COMMITTEES OF BOARD

Author: Cathie Steele, Deputy Board Secretary

Date: 12 January 2018  Version: 1.0

Sponsoring Director: Melanie Westlake, Board Secretary and Head of Corporate Governance

Who will present: Chairs of the Committees

Date of Board meeting: 25 January 2017

Committee/Groups that have received or considered this paper: N/A

The Board are asked to:

- **Approve** the recommendation(s) proposed in the paper
- **Consider** and scrutinise the paper and provide feedback and comments if necessary  ✓
- **Receive** the paper for information only

Link to **Public Health Wales commitment and priorities for action**: (please tick which commitment(s) is/are relevant)

| Heart | Cross | ✓ | Egg | ✓ |

Priorities for action

- **Strategic Priority 6** - Protecting the public and continuously improving the quality, safety and effectiveness of the services we deliver
- **Strategic Priority 7** – Developing the organisation to be the best it can be
1 Introduction

The purpose of this report is to present to the Board approved minutes of the Board’s Committees (with the exception of the Remuneration and Terms of Service Committee). The Board is asked to consider the approved minutes as set out below.

Matters for escalation or urgent consideration by the Board will be raised verbally by the Chair of the Board Committee. Where a Committee has met but has not had the opportunity to provide approved minutes, the Chair will inform the Board of any matters which require their attention in advance of receiving the minutes.

2 Background

The Board will be aware that our Committees have been established under Public Health Wales’ Standing Orders. The Committees of the Board are:

- Audit and Corporate Governance
- People and Organisational Development
- Quality, Safety and Improvement
- Remuneration and Terms of Service

1The minutes of this Committee are not included in this report as the Board formally receives these minutes and ratifies any decisions made when meeting in private.

3 Minutes of Committee Meetings

3.1 Audit and Corporate Governance Committee

The Board is asked to receive and consider the confirmed minutes of the meetings held on 12 September and 19 October 2017, which are included at Appendix 1 and 2. A meeting of the Committee also took place on the 12 December 2017.

3.2 People and Organisational Development Committee

The Committee is next scheduled to meet on 18 January 2018 when the minutes from the 19 October 2017 will be received for approval. These will be presented to a future Board meeting.
3.3 Quality, Safety and Improvement Committee

The Board is asked to receive and consider the confirmed minutes of the meeting held on 29 August 2017, which are included at Appendix 3. A meeting of the Committee also took place on the 23 November 2017.

4 Recommendation

The Board is asked to:

- **CONSIDER** the minutes of the Audit and Corporate Governance Committee meeting of 12 September.
- **CONSIDER** the minutes of the Audit and Corporate Governance Committee meeting of 19 October 2017.
- **CONSIDER** the minutes of the Quality, Safety and Improvement Committee meeting of 29 August 2017.
Unconfirmed Minutes of the Public Health Wales Audit and Corporate Governance Committee Meeting
12 September 2017, 2:00pm
Venue: Room 3/2, No 2 Capital Quarter, Tyndall Street, Cardiff

Present
Kate Eden (KE) Non Executive Director and Committee Chair
Judi Rhys (JR) Non Executive Director

In Attendance:
Rhiannon Beaumont-Wood (RBW) Executive Director of Quality, Nursing and Allied Health Professionals
Paul Dalton (PD) Head of Internal Audit, NHS Wales Shared Services Partnership – Audit and Assurance Services, (Internal Audit)
Jason Garcia (JG) Financial Audit Manager, Wales Audit Office (External Audit)
Huw George (HG) Deputy Chief Executive and Executive Director of Finance and Operations
Andrew Jones (AJ) Deputy Director of Public Health Services (part of meeting)
John Lawson (JL) Chief Risk Officer (part of meeting)
Claire E Morgan (CEM) Secretariat
Sarah Morgan (SM) Diversity and Inclusion Manager (part of meeting)
Martyn Pennell (MP) Head of Financial Services and Control
Andrew Richardson (AR) Corporate Governance Manager
Tamira Rolls (TR) Deputy Director of Finance and Head of Finance
Emma Samways (ES) Deputy Head of Internal Audit, NHS Wales Shared Services Partnership – Audit and Assurance Services, (Internal Audit)
Gabrielle Smith (GS) Performance Audit Lead, Wales Audit Office (External Audit)
Melanie Westlake (MW) Board Secretary and Head of Corporate Governance
Tim Williams (TW) Assistant Director of Organisational Development (part of meeting)

Apologies:
Craig Greenstock Counter Fraud Manager, Cardiff and Vale University Health Board (part of meeting)
Anthony Veale Director, Financial Audit, Wales Audit Office (External Audit)
Stephanie Wilkins Representative from Staff Partnership Forum
ACGC 63/2017 Welcome and Apologies for Absence

The Chair opened the meeting and welcomed all present.

John Lawson (JL) attended part of the meeting to deliver a presentation on Cyber Security (71/2017).

Andrew Jones (AJ) attended part of the meeting to present the Review of Wales Audit Office Assessment of Microbiology (2013) (66/2017) and for the External Audit Action Log (70/2017) on behalf of Quentin Sandifer.

Tim Williams (TW) and Sarah Morgan (SM) attended part of the meeting for the Internal Audit reports (70/2017) and the Internal Audit Action Log (73/2017) on behalf of Phil Bushby.

Apologies for absence were noted.

ACGC 64/2017 Declarations of Interest

There were no declarations of interest to register.

ACGC 65/2017 Minutes and Actions

65/2017.a Approval of Minutes of the meeting of 1 June 2017

The Committee received the minutes of the previous meeting (ref. 3a.ACGC.120917) for approval.

The Committee approved the minutes as an accurate account of the meeting subject to the following amendment:

- Item ACGC 48/2017 External Audit Action Log
  Under Action 169, the word incorporate should be amended to incorporated.

65/2017.b Action Log

The Chair presented the action log (ref.3b.ACGC.120917) to the Committee for consideration. The following update was provided:

- Action 16/2017.1c Progress report on IT Security Policy – the update indicated that the document would not be approved until the Committee met in November. It was agreed that the Chair of the Quality, Safety and Improvement Committee should be asked to consider taking Chair’s action to approve the policy.
  LEAD: AR
- Action07/2017.a Assurance report on business continuity and emergency planning arrangements – it was confirmed that with the agreement of the Committee Chair and Board Secretary the item was deferred until the Committee meeting in December 2017.

The Committee noted the updates provided and approved the closure of the completed actions.
### 65/2017.a Matters Arising

The Committee noted that the Wales Audit Office Review of Collaborative Arrangements for Managing Local Public Health Resources had not been presented as referred to on page 3. This would be considered at the Committee meeting on the 19 October 2017.

#### ACGC66/2017 Review of Wales Audit Office Assessment of Microbiology (2013)

The Committee received the Review of Wales Audit Office Assessment of Microbiology (ref. 5a.ACGC.120917) for consideration.

The Committee noted that:

- the paper detailed the management response to the Wales Audit Office Review from 2013.
- a new clinical directorate/management structure had been introduced with internal governance arrangements (including terms of reference). A management team had been established at a national level and a regional leadership (clinical and non-clinical) had been appointed across Wales. It was agreed that AJ would share the management structure arrangement details with the Committee.
  
  **LEAD: AJ**
  
  - engagement had been undertaken in relation to the establishment of a combined infectious diseases and microbiology service as part of the national collaborative process.
  - gaps in resource had been identified and arrangements had been put into place accordingly.
  - a lessons-learnt exercise on recruitment and retention had been undertaken. Assurance was given that the Head of Operations job specification had been written to attract the right calibre of candidate.
  - the Integrated Medium Term Plan (IMTP) was in line with the strategic vision for an all Wales service provision, and engagement was a crucial part of the planned approach.

The Committee agreed to receive annual updates against the recommendations to demonstrate that there was continued improvement and delivery against the requirements. It was agreed that future review documents would retain the 2017 updates to enable effective monitoring of the progress made against the recommendations.

#### ACGC 67/2017 Financial Statements Memorandum Action Plan

Jason Garcia (JG) presented the Financial Statements Memorandum Action Plan (ref 5b.ACGC.120917) for consideration.

The Committee noted that:

- the action plan detailed minor issues identified in the Wales Audit Office 2016/17 audit of financial statements.
- appendix 1 included the recommendations, action plan and management responses.
- a learning event, taking account of findings across health bodies was planned to take place the week commencing 11 September 2017. Areas for improvements would be discussed during the event.

**ACGC 68/2017  External Audit Progress Report**

Gabrielle Smith (GS) presented the External Audit Progress Report (ref 5c.ACGC.120917) for **consideration**.

The Committee noted that:

- exhibit 1 (page 4) provided the details and the status of the Review of Collaborative Arrangements for Managing Local Public Health Resources. The findings of the review would be considered at the Audit and Corporate Governance Committee meeting on the 19 October 2017.
- exhibit 2 (page 5) provided the details and the status of ongoing financial and performance audit work.
- exhibit 3 (page 6 to 8) listed the NHS-related national studies that might be of relevance to Public Health Wales. It was confirmed that future report publications would include topics such as procurement and informatics.

**ACGC 69/2017  External Audit Action Log**

The Committee received the External Audit Progress Report (ref. 5d.ACGC.120917) to the Committee for **approval**. This had been presented in the revised format which had been developed in response to an action for the Committee.

The Committee noted the updates provided and approved the closure of the following actions:


In relation to Action 169, 171, 172- Diagnostic Review of ICT Capacity and Resources – Integration it was agreed that this action would be considered under agenda item 6 (see minute reference ACGC 70/2017)

In relation to action 194 (NHS Consultant Contract: Follow-up of previous audit recommendations), it was noted that a brief report had been submitted to the Board in June 2017. It was also noted that from next year, a full report would be submitted to the Board. It was agreed that the work plan would be amended accordingly.

Updates were received for the following actions:

- Action 156 – Structured Assessment – IT Security Policy – it was agreed that the implementation date would be amended from August 2017 to November 2017.
- **Action 191 – NHS Consultant Contract: Follow-up of previous audit recommendations** – it was agreed that the implementation date would be amended from May 2017 to December 2017.
- **Action 195 – NHS Consultant Contract: Follow-up of previous audit recommendations** – it was agreed that the implementation date should be amended from August 2017 to March 2018.

<table>
<thead>
<tr>
<th>ACGC 70/2017</th>
<th>Cyber Security in Public Health Wales</th>
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<tbody>
<tr>
<td>The Committee received and <strong>considered</strong> the Cyber Security in Public Health Wales paper (ref 6.ACGC.120917).</td>
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<tr>
<td>The Chief Risk Officer delivered a presentation to the Committee, which summarised the content of the paper. The presentation included a definition of cyber security, identification of vulnerable activities, and Public Health Wales’ cyber security measures and governance arrangements.</td>
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<td>The Committee <strong>noted</strong> the information provided and <strong>approved</strong> the closure of the following actions on the External Audit action:</td>
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<td>- <strong>Action 169, 171, 172 – Diagnostic Review of ICT Capacity and Resources – Integration.</strong></td>
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*John Lawson left the meeting.*

*Tim Williams and Sarah Morgan joined the meeting.*

<table>
<thead>
<tr>
<th>ACGC 71/2017</th>
<th>Internal Audit</th>
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<tr>
<td><strong>71/2017.1  Internal Audit Progress Report</strong></td>
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<tr>
<td>The Committee <strong>received</strong> the Internal Audit Progress Report (ref 7a.ACGC.120917) for <strong>consideration.</strong></td>
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<td><strong>71/2017.2  Electronic Staff Record 2016/17</strong></td>
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<td>The Committee <strong>received</strong> the Electronic Staff Record 2016/17 Report (ref 7b.ACGC.120917) for <strong>consideration.</strong></td>
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<td><strong>It was noted</strong> that the report received a “reasonable assurance” rating with three medium priority recommendations. The recommendations would be added to the Internal Audit Action Log.</td>
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<td>The Committee was advised that:</td>
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<td>- an audit could be undertaken by Shared Services Internal Auditors within the 2018/19 Internal Audit Plan.</td>
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<td>- the report showed a marked improvement of the Electronic Staff Record system from last year and that significant amount of training had been provided and completed by staff.</td>
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71/2017.3 Estates Compliance 2016/17

The Committee received the Estates Compliance Report 2016/17 (ref 7c.ACGC.120917) for consideration. It was noted that the report received a “reasonable assurance” rating with seven recommendations, one high, four medium and two low priority. The recommendations would be added to the Internal Audit Action Log.

It was noted that the management response did not reflect the requirements detailed in Recommendation 1. It was agreed that the separate requirements would be clarified in the Internal Audit Action Log.

LEAD: AR

The Committee felt that the wording “where reasonably practicable” and “where appropriate” used in the management responses for recommendations 2 and 3 was ambiguous and would prove difficult to transfer to the action log. The requirement to undertake the actions was not optional. It was agreed that the Committee would accept the report subject to the amendment of the aforementioned wording redaction.

71/2017.4 Annual Quality Statement 2017/18

The Committee received the Annual Quality Statement 2017/18 Report (ref 7d.ACGC.120917) for consideration.

It was noted that the report received a “substantial assurance” rating with no recommendations.

For clarity purposes, it was noted that the report reviewed the 2016/17 Annual Quality Statement, which was scheduled as part of the 2017/18 Internal Audit plan.

71/2017.5 Procurement Review 2017/18

The Committee received the Procurement 2017/18 Report (ref 7e.ACGC.120917) for consideration.

It was noted that the report received a “reasonable assurance” rating with seven recommendations, one high and six medium priority. The recommendations would be added to the Internal Audit Action Log.

71/2017.6 Diabetic Eye Retinopathy Screening 2017/18

The Committee received the Diabetic Retinopathy [Eye] Screening 2017/18 Report (ref 7f.ACGC.120917) for consideration.

It was noted that the report received a "reasonable assurance” rating with seven recommendations, one high, four medium and two low priority. The recommendations would be added to the Internal Audit Action Log.
The Committee noted and agreed that a deadline should be included in the Management Response 2.

**LEAD: AJ/QS**

Andrew Jones left the meeting.

**ACGC 72/2017 Internal Audit Action Log**

The Committee received the Internal Audit Action Log (ref 8.ACGC.120916) for approval. This was also presented in the new format.

Updates were received for the following actions:

- **Action 228 – Workforce Management** – it was agreed that the implementation date would be amended to October 2017. It was noted that there was a discrepancy between the narrative provided in section 3.1 and the action log regarding the consultation period. It was agreed this would be amended accordingly.
  
  **LEAD: AR**

- **Action 218 – Policy and Procedure Management Review 2016/17** – it was agreed that an update would be provided at the Committee meeting in December 2017.
  
  **LEAD: AR**

The Committee noted the updates provided and approved the closure of the following actions:

- **Action 204, 205, 206 – Sustainability Report 2016/17**
- **Action 229 – Environmental Sustainability Reporting 2017/18**
- **Action 216, 217 – Risk Management 2016/17**
- **Action 222 – Policy and Procedure Management Review 2016/17**
- **Action 223 – Business Continuity 2016/17**
- **Action 224, 225, 226, 227 – Workforce Management 2016/17**
- **Action 230 – Health and Care Standards 2016/17**
- **Action 234, 235, 236, 237, 238 – Regulatory Compliance - Welsh Language**

The Committee approved the log.

Tim Williams and Sarah Morgan left the meeting.

**ACGC 73/2017 Quality and Clinical Audit Plan 2017/18**

The Committee received the Quality and Clinical Audit Plan 2017/18 (ref 9.ACGC.120917).

The Committee noted that the plan was prepared to provide assurance of the breadth of the national and local audits due to be undertaken and completed during 2017/18. The information had also been received by the Quality, Safety and Improvement Committee at its meeting in August. In future years the intention would be to agree the plan in March to ensure that it is aligned to the Internal and External Audit work programmes.
# Audit and Corporate Governance Committee Minutes from 12 September 2017

**ACGC 74/2017**  
Audit and Corporate Governance Committee Self-Assessment 2016/17 Action Plan Update

The Committee received the Audit and Corporate Governance Committee Self-Assessment 2016/17 Action Plan Update (ref 10.ACGC.120917) for consideration.

The Committee noted the updates provided:

- *Action relating to the investigation to develop a means for the committee to undertake a holistic assessment of robustness and effectiveness of the organisation's systems of assurance* - Further work was required on the robustness and effectiveness of the current assurance mechanisms. This would include an assurance mapping exercise and working with the Wales Audit office and Internal Audit outside of the Committee meeting.

- *Action relating to the committee-specific training to be incorporated into broader Non Executive Director induction programme* – It was agreed that the action was not complete as not all of the Non Executive Directors have received the training.

**ACGC 75/2017**  
Board Assurance Framework

MW advised that a decision had been made to withdraw this item from the agenda. She explained that there was to be a wider consideration of the assurance arrangements. This included the need to ensure that the Board Assurance Framework appropriately reflected the strategic risks facing the organisation. There would be further discussion regarding the Board Assurance Framework and the risks currently identified in the coming weeks.

**ACGC 76/2017**  
Policy and Written Control Documents – Risk Assessments of documents due for review

The Committee received the Policy and Written Control Documents – Risk Assessments of documents due for review (ref. 12.ACGC.120917) for consideration.

It was noted that the two policies assigned to the Committee would be reviewed by December 2017. An update report would be submitted to the Committee meeting in December 2017.  
**LEAD: AR**

**ACGC 77/2017**  
Procurement Report

The Committee received the Procurement Report (ref. 13.ACGC.120917). The format had been reviewed as previously agreed by the Committee. The report did not highlight any areas of concern.

It was noted that if, in future there were any contentious issues detailed in the report, the Head of Procurement would attend the meeting to discuss with the Committee.
ACGC 78/2017  Items for noting

The Committee noted two items as follows:

- **Losses and Special Payments Report** (ref. 14.ACGC.120917)
- **Topical, Legal and Regulatory Issues** (ref. 15.ACGC.120917)

ACGC 79/2017  Publication of Papers

The Committee approved the publication of all papers with immediate effect, with the exception of:

- The **Internal Audit Procurement Review 2017/18** (item 7e) due to the inclusion of local health board references and some financial information. Also paragraph on page 5 required updating. The paper would be published once the above references had been removed.
- The **Cyber Security in Public Health Wales** (item 6) and the **Procurement Report** (item 13) would not be published due to the inclusion of sensitive information.
- Procurement Report – it was necessary to consider the information which should be published in accordance with freedom of information requirements.

ACGC 80/2017  Review of meeting

At the end of the Committee meeting, a review took place to identify any areas for improvement.

The Committee noted that:

- The meeting was well chaired.
- Papers were accessible.
- Queries were responded to in a direct, informative and collaborative manner.

The Chair requested and the Committee agreed that if a revised implementation date is requested for an action, the Executive Lead would be required to attend the committee meeting for an informed discussion.

ACGC 81/2017  Any Other Items of Urgent Business

There was no other urgent business.

**Date of the Next Meeting:**
19 October 2017 (Room 3/2 (Boardroom) - Public Health Wales, No 2 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ)
Unconfirmed Minutes of the Public Health Wales Audit and Corporate Governance Committee Meeting 19 October 2017, 12:30pm
Venue: Room 3/2, No 2 Capital Quarter, Tyndall Street, Cardiff

Present
Kate Eden (KE) Non-Executive Director and Committee Chair
Judi Rhys (JR) Non-Executive Director

In Attendance:
Phil Bushby (PB) Director of People and Organisational Development
Tracey Cooper (TC) Chief Executive
Paul Dalton (PD) Head of Internal Audit, NHS Wales Shared Services Partnership – Audit and Assurance Services, (Internal Audit)
Angela Fisher (AF) Deputy Director of Finance
Huw George (HG) Deputy Chief Executive and Executive Director of Finance and Operations
Jayne Gibbon (JG) Internal Audit Manager, NHS Wales Shared Services Partnership – Audit and Assurance Services, (Internal Audit)
Shantini Paranjothy (SP) Non-Executive Director
Chrissie Pickin (CP) Executive Director of Health and Wellbeing
Terence Rose (TR) Non-Executive Director
Gabrielle Smith (GS) Performance Audit Lead, Wales Audit Office (External Audit)
Dave Thomas (DT) Director, Performance Audit, Wales Audit Office (External Audit)
Melanie Westlake (MW) Board Secretary and Head of Corporate Governance
Jan Williams (JW) Public Health Wales Chair

Secretariat:
Andrew Richardson (AR) Corporate Governance Manager

Apologies:
Rhiannon Beaumont-Wood (RBW) Executive Director of Quality, Nursing and Allied Health Professionals
Craig Greenstock (CG) Counter Fraud Manager, Cardiff and Vale University Health Board
Stephanie Wilkins (SW) Staff Partnership Forum Representative
**ACGC 82/2017  Welcome and Apologies for Absence**

The Chair opened the meeting and welcomed all present. Apologies for absence were noted.

The Chair informed those present of the decision to arrange an additional meeting to consider the Wales Audit Office Review of Collaborative Arrangements for Managing Local Public Health Resources (ref. 3.ACGC.191017). Due to the cross cutting themes within the report all Board members had been invited to attend the meeting.

**ACGC 83/2017  Declarations of Interest**

All Executive and Non-Executive Directors present declared an interest in the item, although it was noted that there were no conflicts of interest.

**ACGC84/2017  Wales Audit Office Review of Collaborative Arrangements for Managing Local Public Health Resources**

David Thomas, Director, Performance Audit and Gabrielle Smith, Performance Audit Lead, both of the Wales Audit Office presented for consideration, the Wales Audit Office Review of Collaborative Arrangements for Managing Local Public Health Resources (ref. 3.ACGC.191017).

The Committee noted:

- The aim of the audit was to provide a high-level view of how Public Health Wales’ current collaborative arrangements with Local Public Health Teams and Directors of Public Health worked in practice.
- The audit was undertaken to gain an understanding of the framework for the alignment of priorities for the local delivery of services, form a view of the effectiveness of collaborative working and assess the adequacy of governance arrangements.
- The Auditor General for Wales had been minded to undertake a further examination of the public health system in Wales, and consider the resulting challenges. A deliberate decision had been taken to pause and allow partners to progress the management response, recognising that it’s development had been collegiate and constructive. It was now likely that audit findings would be revisited over the summer as part of the Wales wide audit programme. This would allow the Auditor General to consider the wider elements of the review, including the contribution made by Welsh Government.
- The report and the management response would be published on the Wales Audit Office website following the meeting. There was no intention to issue a press release.
- Public Health Wales would be notified in advance of the publication date, and internal communication arrangements had been made.
- The Local Health Board Audit Committees would receive the report following publication. As attendees at these meetings, the Wales Audit Office would be in a position to monitor the discussions.
- The Welsh Government Stocktake of Public Health Wales and the Parliamentary Review of Health and Social Care in Wales were parallel pieces of work which would potentially have implications for the public health system in Wales.

The Committee received for approval the management response, presented Deputy Chief Executive and Executive Director of Finance and Operations. (ref. 3.ACGC.191017). It noted the letters which had been circulated to Committee and Board Members/Attendees in advance of the meeting:
- A copy of the letter from the Chief Executive to Dave Thomas, dated 10 October 2017, which had accompanied the final management response, and

Having considered the documents the Committee noted:

- Significant work had already taken place over the summer, working with the Chief Medical Officer, Directors of Public Health and Chief Executives of Local Health Boards to ensure the production of a system-wide response.
- The management response was ambitious and contained specific actions, timescales and themes.
- The achievement of the actions would be dependent on the collaboration of all partners.
- A Programme Manager had been identified from within the Public Health Wales Strategy and Planning Team to provide programme management leadership.
- The Deputy Director of Health and Wellbeing had been identified as the Public Health Wales “Professional Lead” to oversee the programme.
- The clarification and strengthening of collaborative arrangements in the public health system, particularly in terms of governance and accountability were welcomed.
- Work to address the identified actions had already commenced.
- The Public Health Wales Board had received regular updates throughout the development of the management response.
- The timescales within the management response were potentially challenging due to the need for a collaborative response.

The Committee formally recorded their thanks:

- To the Deputy Chief Executive and Executive Director of Finance and Operations and his team for effective systems leadership in developing a collegiate management response across the public health system.
- To the Wales Audit Office for their co-operation in the completion and undertaking of the review.

The Committee approved the management response and agreed to receive a progress report at each Committee meeting.

**Date of the Next Meeting:**
12 December 2017 (Room 3/7 - Public Health Wales, No 2 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ)
Confirmed Minutes of the Public Health Wales Quality, Safety and Improvement Committee
29 August 2017, 2pm
Boardroom, Number 2 Capital Quarter, Tyndall Street

Present:
Simon Smail (SS) Non Executive Director and Committee Chair
Kate Eden (KE) Non Executive Director
Shantini Paranjothy (SP) Non Executive Director
Terence Rose (TR) Non Executive Director

In Attendance:
Rhiannon Beaumont-Wood (RBW) Executive Director of Quality, Nursing and Allied Health Professionals
Sian Bolton (SB) Assistant Director Quality, Nursing and Allied Health Professionals
Erica Emes (EE) Methodology and Quality Officer, Healthcare Inspectorate Wales (Relationship Manager for Public Health Wales)
Aidan Fowler (AF) Director for NHS Quality Improvement and Patient Safety/Director 1000 Lives
Junaid Iqbal (JI) Lead, Service User Experience (Service User Experience Story)
Andrew Jones (AJ) Deputy Director of Public Health Services
John Lawson (JL) Chief Risk Officer (Items 14, 15, 16)
Gareth Lewis (GL) Information Management and Technology Auditor, Wales Audit Office (External Audit
Chrissie Pickin (CP) Executive Director of Health and Wellbeing Governance and General Manager, Quality, Nursing and Allied Health Professionals
Gay Reynolds (GR) Executive Director of Public Health Services/Medical Director
Andrew Richardson (AR) Corporate Governance Manager
Gill Richardson (GR) Assistant Director of Policy, Research and International Development
Quentin Sandifer (QS) Executive Director of Public Health Services/Medical Director
Gabrielle Smith (GS) Performance Audit Lead, Wales Audit

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The Chair welcomed Junaid Iqbal (JI) and Erica Emes (EE) to the meeting.

The Committee received a video presentation concerning a project focused on access to healthcare for the Gypsy and Roma Traveller communities in Wales. The project was commissioned, on an all-Wales basis, by the NHS Centre for Equality and Human Rights and the report was published in June 2017. The aim of the research was to raise awareness of the challenges and issues faced by the communities and to identify potential ways forward for the communities. It was also noted that it would be for the health sector as a whole to consider how the report would be used going forward.

The Committee noted that:

- An action plan had been developed by Public Health Wales.
- Engagement activity with community pharmacists and primary care colleagues had been undertaken.
- Alternative funding streams to develop the work further would be sourced.
- Community health champions would be identified.
- A follow-up with representatives from the communities was planned for six months time.

The full report was available for the committee members on request.

The Committee enquired as to the measurement tools used to determine the influence of the initiative. The Committee was advised that this area was a work in progress and a workshop had been held that morning to explore organisational approaches to engagement, and how outcomes and impact of it is measured. A paper on engagement metrics would be submitted to the Board at its meeting in November 2017.

The Committee noted that one issue identified in the video was the impact on effective medicines management due to high levels of illiteracy within these communities. CP advised the Committee that a Primary Care Transformation
Programme was in place. However she acknowledged that further work on effective community pharmacist engagement with regard to medicines management was required.

Junaid Iqbal left the meeting

**QSIC 40/2017  Welcome and apologies for absence**

The Chair opened the remainder of meeting and welcomed those present.

Gill Richardson (GR) attended the committee meeting on behalf of Mark Bellis.

John Lawson (JL) attended part of the meeting to present the Information Governance Performance Report (49/2017), General Data Protection Regulations Action Plan (50/2017), and the Information Governance Policy (51/2017).

Erica Emes (EE), Healthcare Inspectorate Wales, attended the meeting to introduce herself as the new Relationship Manager for Public Health Wales (40/2017).

Apologies for absence were noted and representatives were acknowledged.

**QSIC 41/2017  Declarations of Interest**

There were no declarations of interest to register.

**QSIC 42/2017  Minutes of the Previous Meeting and Matters Arising**

42/2017.a Minutes from 16 May 2017

The minutes from the meeting held on 16 May 2017 (ref 3a.QSIC.290817) were approved as an accurate account of the meeting subject to the following amendments:

- *Item QSIC19/2017 Service User Story*  
  The word “sufficiently” should be omitted and the sentence should read “The Committee commended the art work, and felt it captured the concept of the opportunities and challenges that faced the community in terms of health and wellbeing”.

- *Item QSIC 29/2017 Draft Consent to Examination, Screening or Intervention Policy*  
  Reference to “mental health issues” should be replaced with “mental health capacity” and should read “the policy addressed mental health capacity issues”.

- Item QSIC 22/2017b. Committee Action Log - Action IGC.02.06.16/03c.02  
  - *Off-site working policy* – The following sentence would be added for clarity: “This policy is within the Information Governance Policy”.

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### 42/2017.b Committee Action Log

The Committee received the Action Log (ref 3b.QSIC.290817) for **consideration**.

Updates were provided on the following:

- **Action 06.10.16/39** – *Benchmarking of Incidents taking place within screening services* – an update would be provided at the next Committee meeting.

The Committee **noted** the updates provided and **approved** the closure of the following action:

- **Action 06.10.16/40** – *Newborn Blood Spot Screening* – an update paper had been submitted and would be considered in the Committee meeting (49/2017).

The Committee **approved** the Action Log, subject to the observations made.

### 42/2017.c Matters Arising

There were no matters arising.

### QSIC 43/2017 Healthcare Inspectorate Wales – Introduction of new Relationship Manager

EE introduced herself to the Committee and outlined the remit of Healthcare Inspectorate Wales and her expected future contact with Public Health Wales. EE indicated that she would look to attend future committee meetings.

The Committee noted that Healthcare Inspectorate Wales audit and review methodologies were published and available online.

The Chair thanked and welcomed EE to the Committee meeting.

### QSIC 44/2017 Monitoring the Quality and Impact of the 1000 Lives Improvement Programmes

The Committee received and **noted** the Monitoring the Quality and Impact of the 1000 Lives Improvement Programmes paper (ref 6.QSIC.290817).

The Director for NHS Quality Improvement and Patient Safety / Director of 1000 Lives delivered a presentation to the Committee, which summarised the content of the paper. This included an overview of current programmes of work, the lifecycle of these programmes, and examples of measurement and reporting.
The Committee noted that:

- There was a need to develop a consistent approach to the measurement of outcomes for all 1000 Lives programmes (outcome, balance and process metrics).
- There were gaps in programme delivery due to ongoing limitations in staff resource and available staff skill sets.
- Programmes were selected and prioritised through discussions with quality leads in the health boards and Welsh Government.
- There was a lack of clear transparency of data across Wales.

It was also noted that the 1000 Lives Improvement Service was working with Swansea University to develop ways of measuring health economics.

The Committee enquired whether consideration had been given to rebranding the 1000 Lives Improvement Service in order to promote a fresh approach. The Committee was advised that the brand was adapted from an established US programme and that its strength was that it was well-known, and that there were no plans to review the name.

The Committee agreed that future reports would benefit from the inclusion of more data and reference to the Quality Improvement Framework. The Committee was advised that the 1000 Lives Improvement Service aimed to be transparent about the measurement of impact and outcomes and AF would discuss this with colleagues outside of the meeting as required.

### QSIC 45/2017 Quality and Clinical Audit Plan

The Committee received and considered the Quality and Clinical Audit 2016/17 (ref 7a.QSIC.290817). The Committee received the Quality and Clinical Audit Plan 2017/18 (07b.QSIC.280917) for approval.

It was noted that the audits would be subject to a periodic deep dive.

The Committee requested clarification with regard to the terminology used in the plan to describe local and national audits. The Committee was advised that the term ‘local’ referred to audits that had been undertaken by and within Public Health Wales, and ‘national’ referred to audits published on a national (Wales and UK) scale. It was confirmed that future reports would contain clearer definitions of terminology used.

The Committee enquired as to the significant number of Public Health Service audit areas in the plan. The Committee was advised that the high number of audits for the service were driven by external forces. It was also noted that the term ‘clinical audit’ was not typically used in other directorates, which tended to use ‘evaluation’ as an alternative term.
The Committee approved the Quality and Clinical Audit Plan for 2017/18.

QSIC 46/2017 Putting Things Right, Quarter 1 2017/18 report

The Committee received and considered the Putting Things Right, Quarter 1 2017/18 Report (ref 8.QSIC.290817).

The Committee noted that:

- Iterative improvements to the format and content of the report had been made to ensure that the data was clearly presented. Workshops were planned to focus on incident management reporting.
- The percentage of Quarter 1 incidents closed within 30 working days had increased from 75% (as stated in the paper) to 86% at the time of the committee meeting.

QSIC 47/2017 Quality and Impact Framework Implementation Plan Update

The Committee received the Quality and Impact Framework Implementation Plan update (ref 9.QSIC.290817) for consideration.

The Committee noted that:

- The Implementation Plan would run until December 2018 and the update sections would be completed accordingly.
- A report would be submitted to the Committee on a bi-annual basis.
- Work streams were cross-directorate.


The Committee received the Patient Notification Exercise on the risk of Mycobacterium chimaera final report (ref 10.QSIC.290817) for consideration.

The Committee was provided with an overview of a UK wide Patient Notification Exercise (PNE) for which Public Health Wales was the lead on behalf of NHS Wales. In 2015, a report from Switzerland had identified that Heater-Cooler Units in cardio-pulmonary bypass machines were a potential source of non-tuberculous mycobacterial infections in cardiac surgery patients.

The report findings led to an Incident Management Team (IMT) being convened by Public Health England in 2015 (at which Public Health Wales was represented) and a decision was made to undertake a PNE. This was later agreed by NHS Wales Health Boards and the Welsh Government. The agreed scope of the PNE was to notify patients who had had cardiac valve replacement or repair surgery.
A four nations group was convened in 2016 and the PNE was initiated across the UK from 20 March 2017.

The Committee noted that:

- A number of key lessons were identified during reflective learning sessions which included the need for a standard operating procedure for the management of PNEs and improved cross-border data sharing.
- The lessons learned would be fed into the business continuity and emergency preparedness processes.
- De-brief sessions and learning from these sessions have been fed into the UK-wide de-brief and further four nations engagement would follow.
- The financial costs of the exercise were absorbed within Public Health Wales’ annual budget.

The Committee commended the significant contribution of the staff involved in the exercise.

**QSIC 49/2017 Review of Newborn Bloodspot Screening Transcription Errors**

The Committee received the Review of Newborn Bloodspot Screening Transcription errors (ref 11.QSIC.290817) for consideration.

The Committee noted that:

- The health board where the error had occurred had implemented software changes to their IT midwifery system and implemented an automated barcode system in order to address the transcription errors.
- Newborn Bloodspot Screening Wales were working with the Newborn Screening Governance Lead in each health board to introduce similar systems across Wales.

The Committee enquired as to the status of the transcription errors in one of the Health Boards. It was agreed that the Head of Maternal and Child Screening would take this forward.

**LEAD: SH**

The Committee agreed that:

- The Newborn Bloodspot Programme Operational Coordinator would continue monitoring and reporting results back to Health Boards.
- NHS number transcription errors would be fed back to the health board Newborn Bloodspot screening governance leads. This would be included in sample taker training.
- The Chief Risk Officer would monitor the issue through the Datix system and any developing trends would be reported back to the Quality, Safety
and Improvement Committee for further consideration.

**QSIC 50/2017  ICNet Wales Progress Report**

The Committee received the ICNet Wales Progress Report (ref 12.QSIC.290817) for noting.

The Committee noted that:

- The ICNet system implementation was on schedule and a complete roll-out of the system is expected to take place by the end of March 2018.
- It has been identified that one health organisation’s current system may not be compatible without considerable software development and this was being discussed with NWIS, the organisation, the provider and Welsh Government.
- The ICNet annual software licence costs for the health boards are covered by Public Health Wales up to August 2019. Before this date, discussions will take place to apportion the costs between the health boards and Trusts and Public Health Wales.

**QSIC 51/2017  Update on actions arising from the Francis Review, Trusted to Care Review, Gift of Complaints Review, and the Joint Review of Betsi Cadwaladr University Health Board**

The Committee received the update on actions arising from the Francis Review, Trusted to Care Review, the Gift of Complaints, and the Joint Review of Betsi Cadwaladr University Health Board (ref 13.QSIC.290817) for consideration.

The Committee agreed that:

- **Action 2a: Implementation of a Quality and Clinical Governance Framework** – the current amber (action behind schedule) classification should be amended to a green (action complete) classification as the Board had approved the Framework.
- **Action 7f: development of organisation website** – the current amber classification should be amended to a red (action behind schedule and will not be completed by revised timescale) as the revised completion date for March 2017 had passed.

**John Lawson (JL) joined the meeting**

**QSIC 52/2017  Information Governance Consolidated Performance Report, Quarter 1 2017/18**

The Committee received and considered the Information Governance Consolidated Performance Report for Quarter 1, 2017/18 (ref 14.QSIC.290817).

The Committee noted that the Information Governance risk register included
three extreme and 10 high risks. Specific attention was drawn to the following:

- Datix ID 352 – requirement for a legal basis for processing confidential patient information: Public Health Wales had begun a new round of approval of applications to the NHS Health Research Authority Confidentiality Advisory Group (CAG) who are satisfied with Public Health Wales’ position.

- Datix ID 354 – risk of incomplete or inaccurate information and Datix 360 – risk of inadvertently disclose personal information into the public domain: control mechanisms were omitted from the register. It was confirmed that control mechanisms are in place and it was agreed that the register would be updated accordingly.

LEAD: JL

QSIC 53/2017 General Data Protection Regulations Action Plan

The Committee received the General Data Protection Regulations Action Plan (ref 15.QSIC.290817) for consideration.

The Committee noted that:

- The Information Security Policy was out for consultation and would be considered by the Senior Leadership Team at its meeting on 30 August 2017. The policy would be submitted to the Committee at its meeting in November 2017 for approval.

- The Information Asset Register would be finalised by the end of September 2017.

QSIC 54/2017 Information Governance Policy

The Committee received the Information Governance Policy (ref 16.QSIC.290817) for approval.

The Committee queried the inclusion of the words “According to the Auditor General for Wales” in the Roles and Responsibilities section. The Committee agreed that the wording should be amended to reflect Public Health Wales’ perspective of what the Board’s roles and responsibilities were.

Lead: JL

The policy was approved subject to the amendment above.

QSIC 55/2017 Board Assurance Framework

The Committee received and considered the extract from the Board Assurance Framework (BAF) (ref 17.QSIC.290817).

With regard to the risk “that Public Health Wales would not comply with its statutory and regulatory obligations to such a degree that it would fail to achieve
its strategic priorities”: it was noted that the likelihood rating of 3 was relatively high given the level of controls in place. It was agreed that the Director of People and Organisational Development, as the Executive Sponsor, would review this rating.

The Committee noted that further discussion was required at Board level on the organisation’s strategic risks.

**QSIC 56/2017 Policy and Control Document Register – Risk Assessments**

Due to an administrative error, the report was not received by the Committee. It was agreed that the paper would be circulated via email and any comments regarding the risk assessments of organisational policies and control documents should be submitted to the Corporate Governance Officer for collation and forwarded to the Chair. Any comments would be reported back to the Committee at its next meeting in November 2017.

**LEAD: CEM**

*John Lawson left the meeting*

**QSIC 57/2017 Review of meeting**

At the end of the Committee meeting, a review took place to identify any areas for improvement.

It was noted that:

- **Meeting papers**: The quality of the papers was of a high standard with a clear focus and structured content which enabled easy reading.
- **Information Governance**: Information Governance issues should be awarded sufficient time on future agenda to enable effective scrutiny and discussion.
- **Service User Story**: Committee members noted that the Service User Story had been interpreted from a researcher’s point of view and the importance of engagement with such communities.
- **Engagement**: Committee members noted that Trust officers had provided positive engagement in dealing with questions.

**QSIC 58/2017 Any Other Urgent Business**

The Committee *noted* that this was SS’s last Committee meeting as Chair as would end his term of office as a Non Executive Director on 30 September 2017.

On behalf of the Committee, TR extended his gratitude and thanks to SS for his contributions to the work of the Committee.
## QSIC 59/2017 Papers for Information

The Committee **noted** eight items provided for information as follows:

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>59/2017.1</strong></td>
<td>Key points from the Service User Experience and Learning Panel (20a.QSIC.290817)</td>
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<tr>
<td><strong>59/2017.2</strong></td>
<td>Key points from the Infection Prevention and Control Group (20a.QSIC.290817)</td>
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<td><strong>59/2017.3</strong></td>
<td>Key points from the Safeguarding Group Meeting (20a.QSIC.290817)</td>
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<td><strong>59/2017.4</strong></td>
<td>Key points from the Quality Management Forum Meeting (20a.QSIC.290817)</td>
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<td><strong>59/2017.5</strong></td>
<td>Key points from the Information Governance Working Group (20a.QSIC.290817)</td>
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<td><strong>59/2017.6</strong></td>
<td>Alerts Report for Quarter 1, 2017/18 (21.QSIC.290817)</td>
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<tr>
<td><strong>59/2017.7</strong></td>
<td>Alerts Annual Report 2016/17 (22.QSIC.290817)</td>
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<tr>
<td><strong>59/2017.8</strong></td>
<td>Audit of arrangements within Public Health Wales for verifying active professional registration with the Nursing Midwifery Council (NMC) for nurses and midwives (23.QSIC.290817)</td>
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**Date of the Next Meeting:** 23 November 2017