

Quality, Safety and Improvement Committee Work Plan 2025-2026									Cross Cutting Approach			Assurance Mapping					
Category	Item	Exec Lead	Approval Route	Private/ Public	June	Sept	Nov	Feb	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	Complaints and Incidents	Executive Director Nursing, Quality, and Information Governance	Exec Lead	Private	✓				Deep dive for assurance.	None			Performance Risk Quality Strategic Objectives Compliance with Statutory Duties	These topic areas have been chose, based on timeliness, specific work being undertaken in these areas and cross referenced previous deep dives to ensure the breadth of coverage across the organisation. Once had the deep dive, would then report back to the Committee 6-8 months to update on progress with implementation of the workplan, 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								
	Lung Cancer Screening	National Director of Health Protection and Screening Services, Executive Medical Director	BET	Public			✓		Forward Look / next steps for the programme of work.								
	Infection Services		BET	Public				✓	Refer to Deep Dive Guidance for content requirements.								
Clinical Governance	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.	None			Clinical Governance / Compliance with Statutory Duties	Referenced in the Committee TOR: For assurance on the management of the incident...evidence of a culture of reporting and learning lessons with an emphasis on continual improvement, arising from SIs. (ToR 1.7) Referenced in the Committee TOR: 1.3 Assurance on effectiveness of quality related frameworks 1.4 Ensuring consistent with Board strategic direction and requirements for NHS Bodies and improvement in standard of quality across the org 1.5 implementation of effective quality management arrangements 1.7 Sources of internal assurance Quality/clinical audit 1.8 assurance on effective arrangements for PTR, IPC, Safeguarding, 1.9 Compliance with the Quality and Engagement Act (Quality and Candour Act) Referenced in the Committee TOR: 1.9 Compliance with Quality Act 1.5 implementation of effective quality management arrangements Referenced in the Committee TOR: 1.8 assurance on effective arrangements for PTR, IPC, Safeguarding, 1.9 Compliance with Quality Act			
	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.	Clinical Audit - ACGC	Low risk : no current issues identified
	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.	Workforce - PODC	Low risk : no current issues identified
	National Safeguarding Service Annual Report 2024/25 and Forward Look 2025/26		BET	Public		✓									For assurance on how the organisation has discharged its National Safeguarding responsibilities on an annual basis	None	
Engagement/ Equality	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)	Equality -discussed at PODC and the need for clarity on how the Committees take collective assurance on the entirety of the Equality agenda.	Equality - PODC	Low risk : issues idented currently needing further review		Referenced in the Committee TOR: 1.10 assurance on arrangements to monitor service user voice			
Health Protection	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.	None			Performance / Clinical Governance Compliance with Statutory Duties Clinical Governance	Referenced in the Committee TOR: 1.1 Ensuring governance arrangements to ensure provision of high quality and safe public health services and functions Referenced in the Committee TOR: 1.8 effective arrangements...civil contingencies Act Referenced in the Committee TOR: 1.8 Statutory requirements			
	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.						Data and Digital - KRIC	Low risk : no current issues identified	
Population Health	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.	Data and Digital - KRIC	Low risk : no current issues identified	Performance	Referenced in the Committee TOR: 1.1 Governance arrangements of programmes, inc Population Health and Health Improvement Programmes Referenced in the Committee TOR: 1.1 Governance arrangements of programmes, inc Population Health and Health Improvement Programmes				
	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.	None							
Health and Safety	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.	PODC - Workforce	Low risk : no current issues identified	Compliance with Statutory Duties	Referenced in the Committee TOR: 1.8 Statutory requirements				
	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.								

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	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.					
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	Risk	Approach to risk outlined in the Risk Protocol and the BAF
	Corporate Risk Register		LT	Public	✓	✓	✓	✓				Low risk : no current issues identified		
Governance & Accountability	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	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 2025-26		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.
Audit and other Reviews	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	Low risk : no current issues identified	Audit	Approach to Audit outlined in the Audit Protocol and within the BAF.
	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.		Audit	Low risk : no current issues identified		Approach to Audit outlined in the Audit Protocol and within the BAF.
NHS Wales Performance and Improvement	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	None			NHSE Assurance	
	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					

Changes to the Committee since it was last presented to the Committee are shown in red:

- From October 2025, the approval route for Deep Dives will be BET
- An Extraordinary Committee meeting was held on 26 August 2025 to approve the Duty of Quality Annual Report
- The NHS Executive has been renamed NHS Wales Performance and Improvement