

Quality, Safety and Improvement Committee Work Plan 2023 -24

Category	Item	Exec Lead	16-mai	18-jul	12-okt	13-des	21-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)
Clinical Governance	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)
Clinical Governance	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) / a review of the extent of commissioning / specification and requirements for quality assurance and relevant revision
Clinical Governance	Putting Things Right Annual Report 2022/23		✓					For assurance that there are effective arrangements in place for Putting Things Right, in line with our statutory responsibilities. (ToR 1.8)
Clinical Governance	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	Quality and Clinical Audit Plan Annual Report 2022-23	Executive Director Quality, Nursing and Allied Health Professionals	✓					To provide the Committee with the Year End report on the 2022/23 Quality and Clinical Audit Plan, for assurance on the progress. (ToR 1.7.1)
Clinical Governance	Quality and Clinical Audit Work plan for 2023/24		✓					To Approve the content of the Quality and Clinical Audit Plan for 2023/24 and the planned approach to the audits for the year. (ToR 1.7)
Clinical Governance	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)
Clinical Governance	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)
Clinical Governance	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)
Clinical Governance	Safeguarding Maturity Matrix				✓			For assurance on how the organisation has discharged its Safeguarding responsibilities as a mid year update.(ToR 1.8, 2)(ToR 1.8, 2)
Clinical Governance	Winter Planning		National Director Health Protection and Screening Services, Executive Medical Director		✓			
Clinical Governance	Arrangements for Medical Devices Management			✓			✓	For assurance that there are effective arrangements in place for medical devices. (ToR 1.8)
Clinical Governance	TB Action Plan - Update on Implementation			✗	✓			Remitted from board on 26 Jan for oversight of the action plan
Quality, Impact & Improvement	Oral Public Health	Health and Wellbeing Director					✓	
Quality, Impact & Improvement	Flu vaccination campaign Annual Report 2022-23			✓				The Internal Flu Vaccine Campaign end of year report for 2022/23 and for assurance regarding the uptake of influenza vaccinations. (ToR 1.1)

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Quality, Impact & Improvement	Flu Campagin 2023/24 Update	Executive Director		✓				For assurance on the plan for Flu Campaign delivery
Quality, Impact & Improvement	Health and Care Standards	Quality, Nursing and Allied Health Professionals			✓			
Quality, Impact & Improvement	Health and Social Care (Quality and Engagement) (Wales) Act Duty of Candour AND Duty of Quality / Quality as an Organisational Strategy		✓	✓	✓	✓	✓	For oversight, scrutiny and assurance of compliance with the act (ToR 1.3, 1.4 and 1.5)
Quality, Impact & Improvement	Screening Service Update	National Director Health Protection and Screening	✓			✓		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 2023	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)
	Review of Emergency Response Plan		✓					For recommendation to Board
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 2023/24	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		✓	✓			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.
Reporting and Assuring Groups	Infection, Prevention and Control Annual Report 2022/23	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)
	Infection, Prevention and Control Workplan 2023/24			✓	✓			
	Safeguarding Annual Report 2022/23		✓					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 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)
	Safeguarding Group Work Plan 2023/24			✓	✓			
	Health and Safety Annual Report	Deputy Chief		✓				

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	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 assurance 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 2023/24		✓					For assurance 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	Audit Action Log	Executive Director Quality, Nursing and Allied Health	✓		✓			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)
	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. Demonstration of the CIVICA System. (ToR 1.10)
	CIVICA			✓	✓			
	Engagement with Young People			✓	✓			
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.
	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)	Infection, Prevention and Control	Executive Director Quality, Nursing and Allied Health						Rolling programme of deep dives to cover each area within the Committees remit. 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)
	Safeguarding							
	Health and Safety		Deputy Chief Executive, Executive					
	Welsh Network of Healthy Schools	Acting Director Health and Wellbeing						These will usually cover: - 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
	Health Protection	National Director Health						
	Emergency Planning							
	Abdominal Aortic Aneurysm Screening Programme							

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	Breast Test Wales	Director Health Protection and Screening Services, Executive Medical Director							<ul style="list-style-type: none"> - 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
	Diabetic Eye Screening Wales								
	Bowel Screening								
	Cervical Screening Wales								
	Microbiology								

Notes

This forward look for the Committee is constantly updated and reviewed as required. The final agendas will be agreed following discussions by the Chair and the Joint Lead Executives.

- Changes since last reviewed by the Committee in May 2023:

TB action plan has been moved to October 2023, which was originally scheduled for July 2023

Medical Revalidation Report is scheduled for full consideration October 2023, but will be received for noting July 2023

Infection Prevention & Control, Safeguarding and Health and Safety Terms of Reference and associated workplans have been moved to October 2023, originally scheduled for July 2023

Our Approach to Engagement, including CIVICA and Engagement with Young People have been moved to October 2023, was originally scheduled for July 2023

The need for a Once for Wales Concerns Management Update will be reviewed and scheduled if required

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