

- **Approve** the Draft report for submission to Board at its meeting on 25 May 2023 for **assurance** that the Quality, Safety and Improvement Committee is fit for purpose and operating effectively in fulfilling its terms of reference.

Quality, Safety and Improvement Committee

Annual Report 2022/23

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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') over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next twelve months.

2 Role and responsibilities

The Terms of Reference for the Quality, Safety and Improvement Committee were reviewed and agreed by the Board in May 2022.

The purpose of the Quality, Safety and Improvement 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. This will include considering the Annual Quality Statement and if appropriate recommending it to the Board for approval.
- **assurance** to the Board in relation to the Organisation'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
- **assurance** to the Board in relation to the effectiveness of the arrangements in place to ensure organisational wide compliance with the health, safety and welfare requirements.
- **approve** on behalf of the Board policies, procedures and other written control documents in accordance with the Scheme of Delegation

The Committee's role is to provide assurance to the Board, that there are the appropriate and effective systems in place for areas within its remit, including ensuring that there are appropriate development and quality improvements.

The Committee's remit covers the following areas:

- Quality and Improvement
- Health and Safety
- Service User Experience
- Clinical Audit

- Putting Things Right
- Serious Incidents
- Infection Prevention and Control
- Safeguarding
- Management of Risk (within the remit)

The Committee will seek assurance on:

- With regard to its role in providing assurance to the Board the Committee will seek assurance that the functions within its remit meet the standards set for the NHS in Wales, meet the requirements of the Duty of Quality and the Duty of Candour, and provide comment on the reliability and integrity of these functions
- The robustness governance arrangements (including risk management) for the systems and processes in place that demonstrate quality, safety and effectiveness across all services/programmes and functions provided by Public Health Wales. This includes ensuring that they 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 Organisation's activities.
- The robustness of systems and processes in place that demonstrate quality, safety and effectiveness across all services/programmes and functions provided by Public Health Wales. This includes ensuring that these are consistently applied and underpinned by an appropriate evidence base and/or ongoing evaluation.
- The effectiveness of the Organisation's quality related frameworks , strategies and plans for the development and delivery of high quality and safe services/programmes and functions provided by Public Health Wales, including the Quality and Impact Framework.
- This includes ensuring that these are consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales and improvements in the standard of quality and safety across the whole organisation.
- On the implementation and effectiveness of the quality management strategy across the organisation in supporting organisational capability and capacity leading to a culture of continuous quality improvement.

- The implications for quality and safety arising from the development of the Organisation’s corporate strategies and plans, or those of its stakeholders and partners, including those arising from any Joint (sub) Committees of the Board, for example the Estates Strategy where there would implications for quality and safety.
- That all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality, safety and effectiveness of services, programmes and functions, and in particular:
 - sources of internal assurance, which includes quality/clinical audit, internal audit have the capacity and capability to deliver in divisions/teams;
 - recommendations made by internal and external reviewers are considered in the context of its work plan, and the areas of focus within its remit.
 - there is evidence of a culture of reporting and learning lessons with an emphasis on continual improvement, arising from near misses, incidents, Serious Untoward Incidents, concerns, claims and feedback from service users and the public, and Health Safety;
- That there are effective arrangements in place for areas of statutory responsibility, including Putting Things Right, Infection Prevention and Control, Safeguarding, and Category 1 responder / civil contingencies act and Service User Experience.
- Provide oversight, scrutiny and assurance of compliance with relevant legislation, guidance or initiatives, including the Health and Social Care (Quality and Engagement) (Wales) Act.
- The 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 engagement, surveys, concerns, incidents and proactive arrangements to gain feedback.
- 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.

Comment / Recommendation to Board

With regard to its role in providing advice to the Board, the Committee will **comment and make recommendations to the Board specifically** on the:

- Development and adoption of a set of key indicators of quality and improvement, against which the Organisation's performance will be regularly assessed and reported on through reporting arrangements, such as the Annual Quality Statement

Delegated Decisions

The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by **reviewing** and **approving** as appropriate:

- Putting Things Right (Complaints, Claims and Incidents), Policy and associated procedures, Guidelines and Protocols
- Policies relating to:
 - Clinical Governance/Patient Safety, Medicines Management (including immunisations and vaccinations)
 - Public/Stakeholder Engagement Information
 - Infection Prevention and Control
 - Safeguarding, Violence and Aggression/ Personal Safety
 - Health and Safety, Fire, Waste and Water Management

2.1 Membership of Committee

The membership of the Committee during 2022/23 was as follows:

Name	Position	Attendance *
Kate Eden	Committee Chair and Non-Executive Director	5/5
Sian Griffiths	Non-Executive Director and Chair of the Knowledge, Research and Information Committee	3/5
Diane Crone	Non-Executive Director	4/5
Nick Elliott	Non-Executive Director and Chair of the Audit and Corporate Governance	4/4

	Committee from 1 March 2023	
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The Chair of the Board, Jan Williams, has a standing invite to attend Committee meetings, and attended two meetings of the Committee during 2022/23

2.2 Others in attendance

During 2022/23, the meetings were also attended by the following

Name	Position	Attendance
Rhiannon Beaumont Wood	Executive Director of Quality, Nursing and Allied Health Professionals	5/5
Meng Khaw	National Director Health Protection and Screening Services, Executive Medical Director	3/5
Helen Bushell*	Board Secretary and Head of the Board Business Unit	2/4
John Boulton	Director of NHS Quality Improvement and Patient Safety/Director 1000 Lives	4/5
Stuart Silcox	Assistant Director Integrated Governance, Quality Safety and Allied Nursing Health Professional	4/5
Liz Blayney*	Deputy Board Secretary and Board Governance Manager *Acting Board Secretary and Head of the Board Business Unit	5/5

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

Other Directors and officers attended during the year to present reports which related to their areas of responsibility as required.

The Chief Executive, Tracey Cooper, was also invited to attend every meeting, and attends at least annually. The Chief Executive attended one meeting during the year.

Representatives from the Local Partnership Forum have a permanent invite to attend the Committee.

2.3 Meeting frequency

During 2022/23 the Committee met 5 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.

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3 Main areas of Committee activity 2022/23

The Committee's role is to provide independent **assurance** to the Board and the Chief Executive, that there are the appropriate and effective systems in place for areas within its remit, including ensuring that the appropriate development and quality improvements.

The Committee's remit covers the following areas:

- Quality and Improvement
- Health and Safety
- Service User Experience
- Clinical Audit
- Putting Things Right and Serious Incidents
- Infection Prevention and Control
- Safeguarding
- Management of Risk (within the remit)

The Committee wishes to assure the Board that it fulfilled its work plan for 2022/23 covering a wide range of activity. The following sections provide a summary of this activity. The Committee considered the following items:

<p>Health and Social Care (Quality and Engagement) (Wales) Act 2020</p>	<p>The Committee considered updates on the approach to implement the Health and Social Care (Quality and Engagement) (Wales) Act 2020 within Public Health Wales.</p> <p>The Committee took regular assurance on the Organisation’s approach to successfully implement and comply with the requirements of Duty of Quality Regulations, noting the work in relation to Quality as an Organisational Strategy and the Improvement and Innovation Hub to support the approach.</p> <p>The Committee also took regular assurance on the Organisations approach to successfully implement and comply with the requirements of Duty of Candour Regulations.</p>
<p>PHW Innovation and Improvement hub</p>	<p>The Committee took assurance on the approach to develop and implement the Innovation and Improvement (I&I) hub in Public Health Wales, which would support Public Health Wales with a defined and strategic approach to building capacity and capability for sustainable continuous improvement and innovation.</p>
<p>Safeguarding</p>	<p>The Committee approved the Organisation’s Safeguarding Annual Report 2021/22 and took assurance that there were effective arrangements in place to fulfil the organisational statutory responsibilities in relation to safeguarding.</p> <p>The Committee noted the revised Safeguarding Group Terms of Reference for 2022/23.</p> <p>The Committee considered a mid-year update on Safeguarding, taking assurance on the arrangements in place and progress on the delivery and implementation of safeguarding plans to enable Public Health Wales to fulfil its statutory responsibilities. The Committee</p>

	<p>went on to take assurance on the Safeguarding Maturity Matrix self-assessment and improvement plan to promote and monitor the welfare of children, young people and adults at risk.</p>
Infection, Prevention and Control (IPC)	<p>The Committee considered and approved the Public Health Wales Infection Prevention and Control Annual Report for 2021/22 and noted the revised terms of reference for 2022/23.</p> <p>The Committee took assurance throughout the year that that the IPC Group and Lead Nurse for IPC (Corporate) were ensuring that Public Health Wales was meeting its IPC responsibilities.</p>
Internal Flu Vaccine	<p>The Committee considered and took assurance on the effectiveness of the internal influenza vaccine campaign delivery for 2021-22.</p> <p>The Committee took assurance on the staff influenza vaccination delivery plan for 2022-23 to enable the maximum uptake and safe delivery of Influenza vaccinations as part of the Public Health Wales (PHW) offer to staff.</p>
Medical Devices	<p>The Committee took assurance on the arrangements for medical devices management through regular Committee updates, noting the updated corporate medical devices register and the work plan of the Medical Devices Management Group.</p>
Health and Safety	<p>The Committee considered and took assurance that appropriate measures were in place to monitor compliance with health and safety regulations and incident reporting, and to address areas identified for improvement via quarterly health and safety reports.</p> <p>The Committee accepted that there was annual report for 2021/22 due to the Health and Safety Teams' focus on ensuring additional workplace safety measures were in place as a result of Coronavirus Restriction legislation.</p>

	The Committee approved the Health and Safety Terms of Reference and Work plan for 2022-23.
Quality and Clinical Audit	<p>The Committee took assurance on the Quality and Clinical Audit Plan Annual Report for 2021/2022, which included an analysis of the findings and recommendations of the completed audits.</p> <p>The Committee approved the Quality and Clinical Audit Plan 2022/23, and later took assurance on the progress of the plan, noting the proposed improvement initiatives.</p> <p>The committee undertook a deep dive into 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. The Committee took assurance on the management of Quality and Clinical Audit within the Organisation.</p>
Clinical Governance	The Committee considered and took assurance on the progress of the development of the Public Health Wales Clinical Governance Framework.
Once for Wales Concerns Management System	The Committee considered and took assurance on the governance and implementation arrangements of the Once for Wales Concerns Management system, which included the successful implementation of phase one.
Alerts Report	The Committee took regular assurance that an effective management system for distribution, monitoring and record keeping for alerts / safety notices was in place.
Putting Things Right	The Committee took regular assurance on the effective management of Putting Things Right (Incidents, Complaints, Redress, Claims and Compliments) via quarterly reports, which included National Reportable Incidents, and via indicators as part of the Quality Dashboard.

	The Committee considered and took assurance on the annual report for 2021-22 which provided a summary of people's experience with Public health Wales and detailed the compliance with the response rates set out in the Putting Things Right Regulations, together with an overview of concerns reported through the process for the period 1 April 2021 to 31 March 2022.
Claims and redress	The Committee considered regular Claims and Redress updates, including lessons learnt and took assurance that the claims were being managed in line with Claims Management Policy and Procedure.
Deep Dive into Health Improvement	The Committee considered a detailed update on the work of the Health and Wellbeing Directorate, which included an overview of the key programmes delivered, public health contribution to primary care transformation, health improvement initiatives and future development of the programmes.
Health and Care Standards	The Committee took assurance that the Health and Care Standards self-assessment process had been completed for 2021-22 and noted the overall organisational position. The Committee noted the future direction of Health and Care Standards, following the introduction of the Health and Social Care (Quality and Engagement) (Wales) Act 2020.
Our Approach to Engagement	The Committee undertook a deep dive into the progress of the Organisations approach to Engagement and took assurance that the Year 2 Implementation Plan for ' <i>Our Approach to Engagement</i> ' was progressing and that the CIVICA Experience system had been implemented with ongoing work to embed its capability across the organisation.
Screening Services	The Committee considered regular updates on the recovery of the Organisation's screening programmes due to impact of the pandemic, taking assurance that the recovery of the screening programmes were progressing, the work underway to recover the remaining programmes, and the future development of screening programmes.

	The Committee also considered a cervical screening campaign update following a change to routine interval in the cervical screening programme, and took assurance on the work undertaken as part of the communications campaign to rebuild trust in the safety and effectiveness of the cervical screening programme in Wales.
Deep Dive into Healthcare Associated Infection, Antimicrobial Resistance and Prescribing (HARP)	The Committee considered a detailed presentation on the Healthcare Associated Infection, Antimicrobial Resistance and Prescribing (HARP) Programme, noting the current position, challenges for 2022-2024 and next steps. The Committee took assurance on the management of the HARP Programme.
Winter Planning	The Committee took assurance on winter planning within the Health Protection and microbiology services for 2022-23.
Office of the Medical Director	The Committee considered updates against the establishment of the Office of the Medical Director and took assurance on the roles and responsibilities of the Executive Medical Director, and the overview of the functions of the Office of the Medical Director.
Emergency Planning and Business Continuity – Annual Reports 2021 and 2022	The Committee considered the Organisation’s Emergency Planning and Business Continuity annual report for both 2021 and later 2022, and took assurance in relation to the Organisation’s compliance with the requirements of the Civil Contingencies Act [2004] and the NHS Wales Emergency Planning Core Guidance [2015] and the Organisation’s level of emergency preparedness.
Risk	The Committee received regular updates on the Corporate and Strategic Risks within the remit of the Committee, and took assurance on the management of these risks.
Medical Revalidation and Job Planning	The Committee Took assurance that there were systems in place to support Revalidation of Medical Consultants, and supported the development of the Office of the Medical Director to further improve the arrangements and systems for Revalidation.

Processional Registration Arrangements	The Committee considered an audit of arrangements within Public Health Wales for verifying active professional registration for 2022/23 and took assurance that the arrangements were fit for the purpose stated.
Healthcare Support Worker Framework	The Committee took assurance on the progress of the implementation of the Healthcare Support Workers Framework within Public Health Wales.
Audit Wales Review of Quality Governance Arrangements	The Committee considered the Audit Wales Review of Quality Governance Arrangements, noting the audit's overall conclusion that the Trust was committed to improving its quality governance arrangements. Considering the Organisation's areas of progression, the Committee took assurance on the management response and plan to address the recommendations identified within the Audit Wales report.
Internal Audit	<p>The Committee noted the Governance and Committee oversight of audit arrangements for 2022/23.</p> <p>The Committee considered the stock management Internal Audit Report and took assurance that the monitoring of any actions from this report would be undertaken through the Audit and Corporate Governance Committee.</p>
Policies	<p>The Committee considered bi-annual reports on the status of policies, procedures and other written control documents within its remit, and took assurance on the management of the review of Policies within its remit.</p> <p>The Committee approved the following policies and procedures:</p> <ul style="list-style-type: none"> • Health and Safety Policy • Claims Management Policy and Procedure • Quality and Clinical Audit Procedure • Managing allegations of abuse by staff procedure • Radiation Safety Policy

		<ul style="list-style-type: none"> • Fire Safety Policy and Procedure • Water Management Policy and Procedure • Alerts, Safety notices & other Guidance policy • Adoption of the All Wales Consent to Examination or Treatment policy
Annual Statement	Quality	The Committee noted the update on the revised approach to reporting requirements for the Annual Quality Statement 2021/22.
Annual Effectiveness	Committee	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 in May 2023.
Terms of Reference Review		The Committee undertook an annual review of the Committee's terms of reference for recommendation to the Board for any changes required.
Forward Look		The Committee received the Committee Forward Look at each meeting.

3.1 Reporting outside of Committee

The following reports were considered out of committee to ensure Committee members were able to receive information in a timely manner. All reports were in response to actions arising from a Committee meeting:

Title	Date circulated to Committee
Once For Wales Concerns Management System Update	22.09.22
Diabetic Eye Screening Wales- Incident Update	22.09.23
Internal Influenza Vaccination Delivery Plan 2022-23	16.08.23

4 Work-plan / Action Log

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. A meeting is planned in May 2023 to refresh the workplan, ensuring quality is embedded throughout the work of the Committee.

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 with the Board papers.

5. Relationship with other Committees

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

The Committee has considered workforce issues relating to the Corporate Risk and the North Wales microbiology service, which crosses over with general workforce issues within the People and Organisational Committee.

The Quality, Safety and Improvement Committee has considered the service delivery of different areas of the organisation, including screening. KRIC has considered a number of these from the point of view of digital transformation, for example Diabetic Eye Screening Wales (DESW) and the outcome of a systems review.

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

6. Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2022/23, 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. 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 Committee has engaged with a formal Board and Committee effectiveness review process which took place in March 2023. The outcome and recommendations following this review will be reported to the Board in Quarter 1 2023.

7. Planned Activity in 2023/2024

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2023/24 in respect of:

- Meeting the requirements of the Duty of Quality
- Meeting the requirements of the Duty of Candour
- Planning and incorporating Service User Feedback
- Maintaining Standards of Quality and Safety Reporting
- Monitoring the Tuberculosis Action plan.

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