

Recommendation	Action	Lead Exec	Oversight	Progress	Due Date	Recommend	
1 Organisational quality priorities and outcomes to support quality and patient safety are agreed and reflected within an updated version of the Health Board's Quality Strategy/Plan.	1.1	Develop new Quality and Improvement Strategy	Director of Quality, Nursing and Allied Health Professionals	Quality, Safety and Improvement Committee	<p>Strategy in development and draft due to QSIC for May mtg</p> <p>14 Aug 2020: Work was paused due to COVID 19. Consult with Directorates on the first draft of the strategy in September / October, BET late October and Committee November 2020.</p> <p>Jan 2021: Strategy to go to the QSIC meeting on the 14 April 2021.</p> <p>June 2021: This action is complete as the Quality and Improvement Strategy was approved by the Board in May 2021 and received a QSIC in June 2021.</p>	Apr-21	Transfer - Quality and Improvement Strategy Implementation Plan
	1.2	Revise key performance indicators aligned to strategic priorities and performance indicators mapped to quality domains	Director of Quality, Nursing and Allied Health Professionals / Deputy Chief Executive and Executive Director of Operations and Finance	Quality, Safety and Improvement Committee	<p>Planning team and Quality team working together to progress this action</p> <p>17 Aug 2020: Work was suspended due to COVID 19. Planning team and Quality team reactivating this work. Establishing timeline for work</p> <p>Jan 2021: Original work suspended due to COVID-19. However, a new interactive monthly Performance and Assurance Dashboard was launched in September 2020. The dashboard provides robust information around Public Health Wales' key performance indicators and is considered by the Executive Team and Board on a monthly basis. The dashboard includes interactive information on key corporate quality indicators (e.g. complaints, serious incidents etc.) from January 2021 onwards.</p> <p>June 2021: Scoping phase 1 of key quality improvement measures has been subsumed within the Quality and Improvement Strategy Implementation Plan. Quality indicators for complaints and serious incidents are included within the Performance and Assurance Dashboard. KPIs for IP&C and Safeguarding have been developed for inclusion within the Integrated Governance dashboard. The Performance and Assurance Dashboard is received at BET and the Board, therefore recommend that this action is closed.</p>	Ongoing	Transfer - Quality, Improvement Strategy Implementation Plan
2 The Board has a strategic and planned approach to improve risk management across the breadth of its services. This must ensure that all key strategies and frameworks are reviewed, updated and aligned to reflect the latest governance arrangements, specifically:	2.1	Further develop Board understanding of strategic risk appetite and review risk appetite where appropriate	Director of Quality, Nursing and Allied Health Professionals	Audit and Corporate Governance Committee	<p>19 Aug 2020: Work was paused due to COVID 19. Risk appetite understanding developed with BET and Board in July 2020.</p> <p>Jan 2021: Complete: actioned in July 2020.</p>	Apr-20	Transfer - Risk Development Plan
	2.2	Strategic priority groups compile risk appetite statements for their strategic objectives for consideration by Board	Executive and Strategic Priority Leads	Audit and Corporate Governance Committee		Apr-20	Transfer - PHW strategy refresh
	2.3	Review risk management policy and procedure	Director of Quality, Nursing and Allied Health Professionals	Audit and Corporate Governance Committee	<p>14 Aug 20 : Work on the Risk Management Policy was paused due to COVID 19 response. The policy has been drafted and will be sent out for consultation w/c 24 August 2020</p> <p>Jan 2021: Completed - The Risk Management Policy and Procedure was approved by the Board on the 26 November 2020. A risk management development plan is being progressed and is due to go to BET / Board September 2021.</p>	May-20	Transfer - Risk Development Plan
2i The Board Assurance Framework (BAF) reflects the objectives set out in the current Integrated Medium Term Plan (IMTP)/annual plan and the organisation's quality priorities.	2i.1	Review of Board Assurance Framework	Director of Quality, Nursing and Allied Health Professionals / Board Secretary and Head of Board Business Unit	0	<p>New BAF in place, with assurance mapping tested on Risk 2. This work ongoing.</p> <p>Jan 2021: Assurance mapping has been undertaken for 3 of the risks. The assurance mapping for the remainder of the risks is on hold due to COVID 19. However, an additional strategic risk has been added reflecting the risks to the organisation as a result of the pandemic. The quality priorities will be added as part of the implementation of the Quality and Improvement Strategy.</p> <p>June 2021: The BAF has been superseded by the Strategic Risk Register and aligned to the Operational Plan. Therefore, recommend that this action is closed</p>	Ongoing	Transfer - Strategic Risk Register
2ii Risk Management Strategy reflects the oversight arrangements for the BAF, the Quality and Patient Safety (Clinical) Governance Framework and any changes to the management of risk within the organisation.	2ii.1	Review risk management policy to reflect new Quality and Improvement Strategy	Director of Quality, Nursing and Allied Health Professionals	Audit and Corporate Governance Committee	<p>21 Aug 20: Work was paused due to response to COVID 19. Risk Management Policy to be sent out for consultation w/C 24 Aug 2020 and will be updated once the Strategy has been approved.</p> <p>Jan 2021: Completed - The Risk Management Policy was approved at the Board meeting that took place on the 26 November 2020.</p>	May-20	Transfer - Strategic Risk Register

2iii	The Quality and Patient Safety Governance Framework supports the priorities set out in the Quality Strategy/Plan and align to the Values and Behaviours Framework.	2iii.1	Develop new Quality and Improvement Strategy (see action 1.1)	Director of Quality, Nursing and Allied Health Professionals	Quality, Safety and Improvement Committee	<p>Strategy in development and draft due to QSIC for May mtg</p> <p>14 Aug 2020: Works on the Strategy was paused - see ref 1.1 update</p> <p>Jan 2021: Strategy to be received at QSIC meeting on the 14 April 2021.</p> <p>June 2021: This action is complete as the Quality and Improvement Strategy was approved by the Board in May 2021 and received a QSIC in June 2021.</p>	Apr-21	Transfer - Quality and Improvement Strategy Implementation Plan
		2iii.2	Develop quality dashboard	Director of Quality, Nursing and Allied Health Professionals	Quality, Safety and Improvement Committee	<p>Complete - Dashboard developed in draft and was presented to QSIC in February</p> <p>19 Aug 20: Work was paused due to COVID 19. On going discussions with the planning team in relation to how best to integrate the Quality Dashboard into the Performance and Assurance Dashboard.</p> <p>Jan 2021: Work in relation to the refinement of data quality, systems interface and reporting is being progressed.</p> <p>June 2021: This work forms part of the ongoing development of the Performance and Assurance Dashboard. Scoping phase 1 of key quality improvement measures has been subsumed within the Quality and Improvement Strategy Implementation Plan. Quality indicators for complaints and serious incidents are included within the Performance and Assurance Dashboard. KPIs for IP&C and Safeguarding have been developed for inclusion within the Integrated Governance dashboard. The Performance and Assurance Dashboard is received at BET and the Board, therefore recommend that this action is closed.</p>	Ongoing	Transfer - Quality and Improvement Implementation Plan
		2iii.3	Develop strategic public health outcomes and indicators	Deputy Chief Executive and Executive Director of Operations and Finance	Audit and Corporate Governance Committee		Mar-20	Transfer - PHW strategy refresh
		2iii.4	Revise key performance indicators aligned to strategic priorities and mapped to six quality domains identified by Institute of Medicine (see action 1.2)	Director of Quality, Nursing and Allied Health Professionals / Deputy Chief Executive and Executive Director of Operations and Finance	Audit and Corporate Governance Committee	<p>as above</p> <p>17 Aug 2020: Continue to work with the Planning Team on the Quality Indicators. Work has commenced to develop COVID 19 key performance indicators. The work undertaken to date on COVID 19 workstream have been received at Gold. Further refinement is required and working closely with the Planning Team in terms of using these measures appropriately.</p> <p>Jan 2021: Original work suspended due to COVID-19. However, a new interactive monthly Performance and Assurance Dashboard was launched in September 2020. The dashboard provides robust information around Public Health Wales' key performance indicators and is considered by the Executive Team and Board on a monthly basis. The dashboard includes interactive information on key corporate quality indicators (e.g. complaints, serious incidents etc.) from January 2021 onwards.</p> <p>June 2021: Scoping phase 1 of key quality improvement measures has been subsumed within the Quality and Improvement Strategy Implementation Plan. Quality indicators for complaints and serious incidents are included within the Performance and Assurance Dashboard. KPIs for IP&C and Safeguarding have been developed for inclusion within the Performance and Assurance Dashboard. The Performance and Assurance Dashboard is received at BET and the Board, therefore recommend that this action is closed.</p>	Ongoing	Transfer - Quality and Improvement Strategy Implementation Plan
2iv	Terms of reference for the relevant Board committees, including those for Audit, Quality and Safety and Risk, and at divisional /group levels, reflect the latest governance arrangements cited within the relevant strategies and frameworks	2iv.1	Review terms of reference for Safeguarding, Service User Experience and Infection and Prevention Control Groups	Director of Quality, Nursing and Allied Health Professionals	Quality, Safety and Improvement Committee	<p>Review has commenced</p> <p>21 Aug 20: IPC to be completed Oct 2020, Safeguarding and Service user Experience Groups are paused due to COVID 19.</p> <p>Jan 2021: the interim IPC Terms of Reference to be received at the QSIC meeting on the 9 February 2021 for approval.</p> <p>June 2021: Complete - The IPC Group Terms of Reference were approved by QSIC on the 9 February 2021. The Safeguarding Group Terms of Reference were approved by QSIC on the 14 April 2021.</p>	Apr-21	Complete

3	There is collective responsibility for quality and patient safety across the executive team and clearly defined roles for professional leads:	3.1	Develop and implement an effective integrated governance framework	Director of Quality, Nursing and Allied Health Professionals	Business Executive Team	<p>19 Aug 20: Work was paused due to COVID 19. Framework developed by April 2021 and implementation commenced.</p> <p>Jan 2021: Complete - BET agreed to support The Integrated Governance Model at the meeting on the 6 January 2021, noting the intention to test its application through the pilots and make recommendations based on this. The model was also received at the Audit and Corporate Governance Committee on the 19 January 2021.</p> <p>June 2021: Implementation of Integrated Governance Model is monitored by the ACGC. Recommend that this action can therefore be closed.</p>	Jan-21	Transfer - Integrated Governance Model and Implementation Plan
3i	The role of Executive Clinical Directors and divisional/group Clinical Directors in relation to quality and patient safety is clearly defined	No actions identified						
3ii	The roles, responsibilities, accountability and governance in relation to quality and patient safety within the divisions/groups/directorates is clear	3ii.1	Develop and implement an effective integrated governance framework (see action 3.1)	Director of Quality, Nursing and Allied Health Professionals	Business Executive Team	<p>19 Aug 20: See ref 3.1</p> <p>Jan 2021: BET agreed to support The Integrated Governance Model at the meeting on the 6 January 2021, noting the intention to test its application through the pilots and make recommendations based on this. The model was also received at the Audit and Corporate Governance Committee on the 19 January 2021.</p> <p>June 2021: Implementation of Integrated Governance Model is monitored by the ACGC. Recommend that this action can therefore be closed.</p>	Jan-21	Transfer - Integrated Governance Model and Implementation Plan
3iii	There is sufficient capacity and support, at corporate and directorate level, dedicated to quality and patient safety	3iii.1	Review structure and focus of Quality, Nursing and Allied Health Professionals Directorate	Director of Quality, Nursing and Allied Health Professionals	Business Executive Team	<p>19 Aug 20: Work was paused due to COVID 19. Re purpose paper to BET meeting on the 6 October 2020.</p> <p>Jan 2021: Re purpose paper to go to BET in February 2021.</p> <p>June 2021: This work was further delayed due to COVID 19. Directorate re purpose structure to be received at BET in September 2021.</p>	Feb 2021 - Revised date September 2021	Suggest action be taken forward by the Business Exec Team.
		3iii.2	Revise key performance indicators aligned to strategic priorities and mapped to six quality domains identified by Institute of Medicine (see action 1.2 and 2iii.4)	Director of Quality, Nursing and Allied Health Professionals	Business Executive Team	<p>17 Aug 2020: See ref 1.2 update</p> <p>Jan 2021: Original work suspended due to COVID-19. However, a new interactive monthly Performance and Assurance Dashboard was launched in September 2020. The dashboard provides robust information around Public Health Wales' key performance indicators and is considered by the Executive Team and Board on a monthly basis. The dashboard includes interactive information on key corporate quality indicators (e.g. complaints, serious incidents etc.) from January 2021 onwards.</p> <p>June 2021: Scoping phase 1 of key quality improvement measures has been subsumed within the Quality and Improvement Strategy Implementation Plan. Quality indicators for complaints and serious incidents are included within the Performance and Assurance Dashboard. KPIs for IP&C and Safeguarding have been developed for inclusion within the Integrated Governance dashboard. The Performance and Assurance Dashboard is received at BET and the Board, therefore recommend that this action is closed.</p>	Ongoing	Transfer - Quality and Improvement Implementation Plan
		4.1	Develop new Quality and Improvement Strategy (see action 1.1 and 2iii.1)	Director of Quality, Nursing and Allied Health Professionals	Quality, Safety and Improvement Committee	<p>Strategy in development and draft due to QSCIC for May mtg</p> <p>14 Aug 2020: Works was paused due to COVID 19. See ref 1.1 update</p> <p>Jan 2021: Strategy on QSCIC agenda for meeting scheduled to take place on the 14 April 2021.</p> <p>June 2021: This action is complete as the Quality and Improvement Strategy was approved by the Board in May 2021 and received a QSCIC in June 2021.</p>	Apr-21	Transfer - Quality and Improvement Strategy

4	The roles and function of the Quality and Safety Committee is fit for purpose and reflects the Quality Strategy, Quality and Patient Safety Governance Framework and key corporate risks for quality and patient safety. This should include assessment of ensuring sub-groups/committees have sufficient support to function effectively; the content, analysis, clarity and transparency of information presented to the committee and the quality framework in place is used to improve oversight of quality and patient safety across the whole organisation.	4.2	Develop quality dashboard (see action 2iii.2)	Director of Quality, Nursing and Allied Health Professionals	Quality, Safety and Improvement Committee	<p>Complete - Dashboard developed in draft and was presented to QSiC in February.</p> <p>19 Aug 2020: Work was paused due to COVID 19 - see ref 2iii update.</p> <p>Jan 2021: Work in relation to the refinement of data quality, systems interface and reporting is being progressed.</p> <p>June 2021: This work forms part of the ongoing development of the Performance and Assurance Dashboard. Scoping phase 1 of key quality improvement measures has been subsumed within the Quality and Improvement Strategy Implementation Plan. Quality indicators for complaints and serious incidents are included within the Performance and Assurance Dashboard. KPIs for IP&C and Safeguarding have been developed for inclusion within the Performance and Assurance Dashboard. The Performance and Assurance Dashboard is received at BET and the Board, therefore recommend that this action is closed.</p>	Feb-21	Transfer - Performance and Assurance Dashboard
		4.3	Increase time allocated to Quality, Safety and Improvement Committee meetings	Director of Quality, Nursing and Allied Health Professionals/Board Secretary	Quality, Safety and Improvement Committee	Complete - additional time allocated to agenda for February.	Feb-20	Complete
		5	Independent/Non- Executive Members are appropriately supported to meet their responsibilities through the provision of an adequate induction programme and ongoing development so they can effectively scrutinise the information presented to them.	5.1	Further develop NED induction programme to be digitally accessible	Board Secretary and Head of Board Business Unit	Business Executive Team	Complete - Induction programme progressed and in place for new NED starters Sept 2020.
		5.2	Review approach to recruitment of NEDs to ensure appropriate calibre of people	Board Secretary and Head of Board Business Unit	Business Executive Team	Complete - new NEDs appointed Sept 2020. Whilst complete will in reality always be ongoing!	Mar-20	Complete
6	There is sufficient focus and resources given to gathering, analysing, monitoring and learning from user/patient experience across the organisation. This must include use of real-time user/ patient feedback.	6.1	Service User Lead to support services and individual programmes in reviewing learning from service user experience	Director of Quality, Nursing and Allied Health Professionals	Quality, Safety and Improvement Committee	<p>Screening programmes provide a quarterly report to the Service User Lead which includes responses to the 8 questions from the NHS Wales Framework for Assuring Service User Experience; any improvements identified; engagement events; and outcomes. These are discussed at the Service User Experience panel.</p> <p>21 Aug 20 : This is paused due to COVID 19, however Screening Services are currently reactivating.</p> <p>Jan 21: This work has been superseded by the Our Approach to Engagement framework and implementation plan which is monitored by QSiC via six monthly progress reports.. This action can therefore be closed.</p> <p>June 2021: Ongoing support is being provided to the Screening Division. All Screening Programmes have restarted and participant engagement and experience contributed to the safe reactivation of services. Screening Division have a Service User Experience Group which the Service User Lead is a member of and provides ongoing support to the Division. Organisationally this will be subsumed within the implementation of the Quality and Improvement Strategy</p>	Ongoing	Transfer - incorporated into Quality and Improvement Strategy
		6.2	Implement 'our approach to engagement' placing significant emphasis on gaining feedback from citizens and stakeholders to inform our improvements	Director of Quality, Nursing and Allied Health Professionals	Quality, Safety and Improvement Committee	<p>Engagement and Collaboration Manager has been appointed to lead this work and will start in post on 17 February 2020.</p> <p>21 Aug 20 : Work was paused due to COVID 19. Paper to QSiC with our Approach to Engagement Plan (Nov 2020).</p> <p>Jan 2021: Our Approach to Engagement Implementation Plan was approved at the November 2020 QSiC meeting and implementation has commenced.</p> <p>June 2021: Progress on implementation of the 'Our Approach to Engagement' plan is monitored at QSiC via six monthly reports. therefore recommend that this action is closed.</p>	Ongoing	Transfer - incorporated into Quality and Improvement Strategy

		6.3	Roll out 'Once for Wales' Datix when ready	Director of Quality, Nursing and Allied Health Professionals	Quality, Safety and Improvement Committee	<p>PHW is part of the 'Once for Wales' WG project. the implementation relies on project timelines</p> <p>19 Aug 20: The implementation of the entire system has been brought forward to March 2021. Public Health Wales are considering the resource implications.</p> <p>Jan 2021: A paper on the implementation of the Once for Wales system was received at the November meeting of both BET and QSIC and implementation of the system is ongoing.</p> <p>June 2021: The implementation of the Once for Wales Concerns Management System is ongoing and monitoring reports are received at the Programme Board, BET and QSIC. Recommend that this action can therefore be closed.</p>	Apr-21	Transfer - Once for Wales Implementation Plan
7	There is visibility and oversight of clinical audit and improvement activities across divisions/groups/directorates and at corporate level. This includes identification of outliers and maximising opportunities for sharing	7.1	Create central repository of Quality and Clinical Audits to allow for learning and sharing of good practice	Director of Quality, Nursing and Allied Health Professionals	Quality, Safety and Improvement Committee / Audit and Corporate Governance Committee	<p>Audits plan shared on SharePoint. Further work required with Directorates to raise awareness .</p> <p>Jan 21: Due to COVID 19 this work has been paused.</p> <p>June 2021: Modelling of Quality Hub is being taken forward with a launch date of November 2021. This work is subsumed within the Quality and Improvement Strategy Implementation Plan which is monitored via QSIC six monthly reports. Therefore recommend that this action is closed.</p>	Apr-21	Transfer - Quality and Improvement Strategy Implementation Plan incorporating Quality Hub
		7.2	Establish improvement hub to further drive our culture of continuous improvement and embed a strengthened quality management system	Director of Quality, Nursing and Allied Health Professionals	Quality, Safety and Improvement Committee	<p>Soft launch planned for October 2020</p> <p>17 Aug 2020: Work was paused due to COVID 19. Quality team reactivating this work and establishing the delivery timeline.</p> <p>Jan 2021: This work will form part of the Quality and Improvement Strategy and Implementation plan which is due to be received at QSIC on the 14 April 2021.</p> <p>June 2021: Modelling of Quality Hub is being taken forward with a launch date of November 2021. This work is subsumed within the Quality and Improvement Strategy Implementation Plan which is monitored via QSIC six monthly reports. Therefore recommend that this action is closed.</p>	Oct-21	Transfer - Quality and Improvement Strategy Implementation Plan incorporating Quality Hub
8	The organisation has clear lines of accountability and responsibility for quality and patient safety within divisions/groups/directorates.	8.1	Develop and implement an effective integrated governance framework (see action 3.1 and 3ii.1)	Director of Quality, Nursing and Allied Health Professionals	Business Executive Team	<p>19 Aug 2020: Work was paused due to COVID 19 - see ref 3.1 update.</p> <p>Jan 2021: BET agreed to support The Integrated Governance Model at its meeting on the 6 January 2021, noting the intention to test its application through the pilots and make recommendations based on this. The model was also received at the Audit and Corporate Governance Committee on the 19 January 2021.</p> <p>June 2021: Implementation of Integrated Governance Model is monitored by the ACGC. This action can therefore be closed.</p>	Jan-21	Transfer - Integrated Governance Model and Implementation Plan
		8.2	Board approved outbreak escalation framework	Board Secretary and Head of Board Business Unit	Business Executive Team	Complete - approved by Board	Jan-20	Transfer - Integrated Governance Model and Implementation Plan
9	The form and function of the divisional/group/directorate quality and safety and governance groups and Board committees have:	No actions identified						
9i	Clear remits, appropriate membership and are held at appropriate frequently.	9i.1	Develop and implement an effective integrated governance framework (see action 3.1 and 3ii.1 and 8.1)	Director of Quality, Nursing and Allied Health Professionals	Business Executive Team	<p>as above</p> <p>19 Aug 2020: Work was paused due to COVID 19 - see ref 3.1 update.</p> <p>Jan 2021: Complete - BET agreed to support The Integrated Governance Model at its meeting on the 6 January 2021, noting the intention to test its application through the pilots and make recommendations based on this. The model was also received at the Audit and Corporate Governance Committee on the 19 January 2021.</p> <p>June 2021: Implementation of Integrated Governance Model is monitored by the ACGC. This action can therefore be closed.</p>	Jan-21	Transfer - Integrated Governance Model and Implementation Plan
		9i.2	Review terms of reference for Safeguarding, Service User Experience and Infection and Prevention Control Groups	Director of Quality, Nursing and Allied Health Professionals	Business Executive Team	<p>as above</p> <p>Jan 2021: the IPC Terms of Reference to be received at the QSIC meeting on the 9 February 2021 for approval - see ref 2iv-1</p> <p>June 2021: Complete - The IPC Group Terms of Reference were approved by QSIC on the 9 February 2021. The Safeguarding Group Terms of Reference were approved by QSIC on the 14 April 2021.</p>	Apr-21	Complete

9ii	Sufficient focus, analysis and scrutiny of information in relation to quality and patient safety issues and actions.	9ii.1	Implement 'our approach to engagement' placing significant emphasis on gaining feedback from citizens and stakeholders to inform our improvements (see action 6.2)	Director of Quality, Nursing and Allied Health Professionals	Quality, Safety and Improvement Committee	Engagement and Collaboration Manager has been appointed to lead this work and will start in post on 17 February 2020. 21 Aug 20: Work was paused due to COVID 19 - see ref 6.2 paper to QSIC with our Approach to Engagement Plan (Nov 2020). Jan 2021: Our Approach to Engagement Implementation Plan was approved at the November 2020 QSIC meeting and implementation has commenced. June 2021: Progress on implementation of the 'Our Approach to Engagement' plan is monitored at QSIC via six monthly reports. Recommend that this action can therefore be closed.	Ongoing	Transfer - incorporated into Quality and Improvement Strategy
9iii	Clarity of the role and decision making powers of the Committees	9iii.1	Continue to review and continuously improve Board and Committee effectiveness, programme of annual review and self-assessment	Board Secretary and Head of Board Business Unit	Board	Bi-annual update to Board in July and January June 21: Bi-annual update to Board in July and January programmed into the work plan for the Board. This will be ongoing.	Jul-20	Complete
10	The organisation has clear and comprehensive risk management systems at divisional/group/directorate and corporate level, including the review and population of risk registers. This should include clarity around the escalation of risks and responsibilities at directorate and corporate level for risk registers and the management of those risks. This must be reflected in the risk strategy.	No actions identified						
11	The oversight and governance of DATIX and other risk management systems ensures they are used as an effective management and learning tool. This should also include triangulation of information in relation to concerns, at a divisional/group/ directorate or corporate level, and formal mechanisms to identify and share learning.	11.1	Implement phase one of a revised incident management system	Director of Quality, Nursing and Allied Health Professionals	Business Executive Team	Complete	Jan-20	Complete
		11.2	Implement quality control process for incidents in DATIX	Director of Quality, Nursing and Allied Health Professionals	Business Executive Team	Complete	Jan-20	Complete
		11.3	When ready, adopt 'once for Wales' system.	Director of Quality, Nursing and Allied Health Professionals	Business Executive Team	Options appraisal being prepared for BET to consider whether to adopt the system, when available Once for Wales Datix system to be implemented in March 2021. Public Health Wales are considering the resource implications. Jan 2021: A paper on the implementation of the Once for Wales system was received at November meeting of both BET and QSIC and implementation of the system is ongoing. June 2021: The implementation of the Once for Wales Concerns Management System is ongoing and monitoring reports are received at the Programme Board and QSIC. Therefore, recommend that this action can be closed.	Apr-21	Transfer - Once for Wales implementation plan
12	The organisation ensures staff receive appropriate training in the investigation and management of concerns (including incidents). In addition, staff are empowered to take ownership of concerns and take forward improvement actions and learning	12.1	Implement phase one of a revised incident management system (see action 11.1)	Director of Quality, Nursing and Allied Health Professionals	Business Executive Team	Complete	Jan-20	Complete
		12.2	Introduce Quality Control system for incidents in DATIX	Director of Quality, Nursing and Allied Health Professionals	Business Executive Team	Complete	Jan-20	Complete
		12.3	Introduce Incident Management System training	Director of Quality, Nursing and Allied Health Professionals	Business Executive Team	Serious incident and root cause analysis training already completed. Online training for incident management system and use of DATIX completed. Further training to be developed during 2020 19 Aug 2020: Training has been delivered to staff working in the COVID 19 response. Further training will be delivered as new people join the COVID 19 response. Incident training will continue during 2020/21 across PHW. Jan 2021: Complete as the roll out of incident management training is ongoing.	Sep-20	Transfer - Once for Wales Implementation Plan
		12.4	Establish improvement hub to further drive our culture of continuous improvement and embed a strengthened quality management system (see action 7.2)	Director of Quality, Nursing and Allied Health Professionals	Business Executive Team	Soft launch planned for October 2020 17 Aug 2020: See ref 7.2 update Jan 2021: This work will form part of the Quality and Improvement Strategy and Implementation plan which is due to be received at QSIC on the 14 April 2021. June 2021: Modelling of Quality Hub is being taken forward with a launch date of November 2021. This work is subsumed within the Quality and Improvement Strategy Implementation Plan which is monitored via QSIC six monthly reports. Therefore recommend that this action is closed.	Oct-21	Transfer - Quality and Improvement Strategy Implementation Plan incorporating Quality Hub

		12.5	Implementation of our quality and improvement strategy and our people strategy to strengthen our approach as a learning organisation and continue to build improvement capability and capacity	Director of Quality, Nursing and Allied Health Professionals and Director of People	Business Executive Team	Annual review Jan 2021: Strategy on Qsic agenda for meeting scheduled to take place on the 14 April 2021. June 2021: This action is complete as the Quality and Improvement Strategy was approved by the Board in May 2021 and received a Qsic in June 2021.	Mar-21	Transfer - Quality and Improvement Strategy
		12.6	Undertake climate culture survey	Director of People	Board	Plan to develop a cultural narrative during 2020-21. In line with the People Strategy we will undertake a culture assessment by the end of 2023 June 21: Work is ongoing through the work on the future ways of working work, and will be taken forward by the People and Organisational Development Committee. Recommend action be closed	March 2021 March 2023	Transfer - People Strategy
13	The organisation has an agreed Values and Behaviours Framework that is regularly reviewed, has been developed with staff and has a clear engagement programme for its implementation.	13.1	Review and redevelop the set of behavioural descriptors/ framework, launched at the same time as our organisational values	Director of People	Board	Implement by March 2021 June 21: Work is ongoing through the work on the future ways of working work, and will be taken forward by the People and Organisational Development Committee. Recommend action be closed.	Mar-21	Transfer - People Strategy
14	The organisation has a strong approach to organisational learning which takes account of all opportunities presented through concerns, clinical audit, patient and staff feedback, external reviews and learning from work undertaken within the organisation and across the NHS	14.1	Follow up deep dive audit into lessons learnt from concerns to monitor the implementation of learning identified and ensure recommendations have been applied	Director of Quality, Nursing and Allied Health Professionals	Quality, Safety and Improvement Committee	Meetings arranged in February to undertake follow up 21 Aug 2020: Work was paused due to COVID 19. Prior to the prioritisation of COVID 19 visits were undertaken with BSW and BTW. Jan 2021: Completed - recommendations implemented.	May-20	Complete
		14.2	Continue to benchmark Public Health Wales against other Public Health Institutes and bodies providing similar functions or services	Chief Executive	Quality, Safety and Improvement Committee	Annual update will be provided to Committee June 21: This has been added to the Committee's work plan for 2021/22. Recommend the action be closed.	Feb-21	Transfer - Qsic work plan
		14.3	Continue to review the best available evidence from national and international research and recognised external bodies such as NICE, UK Screening Committee etc.	Business Executive Team	Quality, Safety and Improvement Committee	Annual update will be provided to Committee June 21: This has been added to the Committee's work plan for 2021/22. Recommend the action be closed.	Feb-21	Transfer - Qsic work plan
		14.4	Repurposing of Quality, Nursing & Allied Health Professionals Directorate to drive quality improvement & integrated governance	Director of Quality, Nursing and Allied Health Professionals	Quality, Safety and Improvement Committee	Repurposing of directorate paper in draft and will be considered by BET in March 2020. 14 Aug 2020: Work was paused due to COVID 19. Revised date for submission to BET: 6 October 2020 Jan 2021: Re purpose paper to go to BET meeting in February 2021. June 2021: This work was further delayed due to COVID 19. Directorate re purpose structure to be received at BET in September 2021.	Feb 2021 - Revised date August 2021	Suggest action be taken forward by the Business Exec Team.