

## Extract of the Policy Register - Quality, Safety and Improvement Committee

October 2021

Policy title	Policy ref.	Version	Approval date	Review date	Status (select from dropdown)	Approving body (from Annex within Policy for Policies)	Accountable Executive Lead (Select from dropdown)	Rag Status	Comments / Updates from quarterly reviews
<a href="#">Alerts, Safety Notices and Other Guidance policy</a>	PHW30	2	15 January 2019	15 January 2022	Policy in date	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Approved	
<a href="#">Alerts, Safety Notices and Other Guidance procedure</a>	PHW30 /TP01	1	15 January 2019	15 January 2022	Policy in date	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Approved	
<a href="#">Decontamination policy</a>	PHW28	3	16 April 2019	16 April 2022	Policy in date	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Approved	
<a href="#">Decontamination procedure</a>	PHW28/TP01	1	16 April 2019	16 April 2022	Policy in date	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Approved	
<a href="#">Fire safety policy</a>	PHW07	3	19 December 2017	01 April 2022	Policy in date	Quality, Safety and Improvement Committee	Deputy Chief Executive / Executive Director of Operations and Finance	Approved	June update: On 27 May 2021, the Board approved revision to QSiC ToR to remit Health and safety matters to QSiC from PODC. As such this policy now falls within the remit of QSiC. 21 April 2021 – PODC approved temporary extension pending full review of the policy. April 2021 update - This policy is still applicable in its current form and a review will take place in 2022. Request temporary extension to the policy to April 2022.
<a href="#">Fire Safety Procedure</a>	PHW07-TP01	3	19 December 2017	01 April 2022	Policy in date	Quality, Safety and Improvement Committee	Deputy Chief Executive / Executive Director of Operations and Finance	Approved	June update: On 27 May 2021, the Board approved revision to QSiC ToR to remit Health and safety matters to QSiC from PODC. As such this policy now falls within the remit of QSiC. 21 April 2021 – PODC approved temporary extension pending full review of the policy. April 2021 update - This policy is still applicable in its current form and a review will take place in 2022. Request temporary extension to the policy to April 2022.
<a href="#">Health and safety policy</a>	PHW10	3	27 March 2018	01 April 2022	Policy in date	Quality, Safety and Improvement Committee	Deputy Chief Executive / Executive Director of Operations and Finance	Approved	June update: On 27 May 2021, the Board approved revision to QSiC ToR to remit Health and safety matters to QSiC from PODC. As such this policy now falls within the remit of QSiC. 21 April 2021 – PODC approved temporary extension pending full review of the policy. April 2021 update - This policy is still applicable in its current form and a review will take place in 2022. Request temporary extension to the policy to April 2022.
<a href="#">Infection Prevention and control policy</a>	PHW27	2	16 April 2019	16 April 2022	Policy in date	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Approved	
<a href="#">Medical Devices and Equipment Management Policy</a>	PHW 69	2	27 November 2018	27 November 2021	Policy in date	Quality, Safety and Improvement Committee	Executive Director of Public Health Services/Medical Director	Approved	October 2021 - PHS is in the process of identifying the capacity to take this forward and will work with Stuart Silcox to establish a working group Ratified for approval at QSiC 15.01.19. Previously Black 94
Medical Devices and Equipment Management Procedure	PHW69/TP01	1	27 November 2018	27 November 2021	Policy in date	Quality, Safety and Improvement Committee	Executive Director of Public Health Services/Medical Director	Approved	October 2021 - PHS is in the process of identifying the capacity to take this forward and will work with Stuart Silcox to establish a working group Ratified for approval at QSiC 15.01.19. Previously Black 94
<a href="#">Water management policy</a>	PHW64	1	19 December 2017	01 April 2022	Policy in date	Quality, Safety and Improvement Committee	Deputy Chief Executive / Executive Director of Operations and Finance	Approved	June update: On 27 May 2021, the Board approved revision to QSiC ToR to remit Health and safety matters to QSiC from PODC. As such this policy now falls within the remit of QSiC. 21 April 2021 – PODC approved temporary extension pending full review of the policy. April 2021 update - April 2021 update - This policy is still applicable in its current form and a review will take place in 2022. Request temporary extension to the policy to April 2022.  19.12.17 Approved via Chair's action. Replaces Black 67 Waste Management Policy and Yellow 16 Legionella/Legionnaire.
<a href="#">Outbreak Management Policy</a>	PHW 40	2	14 April 2021	14 July 2021	Policy awaiting approval	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Awaiting approval	October 2021 - Approved at QSiC 14 April 2021 as an interim policy. Wider consultation completed with final policy due to be presented at QSiC in November 28.01.20 - Work delayed due to ongoing outbreak management. Outbreak management processes in Health Protection undergoing review. 29.05.19 - Work to update the Communicable Disease Outbreak Plan for Wales is ongoing and a national Hospital Outbreak Policy is being developed. It is recommended that a full review of this policy should be undertaken once this work is complete. Therefore, in the interim, it is proposed that the expiry date of the current document is subject to minor revisions (updated contact details etc.) and that a full review should be undertaken once the national policy work is complete to ensure alignment.
Outbreak Management Procedure	PHW 40/TP01	1	14 April 2021	14 July 2021	Policy awaiting approval	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Awaiting approval	October 2021 - Approved at QSiC 14 April 2021 as an interim policy. Wider consultation completed with final policy due to be presented at QSiC in November
<a href="#">Children at Risk procedure</a>	PHW03/TP02	1	04 October 2018	04 October 2021	Policy review date passed - action underway/required	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Overdue - Risk assessment awaited	October 2021 - Previous author has left the organisation and has been replaced with the new Lead for Safeguarding. This is currently under review and will be taken to the Safeguarding Group Meeting for discussion on November 29th 2021 followed by wider consultation in December 2021. Pending outcome of wider consultation this policy will be presented to QSiC for ratification in February 2022.
<a href="#">Safeguarding policy</a>	PHW03	1	04 October 2018	04 October 2021	Policy review date passed - action underway/required	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Overdue - Risk assessment awaited	October 2021 - Previous author has left the organisation and has been replaced with the new Lead for Safeguarding. This is currently under review and will be taken to the Safeguarding Group Meeting for discussion on November 29th 2021 followed by wider consultation in December 2021. Pending outcome of wider consultation this policy will be presented to QSiC for ratification in February 2022.
<a href="#">Violence against Women, Domestic Abuse and sexual violence procedure</a>	PHW03/TP03	1	04 October 2018	04 October 2021	Policy review date passed - action underway/required	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Overdue - Risk assessment awaited	October 2021 - Previous author has left the organisation and has been replaced with the new Lead for Safeguarding. This is currently under review and will be taken to the Safeguarding Group Meeting for discussion on November 29th 2021 followed by wider consultation in December 2021. Pending outcome of wider consultation this policy will be presented to QSiC for ratification in February 2022. Previous reference PHW 41.
<a href="#">Managing allegations of abuse by staff procedure</a>	PHW03/TP04	2	04 October 2018	04 October 2021	Policy review date passed - action underway/required	Quality, Safety and Improvement Committee	Director of People and Organisational Development	Overdue for review - Low risk presented	October 2021- This procedure is on the P&OD review schedule for 2022
<a href="#">Claims Management Procedure</a>	PHW16/TP01	2	06 April 2016	01 April 2019	Policy review date passed - action underway/required	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Overdue for review - Low risk presented	October 21: This remains under review following further delays to the delivery of the Once for Wales system, now scheduled for 31 October. The reviewed policy will be forwarded to QSiC in February 2022 for approval. June 21: The policy is under review and will be forwarded to QSiC in October for approval. under review pending final position of Once for Wales. Dec 2019: The procedure and policy will be updated by the end of January 2020 to reflect integrated governance changes.
<a href="#">Consent to Examination, Screening or Intervention policy</a>	PHW 59	2	16 May 2017	01 May 2020	Policy review date passed - awaiting national policy	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Overdue for review - Low risk presented	October 2021 - No further update at present due to ongoing work and timelines. June 2021 Update: The All Wales Consent Policy is in development and will be adopted once finalised. A consent procedure, which offers guidance to Public Health Wales Screening Division staff who have direct contact with members of the public during population based screening, is being piloted within Screening for 12 months. The Safeguarding Group will receive an update on the pilot progress in 6 months. Jan 2021: All Wales Policy to be adopted and procedure is in final draft. Superseded Black 92. Published with guidance for screening programmes and Stop Smoking Wales.

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<a href="#">Prevent policy and referral process</a>	Unknown	0e	27 May 2015	27 May 2018	Policy review date passed - awaiting national policy	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Overdue for review - Low risk presented	<p><b>October 2021:</b> Under review but delayed due to no Nationally agreed approach to training. Safeguarding lead will be taking this policy to the Safeguarding Network meeting (also already engaged with network training sub group). If agreed All Wales approach to training in line with ICD policy can potentially updated by Jan 2022.</p> <p>June 21: The All Wales Guidance is still under development and advice is sought from the National Safeguarding Network to agree next steps</p> <p><b>Jan 2021:</b> The All Wales guidance is still awaited, therefore the current policy will be updated as an interim measure.</p> <p><b>Dec 2019:</b> All Wales Prevent Guidance to be produced by the All Wales Prevent Leads Group. This is on the All Wales Prevent Group work plan for 2020. The Guidance will be adopted once approved.</p>
<a href="#">Security procedure</a>	PHW58	1	25 May 2017	25 May 2020	Policy review date passed - action underway/required	Quality, Safety and Improvement Committee	Deputy Chief Executive / Executive Director of Operations and Finance	Overdue for review - Low risk presented	<p><b>October 2021:</b> Due to the Covid-19 response, the review of the Security Policy remains outstanding however we are in the process of working with Information Governance colleagues to develop the CCTV procedure which we will link into the Security Policy, along with the bomb threat procedure as part of the review. We are aiming to undertake this work during 2021/22.</p> <p>June update: On 27 May 2021, the Board approved revision to QSIC ToR to remit Health and safety matters to QSIC from PODC. As such this policy now falls within the remit of QSIC.</p> <p>April 2021 update - this is out of date and needs updating to incorporate and link to other policies such as Bomb Threat Procedure, CCTV Procedure. This will be developed during 2021/22</p> <p>Procedure superseded Black 22 (Security Policy). Procedure will be reviewed in line with legislative and operational changes.</p>
<a href="#">Medicines management policy and code of practice</a>	PHW26	1	31 January 2013	31 January 2016	Policy review date passed - action underway/required	Quality, Safety and Improvement Committee	Executive Director of Public Health Services/Medical Director	Overdue for review - Moderate risk presented	<p><b>October 2021:</b> The Medical Director has followed this up with the Cardiff and Vale team recently, with whom we have an SLA for pharmaceutical support and advice.</p> <p>We have a suggested way forward, which is to adopt the Cardiff and Vale policy. However, the scope of our business is very different, so this will need to be adapted for PHW and we will need to identify some resource to do this. This will take a bit more time as it is not just about changing references to different organisations.</p> <p>Jan 2020: A Specialist Pharmacist has now been transferred to the Health Protection Division from the Health and Well-being Directorate (October 2019). To help resource going forward, a formal Service Level Agreement (SLA) was agreed between Public Health Wales and Cardiff and Vale University Health Board (CVUHB) to pick up operational medicines management policy/ procedures that CVUHB undertake on Public Health Wales' behalf. Consultation has been undertaken with the Principal Pharmacist at CAVUHB and the Asst. Director of QNAHPS to determine whether the a separate policy/procedure is required.</p> <p>04.06.19 - Discussions are ongoing with regard to the securing of a Professional Lead for Pharmacy in Public Health Services. Once this resource is in place, work on the policy and code of practice will be undertaken.</p>