



GIG
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Iechyd Cyhoeddus
Cymru
Public Health
Wales

Name of Meeting
Board

Date of Meeting
30 May 2019

Agenda item





Composite Committee report for Board

Reporting Committee	Chair	Lead Executive Director	Date of last meeting
Audit and Corporate Governance Committee	Dyfed Edwards	Huw George, Deputy Chief Executive and Executive Director of Operations and Finance	1 May 2019
People and Organisational Development Committee	Judi Rhys	Phil Bushby, Director of People and Organisational Development	24 April 2019
Quality, Safety and Improvement Committee	Kate Eden	Rhiannon Beaumont-Wood Executive Director of Quality, Nursing and Allied Health Professionals	16 April 2019
Knowledge, Research and Information Committee	Shantini Paranjothy	Sian Bolton, Transition Director, Knowledge Directorate	17 April 2019

Summary of key matters considered by the Committee and any related decisions made.

Audit and Corporate Governance Committee

- Received assurance that Public Health Wales was undertaking the necessary preparedness work to mitigate potential business continuity and/or emergency planning incidents that occurred as a result of Britain leaving the European Union
- Received the bi annual summary of policies relating to Audit and Corporate Governance
- Received the following internal audit reports and assurance rating:

Report	Level of assurance provided			
	No assurance 	Limited assurance 	Reasonable assurance 	Substantial assurance 
Core Financial Systems			✓	

Quality, Safety and Improvement Committee

- Received a deep dive and service user experience story for Abdominal Aortic Aneurysm Screening Programme.
 - The positive experience the service users had during their contact with the service
 - That service users would potentially benefit from more information regarding consent
 - That some service users might not fully understand what the screening programme was looking for and that it may be useful to include more information with the invitation letter
- Received a deep dive and service user experience story from the Welsh Network of Healthy Schools Scheme
- Received assurance that the influenza campaign for 2018/19 exceeded the Welsh Government 60% uptake target of influenza vaccination in front line staff
- Received assurance that the Quality and Impact Framework Implementation plan had predominately been delivered.
- Clarified the responsibility for the management of internal audit reports received by the organisation and approved the proposed role that Quality, Safety and Improvement Committee has in considering clinical audit.
- Received assurance that the Health and Care Standards were completed with areas of good practice identified as well as areas for improvement.
- Received assurance of the effectiveness of the management of concerns (incidents, complaints and claims)
- The Committee received assurance that the alerts management system was working appropriately.

Knowledge, Research and Information Committee

- Received the Committee terms of reference and agreed to review them.
- Agreed the Committee workplan
- Undertook a deep dive and service user experience story for the knowledge mobilisation (evidence guide). The service user experience story focused on the Health Improvement Division
- Received the Research and Evaluation Strategy and noted that research governance would be considered at the next Committee meeting and the Committee would receive a further update at a future meeting.
- Considered the requirements for National Statistics designation.

- Undertook a deep dive into the World Health Organisation Collaborating Centre. Received assurance that WHO CC was established with governance structures in place and activities progressing on target.
- Received assurance that the role and responsibility of the Data Protection Officer role had been set out
- Received the Information Governance performance report

People and Organisational Development Committee

- Received a staff experience story about the staff flu campaign and noted the increased vaccine uptake for all staff compared to the previous year, exceeding the 60% Welsh Government target.
- Received a directorate update from the Health and Wellbeing Directorate.
- Received assurance that proactive plans and activity were in place in relation to employee engagement and to address the staff survey.
- Received assurance that the Public Health Wales people strategy was being developed alongside the Health Education and Improvement Wales people strategy.
- Received assurance that the Strategic Equality Objectives 2020 – 24 were being developed with full external stakeholder and public engagement.
- Received assurance that appropriate Health and Safety measures were in place to monitor compliance and to address areas identified for improvement.
- Received assurance that appropriate governance and operational measures were in place to ensure the effective functioning of the Trust's Health and Safety Group.
- Received assurance that progress was being made to implement the Welsh Language Standards.
- Received assurance that attendance at work was being managed effectively and appropriately in line with the new All Wales Managing Attendance at Work Policy

Key risks and issues/matters of concern of which the board needs to be made aware:

Audit and Corporate Governance Committee

- The Audit and Corporate Governance Committee held a workshop on 16 May 2019 to consider the following:
 - The context the Committee operates in
 - Review of the current work plan
 - Consider the vision/future direction
 - Identify next steps and actions

The workshop was attended by Committee members; lead Executive Directors; internal audit; Wales Audit Office. There was positive discussion with key areas for focus and improvement identified:

- Ways to maximise the timings on the agenda for meetings to ensure there is appropriate time and space for discussion, scrutiny and challenge
- Using the Board Assurance Framework to drive the agenda
- Operational embedding of priorities

- Focus on developing learning and improvement culture within the organisation for those members of staff who are requested to attend meetings.

Quality, Safety and Improvement Committee

- During the Deep Dive into the Abdominal Aortic Aneurysm Screening Programme the Committee noted the requirement to set up vascular networks to support the programme. The Committee noted the progress that had been made with a national vascular programme and the provision of vascular networks across Health Boards. The Chair agreed to meet with JW and QS to discuss issue outside of the Committee.
- Received assurance that due process had been followed to address a Serious Incident in Abdominal Aortic Aneurysm Screening and Diabetic Eye Screening Wales.
- During the Deep Dive into the Welsh Network of Healthy Schools Scheme, the Committee considered the difficulties in measuring impact. The Committee agreed to receive a further update on the Scheme in 12 months' time.

Knowledge, Research and Information Committee

- During the Deep Dive into the knowledge mobilisation (evidence guide) the Committee resolved to adopt the principles set out in the evidence guides as those which would govern evidence review in Public Health Wales. The Committee also agreed to request the Board endorse the principles adopted by the Committee and promote them to staff in the organisation
- During the Deep Dive into the World Health Organisational Collaborating Centre, the Committee asked the Transition Director and Board Secretary to give further consideration to the reporting and governance arrangements for the WHO CC.

People and Organisational Development Committee

- When considering the Welsh Language Standards the Committee considered that Welsh Language Standards 5 and 17 were communication standards that required further consideration by the organisation. The Committee recommended a report be submitted to the Board providing a full update including an assessment of the organisational position against the 112 standards.

Delegated action taken by committees:

Audit and Corporate Governance Committee

- Received the draft Accountability Report incorporating the draft governance report; draft remuneration and staff report; and the draft long term expenditure trends and approved them for submission to the Wales Audit Office and Welsh Government for review
- Received the draft Annual Financial Statements and Accounts for 2018/19

Quality, Safety and Improvement Committee

- Received the Annual Quality Statement and recommended the content to the Board
- The Committee approved the following policies, procedures and written control documents:
 - Decontamination policy and procedure
 - Infection, prevention and control policy
- Received assurance that a review of complaints not subject to a 30 day response had been completed and recommendations from the review had been agreed by the Executive Team.
- Approved the Committee annual report and workplan. These documents are included as an appendix to this report.

Knowledge, Research and Information Committee

- Approved the approach to adopting a voluntary compliance statement for Public Health Wales for those statistical products that were not yet released as Official Statistics.
- Received Board Assurance Framework and agreed that risks 4 and 7 were relevant to the Committee. Risk 4 would continue to be received in private due to the potential to expose weaknesses for the organisation.

People and Organisational Development Committee

- The Committee resolved to ratify the Chair's Action of the approval of:
 - The Gender Pay Gap report
 - A local amendment to the All Wales Managing Attendance at Work policy
- Approved the Committee annual report and workplan. These documents are included as an appendix to this report.

Cross-cutting issues and matters delegated to other Committees

WAO Review into Collaborative Arrangements for Managing Local Public Health Resources

The *Audit and Corporate Governance Committee* agreed to remit oversight of the embedded framework and consultant engagement to the *People and Organisational Development Committee*:

- The Committee received assurance on the continued people activity in response to Wales Audit Office report.

Quality of data

The *Audit and Corporate Governance Committee* requested that the Board Secretary liaise with the *Knowledge, Research and Information Committee* in relation to assurance arrangements around quality of data produced by the organisation:

- The Knowledge, Research and Information Committee requested data quality development and improvement be considered during the formation of all Committee reports, in addition to being a specific, in depth agenda item.

Confirmed Minutes for the *Audit and Corporate Governance Committee* held on 14 March; *Quality, Safety and Improvement Committee* held on 15 January; and *People and Organisational Development Committee* on 10 January are available on request and can also be found on the website at <http://www2.nphs.wales.nhs.uk:8080/BoardCommitteeDocs.nsf>

Date of next meetings	<i>People and Organisational Development Committee</i>	3 July 2019 (*date subject to change)
	<i>Quality, Safety and Improvement Committee</i>	6 August 2019
	<i>Knowledge, Research and Information Committee</i>	24 July 2019
	<i>Audit and Corporate Governance Committee</i>	29 May 2019



People and Organisational Development Committee Annual Report 2018/19

Committee Chair:	Judi Rhys, Non Executive Director, Public Health Wales
Executive lead:	Phil Bushby, Director of Workforce and Organisational Development
Author:	Reanne Reffell, Corporate Governance Officer

Approval/Scrutiny route:	N/A
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Purpose

The main purpose of the People and Organisational Development Committee Annual Report 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 over 2018/19.

The Committee **approved** the annual report at its Committee meeting on the 24 April 2019.

Recommendation:

APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	NOTE <input checked="" type="checkbox"/>
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The Board is asked to **note** the approved People and Organisational Development Committee Annual Report for 2018/19.

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

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities.

This report contributes to the following:

Strategic Priority	7 - Building and mobilising knowledge and skills to improve health and well-being across Wales
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Summary impact analysis

Equality and Health Impact Assessment	N/A.
Risk and Assurance	N/A.
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Governance, Leadership and Accountability
Financial implications	N/A.
People implications	N/A.

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1 INTRODUCTION

This report summarises the key areas of business activity undertaken by the People and Organisational Development Committee ('the Committee') over the past year and highlights some of the key issues, which the Committee intend to give further consideration to over the next 12 months.

The People and Organisational Development Committee was established in 2016 and first met in October 2016. The key focus of the Committee is: people, Welsh Language, equality, diversity and human rights, and health, safety and welfare. A further review of Committees was undertaken in July 2018 which concluded that there should be no changes to the remit of the Committee. There was a partial rotation of Non-Executive Director membership of the Committee.

The first Chair of the Committee, Terry Rose, completed his term of office at Public Health Wales on 31 October 2018 and stood down as Chair of the Committee in July 2018. Judi Rhys took up the position as Chair of the Committee and Chaired her first meeting on 24 October 2018.

2 ROLE AND RESPONSIBILITIES

The Terms of Reference for the People and Organisational Development Committee were reviewed and agreed by the Board in July 2018.

The purpose of the People and Organisational Development Committee ("the Committee") is to:

- oversee the People and Organisational Development strategies and plans ensuring they are consistent with the Boards overall strategic direction
- consider the implications for workforce planning arising from the development of the Trusts strategies and plans
- consider the organisational development implications and advise in the development of plans required to deliver the change in culture, leadership and processes required by the Trust
- provide a forum to consider all issues relating to workforce and organisational development within the Trust and to take decisions on areas delegated by the Board
- seek assurances that people and organisational development arrangements are appropriately designed and operating effectively

to ensure the provision of high quality, safe services/programmes and functions across the whole of the Trust's activities

- seek assurances that there is the appropriate culture and arrangements to allow the Trust to discharge its statutory and mandatory responsibilities with regard to:
 - health, safety and welfare
 - equality, diversity and human rights
 - Welsh language provision
- preparation of a People and Organisational Development Committee Annual Report

The Committee will advise the Board on the adoption of a set of key performance indicators against which the Trust will be regularly assessed. It will:

- receive performance reports in support of these indicators
- receive reports of near misses, incidents, serious adverse incidents and claims relating to the health, safety and welfare of staff

The Committee will seek assurance with regard to the requirements of the relevant Health and Care Standards and the Corporate Health Standard.

2.1 Membership of Committee

The membership of the Committee during 2018/19 included:

Name	Position	Attendance*
Terence Rose	Committee Chair and Non-Executive Director (Chair until 30.10.18)	3/3
Judi Rhys	Committee Chair (Chair from 01.11.18) Non-Executive Director (member until 30.10.18)	4/4
Dyfed Edwards	Non-Executive Director (member from 01.01.19)	0/1
Shantini Paranjothy	Non-Executive Director	4/4

2.2 Others in attendance

In addition to the above Committee members there are also a number of officers of the Trust detailed within the Terms of Reference as being

required to attend the Committee. The attendance during 2018/19, by these officers is detailed below:

Name	Position	Attendance *
Phil Bushby	Director of People and Organisational Development	4/4
Sian Bolton	Interim Executive Director of Quality, Nursing and Allied Health Professionals (member until 01.02.19)	3/4
Huw George	Deputy Chief Executive / Executive Director of Operations and Finance	2/4
Quentin Sandifer	Executive Director of Public Health Services / Medical Director	2/4
Andrew Jones	Deputy Director of Public Health Services and Director of Health Protection	1/4
Melanie Westlake	Board Secretary and Head of Corporate Governance (member from 01.04.18 - 11.07.18)	1/1
Cathie Steele	Acting Board Secretary and Head of Corporate Governance (member from 12.03.18 - 30.01.19)	3/4

*Some attendees were in position for part of the year, so number denotes total number of meetings they were able to attend in that role.

2.3 Other regular attendees

Two representatives from the Staff Partnership Forum have a permanent invite to attend the Committee. Stephanie Wilkins (2/4) and Roger Richards (4/4) attended the committee meetings.

The Assistant Director of People and the Assistant Director of Organisational Development, Michelle Hurley-Tyers (4/4) and Tim Williams (3/4) respectively, also regularly attended the committee meetings. Sarah Morgan, Equality and Diversity manager, also regularly attended the Committee meetings (4/4).

Professor Stephen Palmer attended one Committee during the year as an observer as part of his induction as a Non-Executive Director.

2.4 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 2018/19, the Committee met four times and was quorate on all occasions.

3 WORK PLAN / ACTION LOG

The Committee Work Plan assists with agenda planning to ensure that the Committee business discharged the responsibilities set out in the terms of reference and considers all items identified during the year.

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.

During the year, the Committee began reporting to the Board through a composite Chair's report, providing an overview of items considered and highlighting any cross- committee issues / themes or items needing to be brought to the Board's attention.

The Composite Chair's report and confirmed minutes are published with the Board papers.

4 MAIN AREAS OF COMMITTEE ACTIVITY 2018/19

This section provides a brief outline of the core work covered by the Committee over the course of 2018/19.

In line with the terms of reference, there are a number of standing items on each Committee agenda. The following were presented at each meeting:

- Staff Stories
- Directorates updates with a focus on people and organisational development issues
- Consideration of People Performance Data
- Welsh Language Standards (Healthcare) update
- Health, Well-being and Corporate Health Standard
- Committee extract of the Board Assurance Framework
- Committee extract of the Corporate Risk Register

The Committee has also received the following annual reports for the period 2018/19:

- Health and Safety
- Registration of Public Health Wales Nurses
- Medical Revalidation in Public Health Wales
- Infection, Prevention and Control
- Strategic Equality annual report 2017/18

The Committee has also spent time reviewing and being assured of activity in the following areas:

a. Corporate Health Standard

Since achieving the Silver level for the Corporate Health Standard in July 2018, the Committee noted and received updates on the actions required to achieve the gold level award. The Integrated Medium Term Plan provides commitment to achieve the platinum level by 2020.

b. Welsh Language

The Committee received and considered updates on the new Welsh Language Standards (No.7) regulations and received assurance that the compliance notice issued by the Welsh Language Commissioner was being progressed. The Committee also considered the action plans that were developed for implementation throughout the organisation.

Over the next two years there will be sustained focus and momentum with regard to achieving our Welsh language obligations. The Welsh Language Group, Executive Team and People and Organisational Development Committee will receive regular progress reports. Annual monitoring reports will continue to be presented to the Board via the People and Organisational Development Committee and will be available on the Public Health Wales website.

c. Health and Safety Sub Group

The Health and Safety Group is a formal sub-group of the Committee. The Committee regularly received an update from the Health and Safety Group and received assurance on progress against the Health and Safety Executive NHS Action Plan. This report is supplemented by the Health and Safety Risk Register.

4.1 Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2018/19, effective measures are in place. This section outlines the additional scrutiny of particular areas that the Committee undertook, to enable them to provide robust assurance to the Board and Accountable Officer:

4.1.1 Values and Behaviours

The Committee considers that engagement, values and behaviours is an important element for organisational development. Regular reports were

received throughout 2018-19 on staff (including medical) engagement and an action plan of priority areas in response to the 2016 and 2018 Staff Survey. In addition directorate updates were received, which included lessons learnt and action taken in response to key issues identified in the staff surveys. This ensured that the Committee was engaged with staff and brought scrutiny and emphasis on placing staff at the centre of improving, developing and planning the workforce.

The Committee also received assurance on the arrangements for the implementation of the Public Health Wales approach to external engagement, the staff workshops that had taken place and the proposed action plan to take this approach forward.

4.1.2 Workforce planning

The Committee has noted on several occasions the importance of workforce planning and development to ensure sustainability of public health services and academic public health. The potential risk in this area was noted by the Committee. The Committee has therefore received regular reports throughout 2018-19 on this area, including:

- Strategic workforce planning updates and the development of a workforce planning tool kit to help managers achieve the plans that deliver against the directorate annual plan and long term strategic aims.
- Development Programme updates, which covered the support for areas such as higher-level learning; management and leadership, and the Quality and Career Framework for health care support workers. The Committee received assurance on the variety of training options for new and existing staff and agreed that learning and development of staff was a priority.

4.1.3 People Performance

The Committee considered how to develop the organisation's approach to monitoring People Management Information and the provision of a sufficient level of assurance. This included in depth reviews into sickness absence and turnover rates; and updates on the Microbiology stabilisation plan, which focused on the recruitment of hard to fill roles.

The Committee has also considered equality, diversity and inclusion at each of its meetings. It reviewed progress against the Implementation Plan for the Public Health Wales Strategic Equality Plan and considered improvements to Public Health Wales Stonewall Equality Index.

The Committee also received a detailed deep dive on equality, diversity and inclusion at every meeting, spanning the breadth of diversity and gender

balance, and outlined the engagement, coaching and mentoring taking place within the organisation. This included:

- Staff experience stories received from an LGTB member on diversity and inclusivity in employment. The Committee also received a presentation from the Chairs of the diversity networks for Women; LGTB+; Carers; and Single Parents.
- A presentation from Dr Justin Varney, Consultant in Public Health, Public Health England who reflected on his experience of inclusion and diversity within the NHS, and recommended areas of focus for the organisation.

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 considered the following risks that were highlighted to the Board during 2017/18:

- Staff engagement
- Workforce planning to ensure sustainability of public health services and academic public health

The Committee will continue to consider these risks throughout 2019/20, and they have been added to the Committee workplan accordingly.

6 RELATIONSHIP WITH OTHER COMMITTEES

The People and Organisational Development Committee has continued to work closely with the Audit and Corporate Governance Committee and the Quality, Safety and Improvement Committee during the year.

Any audit and corporate governance specific risks are directed to the Audit and Corporate Governance Committee and the link for this is Board Secretary and Head of Board Business Unit and the Deputy Chief Executive and Executive Director of Operations and Finance.

At the request of the Audit and Corporate Governance Committee in September 2018, the Committee resolved to adopt future oversight of people related activity from the Wales Audit Office review into Collaborative Arrangements for Managing Local Public Health Resources. The Committee has also agreed to consider the workforce related issues identified in both the Wales Audit Office review into Consultant Contracts, and the Internal Audit Directorate review respectively.

Any service user quality, safety and improvement specific risks are directed to the Quality, Safety and Improvement Committee and the link for this is Director of Quality, Nursing and Allied Health Professionals.

At the request of the Quality, Safety and Improvement Committee, the Committee has resolved to review workforce related issues that were identified in a number of serious incidents considered by the Quality Safety and Improvement Committee.

Areas that are remitted across Committee's are noted in the Chair's composite report which is presented at Board.


7 ANNUAL SELF-ASSESSMENT

The Committee has undertaken an annual self-assessment allowing members to provide their comment on areas such as committee administration and relevance of committee business. The Committee considered a number of recommendations, which included improved induction and training, the timeliness of received information and the quality of papers. The Committee agreed that increased coverage of information would be built into the Committee workplan. The Committee will review progress against these recommendations in October 2019.

8 CONCLUSIONS AND LOOK FORWARD

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2019/20 in respect of the:

- Review of the Terms of Reference and Membership of the Committee, as part of a wider committee structure review in quarter 2 of 2018/19
- Taking forward the action plan developed as a result of the 2018/19 self-assessment
- Completion of the 2019/20 self-assessment for the Committee
- Further scrutiny and assurance of the following:
 - Staff engagement including values and behaviours
 - Workforce planning and workforce development

 GIG CYMRU NHS WALES <p>Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p>Name of Meeting Board</p> <p>Date of Meeting 30 May 2019</p> <p>Agenda item:</p>
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Quality, Safety and Improvement Committee Annual Report 2018/19

Committee Chair:	Kate Eden, Vice-Chair, Public Health Wales
Executive lead:	Rhiannon Beaumont Wood, Executive Director of Quality, Nursing and Allied Health Professionals
Author:	Reanne Reffell, Corporate Governance Officer

Approval/Scrutiny route:	N/A
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Purpose

The main purpose of the Quality, Safety and Improvement Committee Annual Report 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 over 2018/19.

The Committee **approved** the annual report at its Committee meeting on the 24 April 2019.

Recommendation:

APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	NOTE <input checked="" type="checkbox"/>
<p>The Board is asked to note the approved People and Organisational Development Committee Annual Report for 2018/19.</p>				

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

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities.

This report contributes to the following:

Strategic Priority	7 - Building and mobilising knowledge and skills to improve health and well-being across Wales
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Summary impact analysis

Equality and Health Impact Assessment	N/A.
Risk and Assurance	N/A.
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Governance, Leadership and Accountability
Financial implications	N/A.
People implications	N/A.

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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') over the past year and highlights some of the key issues, which 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 July 2018.

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:

- oversees the Trust's Quality and Impact Framework, strategies and plans for the development and delivery of high quality and safe services/programmes and functions.
- considers 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.
- monitors and, where appropriate, identifies those risks which are relevant to the Committee and provide assurance to the Board and, where appropriate, the Audit and Corporate Governance Committee that the risks are being managed appropriately
- provided oversight and scrutiny through evidence/assurance received that information management systems support business needs and comply with legal/best practice requirements.

In respect of its assurance role, the Committee:

- seeks assurances that governance arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe public health services/programmes and functions.
- provides 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
- ensures 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
- ensures 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 2018/19 included:

Name	Position	Attendance*
Kate Eden	Committee Chair and Non-Executive Director	4/4
Stephen Palmer	Non-Executive Director (member from 01.11.18 – 31.03.19)	1/1
Shantini Paranjothy	Non-Executive Director	3/4
Terence Rose	Non-Executive Director (member from 01.04.18 – 30.10.18)	2/3
Alison Ward	Non-Executive Director (member from 10.07.18 – 31.03.19)	3/3

2.2 Others in attendance

During 2018/19, the meetings were also regularly attended by the following:

Name	Position	Attendance*
Sian Bolton	Interim Executive Director of Quality, Nursing and Allied Health Professionals	4/4
Quentin Sandifer	Executive Director of Public Health Services / Medical Director	3/4
Chrissie Pickin	Executive Director of Health and Wellbeing (from 01.04.18 – 24.12.18)	3/3
Gill Richardson	Deputy Director, Policy Research and International Development	3/4
John Lawson	Chief Risk Officer	4/4
Gay Reynolds	Governance and General Manager for Quality, Nursing and Allied Health Professionals	3/4
Andrew Jones	Deputy Director of Public Health Services and Director of Health Protection	2/4
Cathie Steele	Acting Board Secretary and Head of Corporate Governance (from 12.03.18 – 31.01.19)	1/2
Jyoti Atri	Interim Executive Director of Health and Wellbeing (from 25.12.18 – 31.03.19)	1/1
Melanie Westlake	Board Secretary and Head of Corporate Governance (from 01.04.18 – 11.07.18)	1/2
Stephanie Wilkins	Lead UNITE representative and Secretary of Public Health Wales Staffside as representative from the Local Partnership Forum	3/4
Claire Lewis	Steward, Royal College of Nursing as representative from the Local Partnership Forum	1/4

*Some attendees were in position for part of the year, so number denotes total number of meetings they were able to attend in that role.

Representatives from Health Inspectorate Wales have also regularly attended 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 2018/19, the Committee met four times and was quorate on all four occasions.

3 Main areas of Committee activity 2018/19

In line with the terms of reference, there are a number of standing items on each Committee agenda. The following were presented at each meeting:

- Service user or staff experience story
- Deep dives
- Serious Incidents
- Putting Things Right Quarterly report (Incidents, Complaints and Claims)
- Quarterly Alerts reports
- Board Assurance Framework
- Corporate Risk Register
- Information Governance Consolidated Performance Report

The Committee has also received the following annual reports for the period 2018/19:

- Annual Quality Statement
- Putting Things Right
- Corporate Safeguarding
- Research and Development
- Infection Prevention and Control
- Healthcare Inspectorate Wales

The Committee has received regular assurance on the following:

- Quality and Impact Framework
- Quality and Clinical Audit plan
- A report which provided an overview of the 1000 Lives Improvement Programmes. This included details of the lifecycle of the programmes, and how quality and impact were being reported and measured.
- Deep dives on both Diabetic Eye Screening Wales and Breast Test Wales services, which focused on their key achievements, challenges and future progression.
- The Microbiology stabilisation plan, risk assessment and future operational model reports.
- A report outlining the establishment and governance arrangements of the World Health Organisation Collaborating Centre on Investment for Health and Wellbeing.

During the year the Committee reviewed and revised the agenda to make the following improvements:

- Ensure risk and the Board Assurance Framework were given a higher priority by ensuring allocation of more time.

- Linking each service user story to an assurance item being received by the Committee.
- Allocating a significant proportion of the agenda to at least one deep dive per meeting to allow Committee members sufficient time for understanding, scrutiny and oversight of key areas. Initial areas for these deep dives were driven by the nature of the SIs heard by the Committee.

4 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.

During the year, the Committee began reporting 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 and confirmed minutes are published with the Board papers.

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 undertook a self-assessment in November 2018. An action plan was developed and approved by the Committee at its meeting on 15 January 2019. Key actions included:

- Further work to establish formal induction for Committee members to ensure they have a full understanding of the subject areas covered by the Committee. This will be taken forward as part of a wider piece of Board development work.
- Review of Committee workplan coverage to ensure that all areas of quality and safety related business receives sufficient scrutiny and consideration. Some of this will be picked up by transferring items to the new Knowledge, Research and Information Committee and further work will be ongoing to ensure a broader spread of the organisation's business receives sufficient scrutiny.

6 Relationship with other Committees

The Quality, Safety and Improvement Committee has continued to work closely with the Audit and Corporate Governance Committee and the People and Organisational Development Committee during the year.

Any audit and corporate governance specific risks are directed to the Audit and Corporate Governance Committee and the link for this is Board Secretary/Head of Corporate Governance and the Deputy Chief Executive/Executive Director of Operations and Finance.

Any people and organisational development specific risks are directed to the People and Organisational Development Committee and the link for this is Director of People and Organisational Development.

Areas that are remitted across Committee's are noted in the Chair's composite report which is presented at Board.

7 Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2018/19, 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 visible in the Board Assurance Framework and corporate risk register. During the year, the Chair of the Committee began reporting 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 on particular items to allow further scrutiny of the issues and to enable them to provide robust assurance to the Board and Accountable Officer.

During 2018-19, further assurance was requested by the Committee on Information Governance. A consolidated performance report on the Information Governance (IG) Management System was introduced during 2017/18 which enabled the Committee to strengthen its scrutiny of information governance issues. A revised report was received in January 2019 to reflect the breadth and depth of information governance issues across the organisation. It was agreed that future reports would be remitted to the Knowledge, Research and Information Committee.

During 2018-19 the Board received an update on the Microbiology Transformation Programme Board. The Board requested that the Board Committees seek further assurances on its behalf throughout 2019-20. Following discussion with all Committee Chairs and Lead Executives, it was

agreed that the Quality Safety and Improvement Committee will provide oversight of the Microbiology Transformation Programme Board and the Stabilisation Group (until it stands down) to ensure the Public Health Wales Board gains assurance on matters that relate to the quality, effectiveness and safety of the service that it provides. Regular assurance updates will be provided to the Board via the Composite Committee Chair's report.

Workforce and Research and Development matters will be considered in this Committee in the context of how they relate to quality, safety and effectiveness and exception reporting will be provided to the People and Organisational Development Committee and Knowledge, Research and Information Committee via the relevant Composite Committee Chair's report.

8 Conclusions and look forward

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2019/20 in respect of the:

- Review of the Terms of Reference and Membership of the Committee, as part of a wider committee structure review in quarter 2 of 2018/19;
- Taking forward the action plan developed as a result of the 2018/19 self-assessment.
- Completion of the 2019/20 self-assessment for the Committee.
- Oversight of the Microbiology Transformation Programme Board.

A review of Committees was completed in July 2018, where it was agreed that oversight and scrutiny of the following areas would move to a new Knowledge, Research and Information Committee:

- Evidence/assurance in relation to Information Governance and information management systems
- Research and development
- World Health Organisation Collaborating Centre for Health and Wellbeing

The workplans for 2019/20 for both the Quality, Safety and Improvement Committee and the Knowledge, Research and Information Committee were developed together, to minimise any overlap and ensure a consistent approach in relation to deep dives and other cross-cutting themes. It was agreed that both Committee's would review their workplans at the end of 2019/20 to ensure they are working efficiently and effectively.

Responsibility for the above areas would transfer to the new committee on 1 April 2019.

Audit and Corporate Governance Committee Work Plan 2019/20 v1		Quarter 1		Quarter 2	Quarter 3	Quarter 4	
Annual Financial and Governance Statements	Exec Lead	01-May	29-May	25-Sep	16-Jan	19-Mar	Committee Notes
Accountability Report 2018-19	DCE&EDOF	Draft	Final				
Annual Financial Statements and Accounts 2018-19	DCE&EDOF	Draft	Final				
Annual Accounts and Accountability Report Timetable 2020-21	DCE&EDOF					x	
External Audit	Exec Lead	01-May	29-May	25-Sep	16-Jan	19-Mar	Committee Notes
Annual Audit Report	DCE&EDOF					x	
Annual Opinion (ISA 260)	DCE&EDOF		x				
External Audit Action Log	DCE&EDOF	x		x	x	x	
Fee Scheme 2019	DCE&EDOF					x	
Financial Statements Memorandum	DCE&EDOF			x			
Review of WAO Assessment of Microbiology annual update (against recommendations to show continued improvement and delivery against recommendations).	DCE&EDOF			x			Agreed at ACGC 12.09.17 (ACGC66/2017).
Structured Assessment	DCE&EDOF				x		
Wales Audit Office Audit Reports (received in accordance with Annual Work Plan)	DCE&EDOF	x	x	x	x	x	
Wales Audit Office Progress Report	DCE&EDOF	x		x	x	x	
Work Plan 2020-21	DCE&EDOF					x	

Audit and Corporate Governance Committee Work Plan 2019/20 v1		Quarter 1		Quarter 2	Quarter 3	Quarter 4	
Internal Audit	Exec Lead	01-May	29-May	25-Sep	16-Jan	19-Mar	Committee Notes
Head of Internal Audit Opinion and Annual Report 2018-19	BS&HCG		x				
Internal Audit Position Statement (Progress Report)	BS&HCG	x		x	x	x	
Internal Audit Action Log	BS&HCG	x		x	x	x	
Internal Audit Charter	BS&HCG					x	
Internal Audit Reports (received in accordance with Annual Work Plan)	BS&HCG	x	x	x	x	x	
Internal Audit Work Plan	BS&HCG					2020-21	
Counter Fraud	Exec Lead	01-May	29-May	25-Sep	16-Jan	19-Mar	Committee Notes
Counter Fraud Annual Report 2018-19	DCE&EDOF		x				
Counter Fraud Progress Report	DCE&EDOF	x		x	x	x	
Counter Fraud Self Review Tool 2019-20	DCE&EDOF		x				
Counter Fraud Work Plan	DCE&EDOF		2019-20			2020-21	
Risk Management	Exec Lead	01-May	29-May	25-Sep	16-Jan	19-Mar	Committee Notes
Board Assurance Framework Update	DQN&AHP	x		x	x	x	
Corporate Risk Register Update	DQN&AHP	x		x	x	x	

Audit and Corporate Governance Committee Work Plan 2019/20 v1		Quarter 1		Quarter 2	Quarter 3	Quarter 4	
Governance and Accountability	Exec Lead	01-May	29-May	25-Sep	16-Jan	19-Mar	Committee Notes
Declarations of Interest, Gifts and Hospitality Register Report: assurance on compliance against policy and procedure	BS&HCG	2018-2019 overview				2019-20 overview	14.2.18 Remitted from Board (Action 30.11.17/PHW98/2017)
Losses and Special Payments Report	DCE&EDOF	x		x	x	x	Standing item
Procurement Report	DCE&EDOF	x		x	x	x	Standing item
Quality and Clinical Audit Plan 2018-19	DQN&AHP			x		x	06.09.18 ACGC Action- to receive an update in 6 months time, or at such time that the report is ready.
Standing Orders	BS&HCG				x		Section 11.0.2 of the Standing Orders require the Audit Committee (or equivalent) to undertake an annual review and report any amendments to the Board for consideration and approval
Scheme of Delegation: approval of any updates to scheme	BS&HCG	As required		As required	As required	As required	20.2.18 Remitted from Board (Action 25.01.18/PHW11/2018)
Topical, Legal and Regulatory Issues	BS&HCG	x	x	x	x	x	Standing item
Policy	Exec Lead	01-May	29-May	25-Sep	16-Jan	19-Mar	Committee Notes
Bi-annual summary of policies relating to Audit and Corporate Governance Committee	BS&HCG	x			x		
Policies for approval depending on programme of review	BS&HCG	x	x	x	x	x	

Audit and Corporate Governance Committee Work Plan 2019/20 v1		Quarter 1		Quarter 2	Quarter 3	Quarter 4	
Joint Working Arrangements	Exec Lead	01-May	29-May	25-Sep	16-Jan	19-Mar	Committee Notes
Assurance Report - CymruWellWales to include ACE Hub	DHW			x			14.2.18 - Remitted from Board (Action 30.11.17/PHW95/2017)
Assurance Report - Police Transformation Fund	DPR&ID			x			14.2.18 - Remitted from Board (Action 30.11.17/PHW95/2017)
Assurance Report- Partnership working				x			ACGC Action 63.4/2018
Joint Working Framework: report on the arrangements of existing joint working agreements	BS&HCG			x			20.2.18 Remitted from Board (Action 25.01.18/PHW10/2018
NHS Wales Health Collaborative: Annual Assurance Statement	DCE&EDOF					x	As required by Hosting Agreement Memorandum of Understanding
Finance Delivery Unit Annual Assurance Statement						x	
Committee Governance	Exec Lead	01-May	29-May	25-Sep	16-Jan	19-Mar	Committee Notes
Counter Fraud meeting with Committee Members (to be held in private and with no Trust Officers present)	BS&HCG	x	x	x	x	x	The Auditors can request a meeting at any time
Head of Internal Audits meeting with Committee Members (to be held in private and with no Trust Officers present)	BS&HCG	x	x	x	x	x	The Auditors can request a meeting at any time
Wales Audit Office meeting with Committee Members (to be held in private and with no Trust Officers present)	BS&HCG	x	x	x	x	x	The Auditors can request a meeting at any time
Audit and Corporate Governance Committee Annual Report	BS&HCG		x				
Annual Review of Committee Effectiveness (Action Plan)	BS&HCG					x	
Mid year review of Committee Effectiveness	BS&HCG			x			

Legend

Board Secretary and Head of Corporate Governance
Deputy Chief Executive and Executive Director of Operations and Finance
Executive Director of Quality, Nursing and Allied Health Professionals
Executive Director of Health and Wellbeing
Director of Policy, Research and International Development

BS&HCG
DCE&EDOF
DQN&AHP
DHW
DPR&ID

Quality, Safety and Improvement Committee Work Plan 2019/20 v1						
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Service User Experience	Exec Lead	16-Apr	06-Aug	12-Nov	11-Feb	Committee Notes
Service User Experience Story	DQN&AHP	x	x	x	x	
Risk Assurance	Exec Lead	16-Apr	06-Aug	12-Nov	11-Feb	Committee Notes
Board Assurance Framework Update	BS&HCG	x	x	x	x	Risks Assigned to Quality, Safety and Improvement Committee.
Corporate Risk Register Update	DQN&AHP	x	x	x	x	Risks Assigned to Quality, Safety and Improvement Committee.
Items for next agenda	Chair	x	x	x	x	To agree items from the BAF and CRR where further assurance is required
Governance	Exec Lead	16-Apr	06-Aug	12-Nov	11-Feb	Committee Notes
Clinical Governance						
Alerts assurance reporting	DQN&AHP	x	x	x	x	
Experiences Summary Report	DQN&AHP				x	
Health and Care Standards Self Assessment	DQN&AHP	Update				Delegated by Board to Quality, Safety and Improvement Committee.
Healthcare Inspectorate Wales Annual Report	DQN&AHP			x		Remitted from Board
Infection Prevention and Control	DQN&AHP			Annual update		
Putting Things Right Annual Report 2018/19 (to include Claims information which has previously been presented as a stand alone report)	DQN&AHP		x			
Putting Things Right Quarterly Report	DQN&AHP	Quarter 3 18/19	Quarter 4 18/19	x	x	Standing Item.
Review of complaints that were not subject to a 30 day response.	DQN&AHP	x				27.09.18 Remitted from Board
Quality and Clinical Audit Plan 2018/19	DQN&AHP		Progress update against 2018/19 plan			
Quality and Clinical Audit Plan 2019/20	DQN&AHP		Approve 2019/20 plan		Progress update 2019/20 plan	
Safeguarding Annual Report 2018/19	DQN&AHP		x			Requirement to produce report = Social Services and Well-being (Wales) Act 2014 - Part 7, Ssection 136 places a duty on Regional Safeguarding Boards to produced an annual report by 31 July each year. Section 137 places a duty on "qualifying persons or bodies" to supply information as required. PHW as qualifying body will provide information to each of the safeguarding boards.
Claims Report	DQN&AHP	PRIVATE COMMITTEE	PRIVATE COMMITTEE	PRIVATE COMMITTEE	PRIVATE COMMITTEE	Standing Item.

Quality, Safety and Improvement Committee Work Plan 2019/20 v1						
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Quality and Safety	Exec Lead	16-Apr	06-Aug	12-Nov	11-Feb	Committee Notes
Deep Dives	DQN&AHP	x	x	x	x	
Serious Incidents: new/update	DQN&AHP	x	x	x	x	Standing Item 30.11.17 In depth review of SIs remitted from Board (Action 30.11.17/PHW101/2017)
Serious Incident progress update: Breast Test Wales	DNQIPS	x				
Serious Incident progress update: Diabetic Eye Screening Wales	DNQIPS	x				Workforce issues remitted to PODC.
Annual Quality Statement	DQN&AHP	x				
Quality and Impact Framework Implementation Plan	DQN&AHP	x		x		
Flu Update	DQN&AHP	x				
Health Emergency Planning Annual Report	DPHS&MD				x	Remitted from ACGC 23.01.19.
Improvement	Exec Lead	16-Apr	06-Aug	12-Nov	11-Feb	Committee Notes
Microbiology service: risk assessment and future operational model for the microbiology service	DPHS&MD		x		x	30.11.17 Remitted from Board (Action 30.11.17/PHW100/2017)
First 1,000 Days Programme Board	DHW		x			
Internal and External Audit	Exec Lead	16-Apr	06-Aug	12-Nov	11-Feb	Committee Notes
Audit Reports (by exception)	Relevant Exec Lead	x	x	x	x	
Policy	Exec Lead	16-Apr	06-Aug	12-Nov	11-Feb	Committee Notes
Documents to be scheduled as they are developed	BS&HCG	x	x	x	x	
Register of policies and written control documents (relevant section for Committee)	BS&HCG		x		x	
Committee Governance	Exec Lead	16-Apr	06-Aug	12-Nov	11-Feb	Committee Notes
Annual Review of Committee Effectiveness	BS&HCG			x	x	
Quality, Safety and Improvement Committee Annual Report	BS&HCG	x				
Quality, Safety and Improvement Committee TOR	BS&HCG		x			

Legend

Board Secretary and Head of Corporate Governance	BS&HCG
Chief Risk Officer	CRO
Executive Director of Public Health Services/Medical Director	DPHS&MD
Director of Policy, Research and International Development	DPR&ID
Director for NHS Quality Improvement and Patient Safety/Director 1000 Lives	DNQIPS
Executive Director of Quality, Nursing and Allied Health Professionals	DQN&AHP
Executive Director of Health and Wellbeing	DHW

People and Organisational Development Committee Work Plan 2019/20 v1		Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Getting the Basics Right	Exec Lead	24-Apr	26-Jun	02-Oct	22-Jan	Committee Notes
Staff Stories	DQN&AHP	x	x	x	x	
Directorate Updates	Relevant Director	Health and Wellbeing	Public Health Services	Ops and Finance	Knowledge	
People and Organisational Development Directorate Priorities	DP&OD			x		
Register of policies and written control documents (relevant section for Committee)	BS&HCG		x		x	In line with Policy for Policies
Attracting Great People and Creating a Modern Workplace	Exec Lead	24-Apr	26-Jun	02-Oct	22-Jan	Committee Notes
Disciplinary Policy: update and assurance report	DP&OD	Private session	Private session	Private session	Private session	Standing item
Employee Engagement	DP&OD	x			x	
Partnership (staff side) Working	DP&OD			Update		
PHW Becoming an Organisation of Sanctuary	DPRID		x			
PHW Workforce Planning Strategy	DP&OD	x		x		
Growing our Skills and Talent	Exec Lead	24-Apr	26-Jun	02-Oct	22-Jan	Committee Notes
Training and Development	DP&OD		x		x	
Quality and Career Framework for Health Care Support Workers: update on implementation	DQN&AHP			x		23.11.17 QSIC agreed that the PODC would take over responsibility for monitoring the remit of the HSCW framework (Minute ref QSIC 73/2017).
Registration of Public Health Wales Nurses annual report (nursing revalidation paper)	DQN&AHP		x			
Revalidation and Appraisal of Public Health Wales Consultants annual report (medical revalidation paper)	DPHS&MD		x			
WAO Review of Consultant Contracts	DP&OD			x		
WAO Review into Collaborative Arrangements for managing local public health resources activity report	DP&OD	x		x	x	
Capacity and capability				x		To capture workforce issues remitted from Board and Committees
Appraisals				x		
Vacancies and recruitment				x		

People and Organisational Development Committee Work Plan 2019/20 v1		Quarter 1	Quarter 2	Quarter 3	Quarter 4	
A Diverse, Inclusive and Healthy Workforce	Exec Lead	24-Apr	26-Jun	02-Oct	22-Jan	Committee Notes
Board Assurance Framework Update	DP&OD	x	x	x	x	
Corporate Risk Register Update	DP&OD	x	x	x	x	
Health and Safety annual report	DCE&DOF	x				
Health and Safety report including risk register	DCE&DOF	x	x	x	x	
Health and Safety Group work plan	DCE&DOF		x			
Health and Safety Group Terms of Reference (review)	DCE&DOF	x				
Health, Well-being and Corporate Health Standard	DP&OD			x		
Sickness and Absence Management	DP&OD	x				
Stonewall Equality Index	DP&OD				x	11.12.18 Agreed to receive formal update at April 2019 Committee
Strategic Equality Plan and Implementation Plan	DP&OD	x			x	
Strategic Equalities objectives		x			x	
Strategic Equality Annual Report 2018/19	DP&OD			x		Remitted from Board action ref 30.11.17/PHW100/2017
Welsh Language Annual Report	DP&OD					To be received at Board
Welsh language Standards: compliance update and action plan	DP&OD	x	x	x	x	29/11/2018 Remitted from Board
Other items (to be included under relevant section)	Exec Lead	24-Apr	26-Jun	02-Oct	22-Jan	Committee Notes
Audit Reports	Relevant Exec Lead	x	x	x	x	
People Performance: deep dives	DP&OD	x	x	x	x	
Policies for approval depending on programme of review	DP&OD	x	x	x	x	
Committee Governance	Exec Lead	24-Apr	26-Jun	02-Oct	22-Jan	Committee Notes
Annual Review of Committee Effectiveness	BS&HCG			x		
People and Organisational Development Committee Annual Report	BS&HCG	x				
Terms of reference annual review	BS&HCG		x			

Legend

Board Secretary and Head of Corporate Governance
Deputy Chief Executive and Executive Director of Operations and Finance
Director of People and Organisational Development
Executive Director of Quality, Nursing and Allied Health Professionals
Executive Director of Public Health Services/Medical Director

BS&HCG
DCE&EDOF
DP&OD
DQN&ANP
DPHS&MD

Knowledge, Research and Information Committee Work Plan 2019/20 v1						
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Staff / Service User Experience	Exec Lead	17-Apr	24-Jul	24-Oct	06-Feb	Committee Notes
Committee Development Sessions (lunch time)			x	x	x	
Service User Experience Story	DK	x	x	x	x	
Risk Assurance	Exec Lead	17-Apr	24-Jul	24-Oct	06-Feb	Committee Notes
Board Assurance Framework Update		x	x	x	x	Risks Assigned to Knowledge, Research and Information Committee.
Corporate Risk Register Update		x	x	x	x	Risks Assigned to Knowledge, Research and Information Committee.
Items for next agenda	Chair	x	x	x	x	To agree items from the BAF and CRR where further assurance is required
Governance	Exec Lead	17-Apr	24-Jul	24-Oct	06-Feb	Committee Notes
Information Governance Compliance Toolkit	CRO	x	x	x	x	
Information Governance Performance Report	CRO	x	Q4	Q1	Q2	To include IG Risk Register. To include FoI requests etc.
Cyber Security	HIMT			PRIVATE		Annual update in October private session
Research Governance Arrangements	DPR&ID		x			
Quality and Impact (to include Deep Dives)	Exec Lead	17-Apr	24-Jul	24-Oct	06-Feb	Committee Notes
Data Quality within Public Health Wales	DK			x		
Research Strategy	DPR&ID	x				
Research activity current / planned across the strategic priorities	DK				X	
Pan Organisational Research Group	DPR&ID	x				
Evidence Service	DDHI	x				
Official Statistics Group	DK	x			x	
Evaluation Impact	DPR&ID			x		
Academic Links	DPR&ID			x		
Health Intelligence	DDHI		x			
Research and Development Annual Report	DPR&ID			x		
Knowledge mobilisation strategy- Mid Term Review	DDHI			x		
WHO Collaborating Centre on investment for health and well-being update	DPR&ID	x		x		
Internal and External Audit	Exec Lead	17-Apr	24-Jul	24-Oct	06-Feb	Committee Notes

Knowledge, Research and Information Committee Work Plan 2019/20 v1						
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Audit Reports (by exception)	Relevant Exec Lead	x	x	x	x	
Policy	Exec Lead	17-Apr	24-Jul	24-Oct	06-Feb	Committee Notes
Documents to be scheduled as they are developed	BS&HCG	x	x	x	x	
Register of policies and written control documents (relevant section for Committee)	BS&HCG		x		x	
Committee Governance	Exec Lead	17-Apr	24-Jul	24-Oct	06-Feb	Committee Notes
Annual Reports for noting	BS&HCG					
Annual Review of Committee Effectiveness	BS&HCG				x	
Knowledge, Research and Information Committee Annual Report	BS&HCG				x	
Knowledge, Research and Information Terms of Reference	BS&HCG	x	x			

Board Secretary and Head of Corporate Governance
 Director of Knowledge
 Chief Risk Officer
 Director of Policy, Research and International Development / Head of Research and Development
 Executive Director of Quality, Nursing and Allied Health Professionals
 Head of Information, Management & Technology
 Divisional Director of Health Intelligence

BS&HCG
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 CRO
 DPR&ID
 DQN&AHP
 HIMT
 DDHI