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Iechyd Cyhoeddus
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Public Health
Wales

Name of Meeting

Board

Date of Meeting

25 May 2023

Agenda item:

3.5

Committee Annual Reports 2022/23

Executive Lead

Paul Veysey, Board Secretary and Head of the Board Business Unit

Author:

Liz Blayney, Deputy Board Secretary and Head of Board Business Unit

Approval/Scrutiny route:

Each of the Annual reports have been presented to the relevant Committee for approval, and to recommend to the Board for assurance.

Purpose

The main purpose of the Committee Annual Reports are to assure the Board that the system of assurance is fit for purpose and operating effectively. The report summarises the key areas of business activity undertaken by the each of the Committees during 2022/23, for assurance that the Committees are fulfilling their terms of Reference

Recommendation:

APPROVE



CONSIDER



RECOMMEND



ADOPT



ASSURANCE



The Board is asked to:

- **Consider** the Committee Annual Reports for 2022/2023 summarising the key areas of business activity undertaken:
 - Audit and Corporate Governance Committee
 - Quality, Safety and Improvement Committee
 - Knowledge, Research and Information Committee
 - People and Organisational Development Committee
- **Take assurance** that the Committees are fit for purpose and operating effectively in fulfilling its terms of reference.
- **Note** the Committee work plans for 2023/24.
- **Note** the summary of the Committee’s review of Committee Effectiveness.

Quality, Safety and Improvement Committee

Annual Report 2022/23

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1 Introduction

This report summarises the key areas of business activity undertaken by the Quality, Safety and Improvement Committee ('the Committee') over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next twelve months.

2 Role and responsibilities

The Terms of Reference for the Quality, Safety and Improvement Committee were reviewed and agreed by the Board in May 2022.

The purpose of the Quality, Safety and Improvement Committee ("the Committee") is to provide:

- evidence based and timely **advice** to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of public health services and programmes delivered to improve population health outcomes. This will include considering the Annual Quality Statement and if appropriate recommending it to the Board for approval.
- **assurance** to the Board in relation to the Organisation's arrangements for safeguarding and improving the quality and safety of service user/person/population centred health provision in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales and other relevant bodies
- **assurance** to the Board in relation to the effectiveness of the arrangements in place to ensure organisational wide compliance with the health, safety and welfare requirements.
- **approve** on behalf of the Board policies, procedures and other written control documents in accordance with the Scheme of Delegation

The Committee's role is to provide assurance to the Board, that there are the appropriate and effective systems in place for areas within its remit, including ensuring that there are appropriate development and quality improvements.

The Committee's remit covers the following areas:

- Quality and Improvement
- Health and Safety
- Service User Experience
- Clinical Audit
- Putting Things Right
- Serious Incidents
- Infection Prevention and Control
- Safeguarding
- Management of Risk (within the remit)

The Committee will seek assurance on:

- With regard to its role in providing assurance to the Board the Committee will seek assurance that the functions within its remit meet the standards set for the NHS in Wales, meet the requirements of the Duty of Quality and the Duty of Candour, and provide comment on the reliability and integrity of these functions
- 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 they 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.
- The robustness of 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 these are consistently applied and underpinned by an appropriate evidence base and/or ongoing evaluation.
- The effectiveness of the Organisation's quality related frameworks , strategies and plans for the development and delivery of high quality and safe services/programmes and functions provided by Public Health Wales, including the Quality and Impact Framework.
- This includes ensuring that these are consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales and improvements in the standard of quality and safety across the whole organisation.
- On the 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.
- The implications for quality and safety arising from the development of the Organisation's corporate strategies and plans, or those of its stakeholders and partners, including those arising from any Joint (sub) Committees of the Board, for example the Estates Strategy where there would implications for quality and safety.
- 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 in particular:

- sources of internal assurance, which includes quality/clinical audit, internal audit have the capacity and capability to deliver in divisions/teams;
 - recommendations made by internal and external reviewers are considered in the context of its work plan, and the areas of focus within its remit.
 - there is evidence of a culture of reporting and learning lessons with an emphasis on continual improvement, arising from near misses, incidents, Serious Untoward Incidents, concerns, claims and feedback from service users and the public, and Health Safety;
- That there are effective arrangements in place for areas of statutory responsibility, including Putting Things Right, Infection Prevention and Control, Safeguarding, and Category 1 responder / civil contingencies act and Service User Experience.
 - Provide oversight, scrutiny and assurance of compliance with relevant legislation, guidance or initiatives, including the Health and Social Care (Quality and Engagement) (Wales) Act.
 - 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. Provided through a range of sources such as engagement, surveys, concerns, incidents and proactive arrangements to gain feedback.
 - Monitor and, where appropriate, identify those risks which are relevant to the Quality, Safety and Improvement Committee and provide assurance to the Board and, where appropriate, the Audit and Corporate Governance Committee that the risks are being managed appropriately.

Comment / Recommendation to Board

With regard to its role in providing advice to the Board, the Committee will **comment and make recommendations to the Board specifically** on the:

- Development and adoption of a set of key indicators of quality and improvement, against which the Organisation's performance will be regularly assessed and reported on through reporting arrangements, such as the Annual Quality Statement

Delegated Decisions

The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by **reviewing** and **approving** as appropriate:

- Putting Things Right (Complaints, Claims and Incidents), Policy and associated procedures, Guidelines and Protocols
- Policies relating to:
 - Clinical Governance/Patient Safety, Medicines Management (including immunisations and vaccinations)
 - Public/Stakeholder Engagement Information
 - Infection Prevention and Control
 - Safeguarding, Violence and Aggression/ Personal Safety
 - Health and Safety, Fire, Waste and Water Management

2.1 Membership of Committee

The membership of the Committee during 2022/23 was as follows:

Name	Position	Attendance *
Kate Eden	Committee Chair and Non-Executive Director	5/5
Sian Griffiths	Non-Executive Director	3/5
Diane Crone	Non-Executive Director	4/5
Nick Elliott	Non-Executive Director	4/4

The Chair of the Board, Jan Williams, has a standing invite to attend Committee meetings, and attended two meetings of the Committee during 2022/23

2.2 Others in attendance

During 2022/23, the meetings were also attended by the following:

Name	Position	Attendance
Rhiannon Beaumont Wood	Executive Director of Quality, Nursing and Allied Health Professionals	5/5
Meng Khaw	National Director Health Protection and Screening Services, Executive Medical Director	3/5
Helen Bushell*	Board Secretary and Head of the Board Business Unit	2/4
John Boulton	Director of NHS Quality Improvement and Patient Safety/Director 1000 Lives	4/5

Angela Jones	Acting Director Health and Wellbeing	4/4
Stuart Silcox	Assistant Director Integrated Governance, Quality Safety and Allied Nursing Health Professional	4/5
Angela Cooke	Assistant Director of Quality, Nursing and Allied Health Professionals	5/5
Liz Blayney*	Acting Board Secretary and Head of the Board Business Unit	1/1

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

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

The Chief Executive, Tracey Cooper, was also invited to attend every meeting, and attends at least annually. The Chief Executive attended one meeting during the year.

Representatives from the Local Partnership Forum have a permanent invite to attend the Committee.

2.3 Meeting frequency

During 2022/23 the Committee met 5 times and was quorate on all occasions.

The terms of reference for the Committee require meetings to be held no less than quarterly and otherwise, as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board and Committee Business.

3 Main areas of Committee activity 2022/23

The Committee's role is to provide independent **assurance** to the Board and the Chief Executive, that there are the appropriate and effective systems in place for areas within its remit, including ensuring that the appropriate development and quality improvements.

The Committee's remit covers the following areas:

- Quality and Improvement
- Health and Safety
- Service User Experience
- Clinical Audit
- Putting Things Right and Serious Incidents
- Infection Prevention and Control
- Safeguarding
- Management of Risk (within the remit)

The Committee wishes to assure the Board that it fulfilled its work plan for 2022/23 covering a wide range of activity. The following sections provide a summary of this activity. The Committee considered the following items:

Health and Social Care (Quality and Engagement) (Wales) Act 2020	The Committee considered updates on the approach to implement the Health and Social Care (Quality and Engagement) (Wales) Act 2020 within Public Health Wales. The Committee took regular assurance on the Organisation's approach to successfully implement and comply with the requirements of Duty of Quality Regulations, noting the work in relation to Quality as an Organisational Strategy and the Improvement and Innovation Hub to support the approach. The Committee also took regular assurance on the Organisations approach to successfully implement and comply with the requirements of Duty of Candour Regulations.
PHW Innovation and Improvement hub	The Committee took assurance on the approach to develop and implement the Innovation and Improvement (I&I) hub in Public Health Wales, which would support Public Health

	Wales with a defined and strategic approach to building capacity and capability for sustainable continuous improvement and innovation.
Safeguarding	<p>The Committee approved the Organisation’s Safeguarding Annual Report 2021/22 and took assurance that there were effective arrangements in place to fulfil the organisational statutory responsibilities in relation to safeguarding. The Committee noted the revised Safeguarding Group Terms of Reference for 2022/23.</p> <p>The Committee considered a mid-year update on Safeguarding, taking assurance on the arrangements in place and progress on the delivery and implementation of safeguarding plans to enable Public Health Wales to fulfil its statutory responsibilities. The Committee went on to take assurance on the Safeguarding Maturity Matrix self-assessment and improvement plan to promote and monitor the welfare of children, young people and adults at risk.</p>
Infection, Prevention and Control (IPC)	<p>The Committee considered and approved the Public Health Wales Infection Prevention and Control Annual Report for 2021/22 and noted the revised terms of reference for 2022/23.</p> <p>The Committee took assurance throughout the year that that the IPC Group and Lead Nurse for IPC (Corporate) were ensuring that Public Health Wales was meeting its IPC responsibilities.</p>
Internal Flu Vaccine	<p>The Committee considered and took assurance on the effectiveness of the internal influenza vaccine campaign delivery for 2021-22.</p> <p>The Committee took assurance on the staff influenza vaccination delivery plan for 2022-23 to enable the maximum uptake and safe delivery of Influenza vaccinations as part of the Public Health Wales (PHW) offer to staff.</p>
Medical Devices	The Committee took assurance on the arrangements for medical devices management through regular Committee updates, noting the updated corporate medical devices register and the work plan of the Medical Devices Management Group.
Health and Safety	The Committee considered and took assurance that appropriate measures were in place to monitor compliance with health and safety regulations and incident reporting, and to address areas identified for improvement via quarterly health and safety reports.

	<p>The Committee accepted that there was annual report for 2021/22 due to the Health and Safety Teams' focus on ensuring additional workplace safety measures were in place as a result of Coronavirus Restriction legislation.</p> <p>The Committee approved the Health and Safety Terms of Reference and Work plan for 2022-23.</p>
Quality and Clinical Audit	<p>The Committee took assurance on the Quality and Clinical Audit Plan Annual Report for 2021/2022, which included an analysis of the findings and recommendations of the completed audits.</p> <p>The Committee approved the Quality and Clinical Audit Plan 2022/23, and later took assurance on the progress of the plan, noting the proposed improvement initiatives.</p> <p>The Committee undertook a deep dive into Quality and Clinical Audit, which included the background, key drivers for change, such as Quality as an Organisational Strategy and the Quality/Duty of Candour Act, and key improvement aims around the quality assurance of the audit process, learning from audits and increased audit across the directorates. The Committee took assurance on the management of Quality and Clinical Audit within the Organisation.</p>
Clinical Governance	<p>The Committee considered and took assurance on the progress of the development of the Public Health Wales Clinical Governance Framework.</p>
Once for Wales Concerns Management System	<p>The Committee considered and took assurance on the governance and implementation arrangements of the Once for Wales Concerns Management system, which included the successful implementation of phase one.</p>
Alerts Report	<p>The Committee took regular assurance that an effective management system for distribution, monitoring and record keeping for alerts / safety notices was in place.</p>
Putting Things Right	<p>The Committee took regular assurance on the effective management of Putting Things Right (Incidents, Complaints, Redress, Claims and Compliments) via quarterly reports, which included National Reportable Incidents, and via indicators as part of the Quality Dashboard.</p>

	The Committee considered and took assurance on the annual report for 2021-22 which provided a summary of people's experience with Public health Wales and detailed the compliance with the response rates set out in the Putting Things Right Regulations, together with an overview of concerns reported through the process for the period 1 April 2021 to 31 March 2022.
Claims and redress	The Committee considered regular Claims and Redress updates, including lessons learnt and took assurance that the claims were being managed in line with Claims Management Policy and Procedure.
Deep Dive into Health Improvement	The Committee considered a detailed update on the work of the Health and Wellbeing Directorate, which included an overview of the key programmes delivered, public health contribution to primary care transformation, health improvement initiatives and future development of the programmes.
Health and Care Standards	The Committee took assurance that the Health and Care Standards self-assessment process had been completed for 2021-22 and noted the overall organisational position. The Committee noted the future direction of Health and Care Standards, following the introduction of the Health and Social Care (Quality and Engagement) (Wales) Act 2020.
Our Approach to Engagement	The Committee undertook a deep dive into the progress of the Organisations approach to Engagement and took assurance that the Year 2 Implementation Plan for ' <i>Our Approach to Engagement</i> ' was progressing and that the CIVICA Experience system had been implemented with ongoing work to embed its capability across the organisation.
Screening Services	<p>The Committee considered regular updates on the recovery of the Organisation's screening programmes due to impact of the pandemic, taking assurance that the recovery of the screening programmes were progressing, the work underway to recover the remaining programmes, and the future development of screening programmes.</p> <p>The Committee also considered a cervical screening campaign update following a change to routine interval in the cervical screening programme, and took assurance on the work undertaken as part of the communications campaign to rebuild trust in the safety and effectiveness of the cervical screening programme in Wales.</p>

Deep Dive into Healthcare Associated Infection, Antimicrobial Resistance and Prescribing (HARP)	The Committee considered a detailed presentation on the Healthcare Associated Infection, Antimicrobial Resistance and Prescribing (HARP) Programme, noting the current position, challenges for 2022-2024 and next steps. The Committee took assurance on the management of the HARP Programme.
Winter Planning	The Committee took assurance on winter planning within the Health Protection and microbiology services for 2022-23.
Office of the Medical Director	The Committee considered updates against the establishment of the Office of the Medical Director and took assurance on the roles and responsibilities of the Executive Medical Director, and the overview of the functions of the Office of the Medical Director.
Emergency Planning and Business Continuity – Annual Reports 2021 and 2022	The Committee considered the Organisation’s Emergency Planning and Business Continuity annual report for both 2021 and later 2022, and took assurance in relation to the Organisation’s compliance with the requirements of the Civil Contingencies Act [2004] and the NHS Wales Emergency Planning Core Guidance [2015] and the Organisation’s level of emergency preparedness.
Risk	The Committee received regular updates on the Corporate and Strategic Risks within the remit of the Committee, and took assurance on the management of these risks.
Medical Revalidation and Job Planning	The Committee Took assurance that there were systems in place to support Revalidation of Medical Consultants, and supported the development of the Office of the Medical Director to further improve the arrangements and systems for Revalidation.
Professional Registration Arrangements	The Committee considered an audit of arrangements within Public Health Wales for verifying active professional registration for 2022/23 and took assurance that the arrangements were fit for the purpose stated.
Healthcare Support Worker Framework	The Committee took assurance on the progress of the implementation of the Healthcare Support Workers Framework within Public Health Wales.
Audit Wales Review of Quality Governance Arrangements	The Committee considered the Audit Wales Review of Quality Governance Arrangements, noting the audit’s overall conclusion that the Trust was committed to improving its quality governance arrangements. Considering the Organisation’s areas of progression, the

	Committee took assurance on the management response and plan to address the recommendations identified within the Audit Wales report.
Internal Audit	The Committee noted the Governance and Committee oversight of audit arrangements for 2022/23. The Committee considered the stock management Internal Audit Report and took assurance that the monitoring of any actions from this report would be undertaken through the Audit and Corporate Governance Committee.
Policies	<p>The Committee considered bi-annual reports on the status of policies, procedures and other written control documents within its remit, and took assurance on the management of the review of Policies within its remit.</p> <p>The Committee approved the following policies and procedures:</p> <ul style="list-style-type: none"> • Health and Safety Policy • Claims Management Policy and Procedure • Quality and Clinical Audit Procedure • Managing allegations of abuse by staff procedure • Radiation Safety Policy • Fire Safety Policy and Procedure • Water Management Policy and Procedure • Alerts, Safety notices & other Guidance policy • Adoption of the All Wales Consent to Examination or Treatment policy
Annual Quality Statement	The Committee noted the update on the revised approach to reporting requirements for the Annual Quality Statement 2021/22.
Annual Committee Effectiveness	The Committee considered a presentation on Committee Effectiveness and Performance following the completion of an online survey by Committee Members and attendees. A full report from this discussion will be provided to the Board in May 2023.
Terms of Reference Review	The Committee undertook an annual review of the Committee's terms of reference for recommendation to the Board for any changes required.
Forward Look	The Committee received the Committee Forward Look at each meeting.

3.1 Reporting outside of Committee

The following reports were considered out of committee to ensure Committee members were able to receive information in a timely manner. All reports were in response to actions arising from a Committee meeting:

Title	Date circulated to Committee
Once For Wales Concerns Management System Update	22.09.22
Diabetic Eye Screening Wales- Incident Update	22.09.23
Internal Influenza Vaccination Delivery Plan 2022-23	16.08.23

3.2 Work-plan / Action Log

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

In order to monitor progress and any necessary follow up action, the Committee has an Action Log that captures all agreed actions. This provides an essential element of assurance to the Committee and from the Committee to the Board.

The Committee reported to the Board through a composite Chair's report, providing an overview of items considered by the Committee and highlighting any cross- committee issues / themes or items needing to be brought to the Board's attention.

The Composite Chair's report and confirmed minutes are published with the Board papers.

4 Work-plan / Action Log

The Committee Work Plan ensures that the Committee discharges its responsibilities in a planned manner. It assists with agenda planning and is updated during the year to ensure that the Committee considers any additional items which may arise during the year. A meeting is planned in May 2023 to refresh the workplan, ensuring quality is embedded throughout the work of the Committee.

In order to monitor progress and any necessary follow up action, the Committee has an Action Log that captures all agreed actions. This provides an essential element of assurance to the Committee and from the Committee to the Board.

The Committee reported to the Board through a composite Chair's report, providing an overview of items considered by the Committee and highlighting any cross-committee issues / themes or items needing to be brought to the Board's attention.

The Composite Chair's report and confirmed minutes are published with the Board papers.

5. Relationship with other Committees

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

The Committee has considered workforce issues relating to the Corporate Risk and the North Wales microbiology service, which crosses over with general workforce issues within the People and Organisational Committee.

The Quality, Safety and Improvement Committee has considered the service delivery of different areas of the organisation, including screening. KRIC has considered a number of these from the point of view of digital transformation, for example Diabetic Eye Screening Wales (DESW) and the outcome of a systems review.

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

6. Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2022/23, there are effective measures in place and there are no outstanding issues that the Committee wishes to bring to the attention of the Board over and above the risks and issues already raised in the Committee Chairs composite report or that are already visible in the Strategic Risk Register and corporate risk register.

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

7. Committee Effectiveness

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

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

The Committee has engaged with a formal Board and Committee effectiveness review process which took place in March 2023. The outcome and recommendations following this review will be reported to the Board in Quarter 1 2023.

8 Planned Activity in 2023/2024

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2023/24 in respect of:

- Meeting the requirements of the Duty of Quality
- Meeting the requirements of the Duty of Candour
- Planning and incorporating Service User Feedback
- Maintaining Standards of Quality and Safety Reporting
- Monitoring the Tuberculosis Action plan.

Audit and Corporate Governance Committee

Annual Report 2022/23

Audit and Corporate Governance Committee Annual Report 2022/23

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1 Introduction

This report summarises the key areas of business activity undertaken by the Audit and Corporate Governance Committee ('the Committee') over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

2 Role and responsibilities

The Terms of Reference for the Audit and Corporate Governance Committee were reviewed and agreed by the Board in May 2022.

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

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

Remit

The Committee's role is to provide independent **assurance** to the Board and the Chief Executive, that there are the appropriate and effective systems in place for areas within its remit, including ensuring that the appropriate development and quality improvements.

The Committee's remit covers the following areas:

- Internal Audit Function
- External Audit Function
- System of risk and internal control
- Financial and accounting arrangements (including procurement)
- Corporate governance and assurance arrangements

- Cyber Security arrangements
- Hosting body arrangements

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions.

It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

The Committee will review and agree the programme of work on an annual basis, and will submit this to the Board for information.

Assurance

With regard to its role in providing assurance to the Board and the Chief Executive, the Committee will seek assurance that the functions within its remit meet the standards set for the NHS in Wales, and provide comment on the reliability and integrity of these functions.

The Committee will support the public disclosure statements that flow from the assurance processes, including the Annual Governance Statement and the Annual Quality Statement.

The Committee will seek **assurance** on:

- 1.1 The effectiveness of the overall system for risk management (system for internal control) and the management of Strategic and Corporate risks within the organisation.
- 1.2 Planned activity and results of internal and external audit, including assurance on the adequacy of executive and managements response to issues identified by audit, inspection and other assurance activity and oversight of the implementation of actions resulting from such reviews.
- 1.3 Consideration of the implications of the findings of wider audit and assurance activity relevant to the Trust's operations, ensuring these are appropriately considered and acted upon to secure the ongoing development and improvement of the organisations governance arrangements.
- 1.4 The work carried out by key sources of external assurance, in particular, but not limited to the Trust's external auditors, is appropriately planned and co-ordinated and that the results of

external assurance activity complements and informs (but does not replace) internal assurance activity.

1.5 That the work carried out by the whole range of external review bodies is brought to the attention of the Board and other Committees of the Board in line with the Audit Protocol, to ensure that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply.

1.6 The overall system in place for clinical audit to ensure that there is an effective clinical audit function*, through the Quality, Safety and Improvement Committee (or equivalent).

**Note: The role of the Audit Committee with regard to clinical audit is to seek assurance on the overall annual clinical audit plan, it's fitness for purpose and it's delivery. The Quality, Safety and Improvement Committee will seek more detail on the clinical outcomes and improvements made as a result of clinical audit.*

1.7 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, including strategies, annual work plans and annual reports.

1.8 Safety and security of the information collected and used by the organisation, with particular reference to Cyber security, Information Governance compliance, and records management arrangements.

1.9 Any issues upon which the Board or the Chief Executive may seek advice, including the processes and arrangements for special investigations where applicable.

1.10 the underlying assurance processes for the organisations performance management, and the process for ensuring the organisations ability to achieve corporate objectives.

1.11 Systems for financial reporting to the Board, including those of budgetary control, are effective.

1.12 The efficiency, effectiveness and economic use of resources

1.13 The extent to which the organisation safeguards and protects all its assets.

- 1.14 Schedule of Losses and Special Payments, ensuring that the write off of losses and special payments have been made in accordance with the approval route documented in the Scheme of Delegation
- 1.15 Provide oversight, scrutiny and assurance of compliance with and any development and improvement requirements in relation to information management systems that support business needs, are fit for purpose and comply with legal/best practice requirements in relation to Information Governance including the:
- Data Protection Act 2018
 - General Data Protection Regulation 2016
 - Control of Patient Information Regulations 2002
 - Common Law duty of Confidence
 - Freedom of Information Act 2000
 - Wales Accord on the Sharing of Personal Information (WASPI)
 - Codes of Practice and Guidance as issued by the Information Commissioner's Office and Welsh Government
- 1.16 NHS Wales Collaborative and the Finance Delivery Unit, and any other arrangements hosted by Public Health Wales, are complying with the provisions of the Hosting Agreement

Comment / Recommendation to Board

With regard to its role in providing advice to the Board, the Committee will **comment and make recommendations to the Board specifically** on the:

- 1.17 Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate) Including Formal consideration of any reports from the Board Secretary on any non-compliance with Standing Orders, making proposals to the Board on any action to be taken.
- 1.18 Ensuring that there is an effective scheme of delegation in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Chief Executive or through the work of the Board's committees
- 1.19 Accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, the ISA 260 Report 'Communication with those charged with Governance' and managements' letter of representation to the external auditors

- 1.20 All risk and control related disclosure statements, in particular the Annual Financial statements, Accountability report and the Annual Governance Statement together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to approval by the Board.
- 1.21 Adequacy of the Trust's corporate governance and assurance framework and processes for the maintenance of an effective system of good governance, risk management and internal control across the whole organisation's activities (both clinical and non-clinical).

Delegated Decisions

The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by **reviewing** and **approving** as appropriate:

- 1.22 The policies for ensuring compliance with regulatory, legal and code of conduct and accountability requirements within the remit of the Committee.
- 1.23 The policies and procedures for all work related to fraud and corruption as set out in National Assembly for Wales Directions and as required by the Counter Fraud and Security Management Service
- 1.24 Risk Assessment and Risk Register Procedures, Guidelines and Protocols
- 1.25 Financial Control Procedures
- 1.26 Arrangements relating to the discharge of the Trust's responsibility as a Bailee for patients' property.
- 1.27 Policies relating to Information Governance/ Caldicott/Data Protection/Freedom of Information.

2.1 Membership of Committee

The membership of the Committee during 2022/23 was as follows:

Name	Position	Attendance *
Nick Elliott	Committee Chair as of 1 March 2023 and Non-Executive Director.	1/1
Mohammed Mehmet	Non-Executive Director	5/5
Kate Young	Non-Executive Director	3/5
Dyfed Edwards	Committee Chair and Non-Executive Director until 28 February 2023	3/4

The Chair of the Board, Jan Williams, has a standing invite to attend Committee meetings, and attended two meetings of the Committee during 2022/23

2.2 Others in attendance

During 2022/23, the meetings were also attended by the following

Name	Position	Attendance
Huw George	Deputy Chief Executive / Executive Director of Operations and Finance	5/5
Rhiannon Beaumont-Wood	Executive Director of Quality, Nursing and Allied Health Professionals	2/5
Helen Bushell	Board Secretary and Head of Board Business Unit	3/3
Angela Fisher	Deputy Director and Head of Finance	4/5
Liz Blayney	Acting Board Secretary and Head of Board Business Unit	2/2

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

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

Andrew Cottom was as an Independent Advisor to the Committee until 2 December 2022.

The Chief Executive, Tracey Cooper, was also invited to attend each meeting, and attends at least annually. The Chief Executive attended one meeting during the year.

Representatives from the Local Partnership Forum have a permanent invite to attend the Committee.

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

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

2.3 Meeting frequency

During 2022/23 the Committee met 5 times and was quorate on all occasions.

The terms of reference for the Committee require meetings to be held no less than quarterly and otherwise, as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board and Committee Business.

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

3 Main areas of Committee activity 2022/23

The Committee wishes to assure the Board that it fulfilled its work plan for 2022/23 covering a wide range of activity. The following sections provide a summary of this activity. The Committee considered the following items:

Internal Audit	
Quarterly Progress Update	NHS Wales Shared Services Partnership carries out a number of functions on behalf of Public Health Wales. The Committee receives reports from the internal audit function which provide it with assurance that these functions are efficient and cost effective.
Internal Audit Reports	Presentation of all Internal Audits listed in Section 3.2.
Head of Internal Audit Opinion 2021/22	For assurance of the overall assessment and Opinion from the Head of Internal Audit for the 2021/22 year.
External Audit	
Progress Reports	Audit Wales (AW) provided the Committee with regular progress reports on any external audits and monitored progress against recommendations.
Structured Assessment	Assurance as to progress has been received and the Committee will consider the report in early 23/24.
AW Annual Report for 2022	Assurance as to progress has been received and the Committee will consider the report in early 23/24.
Audit (internal and external) Action Log	Progress on the implementation of actions and to approve any closure of actions or amendments to timescales.
Counter Fraud	
Counter Fraud Updates	For assurance on the effective management of Counter Fraud issues within the Organisation, the Committee receives an update at each meeting, with a presentation at alternate meetings.
Finance and Procurement	
Quarterly Losses and Special Payments Report	To assure the Committee that these were taken in line with the requirements of the Standing Financial Instructions (SFIs).
Quarterly Procurement Reports	To assure the Committee that these were taken in line with the requirements of the Standing Financial Instructions (SFIs).

Finance Updates	To assure the Committee in the financial position of the organisation.
Annual Review of Debt Right offs	Approval of the annual bad debts and claims abandoned for 2022/23.
Corporate Governance	
Standards of Behaviour Policy	For assurance on the implementation of the Standards of Behaviour Policy.
Welsh Health Circulars (WHC)	For assurance that process for recording and monitoring the organisations compliance with WHC was being managed effectively.
Integrated Governance	For assurance on progress with the implementation the model.
Self-Assessment 2022/23 – Code of Practice Compliance	For assurance that the Organisation complied with the Self-Assessment 2022/23 – Compliance against the Governance in Central Government Departments: Code of Practice 2017.
Bi-annual Policies Status	For assurance of the prioritisation and progress being made to review policies and procedures within the remit of the Committee.
Policies	Approved the All Wales Information Counter Fraud, Bribery and Corruption Policy, the All Wales Damage to Personal Property Policy, the All Wales Policy on Insurance, NHS Indemnity and Related Risk Management; and the Public Health Wales Policy on Indemnity which is based on the All Wales Policy.
Information Governance	
Information Governance Performance Report	For assurance that the Information Governance Management System was working effectively
Data Breaches	For assurance on the progress and learning from data breaches.
Cyber Security	
Bi Annual Updates	For assurance of the organisations management of Cyber Security issues.
Deep Dive	The Committee considered a deep dive into Cyber Security, and took assurance on the management of Cyber Security within the organisation at each Committee meeting.
Committee Governance	
Annual Committee Effectiveness	The Committee considered a presentation on Committee Effectiveness and Performance following the completion of an online survey by Committee Members and attendees. A full report from this discussion will be provided to

	the Board as part of the Board's Performance and Effectiveness review planned for Quarter 1 2023.
Terms of Reference Review	Annual review of the Committee's terms of reference for a recommendation to the Board for any changes required.
Committee Work Planning.	To plan the Committee focus for the following year, and to approve a work programme.
Annual Reporting	
Annual Accounts Plan for 2022/23	For assurance of the arrangements in place to produce the Annual Report in line with requirements.
Draft Accountability Report 2022/23	The Committee received the Accountability Report and the Annual Financial Statements and Accounts for 2022/23 in draft on 5 May 2022, for approval prior to submission to Audit Wales and Welsh Government. The Committee reviews the final draft of the Accountability Report and the Annual Financial Statements on 14 June 2022, and recommended it to submission to Board. The final submission was approved by the Board at an extraordinary meeting on 14 June 2022.
Hosted Bodies	
Finance Delivery Unit: Annual Assurance Statement	For assurance that the collaborative have complied with the hosting arrangements.
NHS Collaborative Annual Assurance Statement	For assurance that the collaborative have complied with the hosting arrangements.
Risk	
Corporate Risk	To enable them to gain assurance that operational risks were being appropriately managed.
Strategic Risk	Received the Strategic Risk Register (SRR) for oversight of those elements of the SRR which apply to the risks falling under the remit of the Committee. The Committee's role is to seek assurance from the Executive on the management of the risks, in particular to test the efficacy of the controls and to make recommendations to strengthen the control environment where necessary.

Annual Review of Risk	For assurance of the appropriate plan in place to manage risk within the organisation.
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3.1 Reporting outside of Committee


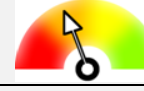


There have been no reports that have been considered out of committee this year.

3.2 Internal Audit

Completed Audits 2022/23

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

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

Report	Level of assurance provided			
	No assurance 	Limited assurance 	Reasonable assurance 	Substantial assurance 
Local Public Health Teams				X
NIS Directive (Cyber Security)				X
Information Governance Toolkit			X	
Risk Management			X	
Workforce – Sickness absence monitoring			X	
Financial Management				X
Health and Safety			X	
Welsh Risk Pool claims				X
Information Governance			X	
Population Health Grants		X		

3.3 Reporting outside of Committee

There were no reports circulated to the Committee outside of the meetings.

3.4 Work-plan / Action Log

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

In order to monitor progress and any necessary follow up action, the Committee has an Action Log that captures all agreed actions. This provides an essential element of assurance to the Committee and from the Committee to the Board.

The Committee reported to the Board through a composite Chair's report, providing an overview of items considered by the Committee and highlighting any cross-committee issues / themes or items needing to be brought to the Board's attention.

The Composite Chair's report and confirmed minutes are published with the Board papers.

4. Relationship with other Committees

The Audit and Corporate Governance Committee has continued to work closely, the Quality, Safety and Improvement Committee. It also works with the People and Organisational Development Committee and Knowledge, Research and Information Committee which have resumed their work following their suspension during the COVID-19 pandemic.

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

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

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

5. Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2022/23, there are effective measures in place and there are no outstanding issues that the Committee wishes to bring to the attention of the Board over and above the risks and issues already raised in the Committee Chairs composite report or that are already visible in the Strategic Risk Register and Corporate Risk Register.

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

6. Committee Effectiveness

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

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

The Committee has engaged with a formal Board and Committee effectiveness review process which took place in March 2023. The outcome and recommendations following this review will be reported to the Board in Quarter 1, 2023.

7. Planned Activity in 2023/2024

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2023/24 in respect of the:

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

Knowledge, Research and Information Committee

Annual Report 2022/23

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1 Introduction

This report summarises the key areas of business activity undertaken by the Knowledge, Research and Information Committee ('the Committee') over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

2 Role and responsibilities

The Terms of Reference for the Knowledge, Research and Information Committee were reviewed and agreed by the Board in May 2022.

The purpose of the Knowledge, Research and Information Committee ("the Committee") is to:

- provide **advice** and **assurance** to the Board in relation to the quality and impact of our knowledge, health intelligence and research activities and also the data quality and information governance arrangements in the organisation and cross sector where applicable.
- **Approve** on behalf of the Board policies, procedures and other written control documents in accordance with the Scheme of Delegation.

Remit

The Committee's role is to provide independent assurance to the Board and the Chief Executive, that there are the appropriate and effective systems in place for areas within its remit, including ensuring that the appropriate development and quality improvements.

The Committee's remit covers the following areas:

- Knowledge and Impact
- Data and Information Governance
- Analysis and Data Science
- Research and Evaluation
- Digital

The Committee will seek **assurance** on:

Knowledge and impact

- 1.1 The implementation of, and associated risks for, the relevant strategic priority (priorities) relating to knowledge, research and information in the organisation.

1.2 The impact of the knowledge, research, information and evidence activities as they relate to improving health and wellbeing in Wales.

1.3 The effectiveness of the research governance arrangements in the organisation and the prioritisation of research to ensure improved health of the population of Wales.

Data and Information Governance

1.4 That Public Health Wales has access to, through collection, sharing or linkage the data it needs to meet its research, data science and analysis needs.

1.5 That Public Health Wales has effective arrangements in place (directly or through third party governing processes where applicable) to identify, assess, manage and prevent cyber threats across the organisation.

1.6 Provide oversight, scrutiny and assurance that the culture, behaviours and information management systems ensure we exploit data to improve the health of the people of Wales while also being fully compliant with all appropriate legal and ethical duties.

Analysis and Data Science

1.7 That Public Health Wales is keep abreast of data and technical developments to embed data science tools and techniques into our analysis and ways of working.

1.8 That data science and analysis are effectively deployed and prioritised to improve the health and wellbeing of the population of Wales and are deployed to ensure effective delivery of Public Health Wales strategy.

Research and Evaluation

1.10 That Public Health Wales is evaluating the effectiveness of its work and the improvements made to the health of the population of Wales.

Digital

1.11 Transformation of Public Health Wales' and partner organisations service delivery through use of digital services.

Comment / Recommendation to Board

With regard to its role in providing advice to the Board, the Committee will **comment and make recommendations to the Board specifically** on the:

1.13 The continued development of the strategic relationship with academic institutions across Wales, and beyond where applicable.

Delegated Decisions

The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by **reviewing** and **approving** as appropriate:

Delegated Decisions

The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by **reviewing** and **approving** as appropriate:

1.12 Policies relating to Intellectual Property/Commercialisation and Information Management and Technology

2.1 Membership of Committee

The membership of the Committee during 2022/23 was as follows

:

Name	Position	Attendance *
Sian Griffiths	Committee Chair and Non-Executive Director	4/4
Diane Crone	Non-Executive Director	4/4
Nick Elliot	Non-Executive Director	4/4

The Chair of the Board, Jan Williams, has a standing invite to attend Committee meetings, and attended two meetings of the Committee during 2022/23

2.2 Others in attendance

During 2022/23, the meetings were also attended by the following

Name	Position	Attendance
Iain Bell	National Director Public Health Knowledge and Research	4/4
Rhiannon Beaumont-Wood	Executive Director of Quality, Nursing and Allied Health Professionals	0/4
Helen Bushell	Board Secretary and Head of Board Business Unit	0/3
Liz Blayney	Acting Board Secretary and Head of Board Business Unit	1/1
Fu Meng Khaw	National Director Health Protection and Screening Services / Executive Medical Director	3/4
Angela Jones	Acting Director of Health and Well-being	3/3

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

The Chief Executive, Tracey Cooper, was also invited to attend every meeting, and attends at least annually. The Chief Executive attended one meeting during the year.

Representatives from the Local Partnership Forum have a permanent invite to attend the Committee.

2.3 Meeting frequency

During 2022/23 the Committee met 4 times and was quorate on all occasions.

The terms of reference for the Committee require meetings to be held no less than quarterly and otherwise, as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board and Committee Business.

3 Main areas of Committee activity 2022/23

The Committee's role is to provide independent **assurance** to the Board and the Chief Executive, that there are the appropriate and effective systems in place for areas within its remit, including ensuring that the appropriate development and quality improvements.

The Committee's remit covers the following areas:

- Knowledge and Impact
- Data and Information Governance
- Analysis and Data Science
- Research and Evaluation
- Digital

The Committee wishes to assure the Board that it fulfilled its work plan for 2022/23 covering a wide range of activity. The following sections provide a summary of this activity. The Committee considered the following items:

Monitoring Impact Proposal	The Committee considered and agreed to further develop the proposed approach for a systematic approach for Public Health Wales to monitor the impact of its Knowledge and Research outputs. This included using a suite of interviews and surveys of stakeholders/ product users, and to monitor and record this impact using a framework and impact tracking system.
Open University	The Committee considered a presentation from the Open University as part of its consideration of how PHW can work with universities in Wales to explore forming strategic partnerships. The links with the Open University (OU) had progressed the furthest due to an alignment of their interests in targeting people in the lowest two quintiles of the index of multiple deprivation. The discussion explored how PHW could develop a strategic partnership with OU.

Behavioural Science Unit	The Committee considered a presentation by way of an introduction to the Behavioural Science Unit.
Office of National Statistics	The Committee considered a detailed presentation from the Office of the national statistics on Statistics for the public Good including exploring the concepts of trustworthiness, quality and value.
Deep Dive – Diabetic Eye Screening Wales (DESW)	The Committee undertook a deep dive into the work of Diabetic Eye Screening Wales (DESW) and the outcome of a systems review that had taken place. A 'Discovery' model had been undertaken to review the way in which diabetic eye screening was conducted in Wales.
Specialist and Reference Units, Infection Services Division	The Committee considered a detailed overview on the Research, Development and Evaluation within the Specialist and Reference Units, Infection Services Division
Research and Evaluation strategy	<p>The Committee has considered regular updates at each meeting on the progress with the development of the Research and Evaluation strategy.</p> <p>This consideration included:</p> <ul style="list-style-type: none"> • Seeking the Committee's views on the emerging themes and areas to feed into the strategy content. • An overview of research mapping and the impact of this research.
Development of organisational standards: Equality in data collection for research and evaluation	The Committee considered a verbal update on progress with the development of standards to collect equality information which aligned with census data. This matter was remitted from the Board for the Committee to consider.
Health Inequalities – Deep Dive	The Committee considered a detailed presentation on Health Inequalities to understand the scale of inequalities which existed in health and healthcare services. The range of inequalities were age, marital, gender reassignment,

	<p>pregnancy/maternity leave, race, religion, sex (and orientation) and references were made to data sources used to compile the data. The cost, the return on investment and effectiveness were considered. Consideration was given to the effect of the Coronavirus and the Triple Challenge on the inequalities. Issues concerning Screening Services were considered. The Committee understood more work was needed to fully understand Health Inequalities in Wales, and work was needed to put plans in place to address the gaps identified by the research.</p>
Research Opportunities within the WHO Collaborating Centre	<p>The Committee considered an update on Research Opportunities within the WHO Collaborating Centre overview of the opportunities within a global context the breadth of the work within the collaborating centre, particularly the range of international partners.</p>
Introduction / IMTP Context	<p>The Committee considered a verbal update for assurance providing an overview for the Committee of the context of the Integrated Medium Term Plan (IMPT).</p> <p>This focused on the theme of maximising the use of digital data and evidence to improve health and wellbeing of Wales and the four key areas within this theme</p>
Digital and Data Strategy.	<p>The Committee has considered updates on the development of the Digital and Data Strategy.</p> <p>In December, the Committee provided input from the Committee to further develop the strategy. This included feedback on the current issues, Barriers and challenges within the system and Future developments for the Organisation:</p> <p>In March, the Committee considered a framework to introduce the current draft of the Public Health Wales digital and data strategy. It also provided details of the methods used, to provide a benchmark of quality for the work.</p>
Artificial Intelligence	<p>The Committee considered presentation of a review on Artificial Intelligence (AI) in Health and Care in Wales; the review had been commissioned by the Chairs of Public Health Wales, Digital Health Care Wales and Health Education and Improvement Wales.</p>

Risk	The Committee received regular updates on the Corporate and Strategic Risks within the remit of the Committee, and took assurance on the management of these risks.
Annual Committee Effectiveness	The Committee considered a presentation on Committee Effectiveness and Performance following the completion of an online survey by Committee Members and attendees. A full report from this discussion will be provided to the Board in May 2023.
Terms of Reference Review	Annual review of the Committee's terms of reference for a recommendation to the Board for any changes required.
Bi-Annual Policy	The Committee considered bi-annual reports on the status of policies, procedures and other written control documents within its remit, and took assurance on the management of the review of Policies within its remit.
Forward Look	The Committee received the Committee Forward Look at each meeting.

3.1 Reporting outside of Committee

There have been no reports that have been considered out of committee this year.

3.2 Work-plan / Action Log

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

In order to monitor progress and any necessary follow up action, the Committee has an Action Log that captures all agreed actions. This provides an essential element of assurance to the Committee and from the Committee to the Board.

The Committee reported to the Board through a composite Chair's report, providing an overview of items considered by the Committee and highlighting any cross- committee issues / themes or items needing to be brought to the Board's attention.

The Composite Chair's report and confirmed minutes are published with the Board papers.

4. Relationship with other Committees

The Knowledge Research and Information Committee has continued to work closely with the other Committees.

The Audit and Corporate Governance Committee has ensured that the statutory requirements relating to Information Governance have been given due consideration, and assurance is provided to the Board on these matters. KRIC has a role in relation to information governance in to context of the data and digital agenda and would highlight any areas of concern to ACGC to consider in the overall organisational context. KRIC has not raised any areas of concern in relation to Information Governance this year.

The Quality, Safety and Improvement Committee has considered the service delivery of different areas of the organisation, including screening. KRIC has considered a number of these from the point of view of digital transformation, for example Diabetic Eye Screening Wales (DESW) and the outcome of a systems review

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

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

5. Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2022/23, there are effective measures in place and there are no outstanding issues that the Committee wishes to bring to the attention of the Board over and above the risks and issues already raised in the Committee Chairs composite report or that are already visible in the Strategic Risk Register and corporate risk register.

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

6. Committee Effectiveness

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

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

The Committee has engaged with a formal Board and Committee effectiveness review process which took place in March 2023. The outcome and recommendations following this review will be reported to the Board in Quarter 1 2023.

7. Planned Activity in 2023/2024

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2023/24 in respect of the:

- Approval and Implementation of the Research and Evaluation Strategy
- Approval and Implementation of the Data and Digital Strategy
- The Committee is also planning a series of deep dives linked to the strategic priorities:

Lifestyle factors (separate from inequalities) (Priority 3, Promoting Healthy Behaviours)	Areas of focus for deep dives to include:
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Secondary Prevention (Priority 4, Securing a Health Future for the next generation)	<ul style="list-style-type: none"> - Systems in place for data collection - Capacity to collect / gaps in data information - Mechanisms and measures of outcomes and how they are being used to inform decision making - Role of research and evaluation (and how it feeds into outcomes and measurement? How we monitor the impact of our research in the short and long term) - Digital enablement (what changes do we need to do)
Addictions (to include alcohol, gambling and drugs) (Priority 3, Promoting Healthy Behaviours)	
Climate Change and Environmental Public Health (Priority 5, Protecting Public from infection and environmental threats to health)	
Indicators for Mental Health (Priority 2, improving mental well-being and resilience)	
Screening (Priority 6, Supporting the developments of an excellent health and care system)	

People and Organisational Development Committee

Annual Report 2022/23

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1 Introduction

This report summarises the key areas of business activity undertaken by the People and Organisational Development Committee ('the Committee') over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next twelve months.

2 Role and responsibilities

The Terms of Reference for the People and Organisational Development Committee were reviewed and agreed by the Board in May 2022.

The purpose of the People and Organisational Development Committee ('the Committee') is to provide:

- evidenced based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to all matters relating to staff and staffing of Public Health Wales
- assurance to the Board in relation to Public Health Wales's arrangements for all issues relating to human resources, its people, workforce and organisational development in accordance with its stated objectives and the requirements and standards determined by the NHS in Wales
- assurance to the Board in relation to the Trusts arrangements for matters relating to the Welsh language, equality, diversity and human rights.
- approve, on behalf of the Board, relevant policies, procedures and other written control documents in accordance the Scheme of Delegation.

Remit

The Committee's role is to provide assurance to the Board, that there are the appropriate and effective systems in place for areas within its remit, including ensuring that there are appropriate development and quality improvements.

The Committee's remit covers the following areas:

- Workforce matters
- Organisational development
- Equality, diversity and human rights
- Welsh language provision.
- Staff Engagement and Partnership Working with Trade Unions

To achieve this, the Committee will have a programme of work designed to ensure that it is able to discharge fully the provisions of its' Terms of Reference across the period of its work programme.

The Committee will review and agree the programme on an annual basis, and will submit to the Board for information.

Assurance

With regard to its role in providing assurance to the Board the Committee will seek assurance that the functions within its remit meet the standards set for the NHS in Wales.

- The Committee will seek assurance on:
- The development and subsequent delivery of the Trust's People and Organisational Development strategies and plans ensuring they are consistent with the Boards overall strategic direction and with any requirements and standards set for NHS bodies in Wales.
- The implications for workforce planning arising from the development of the Trusts strategies and plans or those of its stakeholders and partners, including those arising from joint (sub) committees of the Board.
- The organisational development implications and advise in the development of plans required to deliver the change in culture, leadership and processes required by the Trust
- Provide a forum to consider all issues relating to workforce and organisational development within the Trust and to take decisions on areas delegated by the Board.
- That people and organisational development arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe services/programmes and functions across the whole of the Trust's activities
- That there is the appropriate culture and arrangements to allow the Trust to discharge its statutory and mandatory responsibilities with regard to:
 - Equality, Diversity and Human Rights
 - Welsh language provision.
- The requirements of the relevant Health, Wellbeing and Corporate Health Standard.
- The management of whistle-blowing (raising concerns).
- The arrangements for Staff engagement and partnership working with Trade Unions.

Delegated Decisions

The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by reviewing and approving as appropriate:

- Policies and procedures relating to Human Resources/People.
- Policies relating to the Welsh Language.
- Policies and Procedures relating to Equality, Diversity and Human Rights.
- Policies and Procedures relating to Raising Concerns

Comment / Recommendation to Board

With regard to its role in providing advice to the Board, the Committee will **comment and make recommendations to the Board specifically** on the:

- Development and adoption of a set of key performance indicators against which the Trust will be regularly assessed. It will receive performance reports in support of these indicators

2.1 Membership of Committee

The membership of the Committee during 2022/23 was as follows:

Name	Position	Attendance *
Mohammed Mehmet	Committee Chair and Non-Executive Director	6/6
Dyfed Edwards	Non-Executive Director and Chair of the Audit and Corporate Governance Committee until 28 February 2023	4/5
Kate Young	Non-Executive Director	6/6

The Chair of the Board, Jan Williams, has a standing invite to attend Committee meetings, and attended two meetings of the Committee during 2022/23

2.2 Others in attendance

During 2022/23, the meetings were also attended by the following:

Name	Position	Attendance
Neil Lewis	Director of People and Organisational Development	6/6
Rhiannon Beaumont-Wood	Executive Director of Quality, Nursing and Allied Health Professionals	4/6
Meng Khaw	Director of Health Protection and Screening Services Andrew Jones Deputised	1/6
Helen Bushell	Board Secretary and Head of Board Business Unit	3/4
Liz Blayney	Acting Board Secretary and Head of Board Business Unit	3/3
Angela Jones	Acting Director of Health and Well-being	4/6

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

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

The Chief Executive, Tracey Cooper, was also invited to attend every meeting, and attends at least annually. The Chief Executive attended one meeting during the year.

Representatives from the Local Partnership Forum have a permanent invite to attend the Committee.

Other officers from People and Organisational Development were in regular attendance.

2.3 Meeting frequency

During 2022/23 the Committee met 6 times and was quorate on all occasions.

The terms of reference for the Committee require meetings to be held no less than quarterly and otherwise, as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board and Committee Business.

3 Main areas of Committee activity 2022/23

The Committee's role is to provide independent **assurance** to the Board and the Chief Executive, that there are the appropriate and effective systems in place for areas within its remit, including ensuring that the appropriate development and quality improvements.

The Committee's remit covers the following areas:

- Workforce matters
- Organisational development
- Equality, diversity and human rights
- Welsh language provision.
- Staff Engagement and Partnership Working with Trade Unions

The Committee wishes to assure the Board that it fulfilled its work plan for 2022/23 covering a wide range of activity. The following sections provide a summary of this activity. The Committee considered the following items:

Recruitment	
People and Organisational Development Priorities	The Committee received a presentation on the People and Organisational Development Directorate High Level vision and set out the 'Big 5' Priorities for the year.
Equality, Diversity and Inclusion	The Committee received the Equality, Diversity and Inclusion: Priorities for 2022-2023 presentation noting the work underway on the strategic equality objectives: the roll out of diversity dashboards; fair pay; learning and development; employee value proposition, the behaviours and competency framework and the legal reporting obligations.
Behavioural Framework	The Committee received the Behavioural Framework presentation , which was one element of a programme designed to embed our values throughout the Organisation over a 2-3 year period.
Workforces Data on the Performance Assurance Dashboard	The Committee regularly considered a live presentation of live data from the Performance and Assurance Dashboard focusing on sickness absences, staff vaccinations, recruitment and turnover, Equality, Diversity and Inclusion data.
Organisational Change Update	The Committee received an Update on Organisational redesign affecting Health and Well-Being (HWB) and World Health Organisation Collaborating Centre (WHO CC)

	directorates report. The Committee received a report on transfer of Local Public Health Teams to Local Health Boards.
Welsh Language	The Committee received regular assurance that the organisation had the appropriate plans in place to meet the Welsh Language statutory requirements, to reinvigorate the Organisations' bilingual culture and to consolidate awareness across the organisation of each teams' compliance obligations.
Working Where Work Works Best	The Committee took assurance that work on the 'Working Where Work Works Best' was progressing well.
Workforce Annual Reporting	The Committee approved the following documents: <ul style="list-style-type: none"> • Annual Equality Report 2021-22 • Workforce Report Annual Report 2021-22 • Gender Pay Gap report 2022
Partnership working	The Committee regularly considered topical discussions with the local partnership forum representatives on the Committee.
Raising Concerns and Grievances	The Committee took assurance from an annual report on the management of Raising Concerns (also known as whistle blowing) in line with the All-Wales Raising Concerns Policy and noted plans for the promotion of the Raising Concerns policy process through manager training. A Concerns and Grievance Internal Audit Final Report had received a reasonable assurance rating.
Employee Value Proposition	The Committee received a presentation on the Employee Value Proposition to address workforce challenges around attraction, recruitment and retention of staff.
Staff Network	The Committee took assurance the Staff Networks were developing and providing input into organisational development projects. The Committee noted a number requests submitted by the Staff Networks to the Organisation's Board during 2021-22 and took assurance of the progress made against the requests to date.
Committee Governance	
Committee Work Planning.	The Committee's focus and plan for the following year was undertaken, and a a work programme approved.
Committee Effectiveness	The Committee undertook a Committee Effectiveness and Performance session and a report from this discussion will be submitted to the Board during Quarter 1 2023/4.
Policies	The Committee approved of the following Policies within their remit: <ul style="list-style-type: none"> • Adverse Weather Conditions/ Transport Disruption Policy;

	<ul style="list-style-type: none"> • Mental Wellbeing Policy; • Substance Misuse (Drugs and Alcohol) Policy; • Retirement Procedure • Personal Relationships at Work Policy • Family Leave Policy and Procedure • Use of Welsh Language Policy • Annual Leave Policy • Registration for Healthcare Professionals Policy and Procedure
Policies Update	The Committee received regular assurance from an update on the register of policies and written control documents on the prioritisation and progress being made to review policies, procedures and other written control documents within the remit of the Committee.
Internal and External Audit Actions	The Committee considered the recommendations made within the Internal Audit Final reports for Workforce Sickness Absence Monitoring , Final Internal Audit Report and took assurance that the monitoring of any actions from these reports would be undertaken through the Audit and Corporate Governance Committee.
Risk	
Corporate Risk	The Committee regularly received the Corporate Risk Register to enable them to gain assurance that operational risks were being appropriately managed.
Strategic Risk	The Committee regularly received the Strategic Risk Register (SRR) for oversight of those elements of the SRR which apply to the risks falling under the remit of the Committee. The Committee's role is to seek assurance from the Executive on the management of the risks, in particular to test the efficacy of the controls and to make recommendations to strengthen the control environment where necessary.

3.1 Reporting outside of Committee

There have been no reports that have been considered out of committee this year.

3.2 Work-plan / Action Log

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

In order to monitor progress and any necessary follow up action, the Committee has an Action Log that captures all agreed actions. This provides an essential element of assurance to the Committee and from the Committee to the Board.

The Committee reported to the Board through a composite Chair's report, providing an overview of items considered by the Committee and highlighting any cross- committee issues / themes or items needing to be brought to the Board's attention.

The Composite Chair's report and confirmed minutes are published with the Board papers.

4. Relationship with other Committees

The People and Organisational Development Committee has continued to work closely with the other Committees.

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

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

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

5. Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2022/23, there are effective measures in place and there are no outstanding issues that the Committee wishes to

bring to the attention of the Board over and above the risks and issues already raised in the Committee Chairs composite report or that are already visible in the Strategic Risk Register and corporate risk register.

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

6. Committee Effectiveness

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

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

The Committee has engaged with a formal Board and Committee effectiveness review process which took place in March 2023. The outcome and recommendations following this review will be reported to the Board in Quarter 1 2023.

7. Planned Activity in 2023/2024

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2023/24 in respect of the:

Continued focus on Welsh Language	Areas of focus for deep dives to include: People and Organisational Development Priorities (the Big 3) Workforce Planning
Continued focus on Equality, Diversity and Inclusion	
Continued development of Work Where Work Works Best.	
Staff Engagement Plan	