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**Unconfirmed Minutes of the Public Health Wales
Quality, Safety and Improvement Committee Meeting
16 May 2023, 09:30
Held in Capital Quarter 2 and via Microsoft Teams**

Present:		
Diane Crone	(DC)	Committee Chair and Non-Executive Director (University)
Sian Griffiths	(SG)	Non-Executive Director (Public Health) and Chair of the Knowledge, Research and Information Committee
Jan Williams	(JW)	Chair of the Board
In Attendance:		
Rhiannon Beaumont-Wood	(RBW)	Executive Director of Quality, Nursing and Allied Health Professionals
Liz Blayney	(LB)	Deputy Board Secretary and Board Governance Manager
Angela Cook	(AC)	Deputy Director of Quality and Nursing, Quality Nursing and Allied Health Professionals
Felicity Hamer	(FH)	Head of Strategy and Innovation Improvement Cymru, NHS Executive (on behalf of John Bolton for item 4.1)
Sharon Hillier	(SH)	Director Screening Services (For item 4.5)
Wayne Jepson	(WP)	Programme Lead / Improvement Advisor (Left 12:08)
Angela Jones	(AJo)	Acting Director of Health and Well-Being
Meng Khaw	(MK)	National Director of Health Protection and Screening Services, Executive Medical Director
Jennie Leleux	(JL)	Lead Nurse for Infection, Prevention & Control (For item 5.4)
Louise Mann	(LM)	Assistant Director of Safeguarding (Observing for item 3)
Aideen Naughton	(AN)	Service Director of National Safeguarding Service (For item 3)
Donna Newell	(DN)	Named Lead for Safeguarding (For item 3)
Sarah Nicol-Hughes	(SNH)	Healthcare Inspectorate Wales

Chris Orr	(CO)	Head of Estates and Health and Safety/ General Manager Operations and Finance (For Item 5.2)
Jessica Taylor	(JT)	Quality and Clinical Audit Support Officer (For item 5.3)
Christopher Thomas	(CT)	Governance and General Manager
Francesca Thomas	(FT)	Head of Putting Things Right (For Item 4.3)
Paul Veysey	(PV)	Board Secretary and Head of Board Business Unit
Stephanie Wilkins	(SW)	Trade Union Representative

Apologies

John Boulton	(JB)	National Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru
Kate Eden	(KE)	Vice Chair of the Board, and Non- Executive Director
Olusola Okhiria	(OO)	Trade Union representative

The meeting commenced at 09:30

QSIC 16/05/2023/1

Welcome, Introductions and Apologies

The Chair opened the meeting and welcomed all present.

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 16/05/2023/2

Declaration of Interest

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

QSIC 16/05/2023/3

Deep Dive: Safeguarding

RBW introduced the safeguarding deep dive, highlighting the re-introduction of service user experience stories that had been included within this item.

DN presented a service user experience story, outlining the way in which she discharged her professional curiosity and safeguarding responsibilities following the identification of a potential safeguarding incident within Microbiology. She explained that as a result, there had been follow up actions and the implementation of changes, such as improvements within Microbiology at an All Wales level, and working in partnership with the Microbiology Service, the development of a Standard Operating Procedure (SOP) to improve safeguarding operational arrangements.

DN also highlighted the need to improve professional curiosity and outlined a plan establish and develop the training available to raise awareness of all staff members safeguarding responsibilities.

The Committee discussed:

- The importance of professional curiosity, challenge and positive action to raise awareness of this responsibility;
- The need to ensure that the ESR training package was sufficient and at the right level for the organisation: professional curiosity was taught at a training level higher than that which the majority of staff would be required to complete. It was noted that sessions had been delivered to increase their knowledge and empower safeguarding ambassadors and further work was planned to further develop this;
- Consideration of the wider system leadership team role in terms of GP training, ESR and support to develop appraisers;
- The potential benefits of undertaking a look back exercise to identify any other missed opportunities, noting that an audit / sample could be undertaken, however there were also wider issues that needed to be addressed such as improving mechanisms and systems in place to identify and raise concerns. It was hoped that the development of the Standard Operating Procedure would help to improve Datix reporting and minimise potential future incidents. SW commented that she would support efforts to improve the culture of reporting Datix concerns amongst staff.

DN provided an overview of the Safeguarding Annual Report for 2022-23, highlighting the key performance indicators for Safeguarding, work underway with individual directorates to improve compliance, and key achievements such as the roll out of a training needs analysis and bespoke training. DN commented on planned improvements for 2023-24, which included ongoing developmental work with Microbiology, and continued focus on 'The Right Way: A Children's Rights Approach' piece of work. DN assured the Committee of the Organisation's compliance with legislative duties and RBW confirmed that appropriate governance arrangements were in place to support this, which included a named Non-Executive Lead for Safeguarding in the form of Jan Williams.

The Committee took **assurance** on the progress made to meet the safeguarding statutory duties and the plans ahead via the Safeguarding Annual Report 2022-23.

AN went on to introduce the National Safeguarding Service, which provides the external facing service of expertise and leadership on safeguarding for the NHS. AN highlighted the NHS Wales Safeguarding National Network Conference and went on to highlight the Network Key priorities for 2023/24, which included development of indicators and measures for quality in

safeguarding systems, improved training and explore the development of a digital safeguarding leadership hub.

The Committee discussed:

- Linkages with primary care and potential opportunities to improve traction and identification of leads in primary care;
- Important areas for further focus outside of the meeting, such as identification of national data sets, indicators for partnership working with Health Education Improvement Wales (HEIW) and indicators for multidisciplinary partnerships.

The Committee **considered** the repurposing of the National Safeguarding Service and updates from the NHS Wales Safeguarding Network, and **noted** the progress being made on a national level, including Public Health Wales contribution.

The Committee thanked DN and AN for their comprehensive overviews of Safeguarding within their respective areas.

QSIC 16/05/2023/4	Items for Assurance
QSIC 16/05/2023/4.1	Update on Implementation of Duty of Candour and Duty of Quality

AC provided an update on progress to implement the Duty of Candour (DOC) Act within the Organisation, noting the development of a policy and procedure and relevant training materials and staff engagement to mitigate any potential risks and concerns.

AC went on to provide case study scenarios and the resultant application of Duty of Candour. AC noted that the estimated resource implications from the application of DOC was approximately 200 hours per year based on previous cases, however there is potential for incidents and resultant resource requirements could be reduced following the implementation of quality and improvement methods. AC concluded the update by noting the next steps to strengthen training and learning from the application of DOC.

FH went on to provide the Committee with an update on the progress to implement the Duty of Quality Act, which included the taking forward of actions from the national road map and progress towards milestones around communication, engagement and training. FH highlighted potential risks following the move of Improvement Cymru to the NHS Executive and noted the dependency on national information.

The Committee noted alignment with components from the Clinical Governance Framework, which was due to be considered at the next Committee meeting

The Committee took **assurance** on the progress underway to implement both the Duty of Candour and Duty of Quality Acts within Public Health Wales.

QSIC 16/05/2023/4.2	Managing Risk
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QSIC 16/05/2023/4.2	Corporate and Strategic Risk Register
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RBW introduced the Strategic and Corporate Risk Registers within the Committees remit, noting that the refreshed strategic risks were due to be considered at the next Board meeting.

Referencing Strategic Risk 1 on behalf of Tracey Cooper, RBW confirmed that the update on the Risk Register remained current.

MK went on to provide an update on Strategic Risk 2, noting that the delivery confidence was green. MK also advised that further updates to this risk and relevant corporate risks would be highlighted within the Screening Service Update (item 4.5).

MK concluded the Corporate Risk Register update by referencing risk 308, noting the good progress to a clinical blended service within the North Wales Microbiology Service.

The Committee considered the Strategic and Corporate Risk Register that had relevance to the Committee's remit and took **assurance** that the organisation's Strategic and Corporate risks were being managed appropriately.

QSIC 16/05/2023/4.3	Putting Things Right Q4 2022-23 including National Reportable Incidents.
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FT presented the Putting Things Right Quarter 4 2022-23 report, and provided an overview of the one nationally reportable incident and two no surprises incidents, noting that investigations were underway, and lessons learnt would be implemented.

FT went on to present the Quality Dashboard to the Committee, which included incidents; categories and sub categories of incidents; and complaints (formal and informal) for quarter 4, 2022-23. FT highlighted the improvement work between the Quality team and Microbiology to improve categories of data within the dashboard, support provided to the organisation from a quality and improvement perspective, such as identifying areas for improvement within divisions, and supporting teams on the development of sufficient action plans.

The Committee:

- Welcomed a future case study on active learning and requested more specific timings against actions in future iterations.

Action: FT

- Reflected on the cervical screening incidents, which included incidents that could be attributed to Primary Care, and noted the potential quality improvement solutions such as electronic referrals.

FT concluded the presentation by providing an overview of the Putting Things PTR annual report for 2022-23, highlighting respective reductions in reported incidents and formal complaints. FT noted that this was likely due to the organisation’s recovery of services following the pandemic.

The Committee thanked FT for her presentation and:

- Took **assurance** on the effective management of Putting Things Right;
- Took **assurance** on the Putting Things Right Annual Report 2022-23.

QSIC 16/05/2023/4.4

Break

QSIC 16/05/2023/4.5

Screening Service Update

SH introduced the Screening Services Update, which provided a progress update on the work underway to recover the remaining screening programmes since the Committee’s last update in December 2022. SH was pleased to advise that the Wales Abdominal Aortic Aneurysm (AAA) had been recovered in March 2023.

SH briefed the Committee on the main constraints to recover Breast Test Wales (BTW), which included workforce capacity and went on to highlight plans to aid recovery, such as the full implementation of the mobile replacement service.

The Committee:

- Referenced the [article](#) in the British Journal for Cancer on the projected impact of the COVID-19 lockdown on breast cancer deaths in England due to the cessation of population Screening: a national estimation, and queried the impact of delay on women within the Welsh population. SH and MK commented on the difficulties in effectively mirroring the peer review in Wales, however advised that they had been in touch with the Knowledge Directorate in order to undertake a bespoke piece of research. They would also reach out to the academic world as required. The Committee suggested that SH consider whether there was any relevant focus from the Welsh Screening Committee on future impact and messaging for the public outside of the meeting.
- Noted that unlike the other recovered Screening Programmes, all aspects of the BTW pathway were dependant on specialist input, with no ability to clear the pathway backlog using technology. The requirement for a specialist workforce was reflected as a whole system Strategic Risk, within Strategic Risk 2.
- Referenced Audit Wales queries on a potential strategic risk regarding the Organisations Estates Strategy, and noted that elements of the need for continuous improvement of our Screening Service Estate was also reflected within Strategic Risk 2.

SH went on to provide an update on plans to recover Diabetic Eye Screening Wales (DESW), including progress against the optimisation of the current model, and transformation of the service. Briefing the Committee on the delays, SH noted that the programme was operating at pre-pandemic levels, and progressing new people through the pathway was a priority, this included improving information to Communities in order to raise the offer uptake.

The Committee discussed the broader public health landscape in the context of increasing demand for screening and the role of screening in prevention. The Committee noted that the Board would consider the wider public health implications of this as part of its review of the Public Health Dashboard at the May Board meeting.

The Committee thanked the Screening Service Division for their efforts to recover the Programmes and took **assurance** on the work underway to recover the Screening Programmes.

QSIC 16/05/2023/4.6	Policies and Procedures Bi-annual Update
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LB introduced the Bi-annual Corporate Policies and Written Control Documents update, noting that following previous feedback at the People and Organisational Development Committee, more detailed updates had been provided. LB went on to highlight the improving picture of progress and steps being taken to review policies, three policies and procedures were tabled for approval today, and a number were on track to be considered for approval at the July Committee meeting.

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 16/05/2023/5	Items for Approval
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QSIC 16/05/2023/5.1	Policies and Procedures for Approval
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The Committee considered and:

- **Approved** the Infection Prevention and Control Policy;
- **Approved** the Duty of Candour Policy and Procedure.

QSIC 16/05/2023/5.4	Corporate Infection Prevention & Control (IPC) Annual Report
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JL introduced the Corporate Infection, Prevention and Control (IPC) Annual Report for 2022-23, highlighting the good level of progress made against the Corporate IPC Work plan in terms of audit activity and training, ensuring compliance with the Code of Practice for the Prevention and Control of Healthcare Associated Infections 2014. JL concluded the presentation by highlighting the IPC priorities for 2023-24, noting the improved staff influenza

vaccination programme rates and reflecting on the lessons learnt to further improve uptake during 2023-24.

The Committee considered the Annual Report and took **assurance** that arrangements were in place in Public Health Wales to meet Infection Prevention and Control requirements.

QSIC 16/05/2023/5.2	Health and Safety Update Q4 2022-23 and Work plan 2023-24
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CO presented the Health and Safety Report for Quarter 4 2022-23, which provided an overview of health and safety activities, including incident reporting, estates compliance and training. CO noted that the one RIDDOR reported during Quarter 4 was connected to previous Microbiology Division related RIDDORs previously reported to the Committee. CO noted that the Health and Safety Executive had confirmed that these incidents would no longer need to be reported, however he assured the Committee that the team would continue to investigate the incidents and implement any necessary improvements.

SW queried the Staff Side partnership working process in relation to Health and Safety policies. CO confirmed there was a Staff Side representative on the Health and Safety Group that had access and input into the draft policies and agreed to follow up any potential improvements in the consultation process with SW.

MK sought further information on the programme of work to address Radon levels. CO confirmed that there was a plan in place to comprehensively monitor Radon levels across the Organisation's estate, including active management of Breast Test Wales Wrexham estate.

The Committee:

- Took **assurance** that appropriate measures were in place to monitor compliance and to address areas identified for improvement;
- **Approved** the Health and Safety Workplan for 2023/24.

QSIC 16/05/2023/5.3	Quality and Clinical Audit Annual Report 2022-23 and Plan 2023-24
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JT presented the Quality and Clinical Audit Annual Report for 2022-23, highlighting the marked improvement in the number and variety of audits undertaken throughout the year and an overview of the learning and improvements that had been implemented as a result. JT also reflected on the engagement activity within the Organisation and the proposed action plan and improvement aims and initiatives for 2023-24, some of which were based on recommendations from Audit Wales.

Committee members were pleased to note audit engagement and activity with the World Health Organisation Collaborative Centre Directorate and requested a systematic request for wider audit activity across the remaining directorates as part of the work with the Clinical Governance Framework. RBW expanded on this, highlighting continuous engagement with Directorates.

Action: JT

The Committee:

- Took **assurance** on the Quality and Clinical Audit Annual Report 2022-23;
- **Approved** the Quality and Clinical Audit Plan 2023-24.

QSIC 16/05/2023/5.1	Minutes, Action Log and Matters Arising of Meeting
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The Committee considered and **approved** the minutes of the meeting held on 15 February 2023 as a true and accurate record of the meeting.

The Committee noted the updates to the open actions and **approved** the closure of the completed actions on the Action Log.

QSIC 16/05/2023/6	Recommendation to Board
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QSIC 16/05/2023/6.1	Committee Governance
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The Committee **recommended to the Board**:

- The QSIC Committee Annual Report 2023/24, subject to the inclusion of Angela Cook and Angela Jones to the list of attendees;

Action: LB

- The revised Committee Terms of Reference to the Board, noting the potential for further review and development in the near future;
- The Committee workplan for 2023/24

The Committee **noted** the inclusion of a presentation that formed part of the Committee's Annual Review of Committee Effectiveness.

QSIC 16/05/2023/7	Items to Note
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QSIC 16/05/2023/7.1	Internal Audit Reports
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The Committee **noted** the Welsh Risk Pool Claims Final Audit Report.

QSIC 16/05/2023/7.2	Alerts Report (Quarter 4)
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The Committee **noted** the Alerts and Safety Notices Report for Q4, 22-23.

QSIC 16/05/2023/7.3	Approved Frameworks
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RBW advised the Committee that the Career Framework and Clinical Supervision Framework would be removed from the agenda and re-considered at the July Committee meeting, in conjunction with the Clinical Governance Framework.

QSIC 16/05/2023/8	Closing Administration
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QSIC 16/05/2023/8.1**Close of Public Meeting**

Members were asked to e-mail LB with any feedback on the Committee meeting.

Date of next meeting: 18 July 2023.

DC closed the meeting by advising that RBW had attended her last Committee meeting as she was due to retire in July. Committee members thanked RBW for her substantial work and support to the Committee and expressed their best wishes for her retirement.

The open session closed at 12:25