

Audit and Corporate Governance Committee Work Plan 2025-2026											Cross Cutting Approach			Assurance Mapping	
Category	Item	Exec Lead	Approval Route	Private/ Public	May	Jun	Sept	Jan	Mar	Purpose of the report	Remitted <small>(to be populated in year with any referrals to be included in the reporting)</small>	Cross Committee Theme	Cross Cutting Approach	Board Assurance Map	Why is it on the work plan?
Annual Reporting	Accountability Report 2024/25	Board Secretary and Head of Board Business Unit	BET	Public	✓					To consider the report in draft form in May, prior to submission to AW	None		Finance / Performance	TOR 1.16 (Review (Accounts, Accountability Report (AGS& Remuneration Report) and recommend to the Board.  1.29 - Accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission.	
	Annual Financial Statements and Accounts 2024/25	Executive Director Operations and Finance	Exec Lead			✓				To recommend the final version to the Board (July) for approval in July.					
	Annual Accounts & Accountability Report Timetable 2024/25	Executive Director Operations and Finance	Exec Lead			✓				To consider the accounts in draft form in May, prior to submission to AW					
							✓			To recommend the final version to the Board (July) for approval in July.					
							✓	✓	For assurance that the Trust has an appropriate plan in place for the production of the Financial Statements and Accountability Report for 2024/25, in line with the statutory deadlines.						
Information Governance	Information Governance Assurance Quarterly Reports	Executive Director Quality, Nursing and Integrated Governance	BET	Private /Public	✓		✓	✓	✓	For assurance that the Information Governance Management System is working effectively. to include combined report on records management, data breaches		IG - KRIC	Low risk : no current issues identified	Information Governance	1.14 provide oversight, scrutiny and assurance on IG management system. 1.8 - Safety and security of our data
Joint Working	Joint Working Framework	Board Secretary and Head of Board Business Unit	BET	Public			✓			For assurance that appropriate arrangements in place for the approval, monitoring and updating of Joint Working Agreements , e.g. Memorandums of Understanding, Service level agreements.	None		Hosting Arrangements	1.17 - That the Trust has appropriate arrangements in place for the approval, monitoring and updating of Joint Working Agreements , e.g. Memorandums of Understanding, Service level agreements.	
	NHS Executive Annual Assurance Statement (2024/25)		BET		✓					For assurance that any arrangements hosted by Public Health Wales, are complying with the provisions of the Hosting Agreement				1.15 For assurance on compliance with the hosting agreement (required within the hosting agreement	
Audit (Internal and External)	Audit Recommendations Tracker (Internal and External)	Board Secretary and Head of Board Business Unit	LT	Private /Public	✓		✓	✓	✓	Oversight of the internal and external audit log, for assurance on progress and timeliness of the implementation of actions identified through audit activity.		Audit - all	Low risk : no current issues identified	Audit	1.2 Oversight of actions following Audit reviews.
	Internal Audit: Progress Report	Head of Internal Audit - Shared Services	Exec Lead	Public	✓		✓	✓	✓	To provide the Committee with an update with the current and planned internal Audit work, and relevant progress with the Internal Audit Work Plan.					TORs 1.2 Planned activity and results of internal and external audit, including assurance on the adequacy of executive and managements response to issues identified by audit, inspection and other assurance activity and oversight of the implementation of actions resulting from such reviews.
	Internal Audit: Final Reports		Exec Lead	Private /Public	✓	✓	✓	✓	✓	ACGC receives all final reports following audit reviews, including the results of internal and external audit, for assurance on the adequacy of executive and managements response to issues identified by audit, inspection and other assurance activity, and to have oversight of the implementation of actions resulting from such reviews.		Audit - all	Low risk : no current issues identified		TOR 1.4 - The work carried out by key sources of external assurance, in particular, but not limited to the Trust's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity.
	Internal Audit: Draft Internal Audit Work Plan 2026/27		BET	Public					✓	To consider the Internal audit planned activity for 2026/27. For approval of the Internal audit planned activity for 2025/26. The report details the audits to be undertaken and an analysis of the corresponding resources, and the Internal Audit Charter which defines the over-arching purpose, authority and responsibility of Internal Audit and the Key Performance Indicators for the service.		None			TOR: 1.2 and 1.4 (ref above)
	Internal Audit: Work Plan 2025/26		BET	Public	✓					Where there is a limited assurance report in year, a progress update will be provided at each following meeting until actions resolved.		None			1.2 (ref above)
	Internal Audit: Limited Assurance Reports		Relevant Exec	BET	Public	✓									
	Audit Wales: Annual Audit Report 2025/26	Audit Wales Lead	Exec Lead	Public				✓	✓	For assurance as part of the Committee's consideration of the Annual Financial Statements and Accounts, and accountability Report.		None			Accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, the ISA 260 Report 'Communication with those charged with Governance' and managements' letter of representation to the external auditors
	Audit Wales: Annual Opinion (ISA 260)		Audit Wales Lead	Public		✓				For assurance as part of the Committee's consideration of the Annual Financial Statements and Accounts, and accountability Report.		None			
	Audit Wales: Work Plan 2025/26		Exec Lead	Public					✓	To set out the planned work to be undertake by Audit Wales during 2025/6 to discharge statutory responsibilities as PHW's external auditor and to fulfil AW's obligations under the Code of Audit Practice.		None			1.2 (ref above)
	Audit Wales: Reports	Audit Wales Lead	BET	Public	✓	✓	✓	✓	✓	ACGC receives all final reports following audit reviews, including the results of internal and external audit, for assurance on the adequacy of executive and managements response to issues identified by audit, inspection and other assurance activity, and to have oversight of the implementation of actions resulting from such reviews. Refer Audit Activity Plan for full details of planned activity for 2025/26. Expected Reports listed below:		Audit - all	Low risk : no current issues identified		Audit
	✓							Well Being Report							
						✓		Structured Assessment Deep Dive							
						✓		Digital Transformation							
				✓				Quality Governance Follow-up Review reports					1.4 The work carried out by key sources of external assurance, in particular, but not limited to the Trust's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity.		

	Quality and Clinical Audit Plan 2025/26	Executive Director Quality, Nursing and Integrated Governance	LT	Public			✓			For assurance on the overall system in place for clinical audit to ensure that there is an effective clinical audit function. <i>**The Quality, Safety and Improvement Committee will seek more detail on the clinical outcomes and improvements made as a result of clinical audit</i>		Clinical Audit QSIC	Low risk : no current issues identified		1.6The overall system in place for clinical audit to ensure that there is an effective clinical audit function*, through the Quality, Safety and Improvement Committee (or equivalent). 1.3 (ref above)	
<b>Counter Fraud</b>	Counter Fraud Progress Report	Executive Director Operations and Finance	Exec Lead	Public	✓		✓	✓	✓	Quarterly update on Counter Fraud activity for assurance.	None	None	None	<b>Not referenced in BAF</b>	TOR: 1.7 Effective counter fraud service that meets the standards set for the provision of counter fraud,	
	Counter Fraud Annual Report		Exec Lead	Public	✓				For assurance of an effective counter fraud service that meets the standards set for the provision of counter fraud, as set out in National Assembly for Wales Directions and as required by the Counter Fraud and Security Management Service arrangements							
	Counter Fraud Work Plan		Exec Lead	Public	✓				To set out the planned work to be undertake by Counter Fraud for 2025/26							
	Work Plan 2025/26		Exec Lead	Public				✓	To set out the planned work to be undertake by Counter Fraud for 2026/27							
<b>Cyber Security</b>	Cyber Security Update	National Director for Public Health Knowledge and Research		Private			✓		✓	For assurance on the management of Cyber security within the organisation.		Data - KRIC	Low risk : no current issues identified	<b>Not referenced in BAF</b>	1.8 Safety and security of the information collected and used by the organisation.	
<b>Finance / Procurement</b>	Losses and Special Payments Report	Executive Director Operations and Finance	Exec Lead	Private	✓		✓	✓	✓	For assurance managed in accordance with SFIs / procedure	None	None	None	<b>Finance</b>	1.13 assurance on the schedule Losses and Special Payments SFIs require.	
	Procurement Report			Private	✓		✓	✓	✓	For assurance managed in accordance with SFIs / procedure					Reporting to Committee is required under the SFIs	
	Review of Potential Debt Write Offs			Private				✓		Approve any debt write offs.					Reporting to Committee is required under the SFIs	
	Health Protection and Screening Procurement Plan	National Director for Health Protection and Screening Services	BET	Private			✓		✓	For assurance on the management of procurements in the Health Protection and Screening Directorate, and that there is an effective plan in place to review.	None	None	None	<b>Finance</b>	Remitted from Board.	
<b>Managing Risk</b>	Strategic Risk	Executive Director Nursing, Quality, and Information Governance	BET	Private / Public	✓		✓	✓	✓	For assurance that risks within the remit of the Committee are management appropriately	Risk	Risk	Low risk : no current issues identified	Risk	Approach to risk outlined in the Risk Protocol and the BAF	
	Corporate Risk Register		LT	Public	✓		✓	✓	✓	For assurance on the approach to risk and the progress in delivering the RDP						
	Risk Development Plan Update		BET	Public			✓		✓	Annual assurance that there is an appropriate system of risk in place within the organisation.						
	Annual Review of Risk Framework		BET	Public			✓									
<b>Performance Management</b>	Performance Management Framework	Executive Director Operations and Finance	BET	Public			✓			For assurance underlying assurance processes for the organisations performance management, and the process for ensuring the organisations ability to achieve corporate objectives.	None	None	None	<b>Performance (Joint with Board)</b>	ADDED TO TORS: 1.21The underlying assurance processes for the organisations performance management, and the process for ensuring the organisations ability to achieve corporate objectives.	
<b>Governance &amp; Accountability</b>	Summary of policies Bi-Annual Update	Board Secretary and Head of Board Business Unit	LT	Public	✓		✓			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.	None	None	None	<b>Policy and Governance Documents</b>	Approach to Policies outlined in the Corporate Policies, Procedures and other written control documents Procedure, and the BAF	
	Policies for approval (as required)		LT	Public	✓	✓	✓	✓	✓	To approve policies and procedures within its remit, as outlined in the Policy, Procedure and other written control documents Policy.					Approach to Policies outlined in the Corporate Policies, Procedures and other written control documents Procedure, and the BAF	
	Standing Orders / and Scheme of Delegation		BET	Public	✓					To review the SOs and recommend any changes to Board					Board's Standing Orders, and Standing Financial Instructions (including associated framework documents such as the Board Assurance Framework, as appropriate) Including Formal consideration of any reports from the Board Secretary on any non-compliance with Standing Orders, making proposals to the Board on any action to be taken.	
	Governance Bi Annual Update		Exec Lead	Public			✓		✓	To ensure appropriate management of Corporate Governance Elements Declarations of Interest Gifts & Hospitality Register, Policies WHCs					<b>Corporate Governance</b>	1.18Committee level corporate governance, as referenced in the Board Assurance Framework
	Compliance with the Code of Governance Self Assessment		Exec Lead	Public					✓	Review self assessment that the organisation complies with the code.						
	Committee Annual Report		Exec Lead	Public					✓	For recommendation to Board, to provide assurance that the Committee is fulfilling its terms of reference.					<b>Board and Committee</b>	Requirement within each of the Committee TOR to report to Board, and forms part of the assurance to the Board. Also feeds into our Annual Governance Statement.
	Review of Committee Effectiveness		Exec Lead	Public					✓	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.						Outlined within the Board Assurance Framework as part of the annual review of effectiveness.
	Committee Terms of Reference Review		BET	Public					✓	For recommendation to Board on any proposed changes to the Committee's Terms of reference. (As required under Standing Orders)						Required to be reviewed Annually within Standing Orders
	Committee Work Plan		Exec Lead	Public	✓	✓	✓	✓	✓	For information, and for assurance that the Committee is fulfilling its terms of reference.						Requirement within each of the Committee TOR to report to Board, and forms part of the assurance to the Board. Also feeds into our Annual Governance Statement.
<b>NHS Executive</b>	Losses and Special Payments Report	Board Secretary and Head of Board Business Unit	BET	Private	✓		✓	✓	✓	For assurance that the NHS Executive Losses and Special Payments are managed in accordance with SFIs / procedure	None	None	None	<b>Joint Working / Hosting Arrangements</b>	NHS Executive	
	Procurement Report		BET	Private	✓		✓	✓	✓	For assurance that the NHS Executive Losses and Special Payments are managed in accordance with SFIs / procedure	None	Low risk : no current issues identified	None		1.22Seek assurance on the on the relevant governance compliance areas,	

Quarterly Report	Business Unit	BET	Public	✓		✓	✓	✓	For assurance that any arrangements hosted by Public Health Wales, are complying with the provisions of the Hosting Agreement		QSI, PODC for assurance within their remit from NHSE.	Identified	<b>(Joint with Board)</b>	within the remit of the Committee, as outlined in the NHS Executive Assurance Schedule.
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## Quality, Safety and Improvement Committee Work Plan 2025-2026

Category	Item	Exec Lead	Approval Route	Private/ Public	June	Aug	Nov	Feb	Purpose of the report	
<b>Deep dives</b>	Complaints and Incidents	Executive Director Nursing, Quality, and Information Governance	Exec Lead	Private	✓				Deep dive for assurance.	
	Health and Safety	Executive Director Operations and Finance	Exec Lead	Public		✓			Deep dives provide an holistic overview and a detailed look into a particular area or service covering the following themes : - Performance - Governance Arrangements - Key risks - Improvement approach / Quality Links with Strategic Objectives Forward Look / next steps for the programme of work.	
	Lung Cancer Screening	National Director of Health Protection and Screening Services, Executive Medical Director	Exec Lead	Public			✓			
	Infection Services		Exec Lead	Public				✓	Refer to Deep Dive Guidance for content requirements.	
<b>Clinical Governance</b>	Claims and Redress Report (Private Session)	Executive Director Nursing, Quality, and Information Governance	BET	Private	✓	✓	✓	✓	For assurance that claims are being managed in line with the Claims Management Policy and Procedure.	
	Quality Governance Performance Report		BET	Private/ Public	✓	✓	✓	✓	For assurance on how the organisation has discharged its responsibilities Relating to: IPC Safeguarding Quality and Candor Putting Things Right Quality and Clinical Audit Clinical Governance Framework Implementation	
	Quality Annual Report 2024/25		BET	Public		✓				For oversight, scrutiny and assurance of compliance with the act.
	Putting Things Right and Duty of Candour Annual Report 2024/25		BET	Private/ Public	✓					For assurance that there are effective arrangements in place for Putting Things Right, in line with our statutory responsibilities and oversight, assurance of compliance with duty of Quality and Candour Act.
	Quality and Clinical Audit Plan Annual Report 2024/25 and Forward Look 2025/26		LT	Public			✓			To provide the Committee with the Year End report on the Quality and Clinical Audit Plan, for assurance on the progress. And to approve the content of the Quality and Clinical Audit Plan for 2025-26 and the planned approach to the audits for the year.
	Staff Flu vaccination campaign Annual Report 2024/25 and Forward Look 2025/26		BET	Public			✓			The Internal Flu Vaccine Campaign end of year report and for assurance regarding the uptake of influenza vaccinations.

Category	Item	Exec Lead	Approval Route	Private/ Public	June	Aug	Nov	Feb	Purpose of the report
<b>Engagement/ Equality</b>	Engagement of our Services	Executive Director Nursing, Quality, and Information Governance	BET	Public			✓		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)
<b>Health Protection</b>	Winter Planning / Seasonal Planning	National Director of Health Protection and Screening Services, Executive Medical Director	Exec Lead	Public		✓	✓	✓	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.
	Emergency Preparedness, Resilience and Response Annual Report 2024		BET	Public	✓				For assurance that the organisation is meeting its statutory requirements in relation to the management of Emergency preparedness, resilience and response.
	Medicines Management		Exec Lead	Public			✓		For assurance that there are effective arrangements in place for Medicine Management.
	Screening Service Update		Exec Lead	Public		✓		✓	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.
<b>Population Health</b>	Population Health Programmes	National Director Health and Wellbeing	Exec Lead	Public			✓		For assurance on the arrangements in place for the management of population health programmes, ensuring the appropriate systems and processes in place that demonstrate quality, safety and effectiveness.
	Oral Health Update		Exec Lead	Public				✓	For assurance on the arrangements in place for the management of population health programmes, ensuring the appropriate systems and processes in place that demonstrate quality, safety and effectiveness.
<b>Health and Safety</b>	Health and Safety Annual Report	Executive Director Operations and Finance	BET	Public	✓				For assurance that appropriate measures are in place to monitor compliance with Health and Safety requirements, and to address areas identified for improvement.
	Health and Safety Quarterly Report		BET	Public	✓	✓	✓	✓	
	Health and Safety Terms of Reference		BET	Public		✓			For assurance that the planned activity for the year fulfils the requirements of the group, as a sub group of the Committee.
	Health and Safety Work Plan 2025/26		BET	Public	✓				For assurance and assurance, that the planned activity for the year fulfils the requirements of the group, as a sub group of the Committee.
<b>Managing Risk</b>	Strategic Risk	Executive Director Nursing, Quality, and Information Governance	BET	Public	✓	✓	✓	✓	For assurance that risks within the remit of the Committee are management appropriately.
	Corporate Risk Register		LT	Public	✓	✓	✓	✓	
<b>Governance &amp; Accountability</b>	Summary of policies Bi-Annual Update	Board Secretary and Head of	LT	Public	✓		✓		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.
	Policies for approval (as required)		LT / BET	Public	✓	✓	✓	✓	To approve policies and procedures within its remit, as outlined in the Policy, Procedure and other written control documents Policy.
	Committee Annual Report 2025-26		Exec Lead	Public				✓	For recommendation to Board, to provide assurance that the Committee is fulfilling its terms of reference.

Category	Item	Exec Lead	Approval Route	Private/ Public	June	Aug	Nov	Feb	Purpose of the report
	Review of Committee Effectiveness	Board Business Unit	Exec Lead	Public	✓			✓	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		BET	Public	✓			✓	For recommendation to Board on any proposed changes to the Committee's Terms of reference (As required under Standing Orders).
	Committee Work Plan		Exec Lead	Public	✓	✓	✓	✓	For information, and for assurance that the Committee is fulfilling its terms of reference.
<b>Audit and other Reviews</b>	Audit Action Log Progress Update (within the remit of the Committee)	Board Secretary and Head of Board Business Unit	Exec Lead	Public	✓		✓		Update on the implementation of the management response to the audit, for assurance.
	Audit Report (as needed)	Relevant Executive Lead	Exec Lead	Public	✓	✓	✓	✓	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 to 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.
<b>NHS Executive</b>	NHS Executive Governance Compliance Report	NHS Executive	BET	Public	✓	✓	✓	✓	To provide the Committee with assurance on the NHSE Compliance with the following areas: Health and Safety, National Reportable Incident Reporting , Complaints (including PTR if applicable), Claims reporting, DATIX, Safeguarding
	NHS Executive Annual Compliance Statement		BET	Public		✓			To provide the Committee with: Duty of Quality compliance, Duty of Candor compliance, Socio Economic Duty compliance, Wellbeing of Future Generations Act Compliance, Emergency Planning, Clinical Governance

Knowledge, Research and Information Committee Work Plan 2025-26											Cross Cutting Approach			Assurance Mapping	
Category	Item		Exec Lead	Approval Route	Private/ Public	Jun	Sep	Dec	Mar	Purpose of the report	Remitted (to be populated in year with any referrals to be included in the reporting)	Cross Committee Theme	Cross Cutting Approach	Board Assurance Map	Why is it on the work plan?
Deep Dive (Development / evolving areas)	Secondary Prevention (Priority 4, Securing a Health Future for the next generation)		National Director Health and Wellbeing	Exec Lead	Public	✓				Deep dives to focus on : - Knowledge, Research and Impact / Research and Evaluation - Analysis, Data Science and AI - Digital - Governance, Accountability and Risk - Inequalities - Global Health / System Leadership	None			1.10 That Public Health Wales is evaluating the effectiveness of its work and the improvements made to the health of the population of Wales	
	Primary Care						✓					None			1.10 That Public Health Wales is evaluating the effectiveness of its work and the improvements made to the health of the population of Wales
Strategy Updates	Research and Evaluation Strategy		National Director for Public Health Knowledge and Research	Exec Lead	Public	✓		✓		Implementation Update (to Include Academic Public Health)	None		Research	1.10 That Public Health Wales is evaluating the effectiveness of its work and the improvements made to the health of the population of Wales	
	Data and Digital Strategy					✓	✓	✓	✓	Implementation Update (to Include Artificial Intelligence)		Service Delivery - QSIC IG - ACGC	Low risk : no current issues identified		1.5, 1.6 and 1.7 in TOR relating to the approach taken to collecting data, ensuring systems are effective.
	International Health Strategy					National Director of Policy and International Health		✓			Implementation Update (to Include Global Health, Behavioural Science)	None			1.12 The continued development of the strategic relationship with academic institutions across Wales, and beyond where applicable.
Strategic Priorities	Strategic priority 1: Influencing the wider determinants of health	The wider determinants of health are the social, economic and environmental factors that affect health, well-being and health inequalities.	National Director of Policy and International Health	Exec Lead	Public	✓				Update on Progress with the implementation of the SP, within the context of KRIC's remit:  - Knowledge, Research and Impact / Research and Evaluation - Analysis, Data Science and AI - Digital - Governance, Accountability and Risk - Inequalities - Global Health / System Leadership	None		Knowledge, Research and Impact / Research and Evaluation  Data Analysis and Data Science Research and Evaluation  Digital	TOR sections : Knowledge, Research and Impact / Research and Evaluation (1.1 to 1.4) Data(1.5,1.6) Analysis and Data Science (1.7-1.8) Research and Evaluation (1.10) Digital (1.11)	
	Strategic Priority 2 - Promoting Mental Health and Social	To include Indicators for Mental Health					✓				None				
	Strategic priority 3: Promoting Healthy Behaviours						✓		None						
	Strategic priority 4: Supporting the development of a sustainable health and care system focused on prevention and early intervention	To include how the system is supported, national priority etc.	National Director Health and Wellbeing					✓	None						
	Strategic Priority 5 - Delivering excellent public health services to protect the public and maximise population health outcomes	National Population Screening Programmes	National Director of Health Protection and Screening Services, Executive Medical Director			✓			None						
	Health Protection and Infection Services				✓		Performance - QSIC	Low risk : no current issues identified							
	Innovation and future threats (to include Genomics)			✓				Low risk : no current issues identified							
Stand Alone Assurance items	PHW Monitoring Impact		National Director for Public Health Knowledge and Research	BET	Public		✓		✓	Annual Report on Impact for assurance ; Findings in September, then an update on progress to implement actions in March	None			1.2 The impact of the knowledge, research, information and evidence activities as they relate to addressing health inequalities and improving health and wellbeing in Wales.	
	Inequalities		National Director of Policy and International Health / TBC	BET	Public			✓			Equalities QSIC and PODC	Low risk : no current issues identified			
Managing Risk	Strategic Risk		Executive Director Nursing, Quality, and Information Governance	BET	Public	✓	✓	✓	✓	For assurance that risks within the remit of the Committee are management appropriately		Risk	Low risk : no current issues identified	Approach to risk outlined in the Risk Protocol and the BAF	
	Corporate Risk			LT	Public	✓	✓	✓	✓			Risk	Low risk : no current issues identified		

<b>Governance and Accountability</b>	Summary of policies Bi-Annual Update	Board Secretary and Head of Board Business Unit	LT	Public	✓		✓		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.	None	Policy and Governance Documents (Joint with Board and other Committees)	Approach to Policies outlined in the Corporate Policies, Procedures and other written control documents Procedure, and the BAF
	Policies for approval (as required)		LT/BET	Public	✓	✓	✓	✓	To approve policies and procedures within its remit, as outlined in the Policy, Procedure and other written control documents Policy.		Approach to Policies outlined in the Corporate Policies, Procedures and other written control documents Procedure, and the BAF	
	Committee Annual Report		Exec Lead	Public					✓		For recommendation to Board, to provide assurance that the Committee is fulfilling its terms of reference.	Requirement within each of the Committee TOR to report to Board, and forms part of the assurance to the Board. Also feeds into our Annual Governance Statement.
	Review of Committee Effectiveness		Exec Lead	Public	✓				✓		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.	Outlined within the Board Assurance Framework as part of the annual review of effectiveness.
	Committee Terms of Reference Review		BET	Public	✓				✓		For recommendation to Board on any proposed changes to the Committee's Terms of reference. (As required under Standing Orders)	Required to be reviewed Annually within Standing Orders
	Committee Work Plan		Exec Lead	Public	✓	✓	✓	✓			For information, and for assurance that the Committee is fulfilling its terms of reference.	Requirement within each of the Committee TOR to report to Board, and forms part of the assurance to the Board. Also feeds into our Annual Governance Statement.

People and Organisational Development Committee Work Plan 2025-26										Cross Cutting Approach			Assurance Mapping		
Category	Item	Exec Lead	Approval Route	Private/ Public	Apr	Jul	Oct	Jan	Purpose of the Report	Remitted (to be populated in year with any referrals to be included in the reporting)	Cross Committee Theme	Cross Cutting Approach	Board Assurance Map	Why is it on the work plan?	
Deep Dives	POD <b>IMTP commitments</b> for 2025-26	Director People and Organisational Development	Executive Lead	Public	✓				<b>Summary of Focus:</b> Summary of the key areas of focus for 2025/26. <b>Delivery of Plan:</b> Assurance on the development of the implementation plan to deliver commitments. <b>Achievability:</b> Assurance on the timescales, achievability and deliverability of the plan. <b>Risks:</b> Risks or areas of concern identified that may impact delivery, and how these are being managed.		Workforce	Low risk : no current issues identified	People / Workforce (Joint with Board )	1.2The implications for workforce planning arising from the development of the Trusts strategies and plans or those of its stakeholders and partners, including those arising from joint (sub) committees of the Board	
	Culture and Engagement, Including the 2024 Staff Survey Results					✓			<b>Summary of Focus:</b> Update on progress with the culture and engagement work undertaken this year. Key achievements / Outcomes / Impact Planned activity for next year. <b>Learning:</b> Summary of any improvements / key learning from this year, and how this is being taken forward. <b>Risks:</b> Risks or areas of concern identified that may impact delivery, and how these are being managed.		None			TOR 1.3 -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	
	People Strategy – Update on the Development of the Implementation Plan							✓		<b>Summary of Focus:</b> Summary of the key areas of focus for 2025/26 within the Strategy. <b>Delivery of Plan:</b> Assurance on the development of the implementation plan to deliver commitments. <b>Achievability :</b> Assurance on the timescales, achievability and deliverability of the plan. <b>Risks:</b> Risks or areas of concern identified that may impact delivery, and how these are being managed.		Workforce		Low risk : no current issues identified	TOR 1.1 - The development and subsequent delivery of the Trust’s People and Organisational Development strategies and plans ensuring they are consistent with the Boards overall strategic direction and with any requirements and standards set for NHS bodies in Wales.
	Strategic Workforce Planning – Outputs of the 2025-2026 activity which will be part of the integrated planning process								✓	<b>Summary of Focus:</b> Update on progress with the culture and engagement work undertaken this year. Key achievements / Outcomes / Impact Planned activity for next year <b>Learning:</b> Summary of any improvements / key learning from this year, and how this is being taken forward. <b>Risks:</b> Risks or areas of concern identified that may impact delivery, and how these are being managed.		Workforce		Low risk : no current issues identified	TOR 1.2The implications for workforce planning arising from the development of the Trusts strategies and plans or those of its stakeholders and partners, including those arising from joint (sub) committees of the Board
Partnership Working	Staff Network: Update on Actions	Director People and Organisational Development	BET	Public	✓				Update on Staff Network requests.		Workforce	Low risk : no current issues identified	People / Workforce Governance (Joint with Board)	Referenced in the Committee TOR: 1.9- The arrangements for Staff engagement and partnership working with Trade Unions.	
	Local Partnership Forum Annual Report		BET	Public	✓				Annual report from the Local Partnership Forum to Board/People and OD Committee.		Workforce	Low risk : no current issues identified			
	Local Partnership Forum Terms of Reference		BET	Public		✓			For assurance of effective arrangements in place.		Workforce	Low risk : no current issues identified			
	Trade Union Partnership Working Forums Update		Exec Lead	Private	✓	✓	✓	✓	Update on the work of the various TU forums for assurance.		Workforce	Low risk : no current issues identified			
Workforce	Culture Action Plan	Director People and Organisational Development	Exec Lead	Public			✓		To include the results of the planned pulse survey in the context of the action plan.		None	People / Workforce Governance (Joint with Board)	TOR 1.3 -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		
	Workforce Extract from the Integrated Performance Board Report		BET	Public	✓	✓	✓	✓	For information (not discussed) unless issues identified or remitted from Board.		Workforce			Low risk : no current issues identified	
	Organisational Change Management Update		LT	Public	✓		✓		For assurance of the management of change within the organisation.		Workforce			Low risk : no current issues identified	
Equalities and Diversity	Strategic Equalities Plan Priorities - Progress Update	Director People and Organisational Development	Exec Lead	Public		✓			For discussion/assurance : Focus on the Workforce equality objectives and action plan.		Equality	Low risk : no current issues identified	People / Workforce Governance  Compliance with Statutory Duties (Joint with Board)	Referenced in the Committee TOR: 1.6 - That there is the appropriate culture and arrangements to allow the Trust to discharge its statutory and mandatory responsibilities with regard to: oEquality, Diversity and Human Rights oWelsh language provision.	
	Workforce Annual Report (2024-25)		BET	Public			✓		For approval of the annual report.		Workforce	Low risk : no current issues identified			
	Equalities Annual Report (2023-24)		BET	Public			✓		For approval of the annual report.			Low risk : no current issues identified			
	Gender Pay Gap Annual Report (2025)		BET	Public				✓	For approval of the annual report.			Low risk : no current issues identified			
	Welsh Language Update		LT	Public				✓			Equality	Low risk : no current issues identified			
	More Than Words Annual Report		BET	Public		✓			For assurances that there is the appropriate culture and arrangements to allow the Trust to discharge its statutory and mandatory responsibilities with regard to Welsh language provision.			Low risk : no current issues identified			
	Welsh Language Annual Report (2024-25)		BET	Public		✓						Low risk : no current issues identified			
	<b>IMTP Commitment Update:</b> Implement the vision to establish Job Families within Public Health Wales		Exec Lead	Public			✓				Low risk : no current issues identified				

<b>Strategy Delivery</b>	<b>IMTP Commitment Update:</b> Develop and establish a systemic programme of work which will increase leadership and management skills, capacity and confidence including formal learning	Director People and Organisational Development	Exec Lead	Public				✓	For assurance of the progress with the implementation of the IMPT Commitment.		<b>Workforce</b>	Low risk : no current issues identified	<b>People / Workforce Governance (Joint with Board)</b>	Referenced in the Committee TOR: 1.3 -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
	<b>IMTP Commitment Update:</b> Develop the road map for how we will create an employee experience that prioritises well-being, flexible working, opportunities for career progression and makes Public Health Wales an employer of choice		Exec Lead	Public				✓				Low risk : no current issues identified		
<b>Risk</b>	Strategic Risk	Executive Director of Nursing, Quality and Integrated Governance	BET	Public	✓	✓	✓	✓	For assurance that risks within the remit of the Committee are management appropriately.		<b>Risk</b>	Low risk : no current issues identified	Risk (Joint with Board and Committees)	Approach to risk outlined in the Risk Protocol and the BAF
	Corporate Risk Register		LT	Public	✓	✓	✓	✓				Low risk : no current issues identified		
<b>Professional Registration</b>	Regulated Professional Review of compliance with regulatory requirements such as professional appraisal and revalidation.	<b>Joint:</b> National Director Health Protection and Screening Services, Executive Medical Director and Executive Director of Nursing, Quality and Integrated Governance	Exec Leads	Public				✓	For assurance of the arrangements in place to ensure relevant medical professionals registration in in line with statutory requirements.		None			1.5 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.
<b>Governance</b>	Committee Annual Report	Board Secretary and Head of Board Business Unit	Exec Lead	Public				✓	For recommendation to Board, to provide assurance that the Committee is fulfilling its terms of reference.		<b>None</b>		Board and Committee (Joint with Board and other Committees)	Requirement within each of the Committee TOR to report to Board, and forms part of the assurance to the Board. Also feeds into our Annual Governance Statement.
	Review of Committee Effectiveness		Exec Lead	Public				✓	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.					Referenced in the BAF
	Committee Terms of Reference Review		Exec Lead	Public				✓	For recommendation to Board on any proposed changes to the Committee's Terms of reference. (As required under Standing Orders)					Required to be reviewed Annually within Standing Orders
	Speaking Up Safely Annual Report		BET	Public				✓	For assurance on the management of any concerns / grievance are in line with the policy.					TOR:1.7 Implementation of the Speaking Up Safely Framework, including the management of whistle-blowing (raising concerns) and grievances. Approach to reporting of SUS outlined in the Speaking Up Safely Protocol.
	Summary of policies Bi-Annual Update		LT	Public	✓			✓	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.					1.10 Seek assurance on the prioritisation and progress being made to review policies within the remit of the Committee. Approach to Policies outlined in the Corporate Policies, Procedures and other written control documents Procedure, and the BAF
	Policies for approval (as required)		Exec Lead	Public	✓	✓	✓	✓	To approve policies and procedures within its remit, as outlined in the Policy, Procedure and other written control documents Policy.					Approach to Policies outlined in the Corporate Policies, Procedures and other written control documents Procedure, and the BAF
	Committee Work Plan		Exec Lead	Public	✓	✓	✓	✓	For information, and for assurance that the Committee is fulfilling its terms of reference.					Requirement within each of the Committee TOR to report to Board, and forms part of the assurance to the Board. Also feeds into our Annual Governance Statement.
<b>Audit Reports</b>	Audit Report (as needed)	Relevant Executive Lead	Exec Lead	Public	✓	✓	✓	✓	Update on the implementation of the management response to the audit, for assurance.		<b>Audit</b>	Low risk : no current issues identified	Audit	Approach to Audit outlined in the Audit Protocol and within the BAF.
	Audit Action Log Progress Update (within the remit of the Committee)	Board Secretary and Head of Board Business Unit	LT	Public	✓	✓	✓	✓	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.		<b>Audit</b>	Low risk : no current issues identified	Audit	Approach to Audit outlined in the Audit Protocol and within the BAF.
<b>NHS Executive</b>	NHS Executive Bi-Annual Assurance Report	Director of the NHS Executive	BET	Public	✓			✓	Seek assurance on the on the relevant governance compliance areas, <ul style="list-style-type: none"> <li>•Equality, Diversity and Inclusion (Bi-Annually)</li> <li>•Welsh Language (Bi-Annually)</li> <li>•Raising Concerns Process (Annually)</li> <li>•Workforce planning (Annually)</li> <li>•Grievances (Annually)</li> </ul>		<b>NHS Assurance - ACGC and QSiC</b>	Low risk : no current issues identified	NHSE Assurance	1.12 Seek assurance on the on the relevant governance compliance areas, within the remit of the Committee, as outlined in the NHS Executive Assurance Schedule.