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**Confirmed Minutes of the Public Health Wales
Quality, Safety and Improvement Committee Meeting
19 October 2022, 10:00
Held 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)
Nick Elliott	(NE)	Non-Executive Director (Data and Digital)
In Attendance:		
Philipa Bassett	(PB)	Screening Workforce Development Manager (for item 4.3)
Rhiannon Beaumont-Wood	(RBW)	Executive Director of Quality, Nursing and Allied Health Professionals
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
Angela Cook	(AC)	Deputy Director of Quality and Nursing
Paul Dalton	(PD)	Head of Internal Audit, Audit and Assurance Services, NHS Wales Shared Services Partnership
Eleri Davies	(ED)	Deputy Medical Director and Head of HARP Programme (for item 3 and 4.1)
Edward Guy	(EG)	Service Lead (for item 4.2)
Sharon Hillier	(SH)	Director, Screening Division (for item 4.7)
Meng Khaw	(MK)	National Director of Health Protection and Screening Services, Executive Medical Director
Aideen Naughton	(AN)	Service Lead (for item 4.6.2)
Donna Newall	(DN)	Named Lead for Safeguarding (for item 4.6.1)
Olusola Okhiria	(OO)	Trade Union representative
Daniel Owens	(DO)	Senior Communications Manager (for item 4.7)

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Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Christopher Thomas	(CT)	Governance and General Manager
Caroline Whittaker	(CW)	Professional Lead Nursing, Midwifery and Standards Manager (for item 4.2)

Apologies

Helen Bushell	(HB)	Board Secretary and Head of Board Business Unit
Tracey Cooper	(TC)	Chief Executive Officer
Sian Griffiths	(SG)	Non-Executive Director (Public Health) and Chair of the Knowledge, Research and Information Committee
Stephanie Wilkins	(SW)	Trade Union representative
Verity Winn	(VW)	Audit Wales

The meeting commenced at 10:00

QSIC 1/2022.10.19 Welcome, Introductions and apologies

The Chair opened the meeting and welcomed all present, and noted that 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 2/2022.10.19 Declarations of Interest

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

QSIC 3/2022.10.19 Deep Dive - Healthcare Associated Infection & Antimicrobial Resistance Programme (HARP)

ED provided a presentation to the Committee summarising the work of the Healthcare Associated Infection and Antimicrobial Resistance Programme (HARP):

- Background and origins of the HARP programme, which was brought together as a joint programme in 2017.
- A summary of the three parts of the HARP Programme: Surveillance; Infection, Prevention and Control; and Antimicrobial Stewardship.
- Key drivers for the work of the team including the focus around the drives to reduce healthcare associated infections.
- Referenced the HM Government 5 year action plan for 'Tackling Antimicrobial Resistance 2019-24' and the call to consider the next 5 year plan from 2024, and the additional improvement Goals from the Welsh Government to be achieved by March 2023
- Surveillance of Healthcare Associated Infection (HCAI) & Antimicrobial Resistance (AMR) in human health continued throughout the pandemic,

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but disruption and delays to certain aspects. The effects of service disruption were clear in trend data during the pandemic, now starting to return to pre-pandemic levels; and re-engaging with the full range of surveillance and taking forward of new developments.

- Overall position in terms of Human health – long term decreasing trends MRSA bacteraemia and C.difficile; and increased usage of Antimicrobial usage in primary and secondary care.
- HARP Work Plan for 2022-23; returning to regular reporting against WG improvement goals, and re-engaging with the surveillance development plans.
- Education and training had resumed following the pandemic, with Antimicrobial Stewardship Forum and IPC Forums recommencing, as well as Webinars on transitioning away from COVID-19 specific IPC guidance.

The Committee discussed:

- Acute care data issues: ED explained that due to the impact of Covid, there was a gap in the data through lack of activity within that period.
- Highlighted the issues with the data in relation to the new pharmacy system and different stock control system. ED explained that Public Health Wales' IT team were in discussions with Digital Health Care Wales (DHCW) to resolve.
- Measures of Effectiveness of the programme: ED noted the performance data contained on the Performance Assurance Dashboard (PAD) related to the improvement goals, and that the team were looking to improve to reflect the support provided to the Organisation.
- Plans to re-establish collaboration with Improvement Cymru.
- AMR review and focus on national infrastructure, and the role of the Health Boards in a collaborative approach.
- Untreatable infections and the impact of this on the service, and the need to move away from focusing on COVID, whilst recognising that learning from it would be key to protecting services going forward.
- Resources within the small team to deliver the agenda. The Committee suggested this was picked up within the context of the Long Term Strategy to ensure the resources available for programme deliverability.

KE thanked ED for the presentation and for her leadership of the programme, and expressed her thanks to the Team.

The Committee **took assurance** on the management of the HARP Programme.

QSIC 4/2022.10.19

Items for Assurance

QSIC 4.1/2022.10.19

Medical Revalidation and Job Planning

ED provided a summary of progress with the Medical Revalidation requirements and supporting processes within Public Health Wales. She referenced the Revalidation Progress Report, which was requested annually

by Health Education & Improvement Wales (HEIW) as part of its processes to provide assurances to the Chief Medical Officer that appraisal and revalidation systems in Wales continuously developed in order to meet, and wherever possible, exceed defined quality standards 2021-22.

ED explained that there was a system in place for Medical Revalidation and part of the development of the Office of the Medical Director was to develop and improve the systems and processes in support of revalidation.

The Committee discussed the following:

- The timescale and scale of the issue of needing assessors to deliver. MK advised that the resources currently in place were adequate, with Public Health Doctors in Health Boards able to provide cover as part of a joint model.
- Query on the data/statistics available to detail progress, ED clarified that the appraisals were paused during 2020 due to COVID, and were reinstated in 2021, as such the data was just starting to become available for that period.
- ED confirmed the team were working with People and Organisational Development colleagues to link the appraisal data to the dashboard to provide a regular reporting mechanism.

The Committee:

- **Took assurance** that there were systems in place to support Revalidation of Medical Consultants.
- **Supported** the development of the Office of the Medical Director to further improve the arrangements and systems for Revalidation.

QSIC 4.2/2022.10.19

Audit of arrangements within Public Health Wales for verifying active professional registration for 2022/23

CW and EG provided an overview of the report, which summarised the audit that had been undertaken across the organisation to confirm that the current processes employed by Directorates to verify Nursing Midwifery Council (NMC) and Health and Care Professions Council (HCPC) registration was fit for purpose. This was conducted on an annual basis, and covered the periods between 31 March 2021 and 1 April 2021. There was also a direct live link between the Electronic Staff Record (ESR) and the NMC and HCPC registers to facilitate real-time updating of professional registration status.

The Committee suggested exploring the interface of this data with the ESR system.

The Committee **took assurance** that the arrangements set out within the paper were fit for the purpose stated.

QSIC 4.3/2022.10.19

Health Care Support Worker Framework

PB introduced the report, which provided an update on progress with the implementation of the Healthcare Support Workers Framework.

The Committee discussed:

- The scale of the scope of this framework, it would be helpful for context to include the numbers and percentages of the workforce that this applied to within Public Health Wales. PB explained that there were approximately 155 staff in total and noted the suggestion to include this information in future reports.
- Query as to whether reflective practice was incorporated as part of the programme, PB advised that this was included within the Personal Development Unit (Unit 1), and was holistically assessed throughout the programme.
- The pathways for further learning and development, noting examples of Health Care Support Workers undertaking a part time nursing degree where the framework was used as recent evidence of learning.

The Committee **took assurance** in the progress of the implementation of the Healthcare Support Workers Framework within Public Health Wales.

ED and CW left the meeting at 11:28.

QSIC 4.4/2022.10.19

Health and Social Care (Quality and Engagement) (Wales) Act

QSIC 4.4.1/2022.10.19

Duty of Quality Update

JB presented the update from the Duty of Quality Senior Responsible Officer (SRO) group leading the implementation of the Duty of Quality within Public Health Wales.

A number of workstreams were being established to support the organisation to meet the requirements of the Health and Social Care (Quality and Engagement) (Wales) Act, including:

- Quality as an Organisational Strategy (QOS) developing and embedding the organisations approach to quality;
- Leading quality management activity through the Improvement and Innovation Hub,
- Demonstrating organisational compliance for the Duty of Quality reporting requirements,
- Delivery of Duty of Quality training for all staff and delivery of communications plan.

The Committee reflected on Public Health Wales' preparedness at Board and Organisational level, including the process and system readiness ahead of the implementation in April 2023. JB noted the engagement with the Board in relation to QOS and the Improvement and Innovation Hub, and the work internally to support these approaches.

The Committee asked to receive a further update on the Quality as an Organisational Strategy (QOS) workstream at the appropriate time.

Action: JB

The Committee **took assurance** from the update and progress of implementation of the Duty of Quality within Public Health Wales.

QSIC 4.4.2/2022.10.19 | Duty of Candour Update

RBW introduced the report and provided an update to the Committee regarding the implementation of Duty of Candour Guidance and Regulations within Public Health Wales, as placed on NHS bodies by the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The Welsh Government had launched the Duty of Candour Consultation document on the 20 September 2022 for a three month period which ends on the 13 December 2022.

The Committee discussed Public Health Wales' preparedness at Board and Organisational level, including the process and system readiness ahead of the implementation in April 2023. RBW explained that the process for duty of Candour would be to build on the systems already in place such as Putting Things Right, and noted the need to embed a transparent, no blame and learning approach when things go wrong.

The Committee took **assurance** that Public Health Wales would be in a position to successfully implement and comply with the requirements of Duty of Candour Regulations, and noted a further update was scheduled for the Committee meeting in February 2023.

DN joined the meeting at 12:01.

QSIC 4.5/2022.10.19 | Break

QSIC 4.6/2022.10.19 | Safeguarding

QSIC 4.6.1/2022.10.19 | Safeguarding Maturity Matrix (SMM) Update, SMM Improvement Plan and Safeguarding Group Mid Year Update

RBW introduced the report providing an update on the Safeguarding Maturity Matrix self-assessment and improvement plan submission.

The Committee discussed the overall self-assessment score, which had reduced by one point for the reporting period for 2022 to 2023. AN reflected on the further scrutiny that was applied to the standards in previous years, the self-assessment was conducted by the named lead for safeguarding with a workshop to engage with the wider organisation. RBW added that the issue of retrospective DBS checks is a national issue, which has been difficult to address over a number of years due to the significant cost implications.

AN provided a national context to the scoring; the scoring was subjective and this was a factor for revising the tool to a Red, Amber Green (RAG) rating system, and also noted that a peer review was planned for November.

AC provided a brief update on some of the key business being progressed and monitored by the cross organisational safeguarding group. AC noted the development of a risk register within the Safeguarding Group for greater oversight to manage the risks associated with Safeguarding, and the need to review and ensure greater level of scrutiny in the data management processes in terms of incidents that involve safeguarding.

The Committees discussed:

- The figures for the learning organisation score had reduced from last year, AN noted Public Health Wales' engagement with Regional Safeguarding Boards and the approach to disseminate learning. Improvements for the next financial year focused on how Public Health Wales could strengthen the learning and improvements, highlighting lessons to be learned from any publications regarding adult practice reviews or child practical practice reviews relevant to Public Health Wales' workforce and how this was disseminated through the safeguarding ambassadors group.
- Safeguarding week between 14 and 18 November, and the timetable of events to raise the profile of safeguarding across Public Health Wales.
- DC noted her role as the Non-Executive Champion for Children and Young People, and that she was part of the Safeguarding Group.

The Committee:

- **Noted** the submission of the Safeguarding Maturity Matrix self-assessment and improvement plan.
- **Took assurance** on the arrangements in place within the organisation including the SMM improvement plan, to promote the welfare of children, young people and adults at risk were in place and were monitored.

QSIC 4.6.2/2022.10.19 National Safeguarding Annual Report

The Committee considered the National Safeguarding Annual report for 2021-22, providing a summary of the work at a national level through the NHS Wales Safeguarding Network. AD highlighted the work plan was developed collaboratively and agreed with the CNO and Executive Directors of Nursing peer group and was focused on the objective to lead and drive improvements across the NHS system as a whole.

The Committee thanked AD for her leadership at a national level on safeguarding and **took assurance** on the effectiveness of the arrangements for supporting National Safeguarding.

AN and DN left the meeting at 12:23

QSIC 4.7/2022.10.19**Cervical Screening Wales Interval Change – Update**

SH joined the meeting and provided a summary of the work undertaken to reassure the public following the highly publicised public response to the change in the routine interval in the cervical screening programme for those aged 25 to 49 years of age who had a HPV negative result.

SH and DO highlighted the following:

- An after action review was undertaken in March 2022 to reflect on the response to the original communication on the interval change in January 2022. Learning was identified and this informed the approach to the reassurance campaign.
- The objectives of the campaign were to rebuild trust in the safety and effectiveness of the cervical screening programme in Wales and to build understanding of HPV and HPV testing.
- The campaign was targeted primarily at women and people with a cervix aged 24-49 in Wales, with a particular focus on those in communities where screening uptake was generally lower.
- The strategic approach to planning of the campaign using the OASIS communication planning tool.
- There was engagement with key partners to inform the development of the creative assets and to ensure wider campaign reach.
- An evaluation of the communication campaign which was run from 29 June to 22 August 2022 using the government communication service framework.
- There had been good learning, which would be developed further to inform further screening campaigns.

The Committee discussed the rationale for the focus of the campaign on social media and the risk of digital exclusion; DO noted that the initial concern from the public was manifested on social media, and reflected on the cost effectiveness and targeted approach of the target audience.

The Committee **considered** the update report and **took assurance** that the communication campaign achieved its aim.

QSIC 4.8/2022.10.19**Managing Risk**

The Committee considered the Strategic and corporate risks within its remit for the purpose of scrutiny and challenge.

In relation to Strategic Risk 1, RBW provided an update from TC: the delivery confidence assessment as amber. An integral part of the review of the long term strategy was reviewing the potential health threats, and that there were ongoing discussions at Executive meetings.

In relation to Strategic Risk 2, MK noted the revision of the delivery confidence assessment to green, in recognition of the improving position around the need to respond to the COVID-19 pandemic. There was ongoing concern regarding the availability of a specialist workforce, citing vacancies in areas such as screening. MK was working with Robin Howe (Director of Infectious Diseases) to identify ways of mitigating this risk to delivering excellent services in microbiology.

The Committee:

- **Considered** the Strategic and Corporate Risk Register's relevant to the Committee's remit and **took assurance** that the risks were being managed appropriately.

QSIC 4.9/2022.10.19 Bi-annual Policy Update

The Committee considered the bi-annual update on the status of all policies within the remit of the Committee.

The Committee **took assurance** on the prioritisation and progress being made to review Corporate policies, procedures and other written control documents within the remit of the Committee.

QSIC 5/2022.10.19 Items for Approval

QSIC 5.1/2022.10.19 Policies for Approval

The Committee **considered** and **approved** the following policies:

- Managing Allegations of Abuse by Staff Procedure.
- Radiation Safety Policy.

QSIC 5.2/2022.10.19 Minutes, Action Log and Matters Arising of the meeting

The Committee:

- **Approved** the minutes of the meeting held on 20 July 2022 as a true and accurate records of the meeting;
- **Approved** the closure of actions on the action log;
- **Noted** no matters arising.

QSIC 6/2022.10.19 Items to Note

QSIC 6.1/2022.10.19 Audit Action Log

The Committee **noted** the Audit Action Log.

QSIC 6.2/2022.10.19 Forward Look

The Committee **noted** the Committee forward look.

QSIC 6.3/2022.10.19 Once for Wales Concerns Management System Update

The Committee **noted** the Once for Wales Concerns Management System Update, that had been circulated to the Committee following the last meeting.

QSIC 7.6/2022.10.19 Committee Feedback

The Committee **noted** that additional feedback on the meeting would be sought via email.

The Committee **noted** that the next meeting would be held on 14 December 2022, and would be in person and include a site visit at Magden Park, Llantrisant.

The open session closed at 13:10

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