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|  <p data-bbox="411 208 539 360"> GIG CYMRU NHS WALES </p> <p data-bbox="576 208 842 360"> Iechyd Cyhoeddus Cymru Public Health Wales </p> | <p data-bbox="1102 197 1412 230">Name of Meeting</p> <p data-bbox="1315 232 1412 266">Board</p> <p data-bbox="1123 271 1412 304">Date of Meeting</p> <p data-bbox="1198 309 1412 342">26 May 2022</p> <p data-bbox="1166 347 1412 380">Agenda item:</p> <p data-bbox="1358 385 1412 418">5.2</p> |
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Audit and Corporate Governance Committee Annual Report 2021/22

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|---------------------------------|---|
| Committee Chair: | Dyfed Edwards, Non-Executive Director, Public Health Wales |
| Executive leads: | Huw George, Deputy Chief Executive and Executive Director of Finance and Operations Helen Bushell, Board Secretary and Head of Board Business Unit |
| Author: | Liz Blayney, Deputy Board Secretary and Board Governance Manager |
| Approval/Scrutiny route: | Audit and Corporate Governance Committee (5 May 2022) |

Purpose

The main purpose of the Audit and Corporate Governance Committee Annual Report 2021/22 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 2021/22

Recommendation:

| APPROVE <input type="checkbox"/> | CONSIDER <input checked="" type="checkbox"/> | RECOMMEND <input type="checkbox"/> | ADOPT <input type="checkbox"/> | ASSURANCE <input checked="" type="checkbox"/> |
|---|---|---------------------------------------|-----------------------------------|--|
| <p>The Committee is asked to:</p> <ul style="list-style-type: none"> • Consider the Audit and Corporate Governance Committee Annual Report for 2021/22 summarising the key areas of business activity undertaken; • Take assurance that the Audit and Corporate Governance Committee is fit for purpose and operating effectively in fulfilling its terms of reference. | | | | |

Audit and Corporate Governance Committee Annual Report 2021/22

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1 Introduction

This report summarises the key areas of business activity undertaken by the Audit and Corporate Governance 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 Audit and Corporate Governance Committee were reviewed and agreed by the Board in May 2021.

The purpose of the Audit and Corporate Governance Committee ("the Committee") is to:

- **Advise** and **assure** the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place - through the design and operation of the Trust's assurance framework - to support them in their decision taking and in discharging their accountabilities for securing the achievement of the Trust's objectives, in accordance with the standards of good governance determined for the NHS in Wales.
- Where appropriate, **advise** the Board and the Chief Executive on where, and how, its assurance framework may be strengthened and developed further.
- **Approve**, on behalf of the Board policies, procedures and other written control documents in accordance with the Scheme of Delegation.

The core functions of the Committee are as follows:

1. Comment specifically on the adequacy of the Trust's strategic governance and assurance framework and processes for the maintenance of an effective system of good governance, risk management and internal control.
2. Ensure the provision of high quality, safe healthcare for its citizens it will comment specifically on Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate).

This includes:

- 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.

- schedule of Losses and Special Payments.
- planned activity and results of internal audit, external audit, clinical audit and the Local Counter Fraud Specialist (including strategies, annual work plans and annual reports).
- adequacy of executive and managements response to issues identified by audit, inspection and other assurance activity

3. Support the Board with regard to its responsibilities for governance (including risk and control) by reviewing and approving as appropriate:

- all risk and control related disclosure statements, in particular the Annual Governance Statement and the Annual Quality Statement together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.
- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements.
- the policies and procedures for all work related to fraud and corruption as set out in National Assembly for Wales Directions and as required by the Counter Fraud and Security Management Service.
- arrangements relating to the discharge of the Trust's responsibility as a Bailee for patients' property

The Committee reviews and agrees its programme of work on an annual basis, and recommends it to the Board for approval.

2.1 Membership of Committee

The membership of the Committee during 2020/21 was as follows
:

| Name | Position | Attendance * |
|-----------------|--|---------------------|
| Dyfed Edwards | Committee Chair and Non-Executive Director | 5/5 |
| Mohammed Mehmet | Non-Executive Director | 5/5 |
| Diane Crone | Non-Executive Director | 4/5 |

The Chair of the Board, Jan Williams, has a standing invite to attend Committee meetings, and attended two meetings of the Audit and Corporate Governance Committee during 2021/22.

2.2 Others in attendance

During 2020/21, the meetings were also attended by the following

| Name | Position | Attendance |
|------------------------|--|-------------------|
| Huw George | Deputy Chief Executive / Executive Director of Operations and Finance | 5/5 |
| Rhiannon Beaumont-Wood | Executive Director of Quality, Nursing and Allied Health Professionals | 4/5 |
| Helen Bushell | Board Secretary and Head of Board Business Unit | 5/5 |
| Angela Fisher | Deputy Director and Head of Finance | 5/5 |

Andrew Cottom, appointed as an Independent Advisor to the Committee attended 1 of 5 meetings and provided feedback to the Chair for the other four meetings.

Other Directors and officers attended during the year to present reports which related to their areas of responsibility as required.

The Chief Executive, Tracey Cooper, was also invited to attend every meeting, and attends at least annually, to discuss with the Committee the process for assurance that supports the Annual Governance Statement. The Chief Executive attended three meetings during the year.

A representatives from the Local Partnership Forum had a permanent invite to attend the Committee.

Representatives of the Audit Wales, and the Internal Audit Service also attended each meeting.

Representatives of the Cardiff and Vale University Health Board Counter Fraud Service attended two Committee meetings to present their report.

2.3 Meeting frequency

During 2021/22 the Committee met 5 times and was quorate on all occasions.

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 and Committee Business.

One of the five total meetings is held on an annual basis to receive and recommend for Board approval the Accountability Report and Annual Financial Statements and Accounts.

2.4 Impact of COVID-19 for 2021/22

Due to the response to COVID-19, the decision was taken by the Board to cancel non-essential meetings in March 2020. The Audit and Corporate Governance Committee continued to operate in a virtual format with a reduced agenda, balancing the need to reduce pressure on staff during this time of responding to the pandemic.

The Committee meeting agendas are continually reviewed to ensure a focus on compliance, covering statutory and core requirements and that appropriate governance arrangements were in place to provide appropriate assurance to the Board.

During the time that the Knowledge, Research and Information Committee was suspended, the Board remitted the consideration of Information Governance matters to the Audit and Corporate Governance Committee to ensure compliance with Standing Orders. Following a review of the KRIC terms of reference, it was agreed by the Board in November 2021 that these elements remain permanently with the Audit and Corporate Governance Committee.

3 Main areas of Committee activity 2021/22

The Committee wishes to assure the Board that it fulfilled its work plan for 2021/22 covering a wide range of activity. The following sections provide a summary of this activity. The Committee considered the following items:

| Internal Audit | |
|--|--|
| Quarterly Progress Update | NHS Wales Shared Services Partnership carries out a number of functions on behalf of Public Health Wales. The Committee receives reports from the internal audit function which provide it with assurance that these functions are efficient and cost effective. |
| Internal Audit Reports | Presentation of all Internal Audits listed in section 2.2. |
| Limited Assurance – Additional Hours | For assurance of the progress to address the recommendations outlined within the limited assurance report. |
| Head of Internal Audit Opinion 2020/21 | For assurance of the overall assessment and Opinion from the Head of Internal Audit for the 2020/21 year. |
| Advisory Report 2020/21 | For assurance of the Management and governance of the Implementation Groups’ funding allocations NHS Wales Health Collaborative. |
| External Audit | |
| Progress Reports | Audit Wales (AW) provided the Committee with regular progress reports on any external audits and monitored progress against recommendations. |
| Structured Assessment | Considered the report summarising the audit work undertaken during 2021. |
| AW Annual Report for 2021 | Considered the report summarising the audit work undertaken during 2021, and noted that it was a positive report. |
| Taking Care of Carers | Considered the Report and noted that it had been presented to PODC. |
| Audit (internal and external) Action Log | Progress on the implementation of actions and to approve any closure of actions or amendments to timescales. |
| Counter Fraud | |
| Counter Fraud Updates | For assurance on the effective management of Counter Fraud issues within the organisation. |

| Finance and Procurement | |
|---|---|
| Quarterly Losses and Special Payments Report | To assure the Committee that these were taken in line with the requirements of the Standing Financial Instructions (SFIs). |
| Quarterly Procurement Reports | To assure the Committee that these were taken in line with the requirements of the Standing Financial Instructions (SFIs). |
| Finance Updates | To assure the Committee in the financial position of the organisation. |
| Annual Review of Debt Right offs | Approval of the annual bad debts and claims abandoned for 2020/21. |
| Corporate Governance | |
| Standards of Behaviour Policy | For assurance on the implementation of the Standards of Behaviour Policy. |
| Welsh Health Circulars (WHC) | For assurance that process for recording and monitoring the organisations compliance with WHC was being managed effectively. |
| Integrated Governance | For assurance on progress with the implementation the model. |
| Self-Assessment 2021/22 – Code of Practice Compliance | For assurance that the Organisation complied with the Self-Assessment 2020/21 – Compliance against the Governance in Central Government Departments: Code of Practice 2017. |
| Bi-annual Policies Status | For assurance of the prioritisation and progress being made to review policies and procedures within the remit of the Committee. |
| Policies | Approved the All Wales Information Governance Policy, the All Wales Information Security Policy, the All Wales Internet Use Policy. |
| Information Governance | |
| Information Governance Performance Report | For assurance that the Information Governance Management System was working effectively |
| Data Breach Action plan | For assurance on the progress made against the action plan. |
| Cyber Security | |
| Bi Annual Updates | For assurance of the organisations management of Cyber Security issues. |
| Deep Dive | The Committee considered a deep dive into Cyber Security, and took assurance on the management of Cyber Security within the organisation. |
| Committee Governance | |

| | |
|---|--|
| Annual Committee Effectiveness | The Committee considered a presentation on Committee Effectiveness and Performance following the completion of an online survey by Committee Members and attendees. A full report from this discussion will be provided to the Board as part of the Board's Performance and Effectiveness review planned for Quarter 1 2021. |
| Terms of Reference Review | Annual review of the Committee's terms of reference for a recommendation to the Board for any changes required. |
| Committee Work Planning. | To plan the Committee focus for the following year, and to approve a work programme. |
| Annual Reporting | |
| Annual Accounts Plan for 2020/21 | For assurance of the arrangements in place to produce the Annual Report in line with requirements. |
| Draft Accountability Report 2020/21 | <p>The Committee received the Accountability Report and the Annual Financial Statements and Accounts for 2020/21 in draft on 5 May 2021, for approval prior to submission to Audit Wales and Welsh Government.</p> <p>The Committee Reviews the final draft of the Accountability Report and the Annual Financial Statements on 7 June 2021, and recommended it to submission to Board. The final submission was approved by the Board at an extraordinary meeting on 9 June 2021.</p> |
| Hosted Bodies | |
| Finance Delivery Unit: Annual Assurance Statement | For assurance that the collaborative have complied with the hosting arrangements. |
| NHS Collaborative Annual Assurance Statement | For assurance that the collaborative have complied with the hosting arrangements. |
| Risk | |
| Corporate Risk | To enable them to gain assurance that operational risks were being appropriately managed. |

| | |
|-----------------------|---|
| Strategic Risk | Received the Strategic Risk Register (SRR) for oversight of those elements of the SRR which apply to the risks falling under the remit of the Committee. The Committee's role is to seek assurance from the Executive on the management of the risks, in particular to test the efficacy of the controls and to make recommendations to strengthen the control environment where necessary. |
| Annual Review of Risk | For assurance of the appropriate plan in place to manage risk within the organisation. |

3.2 Internal Audit

Completed Audits 2021/22

During the year, the Committee received and discussed a number of reports produced by Internal Audit.

These are listed in the table below, together with the assurance rating provided:

| Report | Level of assurance provided | | | |
|--|---|---|---|--|
| | No assurance  | Limited assurance  | Reasonable assurance  | Substantial assurance  |
| Staff Wellbeing | | | X | |
| Operational Plan | | | | X |
| Recruitment | | | | X |
| Screening Services | | | | X |
| Data Breach | | | | X |
| Additional Hours and Overtime Follow Up Report | | | X | |
| IP5 Laboratory Set up | | | X | |

Internal audit work is ongoing in areas related to:

- Culture (concerns and grievance). Draft report issued 1 March 2022
- Welsh Risk Pool Claims Process. Draft report issued 8 March 2022
- Information Governance Toolkit. Fieldwork started 11 February 2022

In 2021/22 there were no limited assurance reports issued.

In 2022/21 there was one limited assurance report relating to Additional Hours and Overtime Payments. The Committee monitored outstanding actions relating to this audit during 2020/21, and received the subsequent follow up Audit which was a reasonable assurance.

3.1 Reporting outside of Committee

A number of reports were circulated for the Committee outside of the meeting for comment. These were:

- Annual Audit Report 2021
- Internal Audit Final Report – IP5 Laboratory
- Audit Action Log

- Welsh Health Circulars, Bi-annual update

A list of all reports considered by the Committee outside of meetings will be provided, along with a summary of any comments/ questions received, at the next formal meeting of the Committee.

This process has been approved by the Board as a method of ensuring compliance with the Committee's Terms of Reference during the response to COVID 19 where meetings, and meetings agendas have been reduced

3.12 Work-plan / Action Log

The Committee Work Plan ensures that the Committee discharges its responsibilities in a planned manner. It assists with agenda planning and is updated during the year to ensure that the Committee considers any additional items which may arise 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.

The Committee reported 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.

4. Relationship with other Committees

The Audit and Corporate Governance Committee has continued to work closely, the Quality, Safety and Improvement Committee.

The People and Organisational Development Committee and Knowledge, Research and Information Committee have not been in operation during all of this year, although a People Advisory Group has been stood up to consider in more detail those items remitted by the Board.

The Audit and Corporate Governance Committee has ensured that the statutory requirements relating to Information Governance have been given due consideration, and assurance is provided to the Board on these matters.

Any matters requiring consideration from other Committees are coordinated through the Board Business Unit.

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

5. Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2021/22, 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 raised in the Committee Chairs composite report or that are already visible in the Strategic Risk Register and corporate risk register.

The Chair of the Committee reports into the Board via a composite report from Committee Chairs, where any significant issues are brought to the attention of the Board.

6. Committee Effectiveness

During the year the Committee has continued to review and revise its ways of working to optimise the need for a robust governance approach and balance the need reduce pressure on staff during this time.

The Committee continued to review its effectiveness thorough the year, to ensure effective use of time and ensure it fulfilled its role to provide assurance to the Board.

The key adaptations made this year included:

- The construct of the Committee meeting agendas remained flexible, and the application of a risk based approach to the selection of agenda items.
- Consideration of the use of means other than formal papers to help the Committee to be more agile.
- The use of verbal updates and presentations where appropriate to ensure the timelessness of information to the Committee given the fast moving pace of the pandemic.
- The circulation of more material outside meetings where appropriate.

The Committee has engaged with a formal Board and Committee effectiveness review process which took place in March 2022. The outcome and recommendations following this review will be reported to the Board in Quarter 1 2022.

7. Planned Activity in 2022/2023

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2022/23 in respect of the:

- Organisational and Financial Efficiencies;
- Further development of the Strategic Risk Register;
- Consideration within the work plan next year to include deep dives in Risk; Counter Fraud, and Financial Efficiency / value for money;
- Recognising the pace at which Cyber security changes, there was a need to ensure ongoing monitoring by the Committee.

Reports to Committee:

May:

Annual Accounts
Accountability Report
Aud Enquiries
Draft Accounts
Draft Annual Governance Statement
Draft Remuneration and Staff report
Draft Head of Internal Audit Opinion
Covid Advisory Report
Audit Wales Procurement Report
FDU Annual Assurance Statement
Losses and Special Payments
Procurement report
IG Performance Report
CRR
WHC Update
Internal Audit Log
Annual Review of Risk
Counter Fraud Update
SRR
Declaration of Interests

June:

Draft Accounts
Annual Governance Statement
Remuneration and Staff Report
Final ISA 260 Report
IT Business Continuity IA Report

September:

Security Update
Staff Well Being IA Report
Operational Plan IA Report
Additional Hours IA Report
IA Progress Report
Collaborative Procurement Advisory Final Report
Procurement Report
Losses and Special Payment Report
CRR
IG Performance reports – Q1 and Q4

Data Breach Action Plan
IG Model Progress Report
Declaration of Interest
SRR
Internal Audit Action Log
Counter Fraud Progress

January:

Structured Assessment
Annual Audit Report
Recruitment IA Final Report
Screening and Reactivation Final IA Report
Data Breach Final IA Report
Additional Hours and Overtime IA Final Report
Counter Fraud Progress
Losses and Special Payments
Procurement Report
IG Performance Q2
Data Breach Action Plan
Debtor Write off report
SRR
CRR
Annual Accounts Plan

| | |
|--|--|
|  GIG CYMRU NHS WALES <p>Iechyd Cyhoeddus Cymru Public Health Wales</p> | <p>Name of Meeting Board</p> <p>Date of Meeting 26 May 2021</p> <p>Agenda item: 5.2</p> |
|--|--|

Quality, Safety and Improvement Committee Annual Report 2021/22

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|---------------------------------|--|
| Committee Chair: | Kate Eden, Vice-Chair, Public Health Wales |
| Executive lead: | Rhiannon Beaumont Wood, Executive Director of Quality, Nursing and Allied Health Professionals |
| Author: | Liz Blayney, Deputy Board Secretary and Board Governance Manager |
| Approval/Scrutiny route: | Quality, Safety and Improvement Committee (18 May 2022) |

Purpose

The main purpose of the Committee Annual Report 2021/22 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 2021/22

Recommendation:

| | | | | |
|---|---|---------------------------------------|-----------------------------------|--|
| APPROVE <input type="checkbox"/> | CONSIDER <input checked="" type="checkbox"/> | RECOMMEND <input type="checkbox"/> | ADOPT <input type="checkbox"/> | ASSURANCE <input checked="" type="checkbox"/> |
| <p>The Committee is asked to:</p> <ul style="list-style-type: none"> Consider the Quality, Safety and Improvement Committee Annual Report for 2021/22 summarising the key areas of business activity undertaken; Take assurance that the Quality, Safety and Improvement Committee is fit for purpose and operating effectively in fulfilling its terms of reference. | | | | |

Quality, Safety and Improvement Committee Annual Report 2021/22

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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') during the past year. The report also highlights some of the key issues that 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 November 2019.

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 will:

- Oversee the effectiveness of the Trust's Quality and Impact Framework or any subsequent quality related organisational frameworks, strategies and plans for the development and delivery of high quality and safe services/programmes and functions provided by Public Health Wales, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales.
- Prepare for any implications arising from proposed Quality and Engagement Bill or other relevant legislation, guidance or initiatives.
- Consider 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.
- Ensure there are 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. Provided through a range of sources such as concerns, incidents and proactive arrangements to gain feedback.

- Oversee the development and effective implementation of a quality dash board.
- Monitor and, where appropriate, identify those risks which are relevant to the Quality, Safety and Improvement Committee and provide assurance to the Board and, where appropriate, the Audit and Corporate Governance Committee that the risks are being managed appropriately.
- Monitor the implementation and effectiveness of the Public Health Wales Quality Improvement Hub in supporting organisational capability and capacity leading to a culture of continuous quality improvement.

In respect of its assurance role, the Committee will:

- seek assurances that governance (including risk management) arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe public health services/programmes and functions across the whole of the Trust's activities
- provide 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
- ensure 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.
- ensure 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 2021/22 was as follows:

| Name | Position | Attendance* |
|----------------|--|--------------------|
| Kate Eden | Committee Chair and Non-Executive Director | 5/6 |
| Judi Rhys | Non-Executive Director | 6/6 |
| Sian Griffiths | Non-Executive Director | 4/6 |
| Diane Crone | Non-Executive Director | 5/6 |

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

The Chair of the Board has a standing invite to attend Committee meetings, and attended two meetings of the Quality, Safety and Improvement Committee during 2021/22.

2.2 Others in attendance

During 2021/22, the meetings were also attended by the following:

| Name | Position | Attendance* |
|------------------------|---|--------------------|
| Rhiannon Beaumont Wood | Executive Director of Quality, Nursing and Allied Health Professionals | 5/6 |
| Meng Khaw* | National Director Health Protection and Screening Services, Executive Medical Director | 3/4 |
| Helen Bushell* | Board Secretary and Head of the Board Business Unit | 4/5 |
| John Boulton | Director of NHS Quality Improvement and Patient Safety/Director 1000 Lives | 5/6 |
| Andrew Jones* | Interim Executive Director Public Health Services | 2/2 |
| Eleri Davies* | Interim Medical Director | 1/2 |
| Stuart Silcox | Assistant Director Integrated Governance, Quality Safety and Allied Nursing Health Professional | 6/6 |

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

Other Directors and Officers have also attended where required.

The Chief Executive has a standing invite to attend Committee meetings, and attended one meeting of the Quality, Safety and Improvement Committee during 2021/22.

A representatives from the Local Partnership Forum had a permanent invite to attend the Committee.

2.3 Meeting frequency

During 2021/22 the Committee met 6 times and was quorate on all occasions.

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 and Committee Business.

2.4 Impact of COVID-19 for 2020/21

Due to the response to COVID-19, the decision was taken by the Board to cancel non-essential meetings in in March 2020. The Audit and Corporate Governance Committee continued to operate in a virtual format with a reduced agenda, balancing the need to reduce pressure on staff during this time of responding to the pandemic.

The Committee meeting agendas are continually reviewed to ensure a focus on compliance, covering statutory and core requirements and that appropriate governance arrangements were in place to provide appropriate assurance to the Board.

During the time that the Knowledge, Research and Information Committee was suspended, the Board remitted the consideration of Health and Safety matters to the Quality, Safety and Improvement Committee to ensure compliance with Standing Orders. Following a review of the KRIC terms of reference, it was agreed by the Board in November 2021 that this element remain permanently with the Quality, Safety and Improvement Committee.

3 Main areas of Committee activity 2021/22

The Committee wishes to assure the Board that it fulfilled its work plan for 2021/22 covering a wide range of activity. The following sections provide a summary of this activity.

3.1 Summary of Committee Activity 2021/22

The Committee undertook further scrutiny of the following areas during 2021/22:

| Safeguarding | |
|--|---|
| Safeguarding Deep Dive | For assurance from a deep dive into the National Safeguarding Team (NST), on the delivery of a quality service. The deep dive covered an overview of NST's role and function, the impact of COVID-19 on service delivery and the planned next steps and future direction for the service. |
| Safeguarding Annual Report 2020/2021 | For assurance on how the organisation has discharged its Safeguarding responsibilities. |
| Safeguarding Group Term of Reference | For Approval of the revised terms of reference for the Safeguarding Group. |
| Quality | |
| Quality Indicators | For assurance on the development of quality indicators as part of the ongoing work with the Performance Assurance Dashboard. |
| Annual Quality Statement | Consideration of the update on the reporting requirements for the Annual Quality Statement 2020/21 |
| Health and Social Care (Quality and Engagement) (Wales) Act 2020 | For assurance on the approach to implement the Health and Social Care (Quality and Engagement) (Wales) Act 2020 within Public Health Wales. |
| Draft Quality and Improvement Strategy | For consideration and to recommend to the Board for approval, noting the comments from the Committee would be considered and incorporated in the final draft document as appropriate. |

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| Quality and Improvement Strategy Implementation Plan (Year1) | For approval, noting how the plan would build in years 2 and 3, and for consideration how staged improvement in future years was planned. |
| Clinical Governance | |
| Medical Devices | For assurance that the organisation had taken account of the impact of changes in applicable legislation, and for assurance on the work already undertaken and plans to further strengthen organisational arrangements for Medical Devices as part of the broader integrated governance arrangements. |
| Medical Revalidation and Job Planning | For assurance that process were in place to support the dental and medical staff as required by the Medical and Dental contract. |
| Infection, Prevention and Control | Approved the Public Health Wales Infection Prevention and Control Annual Report for 2019/20. |
| | Approved the Public Health Wales Infection Prevention and Control Annual Report for 2020/21. |
| Internal Flu Vaccine | For assurance that the Internal Flu Vaccine Campaign Report that the Campaign had been effectively managed; and for assurance on arrangements in place to deliver the staff flu campaign |

| Clinical Audit | |
|---|---|
| Quality and Clinical Audit Plan 2021/22 | Approved the Quality and Clinical Audit Plan for 2021/22; and for assurance on the progress of the Quality and Clinical Audit Plan for 2021/22, noting the proposed improvement initiatives. |
| Quality and Clinical Audit Plan 2020/21 | Took assurance on progress against the Annual Quality and Clinical Audit Plan 2020/21 |
| Putting Things Right and Alerts | |
| Alerts Report | For assurance on the management of alerts received by Public Health Wales. |
| Putting Things Right Quarterly Update Report | For assurance the effectiveness of the management of concerns (incidents, complaints and claims). |
| Putting Things Right Annual Report 2020/21 | For approval of the Putting Things Right Annual Report 2020/21. |
| Health and Care Standards | For assurance on the Health and Care Standards Self-Assessment 2020/21. |
| | For assurance on the approach to review the Health and Care Standards Plan for 2021-22, noting that the outcome of the self-assessment will be reported at Committee in the first quarter of 2022-23. |
| Once for Wales Concerns Management System (Datix) | For assurance that Public Health Wales had implemented effective project management and control over the implementation of the Once for Wales Concerns Management System (Datix). |
| Claims and redress | For assurance that claims were being managed in line with Claims Management Policy and Procedure |
| Engagement | |
| Our Approach to Engagement Update | For assurance on the progress of delivering the implementation plan of 'Our Approach to Engagement'. |
| Our Approach to Engagement Implementation Plan | For assurance that plans to implement ' <i>Our Approach to Engagement</i> ' were progressing and to approve the proposed refocus and actions for Year 2 of implementation. The Committee noted the planned approach to improve the quality assurance of public information following a concern regarding the British Sign Language (BSL). |
| Health and Safety | |

| | |
|--|--|
| Health and Safety Quarterly Reports | For assurance on the quarterly Health and Safety report, and that appropriate governance and operational measures were in place to monitor compliance. |
| Health and Safety Group Terms of Reference | for approval of the revised Terms of Reference for the Health and Safety Group. |
| Health Protection and Screening Services | |
| Screening Recovery deep dive | For assurance on the impact of COVID-19 on service provision; and the estimated recovery times for the service; the Committee was assured the recovery was well structured, and noted the planned next steps. |
| Screening Recovery updates | For assurance that the recovery of the screening programmes was progressing and that there was continued development of the programmes as required. |
| Winter Planning | For assurance on the winter planning within the Health Protection and microbiology services for 2021-22. |
| Breast Test Wales (HIW) Action Plan | For assurance on the progress made against the Breast Test Wales (HIW) Action Plan. |
| Health Inspectorate Wales | For assurance from the Health Inspectorate Wales Annual report 2020-21 findings. |
| Emergency Planning and Business Continuity – Annual Report 2020/21 | For assurance in relation to the organisations compliance with the requirements of the Civil Contingencies Act [2004] and the NHS Wales Emergency Planning Core Guidance [2015]. |
| Committee Governance | |
| Terms of Reference Review | Annual review of the Committee’s terms of reference for a recommendation to the Board for any changes required. |
| Committee Work Planning. | To plan the Committee’s focus for the following year, and to approve a work programme. |
| Committee Effectiveness | The Committee considered a presentation on Committee Effectiveness and Performance following the completion of an online survey by Committee Members and attendees. A full report from this discussion will be provided to the Board as part of the Board’s Performance and Effectiveness review planned for Quarter 1 of 2022/23. |

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|------------------------------|---|
| Internal Audit Final Reports | For consideration of the recommendations made within the Internal Audit Final reports on the Reactivation of Screening Services and the IP5 Lab, and took assurance that the monitoring of any actions from these reports would be undertaken through the Audit and Corporate Governance Committee. |
| Policies | Approval of: <ul style="list-style-type: none"> ❖ Outbreak Management Policy and Procedure ❖ Exposure Injury (including needle stick injury) and Safe Management of Sharps Policy and Procedure ❖ the revised Outbreak Incident Management Policy and Procedure ❖ Safeguarding Policy ❖ Adults at Risk Procedure ❖ Children and Risk Procedure ❖ Domestic Abuse Procedure. |
| Risk | |
| Corporate Risk | Received the corporate risk register to enable them to gain assurance that operational risks were being appropriately managed |
| Strategic Risk | Received the Strategic Risk Register (SRR) for oversight of those elements of the SRR which apply to the risks falling under the remit of the Committee. The Committee's role is to seek assurance from the Executive on the management of the risks, in particular to test the efficacy of the controls and to make recommendations to strengthen the control environment where necessary. |

3.2 Work Plan

The Committee Work Plan ensures that the Committee discharges its responsibilities in a planned manner. It assists with agenda planning and is updated during the year to ensure that the Committee considers any additional items which may arise 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.

The Committee reported 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 on the website.

3.3 Committee Effectiveness

During the year the Committee has continued to review and revise its ways of working to optimise the need for a robust governance approach and balance the need reduce pressure on staff during this time.

The Committee continued to review its effectiveness thorough the year, to ensure effective use of time and ensure it fulfilled its role to provide assurance to the Board.

The key adaptations made this year included:

- The construct of the Committee meeting agendas remained flexible, and the application of a risk based approach to the selection of agenda items.
- Consideration of the use of means other than formal papers to help the Committee to be more agile.
- The use of verbal updates and presentations where appropriate to ensure the timelessness of information to the Committee given the fast moving pace of the pandemic.
- The circulation of more material outside meetings where appropriate.

The Committee has engaged with a formal Board and Committee effectiveness review process which took place in March 2022. The outcome and recommendations following this review will be reported to the Board in Quarter 1 2022.

4. Relationship with other Committees

The Quality, Safety and Improvement Committee has continued to work closely with all Committees. Any matters requiring consideration from other Committees are coordinated through the Board Business Unit.

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

5. Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2020/21, 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 raised in the Committee Chairs composite report or that are already visible in the Strategic Risk Register and corporate risk register.

The Chair of the Committee reports into the Board via a composite report from Committee Chairs, where any significant issues are brought to the attention of the Board.

6. Planned Activity in 2022/23

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2021/22 in respect of the:

- Implementation of 'Our approach to engagement';
- Quality as a Business Strategy
- Impact and implementation of the Health and Social Care (Quality and Engagement) (Wales) Act 2020
- Oversight of Clinical Audits
- Further deep dives with a focus on quality/clinical governance, safety and Improvement.



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Name of Meeting

Board

Date of Meeting

26 May 2022

Agenda item:

5.2

People and Organisational Development Committee Annual Report 2021/22

| | |
|-------------------------|--|
| Committee Chair: | Mohammed Mehmet, Non-Executive Director, Public Health Wales |
| Executive lead: | Neil Lewis, Director of People and Organisational Development |
| Author: | Liz Blayney, Deputy Board Secretary and Board Governance Manager |

| | |
|---------------------------------|--|
| Approval/Scrutiny route: | People and Organisational Development Committee (7 April 2022) |
|---------------------------------|--|

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 2021/22.

| Recommendation: | | | | |
|-------------------------------------|---|---------------------------------------|-----------------------------------|--|
| APPROVE <input type="checkbox"/> | CONSIDER <input checked="" type="checkbox"/> | RECOMMEND <input type="checkbox"/> | ADOPT <input type="checkbox"/> | ASSURANCE <input checked="" type="checkbox"/> |

The Committee is asked to:

- **Consider** the People and Organisational Development Committee Annual Report for 2021/22 summarising the key areas of business activity undertaken;
- **Take assurance** that the People and Organisational Development Committee is fit for purpose and operating effectively in fulfilling its terms of reference.

People and Organisational Development Committee Annual Report 2021/22

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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.

2. Role and responsibilities

The Terms of Reference for the People and Organisational Development Committee were reviewed and agreed by the Board in May 2021.

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:
 - Equality, diversity and human rights; and
 - Welsh language provision.

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 2021/22 was as follows:

| Name | Position | Attendance* |
|-----------------|------------------------|--------------------|
| Mohammed Mehmet | Committee Chair | 4/4 |
| Dyfed Edwards | Non-Executive Director | 4/4 |
| Judi Rhys | Non-Executive Director | 4/4 |

2.2 Others in attendance

During 2021/22, the meetings were also attended by the following:

| Name | Position | Attendance * |
|------------------------|---|---------------------|
| Neil Lewis | Director of People and Organisational Development | 4/4 |
| Rhiannon Beaumont-Wood | Executive Director of Quality, Nursing and Allied Health Professionals | 3/4 |
| Meng Khaw | Director of Health Protection and Screening Services Andrew Jones Deputised: | 1/3 2/3 |
| Helen Bushell | Board Secretary and Head of Board Business Unit | 3/3 |

**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.*

Other Directors and Officers have also attended where required.

One representative from the Local Partnership Forum has a permanent invite to attend the Committee.

Other officers from People and Organisational Development were in regular attendance including:

- Lisa Whiteman (Head of Organisational Development, Design and Learning);
- Sarah Morgan (Head of Employee Experience) ;

- Joe O'Brien (Workforce Systems Development Manager, People/Workforce/HR).

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 2021/22, the Committee met four times and was quorate on all four occasions.

3. Main areas of Committee activity 2021/22

The Committee wishes to assure the Board that it fulfilled its work plan for 2021/22 covering a wide range of activity.

3.1 Summary of Activity

The Committee undertook further scrutiny of the following areas during 2021/22

| Recruitment | |
|---|--|
| Resilience, Wellbeing and Recruitment; | For assurance on recruitment in the organisation, including the Health Protection Case. |
| Recruitment Update – Integrated Health Protection Service Business Case | For assurance on the progress of the recruitment, the use of the tracker in the recruitment process, ensuring that timelines were complied with. |
| Workforces Data on the Performance Assurance Dashboard | For assurance, and consideration of the live data from the Performance and Assurance Dashboard focusing on sickness absences, staff vaccinations, recruitment and turnover. |
| Welsh Language | For assurance that the organisation had the appropriate plans in place to meet the Welsh Language statutory requirements, to reinvigorate the Organisations’ bilingual culture and to consolidate awareness across the organisation of each teams’ compliance obligations. |
| People Strategy | For consideration and understanding of the strategy, which highlighted the interdependencies with other Strategies and Plans within Public Health Wales; |

| | |
|---|--|
| Workforce Equality Analysis | For assurance on the Workforce Equality Analysis undertaken. The Gap Analysis had been undertaken using in-house expertise to address known gaps within the Organisation. |
| Our Conversation – Principles for the Future of | For assurance that work on the 'Our Conversation' was progressing well, noting that the Principles for the Future of Work was on course to commence immediately once the Welsh Government relaxed the legal requirement for staff to work from home. |
| Workforce Reporting Annual | Approval of: <ul style="list-style-type: none"> • Annual Equality Report 2020-21 • Workforce Report Annual Report 2020-21 • Gender Pay Gap report 2020-21 |
| Diversity and Inclusion | For assurance on the extensive work had been undertaken to progress the Diversity and Inclusion agenda in Public Health Wales. |
| Partnership working | For consideration of topical discussions with the local partnership forum, and the inclusion of four new trade union representatives for the Committees. |
| Wellbeing Survey | To note the ongoing work with staff networks and trade union colleagues, and next steps to support the workforce. |
| Disciplinary policy | (Private session) for assurance that appropriate arrangements were in place to manage the requirements under the Disciplinary Policy; |
| Committee Governance | |
| Committee Work Planning. | To plan the Committee's focus for the following year, and to approve a work programme. |
| Committee Effectiveness | The Committee considered a presentation on Committee Effectiveness and Performance following the completion of an online survey by Committee Members and attendees. A full report from this discussion will be provided to the Board as part of the Board's Performance and Effectiveness review planned for Quarter 1 2021. |
| Policies | Approval of the All Wales Respect and Resolution Policy. |
| Policies Update | For assurance from an update on the register of policies and written control documents on the prioritisation and progress being made to review policies, procedures and other written control documents within the remit of the Committee. |

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| Internal Audit | The Committee considered the recommendations made within the Internal Audit Final reports for Recruitment, Additional Hours and Overtime and Staff Wellbeing and took assurance that the monitoring of any actions from these reports would be undertaken through the Audit and Corporate Governance Committee. |
| External Audit | For assurance on the planned next steps identified in the management response to the 'Taking Care of the Carers' Audit Wales Report |
| Risk | |
| Corporate Risk | To enable them to gain assurance that operational risks were being appropriately managed. |
| Strategic Risk | Received the Strategic Risk Register (SRR) for oversight of those elements of the SRR which apply to the risks falling under the remit of the Committee. The Committee's role is to seek assurance from the Executive on the management of the risks, in particular to test the efficacy of the controls and to make recommendations to strengthen the control environment where necessary. |

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The Committee Reports 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.

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3.3 Committee effectiveness

During the year the Committee has continued to review and revise its ways of working to optimise the need for a robust governance approach and balance the need reduce pressure on staff during this time.

The Committee continued to review its effectiveness thorough the year, to ensure effective use of time and ensure it fulfilled its role to provide assurance to the Board.

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- The circulation of more material outside meetings where appropriate.

The Committee has engaged with a formal Board and Committee effectiveness review process taking place in March 2022. The

outcome and recommendations following this review will be reported to the Board in Quarter 1 2022.

4. Relationship with other Committees

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

Any matters requiring consideration from other Committees are coordinated through the Board Business Unit.

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

5. Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2021/22, effective measures are in place.

The Committee had, on occasion, requested further information and development of particular items to allow further scrutiny of the issues and to enable them to provide robust assurance to the Board and Accountable Officer.

6. Conclusions and look forward

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2022/23 in respect of the:

- Recruitment
- Staff Wellbeing
- Diversity and inclusion
- Oversight of managing significant change programmes