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**Unconfirmed Minutes of the Public Health Wales
Quality, Safety and Improvement Committee Meeting
15 February 2022, 12:30
Held via Microsoft Teams**

Present:		
Kate Eden	(KE)	Committee Chair, Vice Chair of the Board, and Non-Executive Director
Sian Griffiths	(SG)	Non-Executive Director (Public Health) and Chair of the Knowledge, Research and Information Committee
Judi Rhys	(JR)	Non-Executive Director (Third Sector)
In Attendance:		
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
Helen Bushell	(HB)	Board Secretary and Head of Board Business Unit
Rebecca Clement	(RC)	General Management Graduate (observing)
Paul Dalton	(PD)	Head of Internal Audit
Eleri Davies	(ED)	Interim Deputy Medical Director and Head of HARP Programme
Rebecca Fogarty	(RF)	Engagement & Collaboration Manager
Wayne Jepson	(WP)	Programme Lead / Improvement Advisor
Donna Newell	(DN)	Named Safeguarding Lead
Olusola Okhiria	(OO)	Trade Union representative
Chris Orr	(CO)	Head of Estates and Health and Safety/ General Manager Operations and Finance (for item 3.4/2022)
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Jessica Taylor	(JT)	Quality Improvement and Clinical Audit Support Officer
Matthew Taylor	(MT)	Trade Union representative
Christopher Thomas	(CT)	Governance and General Manager
Francesca Thomas	(FT)	Head of Putting Things Right

Sarah Thomas	(ST)	Health Inspectorate Wales Representative
Jan Williams	(JW)	Chair of the Board
Caroline Whittaker	(CW)	Lead Nurse and Corporate Standards

Apologies

Rhiannon Beaumont-Wood	(RBW)	Executive Director of Quality, Nursing and Allied Health Professionals
Tracey Cooper	(TC)	Chief Executive Officer
Diane Crone	(DC)	Non-Executive Director (University)
Andrew Jones	(AJ)	Deputy Director of Health Protection and Screening Services, Executive Team
Meng Khaw	(MK)	National Director of Health Protection and Screening Services, Executive Medical Director
Verity Winn	(VW)	Audit Wales Representative

Secretariat

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

QSIC 1/2022 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 2/2022 Declarations of Interest

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

QSIC 3/2022 Items for Assurance

QSIC 3.1/2022 Putting Things Right Report (Quarter 3, including National Reportable Incidents)

The Committee received the Putting Things Right Report Quarter 3 2021-22 (ref 3.1 QSIC 2022_02_15).

In introducing the paper, SS emphasised the proposed refresh of Putting Things Right (PTR) in light of the new Health and Social Care (Quality and Engagement) Act, and the Duty of Candour element within the act. Plans included: updating existing policies and procedures; becoming a focal point

for help and support within this area; and driving quality and improvement across the organisation.

SS went on to provide an overview of the Quality Dashboard within the Performance Assurance Dashboard (PAD), noting that key detail and narrative was explained in the accompanying paper. SS reflected that the application of dedicated resource within the incidents team may have been a contributing factor to the reduction in the number of open incidents, and provided a summary of both nationally reportable incidents and no surprises incidents. He also highlighted the lessons learnt actions following incidents related to the assurance of sign off of communications material and the British Sign Language (BSL) video. SS and FT concluded the presentation of the Dashboard by advising of improvement plans to the Quality Dashboard.

The Committee considered:

- The user friendly aspect of the Quality Dashboard, and queried its distribution across the organisation. SS recognised the need to proactively share the Dashboard in order to disseminate learning and advised that this was a work in progress. FT advised of the teams' collaboration with colleagues in Service User and Engagement and the planned establishment of an Experience and Learning Group that could help facilitate this.
- The suggested improvement plans for the Quality Dashboard; and went on to request a timeline for the process improvement aspect, the delivery outcomes to measure the difference made, and how it would connect with the wider improvement and outcomes work. SS commented on the work with JB and the Quality Improvement (QI) Hub to review performance matrices, and suggested that further development of the PAD would display improvements over timelines through trend and analysis. JB commented on the importance of the link between Putting Things Right and the Improvement Programme that would be supported by the QI Hub. JB suggested tabling a paper at the next Committee meeting which would describe how the QI Hub supports the work within the Quality, Nursing and Allied Health Professional's directorate. The Chair confirmed the Committee's request for indicative timings of improvement plans to the Quality Dashboard, and a paper on the support of the QI Hub at the next meeting.

Action: Stuart Silcox / John Boulton

The Committee took **assurance** on the effective management of Putting Things Right.

QSIC 3.2/2022

Audit Reports

QSIC 3.2.1/2022

Quality and Clinical Audit Plan Update 2021/22

The Committee received the Interim Report of the Quality and Clinical Audit Plan 2021-22 (ref 3.2.1a QSIC 2022_02_15) and the Quality and Clinical

Audit Planning Process: Proposed improvements presentation (ref 3.2.1b QSIC 2022_02_15).

CW and JT provided an update to the Committee on the quality and clinical audit process, highlighted the reporting of audit findings and went on to suggest a number of improvements, such as standardised audit reports, digitalisation and additional in-house training. JT reflected on the iterative improvement programme, commenting on the improvements already made, and the intention to continue to make further improvements as part of the continuous improvement cycle.

The Committee considered:

- The important value of plotting what's happening across the organisation in terms of audit and queried how the work would connect and integrate with both the Quality Improvement Hub via JB, and the Integrated Medium Term Plan (IMTP), via Nathan Jones. JB reflected on the need to consider quality improvement programmes as an extension to the audit process, and agreed to liaise with SS, CW and JT to consider how the Hub could help the team to drive the improvement work going forward. The Committee requested an update on the linkages and next steps, at the appropriate time.

Action: John Bolton

- The removal of five audits during 2021-22 due to capacity/operational pressures, and that the team would have a clearer picture of the future plan for those audits at year end. The Committee noted that a wide range of audits remained on the plan.
- The Committee recommended clearer definitions and terminology and noted the need to ensure appropriate people taken on board as 'train the trainers'.
- The Board Secretary agreed to share the audit 'tracker', which could be helpful to keep track of actions identified and delivered following clinical audits.

Committee members thanked CW and JT for their presentation and noted the clear benefits that had already been realised by having additional resource dedicated to this area.

The Committee took **assurance** on the progress of the Quality and Clinical Audit Plan for 2021/22 and noted the proposed improvement initiatives.

QSIC 3.2.2/2022 Internal Audit Reports

The Committee received two Internal Audit Final Reports (ref 3.2.2 QSIC 2022_02_15).

The Committee noted that the Reactivation of Screening Services Internal Audit report received a substantial rating, and that the IP5 Lab Internal Audit Report received a reasonable rating.

The Committee considered the recommendations made within the reports within the context of the Committees work plan; and took **assurance** that the monitoring of the any actions from these reports would be undertaken through the Audit and Corporate Governance Committee.

QSIC 3.3/2022 Alerts Report (Quarter 3)

The Committee received the Management of Alerts Report for Quarter 3, 2021-22 (ref 3.3 QSIC 2022_02_15).

The Committee noted that all alerts were reported within the 48 hour requirement.

The Committee reflected on the work underway to strengthen the dissemination of alerts and requested FT provide an evidence based assurance update to the Committee at the appropriate time.

Action: Francesca Thomas / Liz Blayney

The Committee took **assurance** on the effective management system for distribution, monitoring and record keeping for alerts / safety notices received.

QSIC 3.4/2022 Health and Safety Report (Quarter 3)

The Committee received the Health and Safety report for Quarter 3, 2021-22 (ref 3.3 QSIC 2022_02_15).

The Committee considered the three RIDDORs reported during quarter 3, requested a timeline regarding the implementation of actions related to the incident on 30 December 2021, and recommended that timelines be added against actions in future report iterations for assurance purposes.

CO agreed with this recommendation and commented that he would also provide an update to JW following receipt of the relevant information reports.

Action: Chris Orr

The Committee considered the action plan to address out of compliance targets with electrical inspection and water management and commented on the helpfulness of the Screening Programme update and progress around risk assessments in those areas.

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

QSIC 3.5/2022 Break

QSIC 4/2022 Items for Approval

QSIC 4.1/2022 Our Approach to Engagement

The Committee received the Our Approach to Engagement update (ref 4.1 QSIC 2022_02_15).

RF provided an update on the year one implementation plan and the proposed refocus for year 2, and reflected on the communications plan to cement engagement as central to how the organisation worked.

The Committee considered:

- The need to prioritise and keep the focus on population health and the inequalities agenda, to ensure we reached the most vulnerable groups;
- The use of CIVACA system as a digital tool to obtain feedback from the organisation's service users, which promoted inclusivity and real time feedback. The Committee suggested a 'Lunch and Learn' session on the new system at an appropriate time;
- The digital age, the need to ensure inclusivity by not leaving behind any of the population that did not have access to digital equipment;
- As part of the strategy review, understand best practice in terms of engagement with the third sector, and how we could work with them to ensure our services are accessible, recognising that third sector partners are often the best vehicle to disseminate messages. The Committee noted that there could be drops in quality with information dissemination and would work with the third sector to hear participants 'first hand' accounts where possible.
- How to close the loop so that service users understand that their engagement and participation made a difference and were therefore more likely to engage again next time, such as 'You said, we did'.
- HB commented that she would liaise with RF to discuss co-production. HB went on to highlight the progress as a Committee pre-pandemic in feeding through service user experience feedback as part of deep dives into areas, and suggested liaising with RF to look at next year's plans.

The Committee took **assurance** that plans to implement 'Our Approach to Engagement' were progressing.

The Committee **approved** the proposed refocus and actions for Year 2 of implementation.

The Committee **noted** the planned approach to improve the quality assurance of Public Information following a complaint regarding the British Sign Language (BSL).

QSIC 4.2/2022 | Strategic and Corporate Risk Registers

The Committee received the Strategic and Corporate Risk Register (ref 4.2 QSIC 2022_02_15).

The Committee noted that following extensive discussion on the Integrated Medium Term Plan (IMTP) at the last Business Executive Team meeting, a refresh of strategic risks against the IMTP was required.

The Committee considered the request to approve the change in risk score and target dates in relation to Strategic Risk 1, an inability to sustain the COVID-19 response. The Committee were informed that the change was due to the likelihood of occurrence rather than impact to the organisation, but noted that the requirement to mobilise trained staff would require a recruitment solution over an extended period of time. JR advised that this would be considered at the next People and Organisational Development Committee and an update would be provided at the next Quality, Safety and Improvement Committee meeting.

Action: Neil Lewis

KE suggested further consideration to the risk registers specific to the Committee's issues and requirements, within the next broader review and refresh of the strategic risks.

The Committee **approved** request to changes to Strategic Risk 1.

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

QSIC 4.3/2022 Policies for Approval

The Committee received the proposed Safeguarding policies and procedures for approval (ref 4.3 QSIC 2022_02_15).

The Committee considered:

- the short twelve month approval period was intended to enable a refresh of the policies / procedures for improvement works and to their ease of use.
- that the 'Managing Allegations of Abuse by Staff Procedure' would be updated by March 2022, and that approval would be sought by Chairs Action.
- that in 2023, an All Wales Safeguarding review project would be undertaken, of which the organisation would need to familiarise itself of the new integrated approach.

The Committee **approved:**

- PHW 03 – Safeguarding Policy;
- PHW03/TP01 – Adults at Risk Procedure;
- PHW03/TP02 – Children at Risk Procedure;
- PHW03/TP03 – Violence against Women, Domestic Abuse and Sexual Violence Procedure.

QSIC 4.4/2022 Minutes, Action Log and Matters Arising of the meeting

The Committee received the minutes of the Committee meeting on 10 November 2021 and Action Log (ref 4.4 QSIC 2022_02_15).

The Committee:

- **Approved** the minutes of the meeting held on 10 November 2021 as a true and accurate records of the meeting;
- **Approved** the closure of three actions on the action log;
- **Approved** the revised target dates to two items on the action log;
- **Noted** no matters arising.

QSIC 5/2022	Items to Note
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QSIC 5.1/2022	Forward Look
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The Committee noted the Committees' forward look for 2022/23.

QSIC 6/2022	Closing Administration
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The Committee thanked Judi Rhys for her support of the Committee and wished her farewell in her future endeavours.

The open session closed at 14:30

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