

**PUBLIC HEALTH WALES**  
**Audit Recommendations / Actions Log**

Next Update / review: BET (4 Oct), ACGC (13 Oct), QSC (21 Oct), PODC (12 Jan)

Ref	Report	Recommendation	Action Priority (IA only)	Management Action Agreed	Exec Lead	Original Agreed Implementation Date	Revised Implementation Date	Status	Next Steps & Expected Milestones
432	Audit Structured Assessment 2021	At the time of our review, one video recording of a Board meeting was missing from the Trust's website. The Trust should ensure that it strengthens the process for the timely publication of recordings of Board meetings.	N/A	The process for publication of the recorded livestream has been strengthened; the Board Business Unit has an allocated team member who ensures the link has been updated and loaded to the website, following liaison with communications team colleagues. We have committed to work to a 2 working day upload of the meeting, and have met this target for the last two meetings.	Board Secretary and Head of Board Business Unit	Not specified			<b>September 2022 Update:</b> This has been completed, the process for uploading the recordings of Board meetings has been revised and is now being consistently completed within 2 days of the meeting. Request action be closed (BET 4/11/22)
435	Concerns and Grievance Final Report	The Trust should ensure that the method of logging concerns reflects the requirements of the procedure and that key dates and stages of the process have been considered and recorded on the database.	MEDIUM	The staff concerns log will be amended to ensure all relevant information is captured.	Board Secretary and Head of Board Business Unit	31-Mar-22			<b>September 2022 Update:</b> Action complete, concerns log updated. Request action be closed (BET 4/11/22)
436	Concerns and Grievance Final Report	Management must ensure that staff are made aware of the revised policy via the staff and manager bulletins and update the intranet pages.	LOW	Intranet pages will be updated and a communication sent to all Staff via the Staff News and Managers News informing them of the revised procedure for raising concerns	Board Secretary and Head of Board Business Unit	30-Mar-22			<b>September 2022 Update:</b> Action completed, new policy added to the Staff Intranet and policy pages of both the Intranet and website. Request action be closed (BET 4/11/22)
437	Concerns and Grievance Final Report	The Trust should ensure that there is an appropriate process in place for reporting staff concerns raised and grievances. The Trust should consider what information should be reported. This could include Performance figures on progress against investigating concerns. For example, Number of days from receiving the concern to appointing an investigating officer; Number of days from appointing an investigating officer to completing the investigation; Number of days spent investigating the concern; Percentage of concerns investigated and concluded; Percentage of concerns by directorate / department / service area. They should also report when 'no cases' have been reported to the committee. The Public Concerns at Work (PCaW) Best Practice guidance recommends: Specific audits: Decide how often reports should be made to an Executive Committee or the Board and think about what information they can usefully receive and review.	MEDIUM	An annual report regarding raising concerns will be provided to the People and Organisational Development Committee, work will be undertaken in the year to determine what information should be contained in the report.  A review of the Respect and Resolution policy will be undertaken in June 2022 when the policy will have been in place for twelve months. A subsequent report will be taken to People and Organisational Development Committee. Any report will need to have due regard for confidentiality of individuals.	Board Secretary and Head of Board Business Unit  and Director of People & Organisational Development	31-Mar-23			<b>September 2022 Update:</b> Board Secretary in relation to the first part of the action - annual report scheduled to People & OD Committee for 6 October 2022 and then annually thereafter. Request first part of action be closed (BET 4/11/22)
438	Concerns and Grievance Final Report	The Trust should ensure that the method of logging grievances reflects the requirements of the policy and that key dates and stages of the process have been considered and recorded on the facilitated conversations database.	MEDIUM	The database capturing informal facilitated conversations will be updated to capture relevant dates as detailed in the policy	Director of People & Organisational Development	31-Mar-22			<b>September 2022 Update:</b> The database for logging facilitated conversations has been updated to include the relevant stages from the policy, this includes time taken from request for facilitation to the meeting taking place and also the outcome of that facilitated conversation i.e. issue resolved, moved to formal process. Request action be closed (BET 4/11/22)
439	Concerns and Grievance Final Report	Management should ensure that sections of the facilitated conversations database are fully completed.	MEDIUM	This database to be updated retrospectively and People & OD colleagues reminded of the need to capture all relevant information	Director of People & Organisational Development	31-Mar-22			<b>September 2022 Update:</b> The database has been updated to include all available relevant information. Request action be closed (BET 4/11/22)
440	Concerns and Grievance Final Report	Management need to ensure that when the new ER Tracker system is installed that key dates are included within it to enable staff keep track of key dates and stages of the process.	LOW	Work is currently underway with the provider of the new case management system to ensure that all key timeframes required as part of any formal grievance are mapped out in line with the policy	Director of People & Organisational Development	30-Jun-22			<b>September 2022 Update:</b> The ER Tracker system has been developed to include all key dates and stages of the formal grievance process as detailed in the Respect and Resolution policy. The system has been through the testing phase and is planned to be live in October. <b>Request action be closed (BET 4/11/22)</b>
391	Long-Term Strategy -	The Trust should ensure that the measures identified in the Outcomes framework are mapped to the strategic priorities. Performance indicators / measures should be identified for all strategic priorities with baselines and targets identified for each performance indicator / measure in order to assess whether the actions result in the necessary improvements.	MEDIUM	Public Health Wales developed a draft Outcomes Framework in quarter 3 of 2019/20, which was developed collaboratively with the Board, Executive Team, the leads for strategic priorities and the Senior Leadership Team. While the draft Outcomes Framework is presented through a life course approach, it can also be mapped to the strategic priorities. Key outcomes for each priority were included within our Integrated Medium Term Plan for 2020/21. As part of this work, we also started to develop a small number of key performance indicators for each of our priorities, which will be underpinned by more detailed service focused performance indicators. This work was well advanced by the time that Public Health Wales initiated its emergency planning procedures to address the Covid-19 pandemic. Ensuring that the Trust has an outcome-driven approach to implementing its strategies is a key principle and work will be rescheduled as part of the organisation's recovery programme which was agreed on 28 May 2020.	Deputy Chief Executive and Executive Director of Finance	Timescale 2021	04/03/2022 (ACGC 15-Sep 21)  31/10/22 (ACGC 16-Mar 22)		<b>September 2022 Update:</b> Public Health Wales is currently undertaking a review of its Long Term Strategy. As part of this work, the Board will agree a small number of revised priorities as part of our overall strategy. We will identify a small number of (existing) population health outcomes for each of these, which will allow us to understand the progress we are making implementing our revised strategy over the coming years. The initial work will be completed by 31/03/23. In conjunction with the long term strategy review, work will also be carried out to develop/refresh performance measures aligned to the population health outcomes. These will complement our mandated requirement to report progress against performance measures within the NHS Wales Performance Management Framework which include key Ministerial Priority areas. This work is ongoing and propose action is closed as this relates to previous versions of our Long Term Strategy which are now being revised. <b>Propose action is closed, (BET 4/10/22).</b>  <b>Previous Updates:</b> <b>For January 2022 Update:</b> In light of ongoing challenges, including our response to COVID-19, and to ensure that we give sufficient time to undertake engagement with our staff and stakeholders, it has been agreed that we will give ourselves more time in 2022 to review our long-term strategy and develop our outcomes framework. The outcomes framework is a key component of our strategy review. It is currently anticipated that this work will be completed by autumn 2022. <b>Request change of implementation date to 31 October 2022 (ACGC 160322)</b> <b>August 2021 update:</b> The Board agreed an approach to reviewing our long-term strategy and developing an outcomes framework in April 2021. The work will be completed by March 2022 and aims to align outcomes to our 'revised' strategic priorities and development of our IMTP for 2022/23. An initial workshop was held with the Board in June 2021 and the detailed planning work will commence in September 2021. Request change of date to March 2022 (ACGC.15.09.21) <b>December/January update:</b> To ensure that we are delivering against agreed public health outcomes, we started work in late 2019 on developing a proposed set of outcome measures for Public Health Wales. This work was put on hold due to our response to COVID-19. However, our Operational Plan sets out the intention to resume this work as part of our organisational recovery priority area. It includes key milestones over the development of a revised draft (March 21) and approval of the final Outcomes Framework (June 21). This work will align with the review of our long-term strategy that we will undertake in the first part of 2021. <b>September 2020 update:</b> The Operating Plan currently under development has a 'recovery' component. This includes the need to reconnect with the outcomes framework from 2019 and completed it within 2020-21.
329	Long-Term Strategy - Stakeholder Engagement 2018/19 Final Report	Consideration should be taken by management to introduce measures for assessing the level of engagement with external stakeholders.	LOW	As part of the proposals for the Board Development Stakeholder Engagement work, the Head of Communications will include recommendations for measuring and recording the level of engagement with external stakeholders.	Deputy Chief Executive and Executive Director of Finance		Oct-19 (ACGC-25.9.19)  June 2020 (ACGC-15.01.20)  Jul-19  Nov-20 (ACGC15.10-20)  Jan-22 (ACGC-15-Sep 21)  20/09/22		<b>September 2022 Update:</b> As part of our long term strategy review, we have undertaken significant engagement with key stakeholders. This has included a series of interviews with key stakeholders from across the system, including Welsh Government policy leads, third sector and Local Authorities. In addition, engaged with 3,500 members the public through our have your say survey. As the review progresses, we will continue to engage with stakeholders to share our emerging proposals.  From a broader engagement measurement perspective, we have commissioned a bi-annual set of questions on the Beaufort Omnibus survey to help understand how the general public with regard to trust and perceptions. <b>Propose action is closed, (BET 4/10/22).</b>  <b>Previous Updates:</b> <b>For January 2022 Update:</b> Work to refresh our Long Term Strategy has been postponed until next financial year and will resume in April 2022. Propose change of date to align timescales to 30 September 2022. <b>Request change of implementation date to 30 September 2022 (ACGC 160322)</b> <b>August 2021 update:</b> The decision has been taken to integrate this work into the strategy refresh work. The Board has agreed a timetable for this, given Covid , which concludes next March. We have started the work with a Board session on 24th June which focussed on the targeting of specific segments. We have done some subsequent analysis of those target groups and we will be working with Board to ratify the target stakeholder groups in September. Devising a measurement and recording plan for engagement will form part of the next stage of work. <b>Request change of implementation date to March 2022 (ACGC.15.09.21).</b> <b>December/January update - No further update provided. September 2020 update:</b> A refreshed stakeholder map will be discussed by the Executive Team. A recommendation to allocate

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401	<b>Management of Alerts Follow up Audit</b>	Refer to recommendation 357 in Closed actions for original recommendation.  The medical device register should be completed and presented to the appropriate committee for approval as soon as practically possible. Management should decide which business area will maintain the register to ensure that it is kept up to date.	MEDIUM	The medical device register should be completed and presented to the appropriate committee for approval as soon as practically possible. Management should decide which business area will maintain the register to ensure that it is kept up to date.	Executive Director of Quality, Nursing and Allied Health Professionals	01-Apr-21	June 2024 (ACGC-0606 24)  Mar-22 (ACGC-15-Sep-24)  May 2022 (ACGC 16 Mar 22)	<b>September 2022 Update:</b> Medical Devices Group established and is meeting quarterly. Quality, Safety and Improvement Committee (QSIC) has been identified as the appropriate Committee to receive assurance on the governance and management of medical devices. The Business Executive Team (BET) has agreed that the National Director, Health Protection and Screening Services / Executive Medical Director is responsible for the management and governance of medical devices and for ensuring that there are appropriate policies and procedures in place; the Executive Director of Quality, Nursing and Allied Health Professionals (QNAHPs) is responsible for the governance and compliance of the Corporate Medical Devices Register. <b>Recommend action for closure (BET 4/11/22)</b>  <b>Previous Updates</b> <b>January 2022 Update:</b> Medical Devices register continues to be completed and will be reviewed by the first meeting of medical devices steering group prior to presentation to the QSIC meeting in 3 months time. <b>Request change of implementation date to May 2022. (ACGC16.03.21)</b> <b>August 2021 update:</b> A corporate Medical Devices Register has been developed and is currently being populated. The Executive Director of Public Health Services / Medical Director will retain responsibility for the management and governance of medical devices and the Executive Director of Quality, Nursing and Allied Health Professionals will take responsibility for assessing compliance with policies and procedures. Public Health Wales is establishing medical devices management arrangements in line with the MHRA guidance. <b>Request revised implementation date of March 2022.(15.09.21 ACGC Committee).</b> <b>April 2021 update:</b> Work is being progressed to scope what medical devices are held in non-clinical areas of the organisation. A medical devices register is under development. This will be reported to the Quality, Safety and Improvement Committee at their meeting in June. Request change of date to June 2021. <b>December/January update:</b> Mapping of medical devices in non-clinical areas should be completed by March 2021. The completion and review of the medical devices register will be dependent on resources being available to assist within Public Health Services.
354	<b>Management of Contracts Final Report 2019/20</b>	In the short term, arrangements should be put in place to provide contractual cover for the ongoing service provided by the suppliers.  Further action should be taken to discuss and progress a formal long-term contractual arrangements.	MEDIUM	A single tender action has been agreed to ensure Screening sites are covered in the interim. This covers the period until the end of March 2020. The Estates, Safety and Facilities Division are currently exploring the opportunities for developing a Hard Facilities Management contract on a regional basis to enable building maintenance work to be expedited under contract across the organisations estate.	Deputy Chief Executive and Executive Director of Finance	01-Apr-20	March 2021 (ACGC-15-10-20)  Jan-22 (ACGC-15-Sep-24)  01/10/22 (ACGC 16 Mar 22)	<b>September 2022 Update:</b> Due to Covid-19, changes to our estate and (potential future changes, at this stage, work to implement a Hard FM system has been paused. Whilst simplifying the process of managing estates contracts, due to the differing and changing nature of our services and estate, it is not the right time to implement this arrangement. As and when we have a more stable estate and agreed ways of working, this will be an area to consider for the future. Screening services are working closely with the Estates and Health and Safety Division to ensure building work is undertaken in a timely manner and contracts are procured in adherence to our financial processes and monitored through various groups such as Capital Planning Group, Capital Monitoring Group and through their finance Business Partners. <b>Propose action is closed, (BET 4/10/22).</b>  <b>Previous Updates:</b> <b>January 2022 Update:</b> Due to the ongoing support to the Covid-19 response and prioritising a number of capital projects to support Covid-19 recovery, work to progress the Hard FM tender specification has been delayed. Due to the size of the procurement we have been working with Procurement colleagues to build this into their work plan for 2022/23 and we are aiming to have tenders out by 01 May 2022 and award following supplier day and evaluation by 01 September 2022. There will be a 6 month mobilisation period following this date. New implementation date of 01 October 2022. <b>Request change of implementation date to 01 October 2022 (ACGC 160322)</b> <b>August 2021 Update:</b> Asset mapping has been completed and reviewed internally. Preparatory work to link asset mapping into framework for Hard FM tender specification is underway. This has become more challenging due to the potential changes to estate structure that may arise as a result of working differently and developments within our services. It is anticipated this will be completed by end of October 2021. Following this, a tender exercise will commence via the framework and we hope to be in a position to award by 31 January 2022. <b>Request revised implementation date of 31 January 2022.(15.09.21 ACGC Committee).</b> <b>December/January update:</b> Quotes have been received for the work to map our assets across the organisation and we are progressing the procurement of this work through a framework. This will be completed by end of March 2021. <b>September 2020 update:</b> Exploring options to procure an organisation to undertake the asset mapping exercise to inform the hard FM tender specification and upgrading our existing Facilities Management System. <b>Request revised implementation date of 31 March 2021. (ACGC 15 October 2020)</b> <b>March Update:</b> No update was available due to COVID
456	<b>Review of Quality Governance Arrangements</b>	R3 Clinical Audit. The Trust does not have central oversight on the quality and totality of its clinical audit programme. It does not have a clear picture of how well the programme links to quality and safety risks, key themes arising from the programme, or whether actions to address recommendations have been implemented. The Trust should strengthen its clinical audit arrangements by: a. Creating a central repository to store and share all clinical audits, either in the quality hub or elsewhere. b. Developing a system to track and report progress implementing the recommendations of clinical audit to the Quality, Safety, and Improvement Committee. c. Developing a process to link the clinical audit plan more clearly to operational, corporate, and strategic risk registers to demonstrate that audits are mapped to key quality and safety risks. d. Collating themes arising from the clinical audit programme and sharing with the Quality, Safety, and Improvement Committee. Future clinical audit plans should provide assurance that themes are being investigated.		Agree with the recommendation.  Improving the oversight of implementation of audit recommendations through the development of a central action log: • All actions for the 2021-22 quality and clinical audits have been collated into a central action log template.	Executive Director Quality Nursing and Allied Health Professionals	01-May-22		<b>September 2022 Update:</b> This action has been completed. All actions from the 2021_22 quality and clinical audits have been collated into a central log template. <b>Request closure of action (BET 4/11/22)</b>
458	<b>Review of Quality Governance Arrangements</b>	Refer 456		Agree with the recommendation. Introduce a risk-based approach to the quality and clinical audit programme: • An initial scoping exercise has been undertaken to determine if audits in the 2022-23 quality and clinical audit plan are linked to risk registers. The findings were that the overwhelming majority are not.	Executive Director Quality Nursing and Allied Health Professionals	01-May-22		<b>September 2022 Update:</b> An initial scoping exercise has been undertaken to determine if audits in the 2022-23 quality and clinical audit plan are linked to risk registers. The findings were that the overwhelming majority are not.  Work ongoing with Risk Team to assist those across the organisation to identify risk and how a risk based approach can be applied to audit. Proposed close action.
460	<b>Review of Quality Governance Arrangements</b>	Refer 456		Agree with the recommendation. Improve the oversight of findings from quality and clinical audits, utilising this to generate a thematic analysis to inform future audit plans: • An initial thematic analysis was produced for the year-end completed audits report for 2021-22.	Executive Director Quality Nursing and Allied Health Professionals	01-May-22		<b>September 2022 Update:</b> Standardised documentation has been agreed and implemented throughout the organisation for ease of collation of reporting of audit. This will assist with thematic analysis for reporting year 2022_23. <b>Request closure of action (BET 4/11/22)</b>
461	<b>Review of Quality Governance Arrangements</b>	Refer 456		Agree with the recommendation. • This report will be presented to Business Executive Team and Quality, Safety and Improvement Committee in July 2022. The analysis examined the audit themes being investigated, as well as the six domains of healthcare and Health and Care Standards these audits provided assurance against. This analysis will also be presented to the Organisational Clinical Governance Group in July 2022, and quarterly updates on progress of the quality and clinical audit plan provided to the Group.	Executive Director Quality Nursing and Allied Health Professionals	01-Jul-22		<b>September 2022 Update:</b> Quarterly report presented to Clinical Governance Group in Jun 22. It was agreed that quarterly reporting to continue to this group. Interim report to be presented during Q3. <b>Request closure of action (BET 4/11/22)</b>
462	<b>Review of Quality Governance Arrangements</b>	Refer 456		Agree with the recommendation.  • The introduction, in April 2022, of a standardised template for the reporting of audit results for all 2022-23 quality and clinical audits will further facilitate the generation of a thematic analysis going forward.	Executive Director Quality Nursing and Allied Health Professionals	01-Apr-22		<b>September 2022 Update:</b> This action is complete. Standardised documentation was implemented at the beginning of the reporting year. <b>Request closure of action (BET 4/11/22)</b>

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464	Review of Quality Governance Arrangements	R5 Policies and procedures. The Trust does not know whether its directorates have appropriate processes for updating and sharing policies, procedures and Standard Operating Procedures or to test compliance with them. The Trust should strengthen its management of policies, procedures, and written control documents by: a. Developing a process to update and share policies and procedures at directorate level with staff. b. Monitoring staff awareness of new or updated policies and procedures. c. Testing compliance with new or updated policies and procedures including the Putting Things Right Procedure and All Wales Concerns policy. d. Providing assurance to the Quality, Safety and Improvement Committee that new and updated policies and procedures are being used by staff.	Agree with the recommendation.  We will take the following actions: • The Policy, Procedure and Other written Control documents Procedure has been strengthened to more clearly outline: - The process for how updates to Corporate Policies and Procedures will be disseminated throughout the directorates. - The requirement for the Policy Owner to test compliance with, and staff awareness of new or updated procedures, and report to the relevant Committee for assurance, where appropriate	Board Secretary and Head of Board Business Unit	01-Jul-22	<b>September 2022 Update:</b>  This has been completed as part of the implementation of the policy. <b>Requestion action closed (BET 4/11/22)</b>
466	Review of Quality Governance Arrangements	R6 Service User and Staff Feedback. The Trust does not routinely and consistently collect information about the protected characteristics (under the Equality (Wales) Act) of its users, or of people taking part in research surveys. It does not consistently share learning from staff and user feedback or consistently let people know what changes it made as a result of their feedback. The Trust has recently invested in the CIVICA system to improve its approach to user feedback. More broadly, the Trust should strengthen its approach to user and staff feedback by: a. Developing and implementing the CIVICA system and a consistent approach to capture information on the protected characteristics of service users and respondents to research surveys. b. Developing an approach to combine feedback from staff, service users, complaints, incidents, and compliments to create a more robust picture of the quality and safety of services. c. Developing mechanisms to inform service users about the impact their feedback has had on service improvement. d. Including service user feedback in deep dives for the Quality, Safety, and Improvement Committee. e. Developing an approach to sharing learning from engagement with staff and users either through the implementation of the Quality as a Business Strategy.	Agree with the recommendation.  Public Health Wales' Our Approach to Engagement programme aims to support the organisation to build on good practice to develop how we engage with the public. It has a significant role in the implementation of our Quality and Improvement Strategy and the Health and Social Care (Quality and Engagement) (Wales) Act 2020. We agree with the recommendations and we will take the following actions: • Implementation of the Service User Feedback Experience (Civica) system	Executive Director Quality Nursing and Allied Health Professionals	01-Jun-22	<b>September 2022 Update:</b> Implementation of the Civica system completed in May 2022, <b>Requestion action closed (BET 4/11/22)</b>
467	Review of Quality	Refer 466	Agree with the recommendation. • Provide training for teams in Public Health Wales to use the Civica system to capture feedback from their	Executive Director Quality Nursing and Allied Health Professionals	01-Jun-22	<b>September 2022 Update:</b> Provide training for Civica system - completed June 2022, <b>Requestion action closed (BET 4/11/22)</b>
469	Review of Quality	Refer 466	Agree with the recommendation. • Recruitment of a new Engagement & Evidence Lead post, whose role will contribute to improved use of existing	Executive Director Quality Nursing and Allied Health Professionals	01-Oct-22	<b>September 2022 Update:</b> Recruitment in respect of Engagement and Evidence Lead completed, staff will be in post on Monday 3rd October 2022. <b>Requestion action closed (BET 4/11/22)</b>
470	Review of Quality	Refer 466	Agree with the recommendation. • Development and implementation of an Engagement & Experience Network for colleagues across the organisation	Executive Director Quality Nursing and Allied Health Professionals	01-Jul-22	<b>September 2022 Update:</b> Completed, first meeting held in July. <b>Propose close action (BET 4/11/22)</b>
471	Review of Quality	Refer 466	Agree with the recommendation. • Existing organisational governance arrangements reviewed and strengthened for all engagement activity	Executive Director Quality Nursing and Allied Health Professionals	01-Sep-22	<b>September 2022 Update:</b> Completed, propose close action. <b>(BET 4/11/22)</b>
468	Review of Quality	Refer 466	Agree with the recommendation. • Development and implementation of standardised, and evidenced-based, survey questions on protected	Executive Director Quality Nursing and Allied Health Professionals	01-Aug-22	<b>September 2022 Update:</b> Completed, propose close action. <b>Requestion action closed (BET 4/11/22)</b>
478	Review of Quality Governance Arrangements	Refer 466	Agree with the recommendation. • Development and implementation of the Improvement and Innovation hub to support sustainable continuous improvement and innovation.	Director for NHS Quality Improvement and Patient Safety	September 2022	<b>September 2022 Update:</b> In terms of the I&I hub: The Improvement and Innovation hub is operational and its workplan is being delivered. A DCA and update report on the hub's activity is going to be reported at BET on 4 October. With regards to Quality as an Organisational Strategy: The implementation plan is underway and the first Leadership session for the Executive Team and PHW Leadership Team will take place on 11 October. Both pieces of work will be rolled out in accordance with the workplans that are in place and have been approved by BET. <b>Requestion action closed (BET 4/11/22)</b>
479	Review of Quality Governance Arrangements	R7 Sub-groups of the Quality, Safety, and Improvement Committee. The terms of references for the Quality, Safety and Improvement Committee do not include its sub-groups. Sub-groups currently report by exception reducing the level of assurance that the Committee can take that these sub-groups are functioning effectively. The Trust should revise its terms of reference of the Quality, Safety, and Improvement Committee to include its sub-groups and reporting mechanisms. In doing so, it should ensure that the Committee has oversight of the breadth of material covered by the sub-groups and key themes or issues arising from discussions	Agree with the recommendation.  All Committee terms of reference have been reviewed and clarification added to detail the sub groups and assuring groups to the Committees.  The QSIG Work plan also has been amended to include more frequent reporting from the two assuring groups (IPC and Safeguarding) to increase from annual to Bi-annually.	Board Secretary and Head of Board Business Unit	Completed	<b>September 2022 Update:</b> Action Completed. <b>Request closure of action (BET 4/10/22)</b>
441	Taking Care of the Carers? How NHS bodies supported staff wellbeing during the COVID-19 pandemic	R1 Retaining a strong focus on staff wellbeing  NHS bodies should continue to maintain a strong focus on staff wellbeing as they begin to emerge from the pandemic and start to focus on recovering their services. This includes maintaining a strong focus on staff at higher risk from COVID-19. Despite the success of the vaccination programme in Wales, the virus (and variations thereof) continues to circulate in the general population. All NHS bodies, therefore, should continue to roll-out the Risk Assessment Tool to ensure all staff have been risk assessed, and appropriate action is taken to safeguard and support staff identified as being at higher risk from COVID-19.	Continued promotion and monitoring of completion of All Wales Personal COVID-19 risk assessment tool to identify high-risk individuals in high-risk health care settings so that appropriate action can be taken to reduce or remove them from the risk, including working directly with staff networks to publicise the benefits of completion.	Director of People & Organisational Development		<b>September 2022 Update:</b> We continue to monitor the completion of Risk Assessment forms, which also form part of the mid and end year review discussions. Compliance levels are monitored through ESR and Managers are asked to encourage staff to complete them and take action to ensure that those who are at risk are working safely. Refresher comms are planned to coincide with the mid year reviews due in October. <b>Request action be closed (BET 4/11/22)</b>
442	Taking Care of the Carers? How NHS bodies supported staff wellbeing during the COVID-19 pandemic	R2 Considering workforce issues in recovery plans  NHS bodies should ensure their recovery plans are based on a full and thorough consideration of all relevant workforce implications to ensure there is adequate capacity and capability in place to address the challenges and opportunities associated with recovering services. NHS bodies should also ensure they consider the wider legacy issues around staff wellbeing associated with the pandemic response to ensure they have sufficient capacity and capability to maintain safe, effective, and high-quality healthcare in the medium to long term.	Reactivation and recovery of essential and priority services was one of four key organisational work-streams through 2020-2021 and the Recovery Co-ordination Group was convened to co-ordinate the reactivation and recovery of services. We also engaged with a range of colleagues via 'Our Conversation,' which allowed attendees the opportunity to tell us what they think the future of work in Public Health Wales looks, sounds, and feels like.	Director of People & Organisational Development		<b>September 2022 Update:</b> Outputs arising from Our Conversation, particularly those around hybrid working, trust and empowerment and management and leadership continue to be progressed through a number of programmes. Work How It Works Best is currently trialling our approach to flexibility and choice, and is supported by a robust evaluation and impact measurement plan that will ultimately inform our ways of working in the future. Also, through a cross-organisation steering group, we are reviewing and refreshing both management and leadership in Public Health Wales (including role design, capacity and capability building) and developing a behavioural framework. The latter will create a clear and common understanding of our values as they are apparent to everyone every day. <b>Request action be closed (BET 4/11/22)</b>
443	Taking Care of the Carers? How NHS bodies supported staff wellbeing during the COVID-19 pandemic	R3 Evaluating the effectiveness and impact of the staff wellbeing offer NHS bodies should seek to reflect on their experiences of supporting staff wellbeing during the pandemic by evaluating fully the effectiveness and impact of their local packages of support in order to: (a) consider what worked well and what did not work so well; (b) understand its impact on staff wellbeing; (c) identify what they would do differently during another crisis; and, (d) establish which services, programmes, initiatives, and approaches introduced during the pandemic should be retained or reshaped to ensure staff continue to be supported throughout the recovery period and beyond. NHS bodies should ensure that staff are fully engaged and involved in the evaluation process.	Ongoing surveys to assess how staff wellbeing resources are being utilised, and to identify any barriers. This has resulted in an organisation wide action plan, with five key areas for action. We are also able to consider the most effective methods for use during the pandemic, and how these should be used in the future e.g., delivery of wellbeing support sessions via MS Teams and continued use of team wellbeing check ins throughout the organisation.	Director of People & Organisational Development		<b>September 2022 Update:</b> Data from our most recent "Tell us How you are Doing" wellbeing survey identified three overarching themes as priorities: improving communication and engaging methods, the working day and work life balance, and improving leadership and line management. Changes to the way we communicate and engage with staff and managers are now underway, following feedback from staff. Whilst the widespread and ongoing use of MS teams has brought many benefits, including ongoing online wellbeing sessions and the ability to connect more easily, staff have reported feeling overwhelmed by excessive workloads and an inability to switch off from work at the end of the day, and take appropriate breaks. In order to model behaviours and expectations in relation to this concern, the Business Executive and Leadership Teams have committed to only schedule meetings and events during standard working hours, and outside of the lunchtime period, and to challenge this commitment when necessary. As before (442), we are reviewing and refreshing both management and leadership and developing a behavioural framework, in support of our ongoing values work, both of which will clarify our expectations of all managers. <b>Request action be closed (BET 4/11/22)</b>
445	Taking Care of the Carers? How NHS bodies supported staff wellbeing during the COVID-19 pandemic	R5 Providing continued assurance to boards and committees NHS bodies should continue to provide regular and ongoing assurance to their Boards and relevant committees on all applicable matters relating to staff wellbeing. In doing so, NHS bodies should avoid only providing a general description of the programmes, services, initiatives, and approaches they have in place to support staff wellbeing. They should also provide assurance that these programmes, services, initiatives, and approaches are having the desired effect on staff wellbeing and deliver value for money. Furthermore, all NHS bodies should ensure their Boards maintain effective oversight of key workforce performance indicators – this does not happen in all organisations at present.	Regular assurance reports are provided to the business Executive Team and People and Organisational Development Committee.	Director of People & Organisational Development		<b>September 2022 Update:</b> Regular updates continue to be provided. Papers including recommendations to mitigate the impact of the Cost of Living Crisis on staff, and on the future of the Time to Move pilot, are scheduled. <b>Request action be closed (BET 4/11/22)</b>