Quality, Safety and Improvement Committee Work Plan 2024-2025 | Cross Cutting Approach | Assurance Mapping

Category	Item	Exec Lead	Approval Route	May	July	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	Health Protection	National Director Health Protection and Screening Services, Executive Medical Director	Exec Lead	✓					Deep dive for assurance. Refer to Deep Dive Guidance for content requirements.	None			Performance / Risk / Quality / Strategic Objectives / Compliance with Statutory Duties	Deep dives provide an holistic overview and a detailed look into a particular area or service covering the following themes : **Performance Governance Arrangements Key risks Improvement approach / Quality Links with Strategic Objectives Forward Look / next steps for the programme of w**ork. 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.
	Welsh Network of Healthy Schools	National Director Health and Wellbeing	Exec Lead		✓									
	Oral Health	National Director Health and Wellbeing	Exec Lead			✓								
	Complaints and Incidents	Executive Director Quality, Nursing and Allied Health Professionals	Exec Lead			✓								
	Health and Safety	Deputy Chief Executive, Executive Director Operations and Finance	Exec Lead				✓							
	Infection	National Director Health Protection and Screening Services, Executive Medical Director	Exec Lead					✓						
Clinical Governance	Claims and Redress Report (Private Session)	Executive Director Quality, Nursing and Allied Health Professionals	BET	✓	✓		✓	✓	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)
	Quality Governance Performance Report,		BET	✓	✓		✓	✓	For assurance on how the organisation has discharged its responsibilities Relating to: IPC Safeguarding Quality and Candor Putting Things Right					Referenced in the Committee TOR: 1.5 implementation of effective quality management arrangements 1.7 Sources of internal assurance0 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)
	Quality / Clinical Governance Framework Update		Exec Lead	✓	✓		✓	✓	Update on the implementation of the framework.					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
	Quality and Clinical Audit - Mid Year update		LT				✓		To provide the Committee with the in year progress with the Quality and Clinical Audit Plan, for assurance.					Referenced in the Committee TOR:
	Quality Annual Report 2023/24		BET	✓					For oversight, scrutiny and assurance of compliance with the act					Referenced in the Committee TOR: 1.9 Compliance with Quality Act 1.5 implementation of effective quality management arrangements
	Duty of Candour Annual Report 2023/24		BET	✓					For oversight, scrutiny and assurance of compliance with the act					Referenced in the Committee TOR: 1.9 Compliance with Quality Act
	Staff Flu vaccination campaign Annual Report 2023/24 and Forward Look		BET		✓				the Internal Flu Vaccine Campaign end of year report for 2022/23 and for assurance regarding the uptake of influenza vaccinations.		Workforce - PODC	Low risk : no current issues identified		Referenced in the Committee TOR: 1.2, Assurance on systems in place to demonstrate quality services, programmes and functions provided by PHW
	National Safeguarding Service Annual Report 2023/24 and look forward 20224/25		BET		✓				For assurance on how the organisation has discharged its Safeguarding responsibilities as a mid year update	None				Referenced in the Committee TOR: 1.8 assurance on effective arrangements for PTR, IPC, Safeguarding,
	Quality and Clinical Audit Plan Annual Report 2023/24 and look forward 20224/25		LT		✓				To provide the Committee with the Year End report on the 2023/24Quality and Clinical Audit Plan, for assurance on the progress. And to o Approve the content of the Quality and Clinical Audit Plan for 2024/25 and the planned approach to the audits for the year.		Clinical Audit - ACGC	Low risk : no current issues identified		Referenced in the Committee TOR: 1.7.1 internal assurance including clinical audit
	Putting Things Right Annual Report 2023/24 and look forward 20224/25		BET	✓					For assurance that there are effective arrangements in place for Putting Things Right, in line with our statutory responsibilities.					Referenced in the Committee TOR: 1.8 assurance on effective arrangements for PTR, IPC, Safeguarding,
	Infection, Prevention and Control Annual Report 2023/24 and look forward 20224/25		BET		✓				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	None				Referenced in the Committee TOR: 1.8 assurance on effective arrangements for PTR, IPC, Safeguarding,
	Safeguarding Annual Report 2023/24 and look forward 20224/25		BET		✓				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.					Referenced in the Committee TOR: 1.8 assurance on effective arrangements for PTR, IPC, Safeguarding,

Theme	Item	Executive Lead	Attendance	M1	M2	M3	M4	M5	Purpose	Where else discussed	Committee/Group	Risk Level	Assurance	TOR Reference
Engagement / Equality	Engagement of our Services	Executive Director Quality, Nursing and Allied Health Professionals	BET			✓			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. Being discussed at PODC on 10 April.	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
High quality and safe public health services and functions	TB Action Plan - Update on Implementation	National Director Health Protection and Screening Services, Executive Medical Director	BET			✓			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	Referenced in the Committee TOR: 1.1 Ensuring governance arrangements to ensure provision of high quality and safe public health services and functions. Remitted from board on 26 Jan 23 for oversight of the action plan
	Winter Planning / Seasonal Planning		Exec Lead			✓			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.				Performance / 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
	Emergency Planning and Business Continuity Planning / Annual Report 2024		BET				✓		For assurance that the organisation is meeting its statutory requirements in relation to the management of Emergency planning.				Compliance with Statutory Duties	Referenced in the Committee TOR: 1.8 effective arrangements...civil contingencies Act
	Medicines Management		Exec Lead			✓			For assurance that there are effective arrangements in place for Medicine Management				Clinical Governance	Referenced in the Committee TOR: 1.8 Statutory requirements
	Screening Service Update		Exec Lead	✓		✓			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	Performance / Clinical Governance	Referenced in the Committee TOR: 1.1 Governance of HP&SS
Population Health	Oral Public Health	National Director Health and Wellbeing	Exec Lead	✓					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	Performance	Referenced in the Committee TOR: 1.1 Governance arrangements of programmes, inc Population Health and Health Improvement Programmes
	Population Health Programmes		Exec Lead			✓			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	Performance	Referenced in the Committee TOR: 1.1 Governance arrangements of programmes, inc Population Health and Health Improvement Programmes
Health and Safety	Health and Safety Annual Report	Deputy Chief Executive, Executive Director Operations and Finance	BET		✓				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	✓	✓		✓	✓						
	Health and Safety Terms of Reference		BET				✓		For assurance and assurance, that the planned activity for the year fulfils the requirements of the group, as a sub group of the Committee.					
	Health and Safety Work Plan 2024/25		BET	✓					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 Quality, Nursing and Allied Health Professionals	BET	✓	✓		✓	✓	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	✓	✓	✓	✓	✓				Low risk : no current issues identified		
Governance & Accountability	Summary of policies Bi-Annual Update	Board Secretary and Head of Board Business Unit	LT	✓		✓			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	✓	✓	✓	✓	✓	To approve policies and procedures within its remit, as outlined in the Policy, Procedure and other written control documents Policy.					Approach to Policies outlined in the Corporate Policies, Procedures and other written control documents Procedure, and the BAF
	Committee Annual Report		Exec Lead	✓					For recommendation to Board, to provide assurance that the Committee is fulfilling its terms of reference.				Board and Committee	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	✓					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	✓					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	✓	✓	✓	✓	✓	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		✓		✓		Update on the implementation of the management response to the audit, for assurance.		Audit	Low risk : no current issues identified		Approach to Audit outlined in the Audit Protocol and within the BAF.
	Audit Report (as needed)	Relevant Executive Lead	Exec 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.		Audit	Low risk : no current issues identified	Audit	Approach to Audit outlined in the Audit Protocol and within the BAF.