

 <p>GIG CYMRU NHS WALES</p> <p>Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p>Name of Meeting Board</p> <p>Date of Meeting 27 May 2021</p> <p>Agenda item: 4.5b</p>
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Quality, Safety and Improvement Committee Annual Report 2020/21

Committee Chair:	Kate Eden, Vice-Chair, Public Health Wales
Executive lead:	Rhiannon Beaumont Wood, Executive Director of Quality, Nursing and Allied Health Professionals
Author:	Liz Blayney, Deputy Board Secretary and Board Governance Manager

Approval/Scrutiny route:	<p>Helen Bushell, Board Secretary and Head of Board Business Unit</p> <p>Quality, Safety and Improvement Committee approved the report for submission to Board on 9 February 2021. It was agreed by the Committee that content from the 9 February 2021 meeting would be approved by the Chair for submission to the Board.</p>
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Purpose

The main purpose of the Quality, Safety and Improvement Committee Annual Report 2020/21 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 during 2020/21.

Recommendation:

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"> • Consider the Quality, Safety and Improvement Committee Annual Report for 2020/21 summarising the key areas of business activity undertaken; • Take assurance that the Quality, Safety and Improvement Committee is fit for purpose and operating effectively in fulfilling its terms of reference. 				

Quality, Safety and Improvement Committee Annual Report 2020/21

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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') during the past year. The report also highlights some of the key issues that 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.
- 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	5/5
Stephen Palmer	Non-Executive Director	3/3
Judi Rhys	Non-Executive Director	5/5
Sian Griffiths	Non-Executive Director	2/2
Diane Crone	Non-Executive Director	1/1

**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 one meeting of the Quality, Safety and Improvement Committee during 2020/21.

2.2 Others in attendance

During 2020/21, the meetings were also attended by the following:

Name	Position	Attendance*
Rhiannon Beaumont Wood	Executive Director of Quality, Nursing and Allied Health Professionals	5/5
Quentin Sandifer	Executive Director of Public Health Services / Medical Director	4/4
Jyoti Atri	Interim Executive Director of Health and Wellbeing	4/5
Helen Bushell	Board Secretary and Head of the Board Business Unit	5/5
John Lawson	Chief Risk Officer and Head of Information Governance	4/5
John Boulton	Director of NHS Quality Improvement and Patient Safety/Director 1000 Lives	5/5
Andrew Jones	Interim Executive Director Public Health Services	1/1
Eleri Davies	Interim Medical Director	1/1
Eleri Lloyd Burns	Assistant Director of Quality, Nursing and Allied Health Professionals	4/4
Stuart Silcox	Assistant Director Integrated Governance, Quality Safety and Allied Nursing Health Professional	4/4

**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.

The Chief Executive has a standing invite to attend Committee meetings, and attended 2 meetings of the Quality, Safety and Improvement Committee during 2020/21.

Representatives from Health Inspectorate Wales have also attended the Committee meetings (5/5).

A representatives from the Local Partnership Forum had a permanent invite to attend the Committee. Stephanie Wilkins (3/5) was 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 2020/21, the Committee met five times and was quorate on all five occasions.

2.4 Impact of COVID-19 for 2020/21

Due to the response to COVID-19, the decision was taken by the Board to cancel non-essential meetings in in March 2020. The Quality, Safety and Improvement Committee continued to operate in a virtual format with a reduced agenda, balancing the need to reduce pressure on staff during this time of responding to the pandemic.

During the time that the People and Organisational Development Committees was suspended, the Board remitted the consideration of Health and Safety matters to the Quality, Safety and Improvement Committee to ensure compliance with Standing Orders.

In May 2020, the Committee increased the frequency of meetings during this period to one meeting every eight weeks (where it was possible to do so) to allow for appropriate and timely activity.

The Committee meeting agendas were reviewed to ensure a focus on compliance, covering statutory and core requirements and that appropriate governance arrangements were in place to provide appropriate assurance to the Board. In particular, the agendas were focused on the Annual Quality Statement, Complaints, Serious Incidents and Putting Things Right. Critically, the Committee also had an assurance role linked to COVID-19 on the safety of service users and the potential for unintended harm from the impact on service

provision. Also, supporting the Board in the context of the Health Protection Response to managing the pandemic.

3 Main areas of Committee activity 2020/21

The Committee wishes to assure the Board that it fulfilled its work plan for 2020/21 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 regular reports to the Committee.

Clinical Governance	Claims and Redress Report (An update on claims was received in private sessions of the Committee due to the sensitivity of the information)
	Alerts Management Quarterly Report
	Putting Things Right Quarterly Report
Quality and Safety	Serious Incidents: New/Update (An update on SIs was received in private sessions of the Committee due to the sensitivity of the information)
Health and Safety	Health and Safety Quarterly Report

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

- Putting Things Right Annual Report 2019/20;
- Corporate Safeguarding Annual Report 2019/20;

The Committee received the **Annual Quality Statement 2019/20**, recommending it to the Board for approval.

The Committee approved the implementation plan for '**Our Approach to Engagement**'.

The Committee approved the revised **Infection, Prevention and Control Group terms of reference**, as a sub group of the Committee.

3.2 Quality, Impact and Safety

The Committee undertook further scrutiny of the following areas during 2020/21:

Screening Programme Reactivation

The Committee received an update on the Screening Programmes at each of its meetings this year, and retained an oversight of the service during the suspension of certain screening programmes through to the reactivation of programmes.

In May 2020, the Committee received a detailed update on the position with the screening programmes, the focus of the discussion was: the impact to service users of the suspension to services; planned risk based approach for restarting the screening programmes; necessary alterations to the screening programmes to comply with COVID-19 constraints; and the backlog to catch up on due to the suspension of the programme.

In July 2020, the Committee considered a further update detailing the progress with the reinstatement on each of the screening programmes, and the different issues affecting each of the programmes; the pressure on staff as the screening services were reinstated with some key staff still redeployed to support the COVID-19 response; and the need to source additional suitable venues as availability was much reduced compared to pre-Covid.

In September 2020, the Committee considered an update and presentation on the Screening Programme reactivation, focusing on: the safe mitigation of harm and risk within the reactivation of services; the consideration of service user experience to inform the reactivation; and improvements to the service within the reactivation.

The Committee particularly focused on stakeholder engagement, and considered examples of service user feedback for the specific programmes.

In November 2020, the Committee considered an update on the Screening Programmes, noting that all of the screening programmes had resumed inviting the routine recall population, with the exception of Diabetic Eye. Diabetic Eye was focusing on high risk patients, but would be extending to routine recalls shortly. The focus of the discussion was the challenges to the services such as the availability of key venues and the work ongoing to scope alternatives; increased levels of non-attendance at appointments compared to pre Covid levels; and the actions being taken to improve take up levels.

In February 2021, the Committee considered an update on the screening programme and focused discussion on the criteria based assessment for a safe screening service, and were advised that Screening services would continue as long as the six criteria defined for safe screening service were met. The criteria had been reviewed weekly by the Screening Division Senior Management team to consider the current situation of national lockdown and new variants.

The Committee particularly focused on the communication with service users as to any reduction in service, such as the pausing for the self-referrals within breast screening.

Throughout the year the Committee took assurance on the management of the programme, retained oversight of the planning and implementation of the reinstatement of the service including the criteria that are in place to maintain the programmes; and noted the issues and challenges identified, and the action being taken to address these.

Health and Safety

The Committee received the Health and Safety Quarterly updates and took assurance that appropriate measures were in place to monitor compliance, and to address areas identified for improvement.

As part of the COVID-19 update, the Committee was updated on how the organisation was ensuring workforce requirements relating to Health and Safety were being addressed, including safe remote working and the independent review of the estates undertaken to ensure compliance with COVID-19 regulations. .

As part of the update on Health and Safety, the Committee also considered a review of Infection, Prevention and Control within the reactivation of PHW screening programmes, noting the findings and recommendations for improvement.

Complaints in closed setting

In May 2020, the Committee identified an emerging issue warranting further consideration within the Putting Things Right report for Quarter 4 of 2019/20. It was noted that there were 19 incidents registered within Enclosed Settings, and queried the process, and how quickly these incidents were addressed.

In September, the Committee received further detail on the complaints within Enclosed Settings including: an outline of the complaints received; how these had been managed; and the themes identified. The Committee took assurance that these complaints had been properly recorded and subjected to an appropriate level of investigation and response, subject to three still being open.

COVID-19 Updates

In May 2020, the Committee considered a verbal update on COVID-19. The Committee were offered reassurance that the workstreams within the operational implementation plan were being structured in a way to ensure they would provide a mechanism to provide the appropriate assurance going forward.

The Board retains direct oversight of a number elements of the Covid-19 response.

With reference to the role and remit of this Committee, the leads for the five areas updated the Committee to provide assurance that the activities that were underway were being undertaken with due regard to the appropriate standards. The update included:

- **Testing** - Covering the four elements of testing: referrals, sampling, testing and results.
- **Contact Centre** - Including the rapid training staff to ensure the appropriate skillsets, and a look towards the next phase and redefine the operating model utilising lessons learnt from the first phase.
- **Infection, Prevention and Control** - How the organisation had planned and implemented the necessary social distancing measures in line with guidance and legislation
- **Health and Safety** - How the organisation was ensuring workforce issues relating to Health and Safety were being addressed, including safe remote working.
- **Improvement and Learning** - capturing how lessons and evaluation were being utilised throughout to draw out any learning that could be utilised.

Quality and Clinical Governance in Microbiology Deep Dive

The Committee considered a deep dive into Quality and Clinical Governance in Microbiology, a comprehensive and detailed deep dive outlining the work undertaken to transform the microbiology service at pace and in a pandemic; the challenge to build capacity and transform the service offer during this very pressured time for the laboratories. This also covered the focus for future improvements to look at the continued embedding of a culture of research creating a prevention approach.

Immunisations programmes

The Committee took assurance on the actions taken in response to the impacts of COVID-19 on immunisation programmes in Wales.

Annual Influenza Programme 2020/21 – Planning 2020/21

In July 2020, the Committee considered a detailed operational paper in private session, outlining the detailed work scheduled to implement the Annual Influenza Programme 2020/21. There had been some initial delays with progress due to a number of factors including: uncertainties regarding eligibility and delivery models, and the impact of the COVID-19 pandemic on the available workforce.

The Committee continued to have oversight of this matter, and considered a further update in open session in September, and took

assurance that the issues raised at the previous meeting had been largely resolved and progress was on track.

Internal Flu Planning 2020/21

The Committee considered and approved the Public Health Wales' internal flu campaign plan 2020-2021, noting the Welsh Government's expectation was that 75% of frontline staff be vaccinated.

Service User Experience

The Committee considered a report outlining how service user experience had been captured throughout the COVID-19 response.

The focus of the discussion was: the challenges reaching the public at the start of the pandemic, with the shift away from face to face engagement, which resulted in a greater reliance on organisations representing stakeholder groups; the refreshed approach to engagement that was being developed, which would look to build capacity and scope within PHW; and the further clarity required within the approach to identify key stakeholders.

Quality and Clinical Audit Plan Update

The Committee took assurance on the year-end report of the Annual Quality and Clinical Audit Plan 2019/20, recognising the limitation of information due to the interruption of COVID-19 on core business.

Quality and Clinical Audit Plan 2020/21

The Committee considered the Quality and Clinical Audit Plan 2020/21, which reflected the planned Quality and Clinical Audit activity across the organisation and areas of public health practice.

The Committee approved the Quality and Clinical Audit Plan 2020/21, noting two additional audits to be added from Health Protection and suggested improvements to be made for the 2021/22 plan, such as the inclusion of a map of audits against strategic activities.

Internal Audit into the Management of Alerts

The Committee received the Management of Alerts Internal Audit report which had received a limited assurance rating, an overview of the management actions in place to address the recommendations was also considered. The Audit and Corporate Governance Committee had received the report at its meeting in March 2020, and had the remit for oversight of any outstanding actions.

In February 2021, the Committee received the Internal Audit follow up report for information, and were pleased to note the follow up review had resulted in a reasonable assurance.

3.3 Improvement

Standard Operating Procedures within Health Protection

In May 2020, the Committee noted a status update on the key Standard Operating Procedures (SOPs) that were actively being used across all divisions within Public Health Services (Microbiology, Health Protection and Screening) during the period of 'enhanced Response' to the COVID-19 pandemic.

The Committee discussed the further work required in this area to be able to gain full assurance that the appropriate processes were in place. The development of a high level dashboard was suggested to provide the appropriate oversight and information at different levels within the organisation, to be used at Committee for overall assurance. The Committee noted that any further work in this area would require resources in place to progress this work which was not possible at this time whilst the organisation was responding to the pandemic.

Improvement and Learning

The Committee considered a report providing an overview of examples of learning within the Enclosed Setting Cell (ESC) during the COVID-19 pandemic, with a view to making timely improvements for the ongoing implementation of the Public Health Wales Response Plan. This update was supplemented by examples from learning from the two outbreaks in North Wales at that time.

The Committee took assurance that learning was ongoing throughout the pandemic and that improvements would be an ongoing activity as part of the implementation of the Public Health Wales Response Plan.

Health and Social Care (Quality and Engagement) (Wales) Act 2020 Update

The Committee considered an update Health and Social Care (Quality and Engagement) (Wales) Act 2020, and the implications for Public Health Wales.

Quality and Clinical Governance – Workstreams Quality Indicators

The Committee considered a report detailing Quality and Clinical Governance – Work streams Quality Indicators. It was noted that there were varying levels of maturity in the development of the measures with further work needed in some areas to refine and further develop this work.

Health and Care Standards 2019/20 Review Report

The Committee considered the outcome of the annual review completed by Divisions/Directorates for the Health and Care Standards 2019/20, and noted the improvements made to the process. The Committee recognised further improvements were planned for next year; to include further robust challenge to the scoring of self-assessments and inclusion of Peer Review discussions in the final report.

Quality Governance Recommendations Update

The Committee received two updates on the Quality Governance Recommendations, noting that all NHS Health Boards and Trusts had been asked in 2019 to assess themselves against the recommendations and provide plans for future review of the necessary action to be undertaken. Key actions in progress were the development of the Quality and Improvement Strategy, which would include a focus on quality and outcome measures; and work had commenced on the Integrated Governance Model and Implementation plan.

The Committee took assurance that the action plan was being progressed and had clear monitoring and scrutiny arrangements.

Failsafe Review (Cervical Screening Wales)

The Committee considered a detailed update on the large failsafe review undertaken by Cervical Screening Wales to ensure the failsafe process rules within the call/recall database (NHAIS) were operating correctly, and that individuals eligible for cervical screening were called and recalled at the appropriate times. The Committee noted the findings and outcome of the review, and took assurance from the failsafe review.

Breast Test Wales Action Plan (Healthcare Inspectorate Wales (HIW) Audit)

The Committee received the Breast Test Wales HIW Report and action plan; noting that the review had taken place prior to COVID-19, and was a comprehensive review of the assessment clinics mainly through a questionnaire and service user feedback. The Committee noted that the report was a positive review of the service, with improvements for the programme addressed within the action plan.

Once for Wales Concerns Management System

The Committee were kept informed as to the implementation and timescales associated with the Once of Wales Concerns Management system.

3.4 Policies and Other written Control Documents

The Committee 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.

3.5 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.

Strategic Risk Register

The Committee received the Strategic Risk Register (SRR) for oversight of those elements of the SRR 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.

COVID Committee Governance Arrangements

The Committee regularly reviewed its role during the pandemic, and the frequency of meetings required to provide appropriate assurance to the Board in a timely manner. The approach taken by the Committee during the year was as follows:

- That the Committee would continue to meet, recognising that the preference would always be to enable the public to observe meetings for openness and transparency;
- Increase the frequency of meetings to eight weekly to ensure appropriate assurance was provided to the Board;
- Refocused its agenda to the relevant aspects of the COVID-19 response;
- Agendas remained dynamic and responsive to emerging issues in a timely manner.

The Committee reviewed any variations made by the Board in relation to the Committee governance arrangements in light of COVID-19 to ensure the Committee was fulfilling its role and purpose.

3.6 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 are published with the Board papers, and the Committees confirmed minutes are published online.

3.7 Committee Effectiveness

During the year the Committee has continued to review and revise its ways of working to optimise the need for a robust governance approach and balance the need reduce pressure on staff during this time.

The Committee has engaged with a formal Board and Committee effectiveness review process taking place in February to March 2021. The outcome and recommendations following this review will be reported to the Committee in April 2021.

The Committee continued to review its effectiveness thorough the year, to ensure effective use of time and ensure it fulfilled its role to provide assurance to the Board.

The key adaptations made this year included:

- The construct of the Committee meeting agendas remained flexible, and the application of a risk based approach to the selection of agenda items.
- Consideration of the use of means other than formal papers to help the Committee to be more agile.
- The use of verbal updates and presentations where appropriate to ensure the timelessness of information to the Committee given the fast moving pace of the pandemic.
- The circulation of more material outside meetings where appropriate.

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 have not been in

operation during this year, although a People Advisory Group has been stood up to consider in more detail those items remitted by the Board. The Quality, Safety and Improvement Committee has ensured that the statutory requirements relating to Health and Safety have been given due consideration, and assurance is provided to the Board on these matters.

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 2020/21, there are effective measures in place and there are no outstanding issues that the Committee wishes to bring to the attention of the Board over and above the risks and issues already raised in the Committee Chairs composite report or that are already visible in the Strategic Risk Register and corporate risk register.

The Chair of the Committee reports into the Board via a composite report from Committee Chairs, where any significant issues are brought to the attention of the Board.

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 2020/21, further assurance was requested by the Committee in the following areas:

- Incidents relating to the enclosed setting;
- Annual Flu Planning.

(See section 3.3 for further information on these matters.)

Matters raised directly with the Board

Quality of information

The Committee noted the risks that would normally be within the remit of the suspended Knowledge, Research and Information Committee, in particular the risks around quality of information and how this was being managed in the pandemic. The Committee noted the following for further consideration by the Board:

- The quality of information that PHW was currently using in its advice, how knowledge is managed in real time during the pandemic and how PHW was ensuring accurate and timely data and evidence base;
- PHW's links with Public Health England (PHE), Universities and how this was being managed as an organisation; and an
- Update on the evaluation and research work currently in operation and the evidence base on which decisions were being made on.

7. Planned Activity in 2021/2022

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2021/22 in respect of the:

- Implementation of 'Our approach to engagement';
- Continued oversight of Screening Programmes;
- Health and Social Care (Quality and Engagement) (Wales) Act 2020 update - to consider how it impacted on the work of the Committee and the Organisation, to ensure the principles were embedded within the ongoing quality work;
- Integrated approach to Health Protection and Microbiology Services;
- Quality and Improvement Strategy;
- Integrated Governance Model;
- Oversight of Clinical Audits including an update on the Breast Test Wales Action Plan.
- Further deep dives with a focus on quality/clinical governance, safety and Improvement.