



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Name of Meeting

Board

Date of Meeting

18 May 2022

Agenda item:

PHW 5.2c

Review of Committee Terms of Reference

Executive lead: 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

Quality, Safety and Improvement Committee – 18 May 2022.

People and Organisational Development Committee – Discussion with The Chair and Executive Leads.

Purpose

The Committee work plans for 2022/23 are presented to assure the Board that the Committees are fulfilling their Terms of Reference in their planned activity for 2022/23.

Recommendation:

APPROVE

CONSIDER

RECOMMEND

ADOPT

ASSURANCE

The Board is asked to:

Note the following work plans 2022/23:

- Audit and Corporate Governance Committee (**Appendix 1**)
- Quality, Safety and Improvement Committee (**Appendix 2**)
- People and Organisational Development Committee (**Appendix 3**)

Take assurance that the planned Committee activity for 2022/23 fulfils the Committee's terms of reference to provide the appropriate assurance to the Board.

Note that the work plan for the Knowledge, Research and Information Committee will be presented to the Board at its July 2022, pending discussion at the Committee's June meeting.

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

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

This report contributes to the following:

Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives
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Summary impact analysis

Equality and Health Impact Assessment	Not required
Risk and Assurance	The Committee work plans provide assurance to the Board on fulfilling their terms of reference.
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Governance, Leadership and Accountability
Financial implications	N/A
People implications	N/A

1. Purpose

The Committee work plans for 2022/23 are presented to assure the Board that the Committees are fulfilling their Terms of Reference in their planned activity for 2022/23.

2. Current position

The Committee's work plans are reviewed on an annual basis to ensure the appropriate areas are considered by the Committees throughout the year to provide the appropriate assurance to the Board.

The following work plans 2022/23 are provided to the Board:

- Audit and Corporate Governance Committee (**Appendix 1**)
- Quality, Safety and Improvement Committee (**Appendix 2**)
- People and Organisational Development Committee (**Appendix 3**)

The work plan is currently being developed for the Knowledge, Research and Information Committee will be presented to the Board at its July 2022, pending discussion at the Committee's June meeting.

The work plans are indicative and the final agendas for each meeting will be determined by the Chairs and the Executive Leads. They also will remain flexible throughout the year to respond to any emerging issues, areas remitted by Board, other Committees or any areas that are highlighted as requiring further review as part of discussions during the year.

3. Recommendation

The Board is asked to:

Note the following work plans 2022/23:

- Audit and Corporate Governance Committee (**Appendix 1**)
- Quality, Safety and Improvement Committee (**Appendix 2**)
- People and Organisational Development Committee (**Appendix 3**)

Take assurance that the planned Committee activity for 2022/23 fulfils the Committee's terms of reference to provide the appropriate assurance to the Board.

Note that the work plan for the Knowledge, Research and Information Committee will be presented to the Board at its July 2022, pending discussion at the Committee's June meeting.

Audit and Corporate Governance Committee Annual Work Plan for 2022/23

Category	Item	Role of Committee	Exec Lead	May	June	Sept	Jan	March	
Annual Financial & Governance Statements	Accountability Report 2021/22	To consider the report in draft form in May, prior to submission to AW To recommend the final version to the Board for approval in June.	Board Secretary and Head of Board Business Unit	✓					
	Annual Financial Statements and Accounts 2021/22	To consider in draft form in May, prior to submission to AW To recommend the final version to the Board for approval in June.	Deputy Chief Executive, Executive Director Operations and Finance	✓					
	Annual Accounts & Accountability Report Timetable 2022/23	For assurance that the Trust has an appropriate plan in place for the production of the Financial Statements and Accountability Report for 2022/23, in line with the statutory deadlines.					✓		
Governance & Accountability	Standing Orders	For recommendation to Board on any proposed changes to Sos.	Board Secretary and Head of Board Business Unit					✓	
	Scheme of Delegation	For recommendation to Board on any proposed changes to SoDs.						✓	
	Declarations of Interest, Gifts & Hospitality Register Bi-Annual Update	For assurance on the implementation of the Standards of Behaviour Policy and the Declarations of Interest, Gifts, Hospitality and Sponsorship Procedure					✓		✓
	Welsh Health Circulate Bi-Annual Update	For assurance on the process for recording and monitoring the organisations compliance with Welsh Health Circulars.					✓		✓
	Summary of policies Bi-Annual Update	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.					✓		✓
	ACG Committee Annual Report	For recommendation to Board, to provide assurance that the Committee is fulfilling its terms of reference.			✓				
	Review of Committee Effectiveness	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	For recommendation to Board on any proposed changes to the Committee's Terms of reference. This is required annually under standing orders.			✓				
	Committee Work Plan	For information, and for assurance that the Committee is fulfilling its terms of reference.		✓		✓	✓	✓	
Finance and Procurement	Losses and Special Payments Report	For assurance that all losses and special payments have been made in accordance with the requirements of the Standing Financial Instructions. Reporting to Committee is required under the SFIs.	Deputy Chief Executive, Executive Director Operations and Finance	✓		✓	✓	✓	
	Procurement Report	For assurance that all procurement activity is in accordance with the requirements of the Standing Financial Instructions. Reporting to Committee is required under the SFIs		✓		✓	✓	✓	
	Review of Potential Debt Write Offs	Annual item to request approval from the Committee for write off of debts					✓		
	Thematic Deep Dive: Maximising our Resources for the Greatest Value	For assurance of how the organisation is ensuring the efficiency, effectiveness and economic use of resources					✓		
Counter Fraud	Counter Fraud Progress Report	Quarterly update on Counter Fraud activity for assurance.	Deputy Chief Executive, Executive Director Operations and Finance	✓		✓	✓	✓	
	Counter Fraud Annual Report 2022/23	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 2023/24	to set out the planned work to be undertake by Counter Fraud for 2023/24						✓	
	Thematic Deep Dive: Counter Fraud	A deep dive for assurance, including an update on counter fraud activity.						✓	
Cyber Security	Cyber Security Deep Dive	A deep dive for assurance, including the outcome of the NIS Audit national review and an update on the cyber work plan.	Deputy Chief Executive, Executive Director Operations and Finance			✓			
	Cyber Security Update	For assurance on the safety and security of the information collected and used by the organisation, and an update on the cyber work plan.						✓	
Managing Risk	Strategic Risk	For assurance that risks of organisation are management appropriately	Executive Director Quality, Nursing and Allied Health Professionals			✓	✓		
	Corporate Risk Register	For assurance that risks of organisation are management appropriately				✓	✓	✓	
	Annual Review of Risk Framework	For assurance on the effectiveness of the overall system for risk management (system for internal control) and the management of Strategic and Corporate risks within the organisation.		✓		✓			
Joint Working Arrangements	Joint Working Framework	For assurance on the progress being made to ensure that all memoranda and agreements are being developed in line with the Joint Working Framework.	Board Secretary and Head of Board Business Unit			✓			
	NHS Wales Health Collaborative Annual Assurance Statement	For assurance on compliance with the hosting agreement (required within the hosting agreement)	Deputy Chief Executive, Executive Director Operations and Finance					✓	
	Finance Delivery Unit Annual Assurance Statement							✓	

Audit and Corporate Governance Committee Annual Work Plan for 2022/23

Category	Item	Role of Committee	Exec Lead	May	June	Sept	Jan	March
Information Governance	Information Governance Quarterly Reports	For assurance that the Information Governance Management System is working effective	Executive Director Quality, Nursing and Allied Health Professionals			Q4 Q1	Q2	Q3
Audit	Audit Action Log	Oversight of the log, fore assurance on progress and timeliness of the implementation of actions identified through audit activity.	Board Secretary and Head of Board Business Unit			✓		✓
	Head of Internal Audit Opinion and Annual Report 2021/22	An annual assurance opinion, to contribute to the assurances available to the Chief Executive as Accountable Officer and the Board which underpin the Board's own assessment of the effectiveness of the system of internal control.	Head of Internal Audit / Board Secretary and Head of Board Business Unit	✓	✓			
	Internal Audit Progress Report	To provide the Committee with an update with the current and planned internal Audit work, and relevant progress with the Internal Audit Work Plan.		✓		✓	✓	✓
	Audit Wales Progress Report	To provide the Committee with an update on current and planned Audit Wales work		✓		✓	✓	✓
	Internal Audit Reports	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 2022/23.		✓	✓	✓	✓	✓
	Internal Audit Work Plan 2022/23	For approval of the Internal audit planned activity for 2023/24. 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.					✓	✓
	Audit Wales: Annual Audit Report 2021/22	For assurance as part of the Committee's consideration of the Annual Financial Statements and Accounts, and accountability Report.	Audit Wales			✓		✓
	Annual Opinion (ISA 260)	For assurance as part of the Committee's consideration of the Annual Financial Statements and Accounts, and accountability Report.			✓			
	Audit Wales Progress Report	To provide the Committee with an update on current and planned Audit Wales work		✓		✓	✓	✓
	Audit Wales Work Plan 2023	To set out the planned work to be undertake by Audit Wales during 2022 to discharge statutory responsibilities as PHW's external auditor and to fulfil AW's obligations under the Code of Audit Practice.		✓				✓
	External Audit Reports	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 2022/23.		✓	✓	✓	✓	✓
	Quality and Clinical Audit Plan 2022/23	For assurance on the overall system in place for clinical audit to ensure that there is an effective clinical audit function. **The Quality, Safety and Improvement Committee will seek more detail on the clinical outcomes and improvements made as a result of clinical audit		Executive Director Quality, Nursing and Allied Health Professionals	✓		✓	

Quality, Safety and Improvement Committee - Annual Work Plan 2022/23

Category	Item	Exec Lead	18-May	20-Jul	19-Oct	14-Dec	15-Feb	Purpose of the report	
Clinical Governance	Claims and Redress Report	Executive Director Quality, Nursing and Allied Health Professionals	✓	✓	✓	✓	✓	For assurance that claims are being managed in line with the Claims Management Policy and Procedure.(ToR 1.7)	
	Alerts Quarterly Report		✓	✓		✓	✓	For assurance on the management of the incident, that all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality, safety and effectiveness of services, programmes and functions, and that there is evidence of a culture of reporting and learning lessons with an emphasis on continual improvement, arising from SIs. (ToR 1.7)	
	Putting Things Right Quarterly Update		✓	✓		✓	✓	For assurance that there are effective arrangements in place for Putting Things Right, in line with our statutory responsibilities. (ToR 1.8)	
	Putting Things Right Annual Report 2021/22			✓				For assurance that there are effective arrangements in place for Putting Things Right, in line with our statutory responsibilities. (ToR 1.8)	
	Arrangements for Medical Devices Management		✓			✓		For assurance that there are effective arrangements in place for medical devices. (ToR 1.8)	
	Health and Care Standards		✓					Provide oversight, scrutiny and assurance of compliance with the Health and Care Standards and culture of reporting and learning lessons with an emphasis on continual improvement. (ToR 1.7.3 and 1.9)	
	Serious Incidents: new/update		✓	✓	✓	✓	✓	For assurance on the management of the incident, that all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality, safety and effectiveness of services, programmes and functions, and that there is evidence of a culture of reporting and learning lessons with an emphasis on continual improvement, arising from SIs. (ToR 1.7)	
	Clinical Governance Framework				✓				
	Quality and Clinical Audit Plan Annual Report 2021-22			✓					To provide the Committee with the Year End report on the 2021/22 Quality and Clinical Audit Plan, for assurance on the progress. (ToR 1.7.1)
	Quality and Clinical Audit Plan for 2022/23			✓					To Approve the content of the Quality and Clinical Audit Plan for 2022/22 and the planned approach to the audits for the year. (ToR 1.7)
	Quality and Clinical Audit mid year update							✓	To provide the Committee with the in year progress with the Quality and Clinical Audit Plan, for assurance. (ToR 1.7.1)
	Once for Wales Concerns Management System Implementation Update			✓					For assurance on the system in place to ensure detect and rectify irregularities or deficiencies in the quality, safety and effectiveness of services, programmes and functions. (ToR 1.7.1)
	National Safeguarding Annual Report				✓			For assurance on how the organisation has discharged its Safeguarding responsibilities as a mid year update.(ToR 1.8, 2)(ToR 1.8, 2)	
Winter Planning	National Director Health Protection and Screening Services, Executive Medical Director		✓				For assurance on the arrangements in place for the management of winter planning, ensuring the appropriate systems and processes in place that demonstrate quality, safety and effectiveness. (ToR 1.1)		
Quality, Impact & Improvement	Flu vaccination campaign 2021-22	Executive Director Quality, Nursing and Allied Health Professionals	✓					the Internal Flu Vaccine Campaign end of year report for 2020/21 and for assurance regarding the uptake of influenza vaccinations. (ToR 1.1)	
	Health and Social Care (Quality and Engagement) (Wales) Act				✓			For oversight, scrutiny and assurance of compliance with the act (ToR 1.3, 1.4 and 1.5)	
	Quality and Improvement Strategy Implementation Plan				✓			For assurance on the development, implementation and effectiveness of the quality management strategy across the organisation in supporting organisational capability and capacity leading to a culture of continuous quality improvement(ToR 1.3, 1.4 and 1.5)	
	Quality as a Business Strategy (TBC)	National Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru			✓			For assurance on the development, implementation and effectiveness of the quality management strategy across the organisation in supporting organisational capability and capacity leading to a culture of continuous quality improvement(ToR 1.3, 1.4 and 1.5)	
	Screening Service Update	National Director Health Protection and Screening Services, Executive Medical Director	✓			✓		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. (ToR 1.1)	
Emergency Planning	Emergency Planning and Business Continuity Planning / Annual Report 2021	National Director Health Protection and Screening Services, Executive Medical Director	✓					For assurance that the organisation is meeting its statutory requirements in relation to the management of Emergency planning. (ToR 1.8, 2)	
Job Families (link with PODC)	Audit of arrangements within Public Health Wales for verifying active professional registration with the Nursing and Midwifery Council (NMC) and Health and Care Professions Council (HCPC) for 2021/22	Executive Director Quality, Nursing and Allied Health Professionals			✓			The purpose of this paper is to provide assurance to the Quality, Safety and Improvement Committee that Public Health Wales has an efficient and functioning system in place to monitor and verify active professional registration with the Nursing Midwifery Council (NMC) for nurses and midwives, and with the Health and Care Professions Council (HCPC) for healthcare scientists and allied healthcare professionals.	
	Health Care Support Worker Framework				✓			For assurance on the progress of the implementation of the Healthcare Support Workers Framework within Public Health Wales	
	Medical revalidation and job Planning	National Director Health Protection and Screening Services, Executive Medical Director			✓			For assurance that processes are in place to support our medical and dental workforce to undertake job planning and appraisal as required by the Medical and Dental contract.	

(Note – this is an indicative work plan, final agenda content will be agreed following discussion with the Chair and the Executive Leads.

Quality, Safety and Improvement Committee - Annual Work Plan 2022/23

Category	Item	Exec Lead	18-May	20-Jul	19-Oct	14-Dec	15-Feb	Purpose of the report
Reporting and Assuring Groups	Infection, Prevention and Control Annual Report 2021/22	Executive Director Quality, Nursing and Allied Health Professionals	✓					Public Health Wales have a responsibility to comply with the Code of Practice for the Prevention and Control of Healthcare Associated Infections 2014 (the 'Code'). A requirement of the Code is for the Board (Via QSIC) to receive an annual IPC report, for assurance that the organisation is meeting its statutory requirements in relation to the management of infection prevention and control. (ToR 1.8, 2)
	Infection, Prevention and Control - Mid Year Update					✓		
	Infection, Prevention and Control Group Terms of Reference			✓				
	Safeguarding Annual Report 2021/22		✓					The annual report provides an overview of how the organisation discharges its Corporate Safeguarding responsibilities in relation to the Children Act 2004, The Social Services and Well-being (Wales) Act 2014 and the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.For assurance on how the organisation has discharged its Safeguarding responsibilities during reporting period.(ToR 1.8, 2)
	Safeguarding Group - Mid Year Update					✓		
	Safeguarding Group Terms of Reference			✓				For assurance, that the that the terms of reference fulfil the requirements of the group, as a group providing assurance to the Committee. (ToR 1.8 and 2)
	Health and Safety Quarterly Report	Deputy Chief Executive, Executive Director Operations and Finance	✓	✓		✓	✓	For assurance that appropriate measures are in place to monitor compliance with Health and Safety requirements, and to address areas identified for improvement. (ToR 2)
	Health and Safety Terms of Reference		✓					For approval that the terms of reference fulfil the requirements of the group, as a sub group of the Committee. (ToR 2)
	Health and Safety Work Plan 2022/23		✓					For approval and assurance, that the planned activity for the year fulfils the requirements of the group, as a sub group of the Committee. (ToR 2)
Audit and other Reviews	Quality Governance Arrangements (Audit Wales)	Executive Director Quality, Nursing and Allied Health Professionals		✓				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. (ToR 1.7.2)
	Healthcare Inspectorate Wales Annual Report		✓	✓	✓	✓	✓	
	Audit Report (as needed)	Relevant Executive Lead		✓				
Service User Experience	Our approach to engagement	Executive Director Quality, Nursing and Allied Health Professionals		✓				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)
	CIVCA			✓				
	Engagement with Young People						TBC	
Managing Risk	Strategic Risk	Executive Director Quality, Nursing and Allied Health Professionals	✓	✓	✓	✓	✓	For assurance that risks within the remit of the Committee are management appropriately. (ToR 1.1 and 1.11)
	Corporate Risk Register		✓	✓	✓	✓	✓	
Governance & Accountability	Summary of policies Bi-Annual Update	Board Secretary and Head of Board Business Unit	✓			✓		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. (ToR 1.12 and 1.13)
	Committee Annual Report		✓					For recommendation to Board, to provide assurance that the Committee is fulfilling its terms of reference. (ToR 7)
	Review of Committee Effectiveness		✓					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		✓					For recommendation to Board on any proposed changes to the Committee's Terms of reference. (As required under Standing Orders)
	Committee Work Plan		✓	✓	✓	✓	✓	For information, and for assurance that the Committee is fulfilling its terms of reference.
	Annual Quality Statement - approach to Annual Report 2021/2022		✓					For assurance on the approach to the Annual Quality Statement is in line with the reporting requirements set by Welsh Government. (ToR 1.14)
	Policies for approval (as required)		✓	✓	✓	✓	✓	To approve policies and procedures within its remit, as outlined in the Policy, Procedure and other written control documents Policy. (ToR 1.12 and 1.13)

(Note – this is an indicative work plan, final agenda content will be agreed following discussion with the Chair and the Executive Leads.)

Quality, Safety and Improvement Committee - Annual Work Plan 2022/23

Category	Item	Exec Lead	18-May	20-Jul	19-Oct	14-Dec	15-Feb	Purpose of the report	
Deep Dives (2022-2024)	Quality and Improvement	National Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru	✓					<p>Rolling programme of deep dives to cover each area within the Committees remit.</p> <p>The purpose of the deep dive is to provide assurance on the robustness governance arrangements (including risk management) for the systems and processes in place that demonstrate quality, safety and effectiveness across all services/programmes and functions provided by Public Health Wales. This includes ensuring that the 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 Organisation's activities. (ToR 1.1)</p> <p>These will usually cover:</p> <ul style="list-style-type: none"> - Key achievements - Performance of Service/Function/Programme - Risks of Service/Function/Programme - Quality and Impact (as set out in the Quality and Impact Framework) - Any related complaints/ Serious Incidents (SI) and a healthy learning culture: claims, complaints and incidents - Service user/person/population centred health provision story - Workforce issues - Any improvements/ innovation - Any key audits and the outcome of the implementation of any changes as a result - Research Activity (Where applicable) - Benchmarking against other Public Health Institutes and bodies providing similar functions or services - Evidence Base: how review and utilise the best available evidence from national and international research and recognised external bodies such as NICE, UK Screening Committee etc. - Future Proofing 	
	Healthcare Associated Infection & Antimicrobial Resistance Programme	National Director Health Protection and Screening Services, Executive Medical Director		✓					
	Clinical Audit	Executive Director Quality, Nursing and Allied Health Professionals			✓				
	Infection, Prevention and Control					✓			
	Health and Safety	Deputy Chief Executive, Executive Director Operations and Finance					✓		
	Emergency Planning	National Director Health Protection and Screening Services, Executive Medical Director	2023/24 TBC						
	Safeguarding	Executive Director Quality, Nursing and Allied Health Professionals							
	Welsh Network of Healthy Schools	TBC							
	Health Protection	National Director Health Protection and Screening Services, Executive Medical Director							
	Abdominal Aortic Aneurysm Screening Programme								
	Breast Test Wales								
	Diabetic Eye Screening Wales								
	Bowel Screening								
	Cervical Screening Wales								
Microbiology									

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People and Organisational Development Committee - Annual Work Plan 2022-23

Category	Item	Exec Lead	07-Apr	07-Jul	06-Oct	12-Jan	Purpose of the report	
Deep Dives / Focused Discussion	People and Organisational Development Priorities (the Big 5)	Director People and Organisational Development	✓	✓	✓	✓	1. Providing Leadership to Shape PHW Culture and Values 2. Developing a Behavioural Framework linked to Values 3. Developing our Employee Value Proposition 4. Supporting Organisational Change 5. Process Transformation	
	Performance Assurance Dashboard		✓	✓	✓	✓	Presentation of the dashboard, and highlight any emerging themes. To cover in particular recruitment, sickness absence.	
Workforce	Work How is works best' Pilot Evaluation					TBC	Update following the evaluation of the pilot of work how it works best. Timescales To be confirmed.	
	Staff Survey					TBC	Update on planning and timescales for future staff surveys. Timescales To be confirmed.	
Equality, Diversity and Inclusion	Gender Pay Gap Annual Report (2022-23)				✓		For approval of the annual report.	
	Equalities Annual Report (2022-23)				✓		For approval of the annual report.	
	Equality, Diversity and Inclusion - Update on Priorities				✓		For discussion / assurance : Focus on the equality objectives and action plan. Note objectives relating service user engagement and wider population health will be reported to the QSI Committee.	
	Workforce Annual Report (2022-23)				✓		For approval of the annual report.	
Welsh Language	Welsh Language Annual Report (2022-23)			✓			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.	
	Welsh Language Update					✓		
Staff Engagement and Partnerships	Local Partnership Forum Update			✓	✓	✓	✓	Update on the work of the Local Partnership Forum for assurance.
	Staff Networks					✓		Update from the Staff Networks, and the progress with the implementation of actions agreed from the Executive Team.
	Staff Engagement					✓		TBC
	Engagement with Medical and Dental staff							TBC
Change Programme and Organisational Design	Organisational Design: Directorate Merger		Executive Director of Policy Research and Development and WHO Collaborating Centre / Acting Director Health and Wellbeing	✓		✓		Update on progress, with a focus on planning and timescales, including the elements outside of the scope of the merger and how these are being addressed.
	Update on LPHT Transfer	Acting Director Health and Wellbeing	✓		✓		Update for assurance in terms of planning and timescales for the transfer	
Managing Risk	Strategic Risk	Executive Director Quality, Nursing and Allied Health Professionals	✓	✓	✓	✓	For assurance that risks within the remit of the Committee are management appropriately.	
	Corporate Risk Register		✓	✓	✓	✓		
Governance & Accountability	Summary of policies Bi-Annual Update	Board Secretary and Head of Board Business Unit	✓		✓		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.	
	Committee Annual Report		✓				For recommendation to Board, to provide assurance that the Committee is fulfilling its terms of reference.	
	Review of Committee Effectiveness		✓				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		✓				For recommendation to Board on any proposed changes to the Committee's Terms of reference. (As required under Standing Orders)	
	Committee Work Plan		✓	✓	✓	✓	For information, and for assurance that the Committee is fulfilling its terms of reference.	
	Policies for approval (as required)		✓	✓	✓	✓	To approve policies and procedures within its remit, as outlined in the Policy, Procedure and other written control documents Policy.	
	Raising Concerns and Grievances : Update and Assurance Report	Director People and Organisational Development / Board Secretary and Head of Board Business Unit			✓	✓	For assurance on the management of any concerns / grievance are in line with the policy.	
	Disciplinary Policy: Update and assurance report	Director People and Organisational Development			✓	✓	For assurance on the management of any disciplinary are in line with the policy.	
Audit and other Reviews	Taking Care of Carers - Update on actions	Director People and Organisational Development			✓		Update on the implementation of the maangement response to the audit, for assurance.	
	Audit Report (as needed)	Relevant Executive Lead	✓	✓	✓	✓	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.	

(Note – this is an indicative work plan, final agenda content will be agreed following discussion with the Chair and the Executive Leads.