



**Unconfirmed Minutes of the Public Health Wales  
Quality, Safety and Improvement Committee Meeting  
14 December 2022, 10:00**

**Held via Microsoft Teams and in person at Magden Park Screening  
Laboratory**

<b>Present:</b>		
Kate Eden	(KE)	Committee Chair, Vice Chair of the Board, and Non-Executive Director
Diane Crone	(DC)	Non-Executive Director (University) (for part of the meeting)
Nick Elliott	(NE)	Non-Executive Director (Data and Digital)
Sian Griffiths	(SG)	Non-Executive Director (Public Health) and Chair of the Knowledge, Research and Information Committee
<b>In Attendance:</b>		
Liz Blayney	(LB)	Deputy Board Secretary and Board Governance Manager
John Boulton	(JB)	National Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru (for part of the meeting)
Angela Cook	(AC)	Deputy Director of Quality and Nursing
Sharon Hillier	(SH)	Director, Screening Division (for item 4.6)
Wayne Jepson	(WP)	Head of Quality, Engagement and Collaboration
Olusola Okhiria	(OO)	Trade Union representative
Chris Orr	(CO)	Head of Estates and Health and Safety/General Manager Operations and Finance (for item 4.9)
Jessica Taylor	(JT)	Quality Improvement and Clinical Audit Support Officer (for item 3)
Francesca Thomas	(FT)	Head of Putting Things Right (for item 4.1)
Jan Williams	(JW)	Chair of the Board
Rhiannon Beaumont-Wood	(RBW)	Executive Director of Quality, Nursing and Allied Health Professionals

Public Health Wales	Unconfirmed Quality, Safety and Improvement Committee Minutes 14 December 2022
---------------------	---

Tracey Cooper	(TC)	Chief Executive Officer (for part of the meeting)
Meng Khaw	(MK)	National Director of Health Protection and Screening Services, Executive Medical Director (for part of the meeting)
Paula Mitchell	(PW)	Quality & Clinical Governance Manager (for item 4.7)
<b>Apologies</b>		
Helen Bushell	(HB)	Board Secretary and Head of Board Business Unit
Stuart Silcox	(SS)	Assistant Director Integrated Governance, Quality Nursing & Allied Health Professionals
Christopher Thomas	(CT)	Governance and General Manager
<b>Secretariat</b>		
Reanne Reffell		Board Support Officer
<i>The meeting commenced at 10:00</i>		
<b>QSIC 1/2022.12.14 Welcome, Introductions and apologies</b>		
<p>The Chair opened the meeting and welcomed all present and noted that meetings were being held in person at the screening facilities at Magden Park, Llantrisant and electronically. She thanked Sharon Hillier and the team for their hospitality at the venue and noted that all Non-Executive Directors had been invited to the venue to meet with the screening teams later that day and tour the facilities. She hoped that this would be a useful follow on to the extended session with Sharon Hillier on screening recovery on the agenda for the Committee.</p> <p>The Committee <b>noted</b> the apologies above.</p> <p>The Committee <b>noted</b> 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.</p> <p>The Chair commented that due to unforeseen circumstances, agenda items would be taken in a different order to the agenda to accommodate speaker availability.</p>		
<b>QSIC 2/2022.12.14 Declarations of Interest</b>		
There were no declarations of interest in addition to those already declared on the Declarations of Interest register.		
<b>QSIC 3/2022.12.14 Deep Dive - Quality &amp; Clinical Audit</b>		
JT presented the Quality and Clinical Audit, which included the background, key drivers for change, such as Quality as an Organisational Strategy and the Quality/Duty of Candour Act, and key improvement aims around the quality assurance of the audit process, learning from audits and increased audit across the directorates. JT concluded the presentation by demonstrating the		
<b>Date:</b> 14 Dec 2022	<b>Version:</b> 0	<b>Page:</b> 2

new Quality and Clinical Audit template used by directorates, which aims to identify standards, best practice, drivers for quality improvement and recommendations.

The Committee reflected on the usefulness of the new Quality and Clinical Audit template and considered ways to address disproportionate take up across areas within the Organisation. The Committee considered ways to improve awareness, such as matrix working, and hosting learning and engagement events as part of the National Clinical Audit Awareness Week in June 2023, the need to build a culture of improvement, using the narrative of Quality as an Organisational Strategy as a valuable key driver for delivery.

The Committee commented on engagement with Audit Wales and the WHO Collaborating Centre as a way to emphasise the quality aspect along with clinical audit, placing emphasis on the role it played in providing assurance and driving improvement as part of the Organisations culture.

RB-W highlighted that JT was the sole resource for this piece of work, and further investment would be required to resource any significant expansion of the Quality/Clinical Audit function. RB-W reflected that working with the Business Leads Group was key in socialising the work to embed quality and clinical audit within the culture of the organisation, and noted that conversations had started with the Board Business Unit and Internal Audit to align other audit activity with the Quality/Clinical Audit Plan.

Committee members thanked JT for the comprehensive overview of work, noting the systematic way of undertaking it within a learning context and cultural piece, and reflected that this needed to be embedded as part of Public Health Wales' infrastructure, underpinning and enabling investment, and within the context of Quality as an Organisational Strategy.

The Committee took **assurance** on the management of Quality and Clinical Audit within the Organisation and **agreed** to consider further progress in a year's time.

**Action: RBW/LB**

<b>QSIC 4/2022.12.14</b>	<b>Items for Assurance</b>
--------------------------	----------------------------

<b>QSIC 4.1/2022.12.14</b>	<b>Putting Things Right Report (Q2)</b>
----------------------------	---

FT presented the Putting Things Right quarter 2 report. She highlighted four Nationally Reportable incidents and one No Surprises incident, which were within the Health Protection and Screening Services Directorate. FT assured the Committee that full investigations had taken place in each case. FT also provided an overview of the complaints and compliments received.

FT expanded on a planned piece of work to improve Cervical Screening Incidents, particularly in areas where services were not provided by Public Health Wales. This would include engagement with Health Boards to identify

issues and a review of current processes, practices and training for quality improvement. JW suggested a review of the extent of commissioning / specification and requirements for quality assurance and relevant revision at a future meeting.

**Action: RBW / MK**

RB-W advised that use of the Quality Dashboard would be reintroduced at future meetings.

SW sought assurance that the wellbeing of staff in receipt of complaints was being addressed. Assurance was provided that staff wellbeing was addressed on each occurrence and was also picked up as part of the complaints training package. FT agreed to follow this up with SW outside of the meeting if further assurance was required.

OS raised points around the need to ensure healthcare professional staff were trained in communication, dignity and privacy matters. Committee members agreed on these important points, and RB-W agreed to follow up the support of staff with the Director of People and Organisational Development.

**Action: RBW**

RBW advised the Committee of the development of a clinical governance framework and clinical supervision framework, which were two component parts that would help to support healthcare professional staff in this area.

The Committee thanked FT for the update, and took **assurance** on the effective management of Putting Things Right.

#### **QSIC 4.2/2022.12.14     Managing Risk**

RB-W introduced the Strategic Risk Register, noting that the Board had held in-depth discussion at the November Board meeting.

TC advised that the assurance statement on Strategic Risk 1 remained accurate, and went on to provide an update on relevant meetings with a focus on climate change and health inequalities. TC concluded her update by noting the period of transition following a refresh of the Long Term Strategy and the consideration of the continued need of this strategic risk.

JW sought assurance on a change of approach to the model in Strategic Risk 2. RB-W confirmed that MK was liaising with the People and Organisational Development Directorate on this matter, and that a paper on options to mitigate continued difficulties to recruit in North Wales would be considered at a January 2023 Business Executive Team meeting.

RB-W provided an overview of the Corporate Risks within the Committees remit, which included an update on: the progress of the Duty of Quality and Duty of Candour; the ongoing transformation of Diabetic Eye Screening

Wales; and ongoing recruitment issues related to the Microbiology Services in North Wales, which was being considered by the People and Organisational Development Committee. KE referenced the recruitment cross over with this Committee, and asked that thought be given to how this Committee was sighted on relevant matters within the remit of the People and Organisational Development Committee.

**Action: RBW/MK**

The Committee took **assurance** that the organisation's Strategic and Corporate risks within the remit of the Committee were being managed appropriately

<b>QSIC 4.3/2022.12.14</b>	<b>Alerts Report (Quarter 2)</b>
----------------------------	----------------------------------

AC provided an overview of the quarter 2 Alerts report, noting that the Alerts Policy and Procedure had been updated and were out for consultation.

The Committee took **assurance** that an effective management system for distribution, monitoring and record keeping for alerts / safety notices was in place.

<b>QSIC 4.4/2022.12.14</b>	<b>Arrangements for Medical Devices Management</b>
----------------------------	--

MK provided a verbal update on the arrangements for Medical Devices Management. He advised the Committee that the Medical Devices Management Group had provided input into the refresh of the policy, which was due to be approved and published as an interim policy in the New Year. A more detailed iteration of the policy would be issued following the development of new regulations in 2024. MK concluded the update by assuring the Committee of the mechanisms in place to manage medical devices at a local level.

The Committee queried the use of Artificial Intelligence (AI) as a medical device. MK advised that depending on usage, AIs may sometimes be construed as a medical device, therefore usage would continue to be monitored carefully.

The Chair thanked MK for the update, and the Committee took **assurance** on the management of Medical Devices

<b>QSIC 4.5/2022.12.14</b>	<b>Break</b>
----------------------------	--------------

<b>QSIC 4.6/2022.12.14</b>	<b>Screening Service Update</b>
----------------------------	---------------------------------

SH provided an overview and update of the screening services, noting the recovery of Bowel Screening Wales (BSW) and Cervical Screening Wales (CSW) and outlined the work underway to recover the remaining screening programmes (Breast Test Wales (BTW), Abdominal aortic aneurysm (AAA) and Diabetic Eye Screening Wales (DESW)).

SH expanded on developments across the programmes, which included:

- The introduction of symptomatic faecal immunochemical test (FIT) testing within Bowel Screening Wales;
- A focus on reducing inequity and associated key strategies;
- The transformation work for the Diabetic Eye Screening Wales;
- The work requested by Welsh Government to develop business cases for two additional screening programmes (Targeted Lung Cancer Screening and Newborn Infant Physical Screening Cymru).

The Committee went on to consider:

- The level of understanding of the risk associated to current delays to the recovery of the breast screening service. SH advised that a model of expectation had been considered, which suggested that there was very likely to be an impact. The system as a whole was working together to process the large numbers of people requiring screening and that there had been clear communication that people with symptoms should be presented to the symptomatic service;
- The benefits of using apps within DESW to improve access, and utilisation of Artificial Intelligence (AI) early in the development of the new Lung Screening programme, although previous bias in AI reading of imagery was noted. SH agreed with these points. MK noted that there may be constraints in deploying AI in screening programmes as the programmes were specified and recommended by UKNSC following a review of the latest evidence. MK welcomed a continued exploration of innovate practice and other examples of deploying AI in screening programmes;
- When the equity work was expected to make a visible difference in action. SH advised that the implementation of the FIT test in bowel screening had narrowed the equity gap. Other equity work was ongoing, and SH advised she would update the Committee with the equity report upon its completion and dissemination to Health Boards;
- Staffing issues in BTW and whether there were establish business planning continuity. SH advised of the plan for resource in the South East in 2023, and that the North Wales workforce issues was being looked at through the People and Organisational Development Committee;
- Communication risks following a change to the DESW screening intervals. SH recognised the risk, noting that the directorate had taken on board lessons learnt from the Cervical Screening change to screening interval campaign. It had been discussed at a Community Health Council meeting, and the Directorate would work with the Communications department to try to mitigate any risk. SH agreed to reflect this in the existing Corporate risk on DESW;

**Action: SH / M K**

- Evaluation of the population impact and reflection of outcomes when looking at equity in order to prioritise services. SH outlined the planned focus on improving outcome reviews with the Policy and International Health, WHO Collaborating Centre on Investment for Health and Well-being directorate;
- JW reflected on future questions for future Board consideration as part of the Long Term Strategy review, around: consideration of the growth programme; strategic lens of achievability and sustainability; equity and outcomes; clinical, legal and public challenges.

The Committee thanked SH for the comprehensive update, and thanked the screening division team in recognition of their efforts in driving improvement together with the recovery of the screening programmes.

The Committee took **assurance** on the work underway within the Screening Division to deliver, recover and develop the screening programmes.

#### **QSIC 4.7/2022.12.14**

#### **Clinical Governance Framework- Progress update**

RB-W introduced the Clinical Governance Framework progress update, noting the shared responsibility with MK to develop the framework and ensure alignment with Quality as an Organisational Strategy.

WJ presented the progress update, noting the new Duty of Quality reporting requirements and the need for a transparent framework. PM went on to present an update on the 'Standards and Key lines of Enquiry workshop outcomes' and the next steps, which would include a theme workshop, definition of clinical services, engagement with the wider organisation and development of the draft framework.

The Committee considered:

- The triangulation of data, and human interaction in relation to good governance and the identification of risks. RB-W agreed that risk and human factors were central, and MK commented that this framework would help to clarify explicit expectations of people. The next steps would be to set standards (that were fit for the public health context and in collaboration with staff) that were regularly monitored and audited for assurance.
- The resourcing implications and planning for workforce capability and training. RB-W and MK commented on the intention to look at role redesign / re-profiling to ensure the right clinical supervision arrangements and clinical governance framework were in place to support staff competency.
- How the organisation shared learning on an external basis. MK advised that that Health Protection team would continue to be a system leader by offering training and development to the wider

system, such as local authorities, health boards and communities. Learning was also shared on a global basis via publications and presentations at conferences. In follow up, RB-W commented on the need to map Public Health Wales as a system to understand where the learning was being disseminated and extended an invite for OO to engage with WJ and PM. AC also commented on opportunities for formal and informal routes to share learning, highlighting the newly formed engagement and experience Network. NE commented that this area was relevant to the Organisations' knowledge management agenda for helping people find our work and ensuring good communication.

The Committee took **assurance** on progress on the development of the Public Health Wales Clinical Governance Framework.

#### QSIC 4.8/2022.12.14

#### Corporate Infection, Prevention & Control – Mid Year Update

AC introduced and provided an overview of the Corporate Infection Prevention and Control (IPC) mid-year update, highlighting the engagement with the People and organisational Development Directorate to improve training compliance. AC also provided an overview of two risks and two No Surprise incidents.

MK sought assurance on the process for logging injuries sustained by Public Health Wales staff whilst working within a health board. AC and RB-W confirmed that it should be attributed to Public Health Wales but they would follow the process up and confirm with MK.

#### Action: RBW

The Committee took **assurance** that the IPC Group and Lead Nurse for IPC (Corporate) were ensuring that Public Health Wales was meeting its IPC responsibilities.

#### QSIC 4.9/2022.12.14

#### Health & Safety Report (Quarter 2)

CO introduced the Quarter 2 Health and Safety Report, highlighting the RIDDORS received in Quarter 2, and two additional RIDDORS received since the report was submitted. CO assured the Committee that a session had been held with Microbiology staff to review the incidents and identify any process improvements. CO also advised of a planned Health and Safety Executive visit in relation to the respective RIDDORS.

CO concluded the update by noting the compliance for fire, electrical and water inspections.

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



<b>QSIC 5 / 2022.12.14</b>	<b>Items for Approval</b>
<b>QSIC 5.1/2022.12.14</b>	<b>Minutes, Action Log and Matters Arising of the meeting</b>
<p>The Committee:</p> <ul style="list-style-type: none"> <li>• Considered and <b>approved</b> the minutes of the meeting held on 19 October 2022 as a true and accurate records of the meeting;</li> <li>• Considered the updates to the action log and <b>approved</b> the closure of two actions on the action log;</li> <li>• <b>Noted</b> there were no matters arising.</li> </ul>	
<b>QSIC 5.2 / 2022.12.14</b>	<b>Policies and Procedures for Approval</b>
<p>The Committee considered and <b>approved</b> the Fire Safety Policy and Water Management Policy.</p>	
<b>QSIC 6/2022.12.14</b>	<b>Items to Note</b>
<b>QSIC 6.1/2022.12.14</b>	<b>Committee Workplan 2022/23</b>
<p>The Committee <b>noted</b> the Committee workplan for 2022/23</p>	
<b>QSIC 7/2022.12.14</b>	<b>Closing Administration</b>
<p>The Committee <b>noted</b> that additional feedback on the meeting would be sought via email.</p> <p>The Committee <b>noted</b> that the next meeting would be held on 15 February 2023.</p> <p>KE closed the meeting by thanking SH and the screening division staff for their support in hosting the visit and tour at Magden Park and looked forward to meeting more of the staff in the afternoon session open to all NEDs in the facility.</p>	
<p><i>The open session closed at 13:00</i></p>	