 <p data-bbox="395 389 528 539">GIG CYMRU NHS WALES</p> <p data-bbox="560 389 826 539">Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p data-bbox="1129 376 1401 521"><b>Name of Meeting</b> Quality, Safety and Improvement Committee</p> <p data-bbox="1129 528 1401 595"><b>Date of Meeting</b> 25 November 2025</p> <p data-bbox="1145 602 1401 636"><b>Agenda item:</b> 3.5</p>
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<h2 style="text-align: center;">Bi-annual Corporate Policies and Procedures Update</h2>	
<p><b>Executive lead:</b></p>	<p>Paul Veysey, Board Secretary and Head of Board Business Unit</p>
<p><b>Author:</b></p>	<p>Liz Blayney, Deputy Board Secretary and Deputy Head of Board Business Unit</p>

<p><b>Approval/Scrutiny route:</b></p>	<p>Leadership Team – 16.10.25</p>
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<p><b>Purpose</b></p>
<p data-bbox="220 1234 1299 1346">The report provides the Quality, Safety and Improvement Committee with an update on the status of the policies, procedures and other written control documents for which it is the approving body.</p> <p data-bbox="220 1384 1299 1496"><b>Appendix 1</b> is an extract taken from the Corporate Policy, Procedures and Other Written Control Documents register and shows the status of documents as of 11 November 2025.</p>

<p><b>Recommendation:</b></p>				
<p style="text-align: center;">APPROVE <input type="checkbox"/></p>	<p style="text-align: center;">CONSIDER <input type="checkbox"/></p>	<p style="text-align: center;">RECOMMEND <input type="checkbox"/></p>	<p style="text-align: center;">ADOPT <input type="checkbox"/></p>	<p style="text-align: center;">ASSURANCE <input checked="" type="checkbox"/></p>
<p data-bbox="204 1711 1091 1744">The Quality, Safety and Improvement Committee is asked to:</p> <ul data-bbox="256 1749 1289 1966" style="list-style-type: none"> <li data-bbox="256 1749 1289 1854">• <b>Note</b> the amendment to the Safeguarding Policy following approval of the Disclosure and Barring Service (DBS) policy by the People and Organisational Development Committee</li> <li data-bbox="256 1861 1289 1966">• Take <b>assurance</b> on the prioritisation and progress being made to review policies, procedures and other written control documents within the remit of the Committee.</li> </ul>				

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**Link to Public Health Wales [Strategic Plan](#)**

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

<b>Strategic Priority/Well-being Objective</b>	All Strategic Priorities/Well-being Objectives
<b>Strategic Priority/Well-being Objective</b>	Choose an item.
<b>Strategic Priority/Well-being Objective</b>	Choose an item.

**Summary impact analysis**

<b>Equality and Health Impact Assessment</b>	An Equality and Health Impact Assessment is not required in support of this report. An impact assessment should be undertaken for each of the respective policies when they are developed or reviewed.
<b>Risk and Assurance</b>	A risk assessment has been undertaken for each policy which has passed its review date. These are captured in the accompanying register (see Appendix 1) and a summary is detailed below.
<b>Health and Social Care (Quality and Engagement) (Wales) Act</b>	Corporate Policies and Procedures support the implementation of the act ensuring its embedded into our processes.
<b>Financial implications</b>	N/A
<b>People implications</b>	N/A

## 1. Purpose / situation

The report provides the Quality, Safety and Improvement Committee (QSIC) with an update on the status of the policies, procedures and other written control documents (policies) for which it is the approving body. The Committee last considered an update at its meeting on 02 June 2025.

Appendix 1 is an extract taken from the Corporate Policy, Procedures and Other Written Control Documents register and shows the status of documents as of 11 November 2025.

## 2. Background

The Board approved a new organisation-wide wide [Policy and Written Control Documents Policy and Procedure](#) in July 2022. All new/revised documents are now developed and approved in accordance with the provisions and processes set out in these documents.

The procedure specifies that the Register will be reported annually to the Board, and the relevant sections reported to Board committees Bi-Annually. The Leadership Team considers a compliance report on a quarterly basis for ongoing monitoring and management of the main policy register.

This report provides the Committee with assurance that required policies, procedures and other written control documents within its remit are being developed and maintained and that progress is being made to review and update policies that have passed their review date.

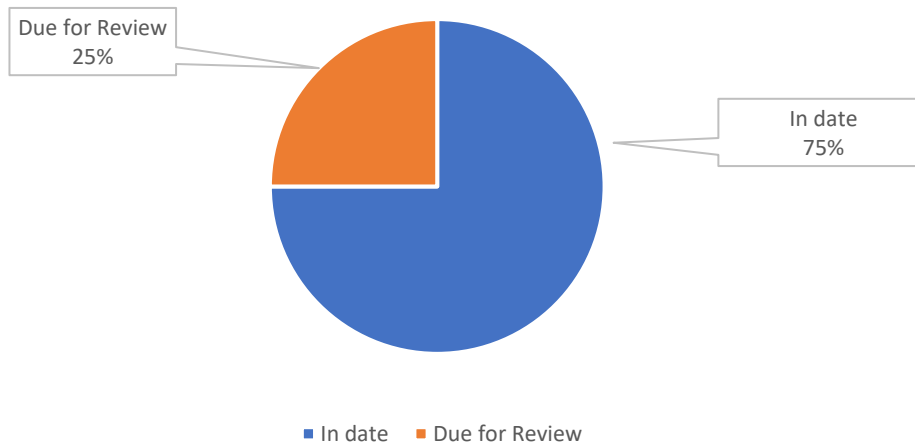
## 3. Description/Assessment

### 3.1 Status of policies and other written control documents

There are 32 policies on the policy register, which were approved by the Committee or have been delegated to the Committee by the Board.

As of 11 November 2025, 24 (75%) policies are in date and 8 (25%) of policies are overdue for review. 5 of the 8 policies became due for review in the last 6 months.

### Corporate Policies within QSIC remit



The Committee is asked to note that all of the overdue policies are rated as 'low risk' to the organisation. All of the existing policies will remain current pending development of the documents.

Executive colleagues responsible for the policies due for review are aware and taking active steps to ensure policies/procedures are reviewed and appropriate approval sought.

Work is ongoing to review the overall policy list with each lead to review the number of policies on the register and look to reduce and combine where possible.

In summary the following table provides a list of the policies that are past their due date, along with the date that these are scheduled to be approved following review. **Appendix 1** sets out the current status of all the policies, including the actions being undertaken to review the policies due for review.

Title	Lead	Risk Assessment (Low/Medium/High)	Expected date of Committee approval
Uniform / Dress Code Policy	Executive Director Nursing, Quality and Information Governance	Low risk presented	Awaiting release of the All Wales Policy to inform review of PHW policy
Claims Management Policy <b>AND</b> Procedure		Low risk	24 February 2026
Managing Allegations of Abuse by Staff		presented	24 February

Procedure			2026
Radiation Safety Policy	National Director Health Protection and Screening Services, Executive Medical Director	Low risk presented	24 February 2026
Waste Management Policy	Executive Director of Finance and Operations	Low risk presented	24 February 2026
Mobile Phone Policy		Low risk presented	24 February 2026
Health and Safety Policy		Low risk presented	24 February 2026

### 3.2 Amendment to the Safeguarding Policy

The People and Organisational Development Committee approved a new Disclosure and Barring Service (DBS) Policy on 22 September 2025. Consequently, a relevant paragraph from the approved DBS Policy has been incorporated into the [Safeguarding Policy](#), specifically as section 4.5, which addresses the requirement to subscribe to the DBS Update Service. The policies and procedures website has also been updated to reflect this amendment. The updated paragraph states:

“4.5: To enhance the safety and protection of children and adults at risk, all employees, workers, new appointees, and volunteers, whose role requires a Standard or Enhanced DBS check are required to subscribe to the Disclosure and Barring Service (DBS) Update Service as a condition of their employment or engagement. The cost of the subscription will be reimbursed by Public Health Wales. Regular re-checks through the Update Service are essential to ensure individuals remain suitable for their roles and continue to meet safeguarding requirements, reinforcing our commitment to protecting children and adults at risk and maintaining a safe environment. Failure to subscribe to or maintain the DBS Update Service subscription may result in disciplinary action.”

### 4. Recommendation

The Quality, Safety and Improvement Committee is asked to:

- **Note** the amendment to the Safeguarding Policy following approval of the Disclosure and Barring Service (DBS) policy by the People and Organisational Development Committee
- Take **assurance** on the prioritisation and progress being made to review policies, procedures and other written control documents within the remit of the Committee.