harm if devices are unregistered, and secondly not being able to track a device in the event of safety alerts. Medical registers that are complete and accurate and regularly up to date are a key control;
- Aim of the work being undertaken was to bring the information contained on these registers together for corporate oversight; to undertake gap analysis to identify and devices that were not on the register; and
- The outcome of this work would be reported this back to Committee following the review.

The Committee noted that the organisation had taken account of the impact of changes in applicable legislation, and **took assurance** on the work already undertaken and plans to further strengthen organisational arrangements for Medical Devices as part of the broader integrated governance arrangements.

<b>QSIC 14.3/2021</b>	<b>Putting Things Right Report - Quarter 4</b>
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The Committee considered the Putting Things Right Report – Quarter 4 (Ref 3.3 QSIC.140421).

JL highlighted the following from the report:

- Two serious incidents had been reported within the quarter; this was a higher number than was usually reported, however the data did not support any indications of a significant trend or shift of concern;
- Complaints performance was improving: a Complaints Coordinator was now in post providing additional resources to the process;
- Quality reviews were starting to show benefit; from the next quarter it was anticipated that there would be some data on trends to share with the Committee.
- The Quality Act and the Duty of Candour was due to come into operation this year, which would impact Putting Things Right reporting; Welsh Government had confirmed that due to the pandemic this would now be implemented within 2022.

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

<b>QSIC 14.4/2021</b>	<b>Our Approach to Engagement' Implementation Plan Update</b>
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The Committee considered the 'Our Approach to Engagement' Implementation Plan Update (Ref 3.4 QSIC.140421).

WJ provided the following updates:

- The Committee had approved the 'Our Approach to Engagement' in November 2020, which had been delayed from the original target date due to COVID-19;
- There were 20 deliverables to achieve in year one; three had been completed; 14 were on target to complete this year; and three were highlighted with challenges to complete; three had been highlighted as challenging to achieve due to the impact of resources. WJ confirmed there was no impact of the overall delivery timeline.
- WJ passed on his thanks to the team for the delivery that had been achieved against the plan within the current climate, with the majority of the teams resource diverted to support the organisations COVID-19 response.

RBW added that service user feedback was an important element and would form part an important part of the delivery of the plan.

Noting that older people had been significantly impacted by the pandemic, the Committee asked whether this group was referenced within the plan and strategies in place to engage with these. WJ confirmed that engagement with older people was built into the plan and older people were identified as a key group. An update on progress would be provided to the Committee in the next update specific to this hard to reach group. Adding to this, RBW also referenced the importance of partnership working, in particular with the third sector, and working with the Older Peoples Commissioner.

The Committee asked how engagement with minority and ethnic communities had been incorporated into the plan. RBW stated that expertise had been embedded within the Communicating Team to support the development of guidance in line with best practice. WJ added that the plan had a built in review following year one to adapt the approach and be as flexible and agile.

The Committee took **assurance** on the progress of delivering the implementation plan of 'Our Approach to Engagement'.

<b>QSIC 14.5/2021</b>	<b>Health and Care Standards Self-Assessment Update 2020/21</b>
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The Committee considered the Health and Care Standards Self-Assessment Update 2020/21 (Ref 3.5 QSIC.140421).

CW noted the following from the report:

- This year the self-assessment had been completed at an organisational level, based around the six priority areas outlined in the Operational Plan.

- There were three areas that scored a level 3 (a level 3 is defined as 'We are developing plans and processes and can demonstrate progress with some of our key areas for improvement'): Governance, Leadership and Accountability; timely care and staff and resources. The reasons for this were provided in the report, and were as a result of ongoing issues from the pandemic such as the review of Covid Governance arrangements, the mobilisation of staff, and the temporary suspension of screening service.

RBW emphasised that the scores were composite scores of the individual contributors. The scoring relating to governance w\z impacted by the current piece of work to review the COVID-19 governance arrangements, which was due to be completed shortly. AJ and HB reinforced this, and assured the Committee that once this work was complete it was anticipated that the scoring would return to 4.

Regarding the timeliness of care elements of the report, AJ reiterated that the reactivation of screening was closely monitored through the Business Executive Team and the Committee.

JR thanked CW for the update, and the Committee took **assurance** on the Health and Care Standards Self-Assessment 2020/21.

<b>QSIC 14.6/2021</b>	<b>Medical Revalidation and Job Planning</b>
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ED provided the Committee with a verbal update on Medical Revalidation and Job Planning:

- During the pandemic, the General Medical Council (GMC) issued guidance on the pausing of appraisals and revalidation, which was supported by the Chief Medical Officers (CMO) in Wales.
- Those doctors due to be revalidating in 2020 had their revalidation dates moved to 2021 and the appraisal system was available to people as a way of supporting wellbeing.
- GMC conformed that the arrangements would continue to 31 March. As of April 2021, the temporary pause had ceased, and those due to revalidate in 2020 were required to revalidate in 2021; with the focus of the appraisals remaining on wellbeing and support, and accepting that some of the supporting evidence may not be available for some as a result of the pandemic.
- Public Health Wales has 27 doctors who would be required to revalidate by the end of 2021.
- ED confirmed she would be informing all colleagues in Public Health Wales of the requirements via the Interim Medical Director bulletin.
- There were challenges with appraiser numbers available, which would be worked through with the new National Director for Health Protection and Screening Services, and Medical Director to take this work forward, who was due to take up post in June.
- In relation to job planning, was the the contractual elements for colleagues had significant changes to job plans during the pandemic; a

number of job plans have had to be revised; these needed to be regularly reviewed particularly in the current COVID-19.

- Work had resumed to discuss the implementation of an All Wales approach to electronic platform for job planning.

The Committee **noted** the update, and suggested that the Committee keep this matter under review, particularly the support that staff would require and wellbeing and making sure that we can be flexible in our approach to revalidation. The Committee **agreed** to receive a further written update at the next meeting.

**Action: ED**

AJ added that the UK Public Health Register adopted the same approach as the GMC in relation to revalidation and job planning, that he was working with ED on this and that the Committee would be updated on this. RBW added that for the remained of the regulated workforce in Public Health Wales, the Health Care Professional Council had also received this directive.

JR thanked ED for the update, and the Committee **noted** the information contained within the verbal update.

<b>QSIC 15/2021</b>	<b>Items for Approval</b>
<b>QSIC 15.1/2021</b>	<b>Emergency Planning and Business Continuity – Annual Report 2020/21</b>

The Committee considered the Emergency Planning and Business Continuity – Annual Report 2020/21 (Ref 4.71 QSIC.140421).

AJ provided an overview of the report, outlining that the Annual Report was provided based on a calendar year to provide assurance of Annual activity relating to Emergency Planning.

A summary of the activity for 2020 was attached at Appendix 1. Appendix 2 contained a summary of the COVID-19 activity during the pandemic, which covered the period January 2020 to March 2021. A separate EU exit programme report was to be reported directly to Board.

Learning was an important part of reflection and foresight for Emergency planning, the response to the COVID-19 pandemic, and implementation of emergency management arrangements across the organisation, had subsequently identified organisational learning in the response to the emergency. HB reinforced the close links to this strand of work to the work undertaken as part of the Operational Plan regarding Organisational learning.

AJ confirmed that a review of the Emergency Response Plan was planned for early in 2020/22.

The Committee thanked AJ and the team for the breadth of work outlined within the report, and supported the continual learning approach outlined.

The Committee:

- **Took assurance** in relation to the organisations compliance with the requirements of the Civil Contingencies Act [2004] and the NHS Wales Emergency Planning Core Guidance [2015];
- **Approved** the Annual report 2020 and note the update on the training and exercise activities undertaken during 2020 in relation to the emergency plan and the implementation of learning;
- **Noted** the plan to further review the emergency planning and business continuity arrangements during 2021/22.

<b>QSIC 15.2/2021</b>	<b>Infection Prevention and Control – Annual Report 2019/20</b>
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The Committee considered the Infection Prevention and Control – Annual Report 2019/20 (Ref 4.3 QSIC.140421), to provide assurance that the organisation was meeting its statutory requirements in relation to the management of infection prevention and control.

BG highlighted the following from the report:

- Flu vaccination uptake was at 68.7%, which was the highest in Wales.
- Priorities were to evaluate the audit programme within screening, supporting the activation of screening.

Due to operational challenges associated with the pandemic as well as resource prior to COVID, this was first opportunity to present the Annual Report. RBW advised the Committee that it was anticipated that the Infection Prevention and Control 2020/21 Annual Report would be presented to the Committee at its next meeting.

The Committee **approved** the Infection Prevention and Control Annual Report for 2019/20.

<b>QSIC 15.3/2021</b>	<b>Quality and Clinical Audit Plan – Annual Report 2020/21</b>
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The Committee considered the Quality and Clinical Audit Plan – Annual Report 2020/21 (Ref 4.3 QSIC.140421).

CW highlighted that the report summarised a range of national and local audits have been undertaken in 2020-21, reflecting the breadth of work undertaken across Public Health Wales.

RBW noted that the intended approach for the following year was to undertake a more triangulated approach, linking with learning in other areas such as Internal Audit.



The Committee **approved** and took **assurance** on progress against the Annual Quality and Clinical Audit Plan 2020/21.

<b>QSIC 15.4/2021</b>	<b>Exposure Injury (including needle stick injury) and Safe Management of Sharps Policy and Procedure</b>
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The Committee considered the Exposure Injury (including needle stick injury) and Safe Management of Sharps Policy and Procedure (Ref 4.4 QSIC.140421), which provided an organisational statement of intent to commit to current standards and guidance with regard to exposure and needle stick injury and safe management of Sharps. The supporting Procedure document provided detailed instructions on appropriate processes and guidance including individual responsibilities.

The Committee **approved** the Exposure Injury (including needle stick injury) and Safe Management of Sharps Policy and Procedure.

<b>QSIC 15.5/2021</b>	<b>Terms of Reference Safeguarding Group</b>
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The Committee considered the reporting outlining the review of the Terms of Reference for the Safeguarding Group (Ref 4.5 QSIC.140421).

The Committee **approved** the revised terms of reference for the Safeguarding Group.

<b>QSIC 15.6/2021</b>	<b>Outbreak Management Policy and Procedure</b>
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The Committee considered the Outbreak Management Policy and Procedure (Ref 4.6 QSIC.140421). BG advised that the Policy and Procedure would require wider consultation as per the organisational process for the approval of policies. The Committee was being asked to approve the Policy and Procedure as an interim arrangement, for a three month period with immediate effect, while the wider consultation was progressed. When the consultation process was complete, the documents would be resubmitted for final approval by the Committee.

The Committee **approved** the Interim Outbreak Management Policy and Procedure

<b>QSIC 15.7/2021</b>	<b>Minutes, Action Log and Matters Arising – 09 February 2021</b>
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The Committee received the minutes of the Committee meeting on 9 February 2021 and Action Log (Ref 4.7 QSIC.140421).

LB provided a verbal update on the action relating to confirmation from Health Inspectorate Wales (HIW) to monitor the Breast Test Wales Implementation Plan. RH had confirmed HIW were planning to review these actions imminently.

The Committee:

- **Approved** the minutes of the meeting held on 9 February 2021 as a true and accurate record of the meeting.
- **Approved** the closure of the 1 action on the action log.
- **Noted** that there were no matters arising.

<b>QSIC 16/2021</b>	<b>For Discussion</b>
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<b>QSIC 16/2021</b>	<b>Review of Committee Effectiveness and Work Programme for 2021/22</b>
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LB provided a presentation to the Committee summarising the outcome of a recent online survey undertaken of Committee members and attendees of the Quality, Safety and Improvement Committee. The scope of the survey was to seek feedback from the group on the key areas of the Committees remit, the quality of reporting and any areas of improvement.

In summary, the feedback received was as follows:

- Positive feedback on the meeting structure; the Chairing and the approach taken during the COVID-19 pandemic to provide assurance;
- Areas for improvement included: further clarification on the Committee's role in ensuring clinical audit assurances; further insight into the clinical audit programme with any emerging themes that may be common across different areas; further data in relation to trends and impact of any improvements identified would be beneficial in the provision of assurance; agenda could be broader to cover the breadth of taking more of a quality improvement approach.

The Committee **supported** the proposed actions within the presentation, and noted that the themes and actions would be reported as part the overall Board Performance and Effectiveness Review at Board in quarter 1 of 2021/22.

<b>QSIC 17/2021</b>	<b>Items to Note</b>
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<b>QSIC 17.1/2021</b>	<b>Update on Annual Quality Statement 2020/21</b>
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The Committee **noted** the Update on Annual Quality Statement 2020/21 (Ref 6.1 QSIC.140421).

<b>QSIC 17.2/2021</b>	<b>Alerts Report Quarter 4 Report</b>
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The Committee **noted** the Alerts Report Quarter 4 Report (Ref 6.2 QSIC.140421).

<b>QSIC 17.3/2021</b>	<b>Integrated Governance Model</b>
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The Committee **noted** update on the Integrated Governance Model (Ref 6.3 QSIC.140421).

<b>QSIC 17.4/2021</b>	<b>Health and Safety Report Quarter 4 Report</b>
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The Committee **noted** the Health and Safety Report Quarter 4 Report (Ref 6.4 QSIC.140421).

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<b>QSIC 17.5/2021</b>	<b>Corporate Risk Register</b>
The Committee <b>noted</b> the Corporate Risk Register (Ref 6.5 QSIC.140421).	
<b>QSIC 18/2021</b>	<b>Closing Administration</b>
<b>QSIC 18.1/2020</b>	<b>Any Other Business</b>
There was no other business.	
<b>QSIC 18.2</b>	<b>Date of Next Meeting</b>
16 June 2021 at 10am.	
<b>QSIC 18.3</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>	