

 <b>GIG</b> CYMRU <b>NHS</b> WALES <p>Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p><b>Name of Meeting</b> Board</p> <p><b>Date of Meeting</b> 28 May 2020</p> <p><b>Agenda item:</b> 4.6.2.280520</p>
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## Quality, Safety and Improvement Committee Annual Report 2019/20

<b>Committee Chair:</b>	Kate Eden, Vice-Chair, Public Health Wales
<b>Executive lead:</b>	Rhiannon Beaumont Wood, Executive Director of Quality, Nursing and Allied Health Professionals
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<b>Approval/Scrutiny route:</b>	This report has been approved by the Committee for submission to the Board.
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<p><b>Purpose</b></p> <p>The main purpose of the Quality, Safety and Improvement Committee Annual Report 2019/20 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 2019/20.</p>
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<b>Recommendation:</b>				
APPROVE <input type="checkbox"/>	CONSIDER <input checked="" type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>Consider</b> the Quality, Safety and Improvement Committee Annual Report for 2019/20 summarising the key areas of business activity undertaken;</li> <li>• <b>Receive assurance</b> that the Quality, Safety and Improvement Committee is fit for purpose and operating effectively in fulfilling its terms of reference.</li> </ul>				

# Draft Quality, Safety and Improvement Committee Annual Report 2019/20

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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 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.

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- 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 2019/20 was as follows:

Name	Position	Attendance*
Kate Eden	Committee Chair and Non-Executive Director	4/4
Stephen Palmer	Non-Executive Director	4/4
Shantini Paranjothy	Non-Executive Director	2/2
Judi Rhys	Non-Executive Director	3/3

*\*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 2 meetings of the Quality, Safety and Improvement Committee during 2019/20.

## 2.2 Others in attendance

During 2019/20, the meetings were also attended by the following:

Name	Position	Attendance*
Rhiannon Beaumont Wood	Executive Director of Quality, Nursing and Allied Health Professionals	4/4
Quentin Sandifer	Executive Director of Public Health Services / Medical Director	4/4
Jyoti Atri	Interim Executive Director of Health and Wellbeing	2/4
Helen Bushell	Board Secretary and Head of the Board Business Unit	4/4
John Lawson	Chief Risk Officer	3/4
Gay Reynolds	Governance and General Manager for Quality, Nursing and Allied Health Professionals	3/4
John Boulton	Director of NHS Quality Improvement and Patient Safety/Director 1000 Lives	1/4

*\*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.

Representatives from Health Inspectorate Wales have also attended the Committee meetings (1/4).

A representative from the Internal Audit Team at NHS Shared Services also attended one Committee meeting.

Two representatives from the Local Partnership Forum had a permanent invite to attend the Committee. Stephanie Wilkins (0/4) and Claire Lewis (0/1) were the nominated representatives to attend the Committee meetings.

### **2.3 Meeting frequency**

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 Business. During 2019/20, the Committee met four times and was quorate on all four occasions.

### 3 Main areas of Committee activity 2019/20

The Committee wishes to assure the Board that it fulfilled its work plan for 2019/20 covering a wide range of activity. The following sections provide a summary of this activity.

#### 3.1 Standard Reporting

In line with the terms of reference, there were a number of standing items on each Committee agenda.

The following were presented at each meeting:

<b>Risk Assurance</b>	<b>Corporate Risk Register</b>
<b>Clinical Governance</b>	<b>Claims and Redress Report</b> (An update on claims was received in private sessions of the Committee due to the sensitivity of the information )
	Alerts Management Quarterly Report
<b>Quality and Safety</b>	<b>Serious Incidents: New/Update</b>
	<b>Putting Things Right Quarterly Report</b> An analysis of incidents, complaints, claims and compliments to identify trends, themes and lessons learnt.

The Committee received the following regular items:

- Board Assurance Framework
- Quality and Impact Framework
- Quality and Clinical Audit Plan 2018/19 Updates
- Quality and Improvement Strategy

The Committee has also received the following **Annual Reports** for the period 2019/20:

- Annual Quality Statement 2018/19;
- Putting Things Right Annual Report 2018/19;
- Corporate Safeguarding Annual Report 2018/19;
- Infection Prevention and Control Annual Report 2018/19;
- Healthcare Inspectorate Wales Annual Report 2018/19; and
- Service User Experiences Summary Report 2018/19.

### 3.2 Quality, Impact and Safety

The Committee undertook further scrutiny of the following areas during 2019/20:

- Update on the **Flu Campaign**, receiving assurance on the delivery of the 2018/19 campaign, noting the take up rates exceeded the Welsh Government target of 60%, and that there was a robust programme of evaluation in place which would continue to improve on this success.
- **Annual Quality Statement 2018/19** - recommending it to the Board for approval.
- **Quality and Engagement (Wales) Bill** – Contributing to the feedback that was submitted on behalf of the organisation to the Welsh Assembly.
- **Audit of Lessons Learnt from Complaints Report**, noting that further progress was underway to ensure the effectiveness of the management of complaints which would be considered by the Committee.
- **Update on the arrangements for Medical Devices**, focusing the discussion on the work to strengthen arrangements for the management of medical devices as part of the improvement work on integrated governance arrangements more broadly.
- **Review of Complaints that were not subject to a 30 day response** - Remitted from board due to a downturn in performance, taking assurance on the management of actions within the review.

### 3.3 Improvement

#### **Microbiology Stabilisation Plan**

The Committee considered the Microbiology stabilisation plan, risk assessment and future operational model reports, and made recommendations to the Board that it consider the vision statement, model proposed and risks and benefits in more detail.

#### **First 1,000 Days Programme**

The Committee considered a report which provided an overview of the 1000 Lives Improvement Programmes. This included details of the lifecycle of the programmes, and how quality and impact were being reported and measured.

### 3.4 Deep Dives and Service User Experience Story

At each meeting, the Committee considered a Deep Dive which involves a detailed review of key elements within a programme, function or service to provide a review to enable the Committee to gain assurance. Indeed, at several meetings the Committee considered

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more than one deep dive in order to fully cover its areas of interest and enquiry.

The Committee also received a story from the perspective of service users or a member of staff. The stories included lessons learnt and action taken in response to the key messages from the story. This ensured the Committee brings scrutiny and emphasis on placing service users at the centre of improving, developing and planning services.

The Committee received the following **Deep Dives and Service User Experience Stories**:

- **Health Protection Deep Dive** receiving assurance that the Acute Health Protection response services were being delivered safely and effectively and to expected quality standards.
- **Cervical Screening Deep Dive** and Service User Experience story.
- A deep dive and service user experience update on the **First 1000 Days**.
- A deep dive service user experience on **Bowel Screening Wales**, noting at the levels of screening uptake, seeking assurance that the service was actively seeking to improve this uptake.
- A deep dive and progress update on the **Wales Abdominal Aortic Aneurysm Screening Programme**, with the focus on their key achievements, challenges, risks and future progression within the service. Alongside this was a service user experience story from within the Programme.
- A deep dive and progress update on the **Welsh Network of Health School Schemes**. Alongside this was a service user experience story from within the Programme. The Committee noted its concerns in relation to how value for money could be demonstrated without robust evaluation in place.

### **3.5 Policies and Other written Control Documents**

The Committee approved the Infection, Prevention and Control Policy and Decontamination Policy and Procedure.

The Committee also received bi-annual reports on the status of policies and other written control documents within the remit of the Committee and took assurance of the prioritisation and progress being made to review policies and procedures.

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### **3.6 Assessment of Governance and Risk issues**

The Committee provides an essential element of the overall governance framework for the organisation and has operated within its Terms of Reference and in accordance with the Standing Orders. The Committee discussed the risk management and assurance arrangements in place for the organisation.

#### **Board Assurance Framework**

The Committee received the Board Assurance Framework (BAF) for oversight of those elements of the BAF 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.

#### **Corporate Risk Register**

The Committee receive the Corporate Risk Register to enable them to gain assurance that operational risks were being appropriately managed.

### **3.7 Work Plan**

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 Reports 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.

### **3.8 Committee Effectiveness**

During the year the Committee reviewed and revised the agenda to make the following improvements:

- Ensure risk and the Board Assurance Framework were given a higher priority by ensuring allocation of more time and by moving the item to the beginning of the agenda.
- Linking each service user story to an assurance item / deep dive being received by the Committee.

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- Allocating a significant proportion of the agenda to at least one deep dive per meeting to allow Committee members' sufficient time for understanding, scrutiny and seeking assurance of key areas. Initial areas for these deep dives were driven by the nature of the Serious Incidents heard by the Committee.

The Committee held a workshop on 7 August 2019 to consider the following:

- The context the Committee operates in;
- Review of the workplan;
- Consider the vision/future direction for the Committee;
- Identify next steps and actions.

Following the workshop, the following areas for focus and development were agreed:

- Reviewing the work programme in the context of the risk and ensuring relevant deep dives are undertaken';
- Review way in which risks are considered and scrutinised by the Committee;
- Frequency and length of the meetings;
- Agreed to add an 'emerging issues' item to the agenda, similar to that included on the Board agenda;
- An action plan was developed and approved by the Committee at its meeting on 12 November 2019 – the delivery of the action plan has continued for the remainder of the year.

#### **4. Relationship with other Committees**

The Quality, Safety and Improvement Committee has continued to work closely with the Audit and Corporate Governance Committee, the People and Organisational Development Committee and Knowledge, Research and Information Committee during the year.

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 2019/20, 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

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composite report or that are already visible in the Board Assurance Framework 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.

The Committee had, on occasion, requested further information and development of particular items to allow further scrutiny of the issues and to enable them to provide robust assurance to the Board and Accountable Officer.

During 2019-20, further assurance was requested by the Committee in the following areas:

- **Quality and Clinical Audit Plan for 2019/20**  
The Committee agreed that the Quality and Clinical Audit plan for 2019/20 should have more representation of audit across the Organisation, to include an audit from each directorate where appropriate. The Committee received a revised plan at its next meeting, and approved the plan, requesting that future re-iterations include a brief to the Committee on how the organisation approached audit, public expectations and the totality of audit activity (to include internal and external forms).
- **Standard Operating Procedures in Public Health**  
The Committee sought assurance on the process of standard operating procedures, and received a report outlining the status and arrangements in for Standard Operating Procedures within the Public Health Services Directorate, Microbiology, Health protection and Screening Division. In considering this report, the Committee requested further insight into a risk concept/statement of risk which outlined the organisations measure of vulnerability in terms of SOPS. This will be reported to the Committee in 2020/21.
- **Health Protection – Update from Deep Dive**  
Follow up on actions from the Deep Dive in 2019. The Committee noted the risks and areas for improvement and requested the inclusion of dates to the deep dive slides for when these actions would be taken forward. An update of these actions should be considered by the Committee in the second quarter 2020.
- **Welsh Network of Healthy Schools Scheme (WNHSSC)**  
Following a deep dive into WNHSSC in April 2019. The Committee agreed to receive an update on the Healthy Schools network in a years' time, in order to address concerns in relation

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to how value for money could be demonstrated / achieved without robust evaluation being in place.  
This has been delayed due to COVID-19 and the associated requirements of the response.

## **6. Conclusions and look forward**

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2020/21 in respect of the:

- Quality Improvement Framework'
- Standard Operating Procedures in Public Health Services;
- Summary of learning from 2019/20 Screening Deep Dives;
- Health Protection – Update from Deep Dive;
- Welsh Network of Healthy Schools Scheme (WNHSSC) Update; from Deep Dive; and
- Framework for assuring service user experience, Annual Report to consider the further planned work to meet the aspirations of the organisation for service user experience to be embedded more and routinely collected as a matter of course.

### **Impact of COVID-19 for 2020/21**

Due to the ongoing response to COVID-19, the decision has been made to cancel non-essential meetings. Quality, Safety and Improvement Committee will continue to operate in a remote format with an agenda focussed on ensuring compliance, in particular with the Annual Quality Statement, Complaints and Putting Things Right. Critically, the Committee will also have an assurance role linked to COVID-19 and supporting the Board in the context of the pandemic. At it's forthcoming meeting in May 2020, the Committee will look at increasing the frequency of meetings during this period to one meeting every eight weeks to allow for appropriate and timely activity.