

Quality, Safety and Improvement Committee - Annual Work Plan 2022/23

Category	Item	Exec Lead	18-May	20-Jul	19-Oct	14-Dec	15-Feb	Purpose of the report	
Clinical Governance	Claims and Redress Report	Executive Director Quality, Nursing and Allied Health Professionals	✓	✓	✓	✓	✓	For assurance that claims are being managed in line with the Claims Management Policy and Procedure.(ToR 1.7)	
	Alerts Quarterly Report		✓	✓		✓	✓	For assurance on the management of the incident, that all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality, safety and effectiveness of services, programmes and functions, and that there is evidence of a culture of reporting and learning lessons with an emphasis on continual improvement, arising from SIs. (ToR 1.7)	
	Putting Things Right Quarterly Update		✓	✓		✓	✓	For assurance that there are effective arrangements in place for Putting Things Right, in line with our statutory responsibilities. (ToR 1.8)	
	Putting Things Right Annual Report 2021/22			✓				For assurance that there are effective arrangements in place for Putting Things Right, in line with our statutory responsibilities. (ToR 1.8)	
	Arrangements for Medical Devices Management		✓			✓		For assurance that there are effective arrangements in place for medical devices. (ToR 1.8)	
	Health and Care Standards		✓					Provide oversight, scrutiny and assurance of compliance with the Health and Care Standards and culture of reporting and learning lessons with an emphasis on continual improvement. (ToR 1.7.3 and 1.9)	
	Serious Incidents: new/update		✓	✓	✓	✓	✓	For assurance on the management of the incident, that all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality, safety and effectiveness of services, programmes and functions, and that there is evidence of a culture of reporting and learning lessons with an emphasis on continual improvement, arising from SIs. (ToR 1.7)	
	Clinical Governance Framework				✓				
	Quality and Clinical Audit Plan Annual Report 2021-22			✓					To provide the Committee with the Year End report on the 2021/22 Quality and Clinical Audit Plan, for assurance on the progress. (ToR 1.7.1)
	Quality and Clinical Audit Plan for 2022/23			✓					To Approve the content of the Quality and Clinical Audit Plan for 2022/22 and the planned approach to the audits for the year. (ToR 1.7)
	Quality and Clinical Audit mid year update							✓	To provide the Committee with the in year progress with the Quality and Clinical Audit Plan, for assurance. (ToR 1.7.1)
	Once for Wales Concerns Management System Implementation Update			✓					For assurance on the system in place to ensure detect and rectify irregularities or deficiencies in the quality, safety and effectiveness of services, programmes and functions. (ToR 1.7.1)
	National Safeguarding Annual Report				✓			For assurance on how the organisation has discharged its Safeguarding responsibilities as a mid year update.(ToR 1.8, 2)(ToR 1.8, 2)	
Winter Planning	National Director Health Protection and Screening Services, Executive Medical Director		✓				For assurance on the arrangements in place for the management of winter planning, ensuring the appropriate systems and processes in place that demonstrate quality, safety and effectiveness. (ToR 1.1)		
Quality, Impact & Improvement	Flu vaccination campaign 2021-22	Executive Director Quality, Nursing and Allied Health Professionals	✓					the Internal Flu Vaccine Campaign end of year report for 2020/21 and for assurance regarding the uptake of influenza vaccinations. (ToR 1.1)	
	Health and Social Care (Quality and Engagement) (Wales) Act				✓			For oversight, scrutiny and assurance of compliance with the act (ToR 1.3, 1.4 and 1.5)	
	Quality and Improvement Strategy Implementation Plan				✓			For assurance on the development, implementation and effectiveness of the quality management strategy across the organisation in supporting organisational capability and capacity leading to a culture of continuous quality improvement(ToR 1.3, 1.4 and 1.5)	
	Quality as a Business Strategy (TBC)	National Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru			✓			For assurance on the development, implementation and effectiveness of the quality management strategy across the organisation in supporting organisational capability and capacity leading to a culture of continuous quality improvement(ToR 1.3, 1.4 and 1.5)	
	Screening Service Update	National Director Health Protection and Screening Services, Executive Medical Director	✓			✓		For assurance on the arrangements in place for the management of screening services ensuring the appropriate systems and processes in place that demonstrate quality, safety and effectiveness. (ToR 1.1)	
Emergency Planning	Emergency Planning and Business Continuity Planning / Annual Report 2021	National Director Health Protection and Screening Services, Executive Medical Director	✓					For assurance that the organisation is meeting its statutory requirements in relation to the management of Emergency planning. (ToR 1.8, 2)	
Job Families (link with PODC)	Audit of arrangements within Public Health Wales for verifying active professional registration with the Nursing and Midwifery Council (NMC) and Health and Care Professions Council (HCPC) for 2021/22	Executive Director Quality, Nursing and Allied Health Professionals			✓			The purpose of this paper is to provide assurance to the Quality, Safety and Improvement Committee that Public Health Wales has an efficient and functioning system in place to monitor and verify active professional registration with the Nursing Midwifery Council (NMC) for nurses and midwives, and with the Health and Care Professions Council (HCPC) for healthcare scientists and allied healthcare professionals.	
	Health Care Support Worker Framework				✓			For assurance on the progress of the implementation of the Healthcare Support Workers Framework within Public Health Wales	
	Medical revalidation and job Planning	National Director Health Protection and Screening Services, Executive Medical Director			✓			For assurance that processes are in place to support our medical and dental workforce to undertake job planning and appraisal as required by the Medical and Dental contract.	

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Reporting and Assuring Groups	Infection, Prevention and Control Annual Report 2021/22	Executive Director Quality, Nursing and Allied Health Professionals	✓					Public Health Wales have a responsibility to comply with the Code of Practice for the Prevention and Control of Healthcare Associated Infections 2014 (the 'Code'). A requirement of the Code is for the Board (Via QSIC) to receive an annual IPC report, for assurance that the organisation is meeting its statutory requirements in relation to the management of infection prevention and control. (ToR 1.8, 2)
	Infection, Prevention and Control - Mid Year Update					✓		
	Infection, Prevention and Control Group Terms of Reference			✓				For assurance, that the that the terms of reference fulfil the requirements of the group, as a group providing assurance to the Committee. (ToR 1.8, 2)
	Safeguarding Annual Report 2021/22		✓					The annual report provides an overview of how the organisation discharges its Corporate Safeguarding responsibilities in relation to the Children Act 2004, The Social Services and Well-being (Wales) Act 2014 and the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.For assurance on how the organisation has discharged its Safeguarding responsibilities during reporting period.(ToR 1.8, 2)
	Safeguarding Group - Mid Year Update					✓		
	Safeguarding Group Terms of Reference			✓				For assurance, that the that the terms of reference fulfil the requirements of the group, as a group providing assurance to the Committee. (ToR 1.8 and 2)
	Health and Safety Quarterly Report	Deputy Chief Executive, Executive Director Operations and Finance	✓	✓		✓	✓	For assurance that appropriate measures are in place to monitor compliance with Health and Safety requirements, and to address areas identified for improvement. (ToR 2)
	Health and Safety Terms of Reference		✓					For approval that the terms of reference fulfil the requirements of the group, as a sub group of the Committee. (ToR 2)
Health and Safety Work Plan 2022/23	✓						For approval and assurance, that the planned activity for the year fulfils the requirements of the group, as a sub group of the Committee. (ToR 2)	
Audit and other Reviews	Quality Governance Arrangements (Audit Wales)	Executive Director Quality, Nursing and Allied Health Professionals		✓				Where the subject matter of an audit report falls within the remit of one of the other Board Committees, the report is also submitted to that Committee, following consideration at ACGC. (Refer Audit Protocol) The role of the Remit Committee is to receive the report and to consider the recommendations made in the context of its work plan, and the areas of focus within its remit. Where relevant, the information contained in the reports will then be used to inform discussions of items on the work plan for the Committee. (ToR 1.7.2)
	Healthcare Inspectorate Wales Annual Report		✓	✓	✓	✓	✓	
	Audit Report (as needed)	Relevant Executive Lead		✓				
Service User Experience	Our approach to engagement	Executive Director Quality, Nursing and Allied Health Professionals		✓				For assurance on the 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. (ToR 1.10)
	CIVCA			✓				
Managing Risk	Strategic Risk	Executive Director Quality, Nursing and Allied Health Professionals	✓	✓	✓	✓	✓	For assurance that risks within the remit of the Committee are management appropriately. (ToR 1.1 and 1.11)
	Corporate Risk Register		✓	✓	✓	✓	✓	
Governance & Accountability	Summary of policies Bi-Annual Update	Board Secretary and Head of Board Business Unit	✓			✓		For assurance on the prioritisation and progress being made to review policies, procedures and other written control documents within the remit of the Committee. and to approve any policies and procedures proposed to be removed from the register. (ToR 1.12 and 1.13)
	Committee Annual Report		✓					For recommendation to Board, to provide assurance that the Committee is fulfilling its terms of reference. (ToR 7)
	Review of Committee Effectiveness		✓					As part of the overall Board and Committee Performance and Effectiveness review, the Committee will consider the outcomes of the Committee effectiveness survey, and identify any areas of improvement for the following year.
	Committee Terms of Reference Review		✓					For recommendation to Board on any proposed changes to the Committee's Terms of reference. (As required under Standing Orders)
	Committee Work Plan		✓	✓	✓	✓	✓	For information, and for assurance that the Committee is fulfilling its terms of reference.
	Annual Quality Statement - approach to Annual Report 2021/2022		✓					For assurance on the approach to the Annual Quality Statement is in line with the reporting requirements set by Welsh Government. (ToR 1.14)
	Policies for approval (as required)		✓	✓	✓	✓	✓	To approve policies and procedures within its remit, as outlined in the Policy, Procedure and other written control documents Policy. (ToR 1.12 and 1.13)

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Deep Dives (2022-2024)	Quality and Improvement	National Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru	✓					<p>Rolling programme of deep dives to cover each area within the Committees remit.</p> <p>The purpose of the deep dive is to provide assurance on the robustness governance arrangements (including risk management) for the systems and processes in place that demonstrate quality, safety and effectiveness across all services/programmes and functions provided by Public Health Wales. This includes ensuring that the 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 Organisation's activities. (ToR 1.1)</p> <p>These will usually cover:</p> <ul style="list-style-type: none"> - Key achievements - Performance of Service/Function/Programme - Risks of Service/Function/Programme - Quality and Impact (as set out in the Quality and Impact Framework) - Any related complaints/ Serious Incidents (SI) and a healthy learning culture: claims, complaints and incidents - Service user/person/population centred health provision story - Workforce issues - Any improvements/ innovation - Any key audits and the outcome of the implementation of any changes as a result - Research Activity (Where applicable) - Benchmarking against other Public Health Institutes and bodies providing similar functions or services - Evidence Base: how review and utilise the best available evidence from national and international research and recognised external bodies such as NICE, UK Screening Committee etc. - Future Proofing 	
	Healthcare Associated Infection & Antimicrobial Resistance Programme	National Director Health Protection and Screening Services, Executive Medical Director		✓					
	Clinical Audit	Executive Director Quality, Nursing and Allied Health Professionals			✓				
	Infection, Prevention and Control					✓			
	Health and Safety	Deputy Chief Executive, Executive Director Operations and Finance					✓		
	Emergency Planning	National Director Health Protection and Screening Services, Executive Medical Director	2023/24 TBC						
	Safeguarding	Executive Director Quality, Nursing and Allied Health Professionals							
	Welsh Network of Healthy Schools	TBC							
	Health Protection	National Director Health Protection and Screening Services, Executive Medical Director							
	Abdominal Aortic Aneurysm Screening Programme								
	Breast Test Wales								
	Diabetic Eye Screening Wales								
	Bowel Screening								
	Cervical Screening Wales								
Microbiology									

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