

 <p>GIG CYMRU NHS WALES</p> <p>Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p>Name of Meeting Quality, Safety and Improvement Committee</p> <p>Date of Meeting 18 May 2021</p> <p>Agenda item: 6.1</p>
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<h2 style="text-align: center;">Quality, Safety and Improvement Committee Annual Report 2021/22</h2>	
<p>Committee Chair: Executive leads:</p>	<p>Kate Eden, Vice-Chair, Public Health Wales Rhiannon Beaumont Wood, Executive Director of Quality, Nursing and Allied Health Professionals Meng Khaw, National Director Health Protection and Screening Services, Executive Medical Director</p>
<p>Author:</p>	<p>Liz Blayney, Deputy Board Secretary and Board Governance Manager</p>
<p>Approval/Scrutiny route:</p>	<p>This report is being presented to the Committee in draft form for approval for submission to the Board at its meeting on 26 May 2022.</p>

<p>Purpose</p>
<p>The main purpose of the Committee Annual Report 2021/22 is to assure the Board that the system of assurance is fit for purpose and operating effectively. The report summarises the key areas of business activity undertaken by the Committee over 2021/22</p>

<p>Recommendation:</p>				
<p>APPROVE <input type="checkbox"/></p>	<p>CONSIDER <input checked="" type="checkbox"/></p>	<p>RECOMMEND <input checked="" type="checkbox"/></p>	<p>ADOPT <input type="checkbox"/></p>	<p>ASSURANCE <input type="checkbox"/></p>
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • Consider the Committee Annual Report for 2021/22 summarising the key areas of business activity undertaken; • Approve the Draft report for submission to Board at its meeting on 26 May 2022 for assurance that the Committee is fit for purpose and operating effectively in fulfilling its terms of reference. 				

Quality, Safety and Improvement Committee Annual Report 2021/22

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1 Introduction

This report summarises the key areas of business activity undertaken by the Quality, Safety and Improvement Committee ('the Committee') during the past year. The report also highlights some of the key issues that the Committee intend to give further consideration to over the next 12 months.

2 Role and responsibilities

The Terms of Reference for the Quality, Safety and Improvement Committee were reviewed and agreed by the Board in November 2019.

The purpose of the Quality and Safety Committee ("the Committee") is to provide:

- evidence based and timely **advice** to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of public health services and programmes delivered to improve population health outcomes.
- **assurance** to the Board in relation to the Trust's arrangements for safeguarding and improving the quality and safety of service user/person/population centred health provision in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales and other relevant bodies
- **approve** on behalf of the Board policies, procedures and other written control documents in accordance with the Scheme of Delegation.

In respect of its provision of advice to the Board, the Committee will:

- Oversee the effectiveness of the Trust's Quality and Impact Framework or any subsequent quality related organisational frameworks , strategies and plans for the development and delivery of high quality and safe services/programmes and functions provided by Public Health Wales, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales.
- Prepare for any implications arising from proposed Quality and Engagement Bill or other relevant legislation, guidance or initiatives.
- Consider the implications for quality and safety arising from the development of the Trust's corporate strategies and plans or those of its stakeholders and partners, including those arising from any Joint (sub) Committees of the Board.
- Ensure there are arrangements in place to monitor the voice of the service user and/or the citizen as being central to improving the quality and effectiveness of services, functions and programmes. Provided through a range of sources such as concerns, incidents and proactive arrangements to gain feedback.

- Oversee the development and effective implementation of a quality dash board.
- Monitor and, where appropriate, identify those risks which are relevant to the Quality, Safety and Improvement Committee and provide assurance to the Board and, where appropriate, the Audit and Corporate Governance Committee that the risks are being managed appropriately.
- Monitor the implementation and effectiveness of the Public Health Wales Quality Improvement Hub in supporting organisational capability and capacity leading to a culture of continuous quality improvement.

In respect of its assurance role, the Committee will:

- seek assurances that governance (including risk management) arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe public health services/programmes and functions across the whole of the Trust's activities
- provide assurance to the Board that there are robust systems and processes in place which can demonstrate quality, safety and effectiveness across all services/programmes and functions provided by Public Health Wales, which are consistently applied and underpinned by an appropriate evidence base and/or ongoing evaluation
- ensure the improvement in the standard of quality and safety across the whole organisation, as appropriate via the continuous monitoring of the Quality and Impact Framework, Health and Care Standards for Wales and other relevant standards.
- ensure all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality, safety and effectiveness of services, programmes and functions.

The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee has the right to inspect any books, records or documents of the Trust relevant to the Committee's remit, ensuring patient/client and staff confidentiality, as appropriate.

2.1 Membership of Committee

The membership of the Committee during 2021/22 was as follows:

Name	Position	Attendance*
Kate Eden	Committee Chair and Non-Executive Director	5/6
Judi Rhys	Non-Executive Director	6/6
Sian Griffiths	Non-Executive Director	4/6
Diane Crone	Non-Executive Director	5/6

**Some attendees were in position for part of the year, the number denotes total number of meetings they were able to attend in that role.*

The Chair of the Board has a standing invite to attend Committee meetings, and attended two meetings of the Quality, Safety and Improvement Committee during 2021/22.

2.2 Others in attendance

During 2021/22, the meetings were also attended by the following:

Name	Position	Attendance*
Rhiannon Beaumont Wood	Executive Director of Quality, Nursing and Allied Health Professionals	5/6
Meng Khaw*	National Director Health Protection and Screening Services, Executive Medical Director	3/4
Helen Bushell*	Board Secretary and Head of the Board Business Unit	4/5
John Boulton	Director of NHS Quality Improvement and Patient Safety/Director 1000 Lives	5/6
Andrew Jones*	Interim Executive Director Public Health Services	2/2
Eleri Davies*	Interim Medical Director	1/2
Stuart Silcox	Assistant Director Integrated Governance, Quality Safety and Allied Nursing Health Professional	6/6

**Some attendees were in position for part of the year, the number denotes total number of meetings they were able to attend in that role.*

Other Directors and Officers have also attended where required.

The Chief Executive has a standing invite to attend Committee meetings, and attended one meeting of the Quality, Safety and Improvement Committee during 2021/22.

A representatives from the Local Partnership Forum had a permanent invite to attend the Committee.

2.3 Meeting frequency

During 2021/22 the Committee met 6 times and was quorate on all occasions.

The terms of reference for the Committee require meetings to be held no less than quarterly and otherwise, as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board and Committee Business.

2.4 Impact of COVID-19 for 2020/21

Due to the response to COVID-19, the decision was taken by the Board to cancel non-essential meetings in in March 2020. The Audit and Corporate Governance Committee continued to operate in a virtual format with a reduced agenda, balancing the need to reduce pressure on staff during this time of responding to the pandemic.

The Committee meeting agendas are continually reviewed to ensure a focus on compliance, covering statutory and core requirements and that appropriate governance arrangements were in place to provide appropriate assurance to the Board.

During the time that the Knowledge, Research and Information Committee was suspended, the Board remitted the consideration of Health and Safety matters to the Quality, Safety and Improvement Committee to ensure compliance with Standing Orders. Following a review of the KRIC terms of reference, it was agreed by the Board in November 2021 that this element remain permanently with the Quality, Safety and Improvement Committee.

3 Main areas of Committee activity 2021/22

The Committee wishes to assure the Board that it fulfilled its work plan for 2021/22 covering a wide range of activity. The following sections provide a summary of this activity.

3.1 Summary of Committee Activity 2021/22

The Committee undertook further scrutiny of the following areas during 2021/22:

Safeguarding	
Safeguarding Deep Dive	For assurance from a deep dive into the National Safeguarding Team (NST), on the delivery of a quality service. The deep dive covered an overview of NST's role and function, the impact of COVID-19 on service delivery and the planned next steps and future direction for the service.
Safeguarding Annual Report 2020/2021	For assurance on how the organisation has discharged its Safeguarding responsibilities.
Safeguarding Group Term of Reference	For Approval of the revised terms of reference for the Safeguarding Group.
Quality	
Quality Indicators	For assurance on the development of quality indicators as part of the ongoing work with the Performance Assurance Dashboard.
Annual Quality Statement	Consideration of the update on the reporting requirements for the Annual Quality Statement 2020/21
Health and Social Care (Quality and Engagement) (Wales) Act 2020	For assurance on the approach to implement the Health and Social Care (Quality and Engagement) (Wales) Act 2020 within Public Health Wales.
Draft Quality and Improvement Strategy	For consideration and to recommend to the Board for approval, noting the comments from the Committee would be considered and incorporated in the final draft document as appropriate.

Quality and Improvement Strategy Implementation Plan (Year1)	For approval, noting how the plan would build in years 2 and 3, and for consideration how staged improvement in future years was planned.
Clinical Governance	
Medical Devices	For assurance that the organisation had taken account of the impact of changes in applicable legislation, and for assurance on the work already undertaken and plans to further strengthen organisational arrangements for Medical Devices as part of the broader integrated governance arrangements.
Medical Revalidation and Job Planning	For assurance that process were in place to support the dental and medical staff as required by the Medical and Dental contract.
Infection, Prevention and Control	Approved the Public Health Wales Infection Prevention and Control Annual Report for 2019/20.
	Approved the Public Health Wales Infection Prevention and Control Annual Report for 2020/21.
Internal Flu Vaccine	For assurance that the Internal Flu Vaccine Campaign Report that the Campaign had been effectively managed; and for assurance on arrangements in place to deliver the staff flu campaign

Clinical Audit	
Quality and Clinical Audit Plan 2021/22	Approved the Quality and Clinical Audit Plan for 2021/22; and for assurance on the progress of the Quality and Clinical Audit Plan for 2021/22, noting the proposed improvement initiatives.
Quality and Clinical Audit Plan 2020/21	Took assurance on progress against the Annual Quality and Clinical Audit Plan 2020/21
Putting Things Right and Alerts	
Alerts Report	For assurance on the management of alerts received by Public Health Wales.
Putting Things Right Quarterly Update Report	For assurance the effectiveness of the management of concerns (incidents, complaints and claims).
Putting Things Right Annual Report 2020/21	For approval of the Putting Things Right Annual Report 2020/21.
Health and Care Standards	For assurance on the Health and Care Standards Self-Assessment 2020/21.
	For 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.
Once for Wales Concerns Management System (Datix)	For assurance that Public Health Wales had implemented effective project management and control over the implementation of the Once for Wales Concerns Management System (Datix).
Claims and redress	For assurance that claims were being managed in line with Claims Management Policy and Procedure
Engagement	
Our Approach to Engagement Update	For assurance on the progress of delivering the implementation plan of 'Our Approach to Engagement'.
Our Approach to Engagement Implementation Plan	For assurance that plans to implement ' <i>Our Approach to Engagement</i> ' were progressing and to approve 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 concern regarding the British Sign Language (BSL).
Health and Safety	

Health and Safety Quarterly Reports	For assurance on the quarterly Health and Safety report, and that appropriate governance and operational measures were in place to monitor compliance.
Health and Safety Group Terms of Reference	for approval of the revised Terms of Reference for the Health and Safety Group.
Health Protection and Screening Services	
Screening Recovery deep dive	For assurance on the impact of COVID-19 on service provision; and the estimated recovery times for the service; the Committee was assured the recovery was well structured, and noted the planned next steps.
Screening Recovery updates	For assurance that the recovery of the screening programmes was progressing and that there was continued development of the programmes as required.
Winter Planning	For assurance on the winter planning within the Health Protection and microbiology services for 2021-22.
Breast Test Wales (HIW) Action Plan	For assurance on the progress made against the Breast Test Wales (HIW) Action Plan.
Health Inspectorate Wales	For assurance from the Health Inspectorate Wales Annual report 2020-21 findings.
Emergency Planning and Business Continuity – Annual Report 2020/21	For 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].
Committee Governance	
Terms of Reference Review	Annual review of the Committee’s terms of reference for a recommendation to the Board for any changes required.
Committee Work Planning.	To plan the Committee’s focus for the following year, and to approve a work programme.
Committee Effectiveness	The Committee considered a presentation on Committee Effectiveness and Performance following the completion of an online survey by Committee Members and attendees. A full report from this discussion will be provided to the Board as part of the Board’s Performance and Effectiveness review planned for Quarter 1 of 2022/23.

Internal Audit Final Reports	For consideration of the recommendations made within the Internal Audit Final reports on the Reactivation of Screening Services and the IP5 Lab, and took assurance that the monitoring of any actions from these reports would be undertaken through the Audit and Corporate Governance Committee.
Policies	Approval of: <ul style="list-style-type: none"> ❖ Outbreak Management Policy and Procedure ❖ Exposure Injury (including needle stick injury) and Safe Management of Sharps Policy and Procedure ❖ the revised Outbreak Incident Management Policy and Procedure ❖ Safeguarding Policy ❖ Adults at Risk Procedure ❖ Children and Risk Procedure ❖ Domestic Abuse Procedure.
Risk	
Corporate Risk	Received the corporate risk register to enable them to gain assurance that operational risks were being appropriately managed
Strategic Risk	Received the Strategic Risk Register (SRR) for oversight of those elements of the SRR which apply to the risks falling under the remit of the Committee. The Committee's role is to seek assurance from the Executive on the management of the risks, in particular to test the efficacy of the controls and to make recommendations to strengthen the control environment where necessary.

3.2 Work Plan

The Committee Work Plan ensures that the Committee discharges its responsibilities in a planned manner. It assists with agenda planning and is updated during the year to ensure that the Committee considers any additional items which may arise during the year.

In order to monitor progress and any necessary follow up action, the Committee has an Action Log that captures all agreed actions. This provides an essential element of assurance to the Committee and from the Committee to the Board.

The Committee reported to the Board through a composite Chair's report, providing an overview of items considered by the Committee and highlighting any cross- committee issues / themes or items needing to be brought to the Board's attention.

The Composite Chair's report and confirmed minutes are published on the website.

3.3 Committee Effectiveness

During the year the Committee has continued to review and revise its ways of working to optimise the need for a robust governance approach and balance the need reduce pressure on staff during this time.

The Committee continued to review its effectiveness thorough the year, to ensure effective use of time and ensure it fulfilled its role to provide assurance to the Board.

The key adaptations made this year included:

- The construct of the Committee meeting agendas remained flexible, and the application of a risk based approach to the selection of agenda items.
- Consideration of the use of means other than formal papers to help the Committee to be more agile.
- The use of verbal updates and presentations where appropriate to ensure the timelessness of information to the Committee given the fast moving pace of the pandemic.
- The circulation of more material outside meetings where appropriate.

The Committee has engaged with a formal Board and Committee effectiveness review process which took place in March 2022. The outcome and recommendations following this review will be reported to the Board in Quarter 1 2022.

4. Relationship with other Committees

The Quality, Safety and Improvement Committee has continued to work closely with all Committees. Any matters requiring consideration from other Committees are coordinated through the Board Business Unit.

Areas that are remitted to other Committees are noted in the Committee Chair's composite report which is presented at Board.

5. Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2020/21, there are effective measures in place and there are no outstanding issues that the Committee wishes to bring to the attention of the Board over and above the risks and issues already raised in the Committee Chairs composite report or that are already visible in the Strategic Risk Register and corporate risk register.

The Chair of the Committee reports into the Board via a composite report from Committee Chairs, where any significant issues are brought to the attention of the Board.

6. Planned Activity in 2022/23

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2021/22 in respect of the:

- Implementation of 'Our approach to engagement';
- Quality as a Business Strategy
- Impact and implementation of the Health and Social Care (Quality and Engagement) (Wales) Act 2020
- Oversight of Clinical Audits
- Further deep dives with a focus on quality/clinical governance, safety and Improvement.