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Iechyd Cyhoeddus
Cymru
Public Health
Wales

Name of Meeting

Board

Date of Meeting

23 January 2020

Agenda item:

7.1.230120

Board Assurance Framework (BAF)

Executive lead: Helen Bushell, Board Secretary and Head of Board Business Unit

Author: Liz Blayney, Deputy Board Secretary and Board Governance Manager

Approval/Scrutiny route: Business Executive Team (13 January 2020)

Purpose

This paper seeks to set out the developments made to the Board Assurance Framework and seeks the Boards approval of the new version of the BAF.

Recommendation:

APPROVE

CONSIDER

RECOMMEND

ADOPT

ASSURANCE

The Board is asked to:

1. **Consider** progress updates in the previous version of the BAF (**Attachment 1**) and agree to closing down this version in place of the new BAF
2. **Take assurance** from the document outlining the management of actions between the previous BAF and new BAF (**Attachment 2**);
3. **Consider** the New BAF (**Attachment 3**) including revised risk 2 with assurance mapping;
4. **Consider** the proposed **Risk 8**
5. **Approve** the change to the assuring group for **Risk 4** from the Knowledge, Research and Information Committee to the Audit and Corporate Governance Committee remit.

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

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

This report contributes to the following:

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

Equality and Health Impact Assessment	Not required for this item.
Risk and Assurance	The Board Assurance Framework is as a key tool in the risk management and governance framework.
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Governance, Leadership and Accountability Choose an item. Choose an item.
Financial implications	No implications to raise
People implications	Some time is required to review and populate the new template, no other implications to raise

1. Background

The Board Assurance Framework (BAF) has been in operation for some time with the strategic risks last being reviewed 12 months ago. The executive team currently review the BAF every month and the Board receive the BAF at each Board meeting (every 2 months).

The Board is responsible for setting the strategic risk appetite and ensuring an appropriate risk management strategy is in place. The Board Assurance Framework plays a key role in providing assurance to the Board and supporting the oversight of strategic risks. The Board also seeks assurance about the management of corporate level risk every 6 months via the presentation of the corporate risk register (CRR).

2. The Development of the BAF:

The aims of the revised BAF are to:

- Provide a stronger and more robust level of assurance to the Board (and Board Committees and Executive Team);
- Use the BAF and CRR to better inform directorate, executive, committee and Board agenda time and focus.

The developments are summarised into three stages:

A. Review and revamp of the current BAF risks and underpinning content

- a. Review of the strategic risks that would derail/compromise the delivery of our strategy (and subsequent assessment of likelihood, impact, target and risk decision)
- b. Review of the current controls and assurances in place
- c. Redevelopment of the action plan that underpins the controls and assurances

B. Piloting of an assurance mapping process for risk 2

- a. This includes an assessment of the quality of each source of assurance – we have developed a tool to assist with this and are testing it on risk 2. The process will then be rolled out to the other risks by the end of the financial year.
- b. This development will provide the Board with:
 - i. A greater understanding of the quality of assurance within each risk area – which will ultimately help to better assess how good our controls are

- ii. Will drive our agendas more overtly and provide a clearer view of what the Committees, Board and other forums should be focussing on in terms of gaining assurances

C. Development of a new BAF for the future

- a. This will be a future tool that will consider Board assurance beyond risk. The development is in its infancy and will include a snapshot of the health of the organisation in one place. This would include both high level governance and other technical information from across the organisation. This is planned to be drafted for the start of the 2020/21 financial year.
- b. The development is planned to provide the Board with a clear overview of the organisations health and therefore act as a source of information and assurance – most likely in a dashboard format (without duplicating other sources of assurance).

Roles and Responsibilities

At the November 2019 meeting, the Board agreed to change some of the roles and responsibilities with regards to the Board Assurance Framework.

The changes will take place from February 2020 and included:

- **Enhancement of the role of Board committees** – in addition to seeking assurance, Committees will have authority to approve changes to the actions and/or timescales within BAF that are within the financial year or are deemed not to have significant.
- The **Audit and Corporate Governance Committee** role will include the review of the overall approach to the Board Assurance Framework annually to ensure it meets the Board’s needs.
- **The Board** will review and receive the BAF at each meeting as a standing information item and will actively review it alongside the Corporate Risk Register every 4 months

An infographic is in development which will show respective roles and responsibilities for each aspect of the organisations governance structure.

3. Progress update

A. Closing down the Old BAF (Attachment 1)

For completeness, attached as **appendix 1** is the old version of the BAF with progress comments updated against each action.

To support members in reviewing this, a summary transition document (**Attachment 2**) has been produced showing which actions have been closed and which actions are transferring to the new BAF.

B. The revised BAF (Attachment 3)

Executive Team members have populated the new BAF, the executive team have reviewed the document and this is presented for Board review.

The following points should be noted:

- The strategic risk descriptors have not been changed significantly, some have been updated to more clearly articulate the risk (risk 2 and 5);
- The controls, assurances and action plans have been reviewed and updated. Actions plans reflect where there are gaps or areas for improvement against the controls and/or assurances.
- Progress columns have not been updated as the new BAF is presented for approval. Updates will be provided in the next iteration. Progress reports have been made against all the actions in the old BAF document

The development of this version of the BAF has proven to be a beneficial process which has helped colleagues refresh the content and take a fresh look at the level and appropriateness of the controls, assurances and action plan.

The new BAF is presented for approval, the Board is asked to note:

- Work continues to identify how to best reflect appropriate milestones for longer term transformation programmes to ensure assurance can be taken by progress against longer term timescales
- As the assurance mapping is rolled out across the other risks, we anticipate developmental changes being made to the content of the BAF

Risk 2

- Within the revised BAF, Risk 2 has been used as the pilot for the assurance mapping work (as outlined earlier). The purpose of this is to give the Board an indication of the reliability of the assurance.
- Each of the assurances have been inputted into a tool that has been developed to assess the strength of the assurance. This, alongside professional judgement, provides an assurance rating against each assurance. A summary of all of the assurance ratings is also presented on the first page of risk 2.

Risk 4 (Cyber Security)

- Oversight of Risk 4 currently sits within the Knowledge, Research and Information Committee's remit. At the KRI Committee in October, it was noted that cyber security could be considered a business continuity issue and may therefore be more appropriate for oversight to sit with the Audit and Corporate Governance Committee.

C. Proposed New Risk 8

An additional risk (Risk 8) has been identified and developed for the Board to consider. The risk is described below. The Boards view would be welcome ahead of the full details being finalised and presented to Board in March.

Risk 8	<p><i>There is a risk that Public Health Wales will fail to deliver accurate, relevant data/ statistics and/ or evidence based research/ evaluation to dynamically and actively inform and maximise the impact of public health action. This will be caused by a lack of workforce capacity with the relevant skills and knowledge to rapidly respond to changing demands and technological advances in data science; staff having an over-reliance on existing systems/procedures and a lack of sufficient change capacity.</i></p>
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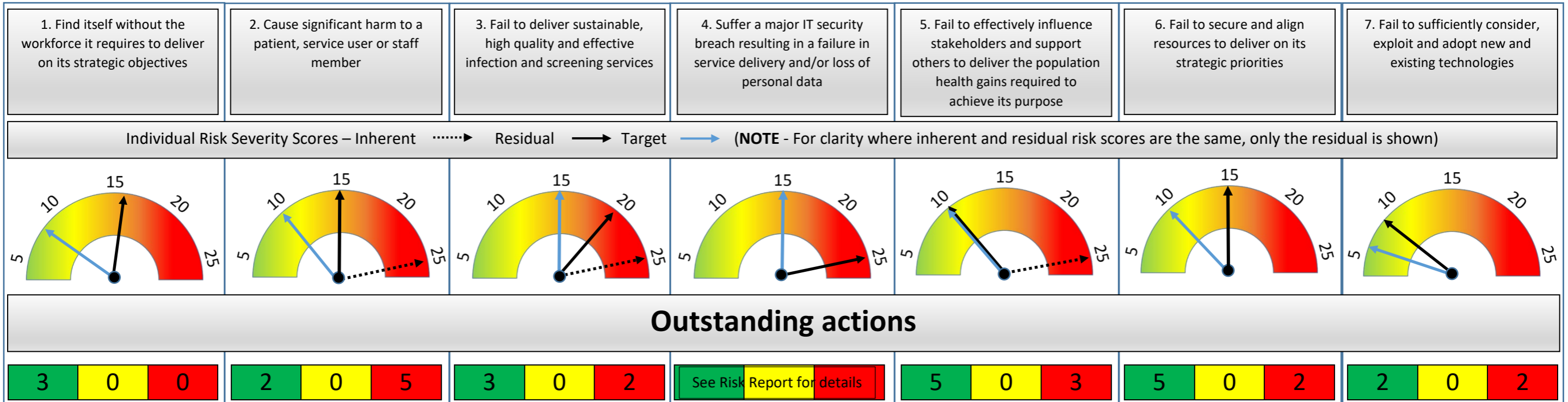
4. Recommendations

The Board is asked to:

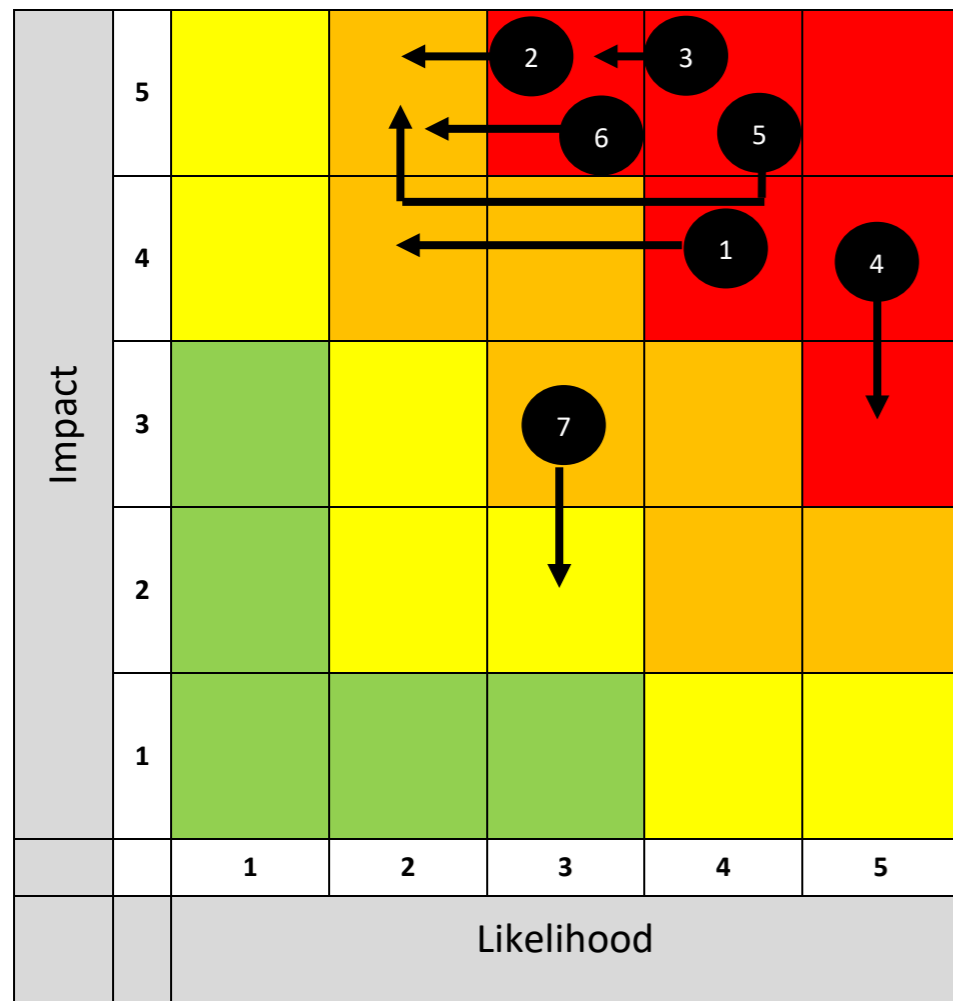
1. **Consider** progress updates in the previous version of the BAF (**Attachment 1**) and agree to closing down this version in place of the new BAF
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5. **Approve** the change to the assuring group for **Risk 4** from the Knowledge, Research and Information Committee to the Audit and Corporate Governance Committee remit.

Attach 1. Public Health Wales – Board Assurance Framework Strategic Risk Dashboard November 2019

There is a risk that Public Health Wales will...



Residual Risk Severity Map (showing direction of travel to target)



Strategic Priorities and Risk Appetite 2018 - 2019

Strategic Priority	Risk Appetite Level
Influencing the wider determinants of health	3 – Accepting
Improving mental well-being and building resilience	4 – Willing
Promoting healthy behaviours	3 – Accepting
Securing a healthy future for the next generation through a focus on early years	4 – Willing
Protecting the public from infection and environmental threats to health	2 – Cautious
Supporting the development of a sustainable health and care system focused on prevention and early intervention	3 – Accepting
Building and mobilising knowledge and skills to improve health and well-being across Wales	4 – Willing

Strategic Risk Impact Statement

The consequences of any of the strategic risks being realised would include potential of harm to patients, impacts on the welfare of staff, poor quality service, failure to achieve population health gains, potential litigation at both a corporate and personal level with financial and/or penal sanctions and/or significant reputational damage which could threaten the future of the organisation.

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Applicable Strategic Priorities		Board Assurance Framework																																			
		Risk 1																																			
		There is a risk that Public Health Wales will find itself without the workforce it requires to deliver on its strategic objectives. This would be caused by a lack of staff with the relevant skills and / or cultural fit in the external market / education system, internally due to a lack of staff skills and behaviour development, career mobility and succession planning and talent management, or due to undesirable employee attrition.																																			
Influencing the wider determinants of health	X	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="9">Risk Score</th> </tr> <tr> <th colspan="3">Inherent Risk</th> <th colspan="3">Current Risk</th> <th colspan="3">Target risk</th> </tr> <tr> <td>Likelihood 4</td> <td>Impact 4</td> <td style="text-align: center;">16</td> <td>Likelihood 4</td> <td>Impact 4</td> <td style="text-align: center;">16</td> <td>Likelihood 2</td> <td>Impact 4</td> <td style="text-align: center;">8</td> </tr> </table>								Risk Score									Inherent Risk			Current Risk			Target risk			Likelihood 4	Impact 4	16	Likelihood 4	Impact 4	16	Likelihood 2	Impact 4	8	
Risk Score																																					
Inherent Risk										Current Risk			Target risk																								
Likelihood 4	Impact 4	16	Likelihood 4	Impact 4	16	Likelihood 2	Impact 4	8																													
Improving mental well-being and building resilience	X																																				
Promoting healthy behaviours	X																																				
Securing a healthy future for the next generation through a focus on early years	X	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="6">Sponsor and Assurance Group</th> <th colspan="3">Risk Decision</th> </tr> <tr> <td colspan="4">Executive Sponsor</td> <td colspan="2">Phil Bushby, Director of People and Organisational Development</td> <td colspan="3" rowspan="3" style="text-align: center; vertical-align: middle;">Treat</td> </tr> <tr> <td colspan="4">Assuring Group</td> <td colspan="2">People and Organisational Development Committee</td> </tr> <tr> <td colspan="4"></td> <td colspan="2"></td> </tr> </table>						Sponsor and Assurance Group						Risk Decision			Executive Sponsor				Phil Bushby, Director of People and Organisational Development		Treat			Assuring Group				People and Organisational Development Committee							
Sponsor and Assurance Group						Risk Decision																															
Executive Sponsor				Phil Bushby, Director of People and Organisational Development		Treat																															
Assuring Group				People and Organisational Development Committee																																	
Protecting the public from infection and environmental threats to health	X																																				
Supporting the development of a sustainable health and care system focused on prevention and early intervention	X																																				
Building and mobilising knowledge and skills to improve health and well-being across Wales	X																																				
GAPS IN CONTROLS		GAPS IN ASSURANCE																																			
1. An implemented corporate approach to succession planning and talent management																																					
2. There is no Organisational level workforce plan																																					
3. Workforce strategy to support the PHW long term strategy																																					
ACTION PLAN																																					
Action Plan		Owner	Action Status for new BAF	Progress Update					Due Date																												
1.1	Deployment / completion of corporate approach to succession planning and talent management.	Matthew Browne	Action re-worded <i>(Risk 1 Action 3 in the New BAF)</i>	Initial outputs presented to CEO August 2019. A moderation session has been scheduled with the Executive team for 27 January 2020. This will review the assessment of each director in respect of the top 3 leadership tiers in PHW. This work is also being completed in conjunction with HEIW who are undertaking this work across the NHS in Wales.					March 2020																												
1.2	From returned workforce plans and wider discussion around ways of working to support the IMTP, an organisational level workforce plan will be created to cover the course of the IMTP	Karen Williams/ Karen Fitzgibbon	Action re-worded <i>(Risk 1 Action 2 in the New BAF)</i>	Directorate plans were submitted by the end of October 2019 to support 1.3 and IMTP completion. Draft circulated around the Executive Team in December 2019 for comment prior to finalising the plan in January 2020. January update : Revised due date requested to January 2020 to allow for draft to be circulated via Exec team in December, and the plan finalised in January.					December 2019 (New date of Jan 2020 requested)																												
1.3	Further to 2 above and following discussions with Executive, pull together an organisational level workforce strategy in support of the organisation's long term strategy	Phil Bushby/ Barbara Busby	Action re-worded <i>(Risk 1 Action 1 in the New BAF)</i>	Building on the work from 18/19 we will conclude a workforce strategy that supports PHW's long term strategy. This will also link to the work being undertaken by HEIW as they develop a workforce strategy for the health and social care system. Work will be completed and taken to the Board in January 2020 for final approval. Excellent feedback received from autumn session with BET, POD Comm and LPF. January update : Second draft completed and circulated for comment to key stakeholder groups including Exec Team and Board in December 2019. People Strategy development progressed well. Second draft circulated to Exec Team and Board in December 2019 ahead of Board sign-off in January 2020. P&OD team structure will be finalised for end of Financial year. (Specific action in revised BAF)					January 2020																												

EXISTING CONTROLS		SOURCES OF ASSURANCE	
Control	Owner	Assurance	Owner
Microbiology action plan	Quentin Sandifer	Detailed Stabilisation and Transformation Action Plans and regular meetings of Public Health Services Directorate leadership Team	Quentin Sandifer
Training plan through the Deanery		Annual training placements and evaluation, trainee engagement and satisfaction survey, Deanery reports and routine meetings	Brendan Mason
Medical Job Planning (including all Public Health Consultants from backgrounds other than medicine)		Job Planning reports and meetings – all verified by Medical Director	Brendan Mason / Andrew Jones
Personal Development reviews	Phil Bushby	People and OD performance report Regular update papers (2 per year) provided to Committee by Director of People and OD	Lisa Whiteman
Detailed workforce Planning, including learning needs analysis		People and OD performance report Regular update papers (2 per year) provided to Committee by Director of People and OD	Karen Williams
People and OD Management Information including People Performance Reports, detailed recruitment MI, appraisal rates and attrition rates		People and OD performance report provided monthly including key people metrics. Specific in depth have been commissioned and executed in respect of sickness absence, staff turnover / attrition and gender diversity	Joe O'Brien
Staff Survey results around career opportunities and levels of engagement		NHS Wales staff survey results and action plans	Peta Beynon
Learning and Development Policies and Procedures		Monitoring of requests and support offered for development through the L&D Policy and High cost learning process	Lisa Whiteman
Leadership and Management Development Programmes		Take up rates and post course evaluation / management and leadership satisfaction scores in the staff survey	Lisa Whiteman
Colleague Development Programme		Take up rates and post course evaluation	Matthew Browne
Apprenticeship and Graduate Schemes		Appraisal Guidance toolkits / Graduate Placement programme and placement take up rates and evaluations	Matthew Browne
Work placement Schemes		Take up rates and post placement evaluation	Matthew Browne
Corporate Health Standard		Achievement of standard and feedback reports from assessors / plans for higher levels of CHS	Jane Rees
Public Health Workforce Development (other than medical / consultant)		Coordination of practitioner scheme development, Welsh Audit Office report and responding actions	Lisa Whiteman
Occupational Health provision		Reports from providers on themes / KPIs, specific case updates / management and inoculation rates (for Flu via WAST and all others for Public Health Services via relevant health Boards)	Karen Williams
Employee Assistance Programme			Jane Rees
P&OD Annual Workplan	Phil Bushby	This plan ensures that a focus is maintained on key activities relating to turnover, improving the recruitment process and developing correct behaviours through initiatives like 'being my best'	Karen W/ Lisa W

Applicable Strategic Priorities		Board Assurance Framework Risk 2						
		There is a risk that Public Health Wales will cause significant harm to a patient, service user or staff member. This will be caused by misdiagnoses or incorrect identification of serious health conditions, the provision of inappropriate clinical advice or the failure of staff to follow correct procedures.						
Influencing the wider determinants of health	X	Risk Score						
Improving mental well-being and building resilience	X							
Promoting healthy behaviours								
Securing a healthy future for the next generation through a focus on early years		Inherent Risk		Current Risk			Target risk	
		Likelihood 5	Impact 5	25	Likelihood 3	Impact 5	15	Likelihood 2
Protecting the public from infection and environmental threats to health	X	Sponsor and Assurance Group					Risk Decision	
Supporting the development of a sustainable health and care system focused on prevention and early intervention		Executive Sponsor		Rhiannon Beaumont-Wood, Executive Director Quality, Nursing and Allied Health Professionals			Treat	
Building and mobilising knowledge and skills to improve health and well-being across Wales		Assuring Group		Quality, Safety and Improvement Committee (patient and service user) People and Organisational Development Committee (staff)				
GAPS IN CONTROLS				GAPS IN ASSURANCE				
<ul style="list-style-type: none"> Process inconsistently applied for updating and disseminating new/ update policies Lack of systematic and embedded approach to reflecting and learning from incidents, serious incidents, raising concerns (whistleblowing) etc to enable Public Health Wales to be an agile learning organisation Lack of corporate approach to succession planning and talent management (see Risk 1) Gaps re effective infection and screening service (see Risk 3) 				<ul style="list-style-type: none"> No consistently applied, monitored and reported quality and impact measures Lack of assurance mechanism for 'Raising Concerns' (Whistleblowing) Lack of assurance mechanism in relation to awareness/ staff training re governance/ assurance processes 				
ACTION PLAN								
Action Plan		Owner	Action Status for new BAF	Progress Update				Due Date
2.1	Development of an effective management system for updating and disseminating new and revised policies and procedures.	Board Secretary and Head of Board Business Unit	Action re-worded (Risk 2 Action 18 and 20 in revised BAF)	An audit is currently being undertaken to ensure that all policies are listed in one place and that they match the master log of policies held by the Board Business Unit. The date extension is to ensure the audit is completed and relevant actions taken to ensure one central web section of policies is available to everyone.				March 2020
	Ensure Directorates have an effective mechanism for updating Standard Operating Procedures (SOPs) when new legislation/ guidance available			The control policy has been reviewed and the procedures are in the final stages of consultation prior to finalising any changes to both documents. Date revised to March 2020 at 28 November 2019 Board. This work is due to commence in early 2020.				
2.2	Development of an effective mechanism to inform staff of new/ updated policies and procedures	Board Secretary and Head of Board Business Unit	Action re-worded (Risk 2 Action 19 in revised BAF)	The decision has been taken that all policies will be publicly available on the website. Revised processes have also been agreed with the Communications team to ensure a greater approach to coordinated planning with regards to the publishing and publishing of new or revised policies.				Complete

2.3	Develop and implement the organisational integrated governance framework and approach.	Executive Director Quality, Nursing and Allied Health Professionals / Assistant Director of Integrated Governance	Action re-worded (Risk 2 Action 1 to 4 in revised BAF)	<p>Appointment has now been made to the post of Assistant Director of Integrated Governance. Due to difficulties in successfully recruiting to a key leadership post to take this work forward it is requested that the action due date be extended to Sept 2020 pending agreement on the revised actions that will be described in the new iteration of the Board Assurance Framework</p> <p>Update 18/11/19 – The following actions have been identified as part of the 2019 BAF development work and will be articulated in the new BAF from January 2020. All of the below have deliverable dates between Mar 2020 and Sep 2020.</p> <ul style="list-style-type: none"> • Complete a baseline / gap analysis in current governance arrangements • Develop a draft framework for integrated governance • Complete a governance stakeholder mapping exercise 	Sept 2020
2.4	Redefining of the organisation's Quality and Impact indicators and application of the Health and Care Standards.	Executive Director Quality, Nursing and Allied Health Professionals / Assistant Director of Integrated Governance	Action re-worded (Risk 2 Action 5 - 7 in revised BAF)	<p>Existing Quality and Improvement Indicators continue to be reported. Board and Executive Team to agree Strategic Priority outcomes and milestones whilst improvement indicators will be identified in readiness for the start of Q1 2020.</p> <p>Update 09/01/19 – The following actions have been identified as part of the 2019 BAF development work and will be articulated in the new BAF from January 2020. All of the below have deliverable dates between Mar 2020 and Sep 2020.</p> <ul style="list-style-type: none"> • Develop a quality / clinical governance dashboard (draft prototype submitted to QSIC 9/1/20) • Present a draft outline for the development of the Quality and Improvement Strategy • Identify new improvement indicators aligned to the strategic priority outcomes 	Sept 2020
2.5	Implement an organisational approach to disseminating and raising awareness of the 'Raising Concerns' (whistleblowing) policy	Board Secretary and Head of Board Business Unit	Same (Risk 2 Action 11 in revised BAF)	<p>The policy and a dedicated intranet page is available and relevant sections have been updated. The Board Secretary has attended lead officer training and some work has been undertaken to review best practice in other organisations.</p> <p>An action plan has been developed to ensure the continued dissemination of Raising Concerns. A staff survey will be undertaken to establish a baseline of understanding and appropriate training will be delivered before the end of the financial year.</p>	April 2020
2.6	Develop and implement an effective incident management system.	Executive Director Quality, Nursing and Allied Health Professionals / Assistant Director of Integrated Governance	Action revised (Risk 2 Action 12 and 13 in revised BAF)	<p>Release of revised Datix platform together with the newly approved Incident Management Policy and Procedure is imminent with a clear escalation process</p>	Completed
				<p>Draft outline for a systematic method of sharing learning to be developed in line with newly released Policy and Procedure as outlined above. Due to delays and complications with Datix, and also capacity issues which is requiring the Directorate to scope how it can best re-direct resources, an extension is requested until March 2020 pending agreement on the revised actions that will be described in the new iteration of the Board Assurance Framework.</p> <p>Update 18/11/19 – The following actions have been identified as part of the 2019 BAF development work and will be articulated in the new BAF from January 2020. All of the below have deliverable dates between Mar 2020 and Sep 2020. (NEW BAF dates - Actions 12 (April 2020) and 13 (Feb 2020))</p> <ul style="list-style-type: none"> • Delivery of phase 1 of the incident management implementation plan • Revision of PTR report to include management information from new Incident Management System 	<p>March 2020</p> <p>(Amended dates in New BAF for revised actions)</p>
2.7	Actions as set out in Risk 1	Phil Bushby	Contained within other risks in the revised BAF	See Risk 1	Completed
2.8	Actions as set out in Risk 3	Quentin Sandifer	Contained within other risks in the revised BAF	See Risk 3	See Risk 3

EXISTING CONTROLS		SOURCES OF ASSURANCE	
Control	Owner	Assurance	Owner
Policies and Procedures (inc. Standard Operating Procedures, Quality Assurance systems, Failsafe systems etc.) Microbiology Stabilisation Plan Screening for the Future work programme	Quentin Sandifer	Performance data – monthly to Exec and bi-monthly to Board Screening for the Future Programme Board which reports to QS&I Committee Microbiology Programme Board which reports to QS&I Committee	Huw George Quentin Sandifer
Policies and procedures in place to confirm that staff have the qualifications and experience required for roles within the organisation Statutory and Mandatory training Competency and role based training Personal Development reviews Workforce Plan People and OD Management Information including People Performance Reports and detailed recruitment MI. Staff Survey results around career opportunities and levels of engagement People and OD Policies and Procedures Leadership and Management development Programme Occupational Health provision	Phil Bushby	People and OD performance report reporting to POD Committee Regular update papers (2 per year) provided to Committee by Director of People and OD Staff Survey results reported to POD Committee and Board Reports to QS&I Committee and POD Committee	Phil Bushby
Incident Reporting procedures	Rhiannon Beaumont-Wood	PTR Report quarterly to QS&I Committee SI reporting as occurs to Board and quarterly to QS&I Committee	Rhiannon Beaumont-Wood
Clinical and Quality audit	Quentin Sandifer/ Rhiannon Beaumont-Wood	Annual Plan and Report to QS&I Committee	Rhiannon Beaumont-Wood
Health and Safety/ Estates Action Plan	Huw George	Reports to Health and Safety Group and into POD Committee	Huw George

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Applicable Strategic Priorities		Board Assurance Framework							
Influencing the wider determinants of health		<p align="center">Risk 3</p> <p align="center">There is a risk that Public Health Wales will fail to deliver a sustainable, high quality and effective infection and screening services. This will be caused by a lack of sufficient workforce capacity; over-reliance on existing systems/procedures, lack of sufficient change capacity and an estate and infrastructure which is not fit for purpose.</p>							
Improving mental well-being and building resilience									
Promoting healthy behaviours									
		Risk Score							
		Inherent Risk			Current Risk			Target risk	
		Likelihood	Impact		Likelihood	Impact		Likelihood	Impact
		5	5	25	4	5	20	3	5
									15
Protecting the public from infection and environmental threats to health	X	Sponsor and Assurance Group						Risk Decision	
Supporting the development of a sustainable health and care system focused on prevention and early intervention		Executive Sponsor			Quentin Sandifer, Executive Director Public Health Services / Medical Director			Treat	
Building and mobilising knowledge and skills to improve health and well-being across Wales		Assuring Group			Quality Safety and Improvement Committee Audit and Corporate Governance Committee				
GAPS IN CONTROLS				GAPS IN ASSURANCE					
Lack of specialist workforce capacity to deliver services Lack of capacity to drive transformation of services alongside operational delivery requirements Lack of sufficient clarity and specificity in service operating systems, e.g. 'failsafe' Lack of capacity in NHS partner workforce to deliver services, e.g. screening Some infrastructure (laboratories and premises) is old and deteriorating and in some areas is not fit for purpose									
				ACTION PLAN					
Action Plan		Owner	Action Status for new BAF	Progress Update				Due Date	
3.1	Delivery of the Microbiology Stabilisation Plan	Executive Director of Public Health Services	Actions closed, completed. The actions will be taken forward within the transformation programme.	Progress in relation to the second Stabilisation Plan continues to be made and is formally reviewed by the Microbiology Senior Management Team, the Public Health Services Directorate Leadership Team and the Transformation Board (last Board review – 30 September 2019). It has been agreed that the Transformation Board will review the need for its continuation at its meeting in January 2020, and consider whether oversight can be fully remitted back to the Public Health Services Directorate. A final stabilisation report will be considered at this meeting. The Board approved a revised due date to January 2020 (agreed at Board meeting 28 November 2019) January update – action closed.				January 2020	
3.2	Delivery of the National Health Protection Service Transformation Programme	Executive Director of Public Health Services	ACTION SAME (Risk 3 Action 4 in New BAF)	The Transformation Programme Board is continues to meet (last meeting 30 September 2019) and receives assurance on the progress of finance and workforce plans. The Board will consider whether it should continue at its meeting in January 2020 (see 3.1). A Programme team is leading the programme and all work streams have commenced. The Minister for Health and Social Services has agreed to prioritise investment for the development of a National Health Protection Service. As such, in addition to the £1.1m Public Health Wales has already agreed to invest in this financial year, the Minister has agreed to further central investment totalling up to £1.043m in 2019/20. Subject to the outcome of the Welsh Government's budget process for 2020/21, the Minister has agreed to further central investment totalling up to £4.790m in 2020/21.				April 2021	
3.4	Review to ensure that our Screening and Microbiology operating systems are all 'failsafe'	Executive Director of Public Health Services	ACTION REVISED (Risk 3 Action 8 in New BAF)	The comprehensive failsafe review work continues for Cervical Screening Programme and Wales Abdominal Aortic Aneurysm Screening Programme with regular meetings being undertaken and defined cohorts reviewed. Two of the defined cohorts have recently been reviewed and brought to conclusion. This is likely to take at least another six months to complete.				December 2019	

				<p>This because this work is very complex, requires our IT specialist colleagues to provide the data and staff who understand the pathways to review. The breadth of the work is not understood fully until the failsafe is fully scoped. All of this work is being undertaken within current staff workload alongside delivering the programmes.</p> <p>Considerable delay was initially experienced in obtaining essential demographic information. A new due date was determined and re-scoped project planning was required. Work and meetings ongoing for remaining failsafe work. Data for the screening episodes of individuals within the cohorts identified for review is being systematically reviewed, and outcomes ratified at regular meetings. Due to not knowing in advance how large each cohort will be, it is challenging to estimate how long the whole review will take for each screening programme.</p> <p>Therefore, it is requested that the deadline for this action is amended to December 2020.</p>	(Revised date requested to December 2020)
3.6	Implementation of Cervical Screening Information Management System (CSIMS)	Executive Director of Public Health Services	ACTION SAME (Risk 3 Action 5 in New BAF)	<p>Considerable delay was initially experienced in obtaining essential demographic information to enable development to start. This prevented progress to original timescales. There has also been turnover of contractors which has added to delay.</p> <p>The first stage of development and testing by users has been completed in March 2019 and was positive.</p> <p>It has recently been identified that progress of development is not in line with initial timescales and IT are now advising that the development will not be ready to implement by September 2019. Every effort is being spent to establish the development team capacity to inform a revised project plan, however initial estimations suggest a new implementation date will be in 2020. Activities to establish an accurate plan is being supported by the Trusts' Programme Management Unit.</p> <p>It should be noted the importance of the system being fit for purpose and the development of this first system enables the development of a significant portions of the "core" screening functionality for the IT system which are planned to follow this development for other screening programmes.</p> <p>Gateway review completed. Task and Finish Group addressed the 15 recommendations to inform the project going forward. This action cannot be progressed until the implementation of the DESW replacement IT system has concluded, service inefficiencies and continuation of manual processes will continue. Information Governance risk associated with high volume paper correspondence processing remains.</p> <p>Development of system specification underway, including identification of day 1 functionality and prioritisation of additional developments (including outsourced printing). Funding agreed for a 12 month project manager to support system procurement, implementation and commissioning.</p> <p><u>Timescales cannot be predicted with accuracy at the present time.</u></p>	December 2020
3.7	Implementation of risk-based diabetic eye screening	Executive Director of Public Health Services	ACTION SAME (Risk 3 Action 6 in New BAF)	<p>Project lead commenced in post in February 2019 and project is progressing in accordance with timetable.</p> <p>Business Executive Team received Transformational Plan in July 2019 and approach approved and to work with PMO to align with programme and project method. Recruitment is at the advertisement stage for transformation team resource. Additional resource identified to strengthen operational governance (recruitment to commence in November 2019) and quality assurance to support optimisation of programme.</p>	April 2021
3.8	Delivery of Estates Action Plan and Health / Safety Action Plan	Deputy Chief Executive / Executive Director of Finance and Operations	ACTION SAME (Risk 3 Action 1 in New BAF)	<p>Ongoing delivery of estate / Health and Safety action plan in relation to Microbiology Laboratory estate. All actions in relation to HSE Improvement notices are complete and notices removed.</p>	
EXISTING CONTROLS				SOURCES OF ASSURANCE	
Control	Owner		Assurance		Owner

National Health Protection Service Implementation (including investment) Plan Microbiology Stabilisation Plan Screening for the Future work Programme Policies and Procedures Standard Operating Procedures	Executive Director of Public Health Services	National Health Protection Service Transformation Board Microbiology Stabilisation Plan Project Board Screening for the Future Programme Board Public Health Services Directorate Leadership monthly meetings	Quentin Sandifer
Health and Safety Action Plan Estate Action Plan.	Deputy Chief Executive / Executive Director of Finance and Operations	Public Health Services Directorate Leadership monthly meetings	
Incident Management System Raising Concerns Policy and Procedure	Executive Director of Quality, Nursing and Allied Health Professionals	Public Health Services Directorate Leadership monthly meetings	

Applicable Strategic Priorities		Board Assurance Framework								
		Risk 4								
		There is a risk that Public Health Wales will suffer a major IT security breach resulting in a failure in service delivery and/or loss of personal data. This will be caused by a cyber-attack made with malicious intent either directly against Public Health Wales or if we suffer collateral damage from a wider ranging cyber-attack.								
Influencing the wider determinants of health	X	Risk Score								
Improving mental well-being and building resilience	X									
Promoting healthy behaviours	X									
Securing a healthy future for the next generation through a focus on early years	X	Inherent Risk			Current Risk			Target risk		
		Likelihood 5	Impact 5	25	Likelihood 5	Impact 4	25	Likelihood 5	Impact 3	15
Protecting the public from infection and environmental threats to health	X	Sponsor and Assurance Group						Risk Decision		
Supporting the development of a sustainable health and care system focused on prevention and early intervention	X	Executive Sponsor			Huw George, Deputy Chief Executive, Executive Director Operations and Finance			Treat		
Building and mobilising knowledge and skills to improve health and well-being across Wales	X	Assuring Group			Knowledge, Research and Innovation Committee					
GAPS IN CONTROLS				GAPS IN ASSURANCE						
ACTION PLAN										

Note

Due to the sensitive nature of the controls and actions and the potential susceptibility to attack this information is available separately to Board members as a confidential briefing

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Applicable Strategic Priorities (Figures indicate Risk Appetite levels)			Board Assurance Framework								
Influencing the wider determinants of health	3	x	<p style="text-align: center;">Risk 5</p> <p style="text-align: center;">There is a risk that Public Health Wales will fail to effectively influence stakeholders and support others to deliver the population health gains required to achieve its purpose. This will be caused by an insufficient investment and delivery of support by our key stakeholders including to the people of Wales, Welsh Government, NHS Wales, PSBs and the Third Sector.</p>								
Improving mental well-being and building resilience	4	x									
Promoting healthy behaviours	3	x									
			Risk Score								
Securing a healthy future for the next generation through a focus on early years	4	x	Inherent Risk			Current Risk			Target risk		
			Likelihood 5	Impact 5	25	Likelihood 2	Impact 5	10	Likelihood 2	Impact 5	10
Protecting the public from infection and environmental threats to health	2	x	Sponsor and Assurance Group						Risk Decision		
Supporting the development of a sustainable health and care system focused on prevention and early intervention	3	x	Executive Sponsor			Jyoti Atri, Interim Executive Director Health and Wellbeing					Treat
Building and mobilising knowledge and skills to improve health and well-being across Wales	4	x	Assuring Group								
GAPS IN CONTROLS			GAPS IN ASSURANCE								
1) There is a lack of a sufficiently well-resourced public information offer. 2) There is a lack of capability and capacity within PHW and its partner organisations to use the most effective behaviour change approaches for public health gain. 3) There is a need for more support for and a more agile vehicle to advise national and local policy makers including WG and PSBs on key population health issues. 4) There is a lack of a co-ordinated, coherent, data driven and evidence-based approach to prevention of long term conditions across the NHS. 5) There is insufficient capacity within PHW to support the third sector to attract resources for and deliver effective public health action.											
ACTION PLAN											
Action Plan		Owner	Action Status for new BAF	Progress Update						Due Date	
5.1	Increase investment in social marketing that utilise behaviour change approaches	Jyoti Atri	Action reworded (Risk 5 Action 6 & 7)	Increased investment has been secured to establish a behaviour change team in 2019.						Completed	
5.2	Subject to securing appropriate resources, invest in the necessary digital infrastructure for the effective delivery of timely and appropriate information to the public.	Huw George	Action closed.	SHIFT project has identified the need and level of likely investment required. Web development project well underway. Exploring options for new investment. Further progression will be dependent on successful recruitment of Director of Knowledge. January update : Action Closed						Ongoing	
5.3	Subject to a realignment of resources, invest in people to co-produce, maintain and evaluate content for the effective delivery of timely and appropriate information to the public.	Jyoti Atri	Action completed	Work has commenced to develop improved access to information for parents in the early years within existing resources. Work on public information will be ongoing. January update : Action Closed						Ongoing	
5.4	Understand the extent to which behavioural change theory is currently used in programmes to change people's behaviours, and identify where knowledge and skills need developing across the public health workforce	Jyoti Atri	Action completed	Actions being progressed under IMTP SO 3.9 as follows: <ul style="list-style-type: none"> Current application of behaviour change theory across public health system described (Nov 18) Training needs analysis completed (Feb 19) These actions have been delayed due to recruitment delays. The timelines have been revised in the IMTP and is now due for delivery in December 19.						December 2019	

				January update : Action Closed	
5.5	Increase investment in providing specialist public health data and evidence advice to existing strategic national policy initiatives e.g. Early years, Obesity Prevention, Tobacco Control	Jyoti Atri	Action closed	Investment in the Analytical and Evidence teams provided additional capacity to allow the Observatory to work closely with both Health Improvement and Welsh Government on the development of the Healthy Weight: Healthy Wales Strategy while remaining committed to the delivery of other planned organisational priorities. The longer-term investment in the Evidence team has increased the organisations capacity for evidence reviews and provided a resource that can guide similar nations priorities in a timely manner in the future. January update : Action Closed	Closed
5.6	Utilise the WHO CC to act as a policy think tank for WG and other Public Health stakeholders. Deliver the work plan of the WHO CC.	Mark Bellis	Action Same (Risk 6 Action 10 in revised BAF)	WHO CC work programme delivery progressing according to plan. An introductory meeting with the WHO Venice Office organised in November 2018. First annual WHO CC report was submitted in March 2019. A key outcome is Wales becoming an 'influencer country' in the new WHO Health Equity Solutions Platform, to be launched in 2019.	Ongoing
5.7	Ensure more effective Health Impact Assessments through an enhanced HIA Support Unit	Mark Bellis	Action completed	Additional funding has been incorporated into the WHIASU budget and is being utilised by the Unit to provide enhanced support. January update : Action Closed	Closed
5.8	Continue the periodic meetings with Cabinet Secretaries, Ministers and their officials across Government as appropriate in order to inform them on the work of Public Health Wales and support the application of health in all polices in their respective areas.	Jan Williams/ Tracey Cooper	Action Same (Risk 6 Action 11 in revised BAF)	First round of meetings completed	Ongoing
5.9	Advocate for a co-ordinated, coherent, data driven and evidence based approach to chronic disease prevention across NHS Wales.	Jyoti Atri	Action reworded (Risk 5 Action 3 and 4 in the revised BAF)	A paper was submitted to and agreed by the NHS CEOs and Chairs and thence to the Cabinet Secretary during June 18 making the case for an increase in preventative funding in support of health and well-being. January update : Action Closed	Completed
5.10	Agree and establish a process to take forward the recommendations in the Long Term Conditions – Investment in Prevention paper agreed by NHS Chief Executives and Chairs	Tracey Cooper/ Jyoti Atri	Action completed	Update July 2019: The first Building a Healthier Wales Co-ordinating Group meeting has been held where the background to the work was explained and the Terms of Reference Discussed. The group agreed to hold an away day in September to further scope and prioritise work under Building a Healthier Wales. Ministerial approval on the £10m is still awaited (11/9/19). January update : Action Closed	September 2019
5.11	Ensure CWW is able do proper analyses of complex, wicked issues and to co-design evidence based or logical national programmes of action.	Jyoti Atri	Action closed - not applicable	CWW is continuing a developmental approach in line with its agreed process which has been approved by the SLG. Capacity to support CWW has been identified and is subject to recruitment of CPH with is currently in progress. A Wider Determinants Co-ordinator (Andrea Parr) started in post in mid-August 19 and CWW support is within the remit of this role. Further consideration of the role of CWW vis-à-vis the Building a Healthier Wales Steering Group (see 5.12 below) is required January update : Action Closed – not applicable	01/10/19
5.12	Agree and establish a process to take forward the recommendations in the Long Term Conditions – Investment in Prevention paper agreed by NHS Chief Executives and Chairs	Tracey Cooper/ Jyoti Atri	Action closed	Update July 2019: The first Building a Healthier Wales Co-ordinating Group meeting has been held where the background to the work was explained and the Terms of Reference Discussed. The group agreed to hold an away day in September to further scope and prioritise work under Building a Healthier Wales. Ministerial approval on the £10m is expected today (18.07.19). January update : Action Closed	September 2019
EXISTING CONTROLS				SOURCES OF ASSURANCE	
Control	Owner	Assurance	Owner		

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Applicable Strategic Priorities (Figures indicate Risk Appetite levels)			Board Assurance Framework									
Influencing the wider determinants of health	3	X	<p style="text-align: center;">Risk 6</p> <p style="text-align: center;">There is a risk that Public Health Wales will fail to secure and align resources to deliver on its strategic priorities. This will be caused by funding cuts or inability to make required savings, generate income or move resources within the organisation</p>									
Improving mental well-being and building resilience	4	X										
Promoting healthy behaviours	3	X										
			Risk Score									
Securing a healthy future for the next generation through a focus on early years	4	X	Inherent Risk			Current Risk			Target risk			
			Likelihood 3	Impact 5	15	Likelihood 3	Impact 5	15	Likelihood 2	Impact 5	10	
Protecting the public from infection and environmental threats to health	2	X	Sponsor and Assurance Group						Risk Decision			
Supporting the development of a sustainable health and care system focused on prevention and early intervention	3	X	Executive Sponsor			Huw George, Deputy Chief Executive				Treat		
Building and mobilising knowledge and skills to improve health and well-being across Wales	4	X	Assuring Group			Audit and Corporate Governance Committee						
GAPS IN CONTROLS			GAPS IN ASSURANCE									
<ul style="list-style-type: none"> Fully embedded governance arrangements for management of new Long Term Strategy Revised Performance Management Framework aligned to new Strategy and governance arrangements Robust resource based planning Evidence of efficiency across the organisation Model for monitoring savings and investments 			<ul style="list-style-type: none"> Outcome measures and performance metrics 									
ACTION PLAN												
Action Plan		Owner	Action Status for new BAF	Progress Update							Due Date	
6.1	Develop an integrated planning methodology for Public Health Wales	Sally Attwood	COMPLETE-REMOVE	<p>Update 03/01/20- Action complete PMO launched on 16 September 2019 which includes a planning and project methodology for Public Health Wales. 24 members of staff across the organisation have attended Microsoft project training at foundation and advanced level and members of the PMO team have undertaken MSP training and project and programme management training. Two senior managers have been accepted on the NHS Planning Diploma run by Cardiff Business School and started on 21 October. This programme of upskilling will continue during 2019/20.</p> <p>Action to be closed.</p>							March 2020	
6.2	Implement the actions arising following the review of the priority arrangements undertaken in June 2019	Sally Attwood	COMPLETE-REMOVE	<p>Update 03/01/20- Action complete Post-review, a range of measures have been put in place/agreed including a new vice chair role and Strategic Priority Co-ordination Group established. A schedule of all priority group meetings is now available on SharePoint and is under continual development. A new change control procedure is now in place for priority groups and enabling functions. Agreed reporting arrangements to Business Executive team on changes to the Annual Plan, including a full report to the November meeting.</p> <p>Action to be closed.</p>							December 2019	
6.3	Refine and develop outcome measures for our strategic priorities and organisation	Sally Attwood	STAY SAME (Risk 6, action 1 in revised BAF)	<p>Update 03/01/20- throughout the summer the Strategic Planning and Performance team has supported Strategic Priority Groups on developing outcomes and metrics, as identified in the Value and Impact Framework. On 30 September a joint meeting was held with Non -Executive Directors to consider a draft outcomes framework which was discussed at a workshop with the extended</p>							January 2020	

				<p>leadership team on 9 October 2019.. Further refinement of outcomes both at an organisational level and by strategic priorities is being undertaken through the priority groups following discussion at the Board development session in December 2019 with formal approval of outcomes in January.</p> <p>Suggested revised implementation date of 31 March 2020.</p>	Request revised date – March 2020
6.4	Realise savings from organisational efficiency work streams	Huw George	STAY SAME (Risk 6, action 2 in revised BAF)	Update 03/01/20- At the end of December 2019 we have delivered savings to cover the investment spending plans. Each of the organisational efficiency work streams are identifying areas where new savings can be made for implementation in 20/21. This will contribute to the 1.5% savings target that has been set for the organisation. These saving schemes will be submitted as part of our IMTP submission at the end of January 2020.	Ongoing
6.5	Develop longer term investment and savings Strategy	Angela Fisher	STAY SAME (Risk 6, action 3 in revised BAF)	Update 03/01/20- The organisation's future investment and savings strategy will be shaped by the value and impact work, particularly in respect of assisting the decision making process on dis-investments, re-investments and prioritisation. Head of Financial Intelligence, Value and Impact has taken up post in September 2019 and has begun taking this forward. Resource mapping exercise currently underway to inform potential realignment of budgets to priorities. For 2019/20, the agreed bids against the £2.2m investment fund and the savings schemes that generated the investment fund are being monitored closely. The outcomes of which will also inform the future investment and savings strategy. The budget setting principles for 2020/21 have been included within the IMTP 2020-2023.	March 2020
6.6	Agree wider approach to value and impact across the organisation. This will include work on four work streams: <ul style="list-style-type: none"> • Value in Finance • Performance Framework • Evaluation • Extended Balance Sheet 	Huw George	STAY SAME (Risk 6 action 4 in revised BAF)	Update 03/01/20- All four workstreams are progressing. Value in Finance workstream has commenced and plan has been developed, which includes costings and resource mapping (see 6.5). A project to develop a corporate analytics function has commenced to take forward implementation of the performance framework. Expertise from ONS has been secured to accelerate this work. Within the WHO CC Directorate, a pilot approach to take forward the extended balance sheet as part of work to understand our Social Return on Investment is also underway. The four workstreams continue to meet bi-monthly to ensure alignment between the different elements.	March 2022
6.7	Develop long term People Strategy aligned to Public Health Wales Long Term Strategy	Phil Bushby	CLOSED	Update 03/01/20 - Refer to BAF Risk 1 (action 1.3) for current progress update. This is covered under BAF 1. Action to be closed.	January 2020

EXISTING CONTROLS		SOURCES OF ASSURANCE	
Control	Owner	Assurance	Owner
Mid and End of Year Reviews Joint Executive Team meetings and papers- biannually Quality and Delivery meetings/papers- quarterly Budget setting process Strategic Priority Groups Business Executive team monthly consideration of Performance Report Committee deep dives Priority Coordination Group	Huw George	Long Term Strategy- Working to achieve a healthier future for Wales Welsh Government and Board approved Strategic Plan 2019-22 Board approved Annual Plan 2019/29 Integrated Monthly Performance Report to Board (Service/Finance/Quality/ People) Annual accounts Audits of financial systems and audit management Chairs appraisal documentation	Huw George

Applicable Strategic Priorities		Board Assurance Framework												
Influencing the wider determinants of health	X	<p style="text-align: center;">Risk 7</p> <p style="text-align: center;">There is a risk that Public Health Wales will fail to sufficiently consider, exploit and adopt new and existing technologies. This will be caused by the inability to keep up to date with relevant new and emergent technologies, their potential application and having insufficient skills to develop the case for investment.</p>												
Improving mental well-being and building resilience	X													
Promoting healthy behaviours	X	Risk Score												
Securing a healthy future for the next generation through a focus on early years	X	Inherent Risk			Current Risk			Target risk						
		Likelihood 3	Impact 3	9	Likelihood 3	Impact 3	9	Likelihood 3	Impact 2	6				
Protecting the public from infection and environmental threats to health	X	Sponsor and Assurance Group							Risk Decision					
Supporting the development of a sustainable health and care system focused on prevention and early intervention	X	Executive Sponsor				John Boulton, Director for NHS Quality Improvement and Patient Safety								
Building and mobilising knowledge and skills to improve health and well-being across Wales	X	Assuring Group				Executive Team, Board								
GAPS IN CONTROLS					GAPS IN ASSURANCE									
Lack of a corporate system for ensuring a consistent approach to innovation and the exploitation of new and emergent technology														
ACTION PLAN														
Action Plan		Owner	Action Status for new BAF	Progress Update						Due Date				
7.1	Identify a replacement Executive lead for innovation	Tracey Cooper	Closed not applicable	John Boulton has now been appointed and has taken up the role of Executive lead for Innovation January 2020 update: Action closed						Completed				
7.2	Development of a framework for embedding a culture of innovation	John Boulton	Closed not applicable	Innovation paper provided to BET on 20 May 2019, and first meeting planned for June 2019 January 2020 update: Action closed						Completed				
7.3	National and International horizon scanning to be embedded into the strategic planning process	Huw George	Action same (Risk 7 Action 7 in the revised BAF)	For updates please refer to Action 6.7						Ongoing				
7.4	Development of a formal working relationship with the Life Sciences hub	John Boulton	Action reworded (Risk 7 Action 2 in revised BAF)	Update November 2019: Meetings have taken place with respective Chairs and CEO of Lifesciences Hub and Public Health Wales and John Boulton has met with Chief Executive of the Life Sciences Hub. Ongoing discussion around combined work priorities. Change of date to Jan 2020 agreed at (28 November 2019 Board) January 2020 update: Recent appointment of Jonathon Gray to Life Sciences Hub. Discussions around shared work priorities. Meetings with Andrew Cooper and Jonathon Gray January 2020						Jan 2020				

7.5	Establishment of a New Technology and Innovation Advisory Forum to advise the Board	John Boulton	Action reworded (Risk 7 Action 1 in revised BAF)	<p>Update November 2019: Terms of Reference approved by Board in July 2018. Preliminary planning meetings between October and November to map key stakeholders. First formal meeting of the Forum planned for January 2020. First meeting date is dependent on diary availability of industry experts that will be invited to attend the meeting.</p> <p>January 2020 update: First meeting scheduled 26th February 2020. Forum membership finalised. Request to revise due to date to February 2020.</p>	December 2019 Requested February 2020
7.6	Recruitment of a dedicated Non-Executive Director for Life Sciences	Helen Bushell	Closed not applicable	<p>Update September 2019: Post has been amended to focus on recruiting one generic role and one technology entrepreneur/constructive disruptor. Recruitment in progress. Shortlisting complete and interviews scheduled for 3 October 2019</p> <p>Update November 2019 – decision has been made not to pursue this recruitment. The Chair and relevant staff have reviewed Non-executive recruitment requirements and a new recruitment process will commence in December 2019.</p> <p>January 2020 update: Action noted and closed 28 November 2019 Board meeting.</p>	September 2019
EXISTING CONTROLS			SOURCES OF ASSURANCE		
Control		Owner	Assurance		Owner



Board Assurance Framework Actions Transition Document

Executive lead: Helen Bushell, Board Secretary and Head of Board Business Unit

Author: Liz Blayney, Deputy Board Secretary and Board Governance Manager

Approval/Scrutiny route: Business Executive Team (13 January 2020)

Purpose

In the third quarter of 2019, a full review of the Board Assurance Framework was undertaken to strengthen the evidence provided to the Board and subsequent Committees on the controls and their associated assurances.

The purpose of this document is to demonstrate the transition of the actions previously reported on the Board Assurance Framework in order for the Board to consider the proposed transition of actions onto the revised Board Assurance Framework.

Recommendation:

APPROVE

CONSIDER

RECOMMEND

ADOPT

ASSURANCE

The Board is asked to:

- The Board is asked to take **assurance** that the transition of the actions in the previous Board Assurance Framework have been appropriately managed into the revised version.

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

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

This report contributes to the following:

Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives
Strategic Priority/Well-being Objective	Choose an item.
Strategic Priority/Well-being Objective	Choose an item.

Summary impact analysis

Equality and Health Impact Assessment	Not applicable.
Risk and Assurance	This document relates to the actions recorded on the Board Assurance Framework (BAF)
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes
Financial implications	Not applicable.
People implications	Not applicable.

1. Purpose / situation

The purpose of this document is to demonstrate the transition of the actions previously reported on the Board Assurance Framework in order for the Board to consider the proposed transition of actions onto the revised Board Assurance Framework.

2. Background

In the third quarter of 2019, a full review of the Board Assurance Framework was undertaken to strengthen the evidence provided to the Board and subsequent Committees on the controls and associated assurances. The Action plan has also been strengthened within the document.

There are four transition statuses that have been recorded against the actions, these are:-

- The action remains valid and will be transferred to the revised Board Assurance Framework.
- The action remains valid but will be updated in the revised Board Assurance Framework.
- The action is no longer applicable and therefore will be removed.
- The action has been completed and therefore closed.

3. Description/Assessment

The following section demonstrates each risk currently on the Board Assurance Framework and their transition status.

3.1. Risk 1

Executive Sponsor

Phil Bushby, Director of People and Organisational Development

Risk Description

There is a risk that Public Health Wales will find itself without the workforce it requires to deliver on its strategic objectives.

Action Plan		Transition Status
1.1	Deployment / completion of corporate approach to succession planning and talent management.	The action remains valid and will be transferred to the revised Board Assurance Framework. (Risk 1 Action 3 in revised BAF)
1.2	From returned workforce plans and wider discussion around ways of working to support the IMTP, an organisational level workforce plan will be created to cover the course of the IMTP.	The action remains valid and will be transferred to the revised Board Assurance Framework. (Risk 1 Action 2 in revised BAF) Revised date requested: February 2020.
1.3	Further to 2 above and following discussions with Executive, pull together an organisational level workforce strategy in support of the organisation's long term strategy.	The action remains valid and will be transferred to the revised Board Assurance Framework. (Risk 1 Action 1 in revised BAF)

3.2. Risk 2

Executive Sponsor

Rhiannon Beaumont-Wood, Executive Director of Quality Nursing and Allied Health Professionals

Risk Description

There is a risk that Public Health Wales will cause significant harm to a patient, service user or staff member.

Risk 2		
Action Plan		Transition Status
2.1	Development of an effective management system for updating and disseminating new and revised policies and procedures. Ensure Directorates have an effective mechanism for updating Standard Operating Procedures (SOPs) when new legislation/ guidance available.	The action remains valid but will be updated in the revised Board Assurance Framework. (Risk 2 Action 18 and 20 in the revised BAF)
2.2	Development of an effective mechanism to inform staff of new/ updated policies and procedures.	The action remains valid but will be updated in the revised Board Assurance Framework. (Risk 2 Action 19 in the revised BAF)
2.3	Develop and implement the organisational integrated governance framework and approach.	The action remains valid but will be updated in the revised Board Assurance Framework. (Risk 2 Action 1-4 in the revised BAF)
2.4	Redefining of the organisation's Quality and Impact indicators and application of the Health and Care Standards.	The action remains valid but will be updated in the revised Board Assurance Framework. (Risk 2 Action 5-7 in the revised BAF)
2.5	Implement an organisational approach to disseminating and raising awareness of the 'Raising Concerns' (whistleblowing) policy.	The action remains valid but will be updated in the revised Board Assurance Framework. (Risk 2 Action 11 in the revised BAF)
2.6	Develop and implement an effective incident management system.	The action remains valid but will be updated in the revised Board Assurance Framework. (Risk 2 Action 12 and 13 in the revised BAF) Revised Due dates requested: Risk 2 Action 12 - April 2020 Risk 2 Action 13 - Feb 2020

3.3 Risk 3

Executive Sponsor

Quentin Sandifer, Executive Director of Public Health Services/Medical Director

Risk Description

There is a risk that Public Health Wales will fail to deliver sustainable, high quality and effective infection and screening services.

Risk 3	
Action Plan	Transition Status
3.1 Delivery of the Microbiology Stabilisation Plan.	The action to be closed, and an updated actions will be taken forward as part of the Transformation Programme. (Risk 3 Action 4 in the revised BAF)
3.2 Delivery of the National Health Protection Service Transformation Programme.	The action remains valid and will be transferred to the revised Board Assurance Framework. (Risk 3 Action 4 in revised BAF)
3.3 Delivery of the Screening for the Future Programme.	The action has been completed and therefore closed.
3.4 Review to ensure that our Screening and Microbiology operating systems are all 'failsafe'.	The action remains valid and will be transferred to the revised Board Assurance Framework. (Risk 3 Action 8 in revised BAF) Revised due date requested for December 2020
3.6 Implementation of Cervical Screening Information Management System (CSIMS).	The action remains valid and will be transferred to the revised Board Assurance Framework. (Risk 3 Action 5 in revised BAF)
3.7 Implementation of risk-based diabetic eye screening.	The action remains valid and will be transferred to the revised Board Assurance Framework. (Risk 3 Action 6 in revised BAF)
3.8 Delivery of Estates Action Plan and Health/Safety Action Plan.	The action remains valid and will be transferred to the revised Board Assurance Framework. (Risk 3 Action 1 in revised BAF)

3.4 Risk 4

(Contained within the Private Session)

3.5 Risk 5

Executive Sponsor

Jyoti Atri, Interim Executive Director of Health and Wellbeing

Risk Description

There is a risk that Public Health Wales will fail to effectively influence stakeholders and support others to deliver the population health gains required to achieve it purposes.

Risk 5		
Action Plan		Transition Status
5.1	Increase investment in social marketing that utilise behaviour change approaches	The action has been completed and therefore closed
5.2	Subject to securing appropriate resources, invest in the necessary digital infrastructure for the effective delivery of timely and appropriate information to the public.	The action has been completed and therefore closed
5.3	Subject to a realignment of resources, invest in people to co-produce, maintain and evaluate content for the effective delivery of timely and appropriate information to the public.	The action has been completed and therefore closed.
5.4	Understand the extent to which behavioural change theory is currently used in programmes to change people's behaviours, and identify where knowledge and skills need developing across the public health workforce.	The action has been completed and therefore closed.
5.5	Increase investment in providing specialist public health data and evidence advice to existing strategic national policy initiatives e.g. Early years, Obesity Prevention, Tobacco Control.	The action is no longer applicable and therefore will be removed.
5.6	Utilise the WHO CC to act as a policy think tank for WG and other Public Health stakeholders. Deliver the work plan of the WHO CC.	The action remains valid and will be transferred to the revised Board Assurance Framework. (Risk 5 action 10 in revised BAF)

Risk 5		
Action Plan		Transition Status
5.7	Ensure more effective Health Impact Assessments through an enhanced HIA Support Unit.	The action has been completed and therefore closed.
5.8	Continue the periodic meetings with Cabinet Secretaries, Ministers and their officials across Government as appropriate in order to inform them on the work of Public Health Wales and support the application of health in all polices in their respective areas.	The action remains valid and will be transferred to the revised Board Assurance Framework. (Risk 5 Action 11 in revised BAF)
5.9	Advocate for a co-ordinated, coherent, data driven and evidence based approach to chronic disease prevention across NHS Wales.	The action has been completed and therefore closed
5.10	Agree and establish a process to take forward the recommendations in the Long Term Conditions – Investment in Prevention paper agreed by NHS Chief Executives and Chairs.	The action has been completed and therefore closed.
5.11	Ensure CWW is able do proper analyses of complex, wicked issues and to co-design evidence based or logical national programmes of action.	The action is no longer applicable and therefore will be removed.
5.12	Agree and establish a process to take forward the recommendations in the Long Term Conditions – Investment in Prevention paper agreed by NHS Chief Executives and Chairs.	The action is no longer applicable and therefore will be removed.

3.6 Risk 6

Executive Sponsor

Huw George, Deputy Chief
Executive/Executive Director of Operations
and Finance

Risk Description

There is a risk that Public Health Wales will fail to secure and align resources to deliver on its strategic priorities.

Risk 6		
Action Plan		Transition Status
6.1	Develop an integrated planning methodology for Public Health Wales.	The action has been completed and therefore closed.
6.2	Implement the actions arising following the review of the priority arrangements undertaken in June 2019.	The action has been completed and therefore closed.
6.3	Refine and develop outcome measures for our strategic priorities and organisation.	The action remains valid but will be updated in the revised Board Assurance Framework. (Risk 6 Action 1 in Revised BAF) Revised date requested: 31 March 2020
6.4	Realise savings from organisational efficiency work streams.	The action remains valid and will be transferred to the revised Board Assurance Framework. (Risk 6 Action 2 in Revised BAF)
6.5	Develop longer term investment and savings Strategy.	The action remains valid and will be transferred to the revised Board Assurance Framework. (Risk 6 Action 3 in Revised BAF)
6.6	Agree wider approach to value and impact across the organisation. This will include work on four work streams: <ul style="list-style-type: none"> • Value in Finance • Performance Framework • Evaluation • Extended Balance Sheet. 	The action remains valid and will be transferred to the revised Board Assurance Framework. (Risk 6 Action 4 in Revised BAF)
6.7	Develop long term People Strategy aligned to Public Health Wales Long Term Strategy.	The action has been completed and therefore closed.

3.7 Risk 7

Executive Sponsor

John Boulton, Director for NHS Quality Improvement and Patient Safety

Risk Description

There is a risk that Public Health Wales will fail to sufficiently consider, exploit and adopt new and existing technologies.

Risk 7		
Action Plan		Transition Status
7.1	Identify a replacement Executive lead for innovation.	The action is no longer applicable and therefore will be removed.
7.2	Development of a framework for embedding a culture of innovation.	The action is no longer applicable and therefore will be removed.
7.3	National and International horizon scanning to be embedded into the strategic planning process.	The action remains valid and will be transferred to the revised Board Assurance Framework. (Risk 7 Action 7 in revised BAF)
7.4	Development of a formal working relationship with the Life Sciences hub.	The action remains valid but will be updated in the revised Board Assurance Framework. (Risk 7 Action 2 in revised BAF) Revised date requested: Jan 2020.
7.5	Establishment of a New Technology and Innovation Advisory Forum to advise the Board.	The action remains valid but will be updated in the revised Board Assurance Framework. (Risk 7 Action 1 in revised BAF) Revised date requested: Feb 2020.
7.6	Recruitment of a dedicated Non-Executive Director for Life Sciences.	The action is no longer applicable and therefore will be removed. (noted at 28 November 2019 Board)

Recommendation

The Board is asked to take **assurance** that the transition of the actions in the previous Board Assurance Framework have been appropriately managed into the revised version.

Attach 3. Board Assurance Framework Risk 1

Controls

Risk 1	There is a risk that Public Health Wales will find itself without the workforce it requires to deliver on its strategic objectives. This would be caused by a lack of staff with the relevant skills and / or cultural fit in the external market / education system, internally due to a lack of staff skills and behaviour development, career mobility and succession planning and talent management, or due to undesirable employee attrition.
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Sponsor and Assurance Group	
Executive Sponsor	Phil Bushby, Director of People and Organisational Development
Assuring Group	People and Organisational Development Committee

Inherent Risk							
Date		Likelihood:	4	Impact:	4	Score:	16

Risk Score				Risk Decision	
Current Risk			Target risk		
Likelihood	Impact	16	Likelihood	Impact	8
4	4		2	4	
TREAT					

Applicable Strategic Priorities	
Influencing the wider determinants of health	<input checked="" type="checkbox"/>
Improving mental well-being and building resilience	<input checked="" type="checkbox"/>
Promoting healthy behaviours	<input checked="" type="checkbox"/>
Securing a healthy future for the next generation through a focus on early years.	<input checked="" type="checkbox"/>
Protecting the public from infection and environmental threats to health	<input checked="" type="checkbox"/>
Supporting the development of a sustainable health and care system focused on prevention and early intervention	<input checked="" type="checkbox"/>
Building and mobilising knowledge and skills to improve health and well-being across Wales	<input checked="" type="checkbox"/>

Board Assurance Framework

- Risk 1

Controls

EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided to				
No.	Control	Exec Owner	Assurance	Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board
1.	Development of People Strategy	Director – People and Organisational Development	Board paper requesting approval of People Strategy			X	X	X
2.	Organisational Workforce plan to support IMTP and first three years of People Strategy		Workforce plans reports			X		
3.	Corporate succession plan to outline (initially) succession into the top three tiers		Finalised talent and succession map	X	X	X		
4.	Corporate recruitment plan. This will migrate into a 'tracker'		Corporate recruitment plan			X		
5.	Structured approach to funding learning and development		Business executive team paper		X	X		
6.	Directorate level plans focussing on change, development and recruitment. These will include areas of focus such as Microbiology and radiology	All	Workforce plans	X	X	X		
7.	Job families are mapped and have an allocated lead	Director – People and Organisational Development	Papers and minutes from the Job Families group	X	X			
8.	Professional appraisal and revalidation processes in place, linked through relevant bodies.	Executive Director of Quality, Nursing and Allied Health Professionals / Executive Director of Public Health Services/Medical Director	Professional appraisal and revalidation process		X		X	
9.	Training and succession plan in conjunction with Deanery/ HEIW	Director – People and Organisational Development/ Executive Director of Quality, Nursing and Allied Health Professionals / Executive Director of Public Health Services/Medical Director	Training and succession plan		X		X	
10.	Programmes of development	Director – People and Organisational Development	Programme content	X	X			
			Attendance registers	X	X			
11.	PDRs both My Contribution and Job Plans	All	PDR compliance reports	X	X	X	X	X
12.	Staff Survey	Director – People and Organisational Development / All	Published results and documented actions plans	X	X	X	X	
13.	Employee Support such as EAP and Occupational Health	Director – People and Organisational Development	Clearly documented and communicated support for staff	X	X	X	X	
14.	Establish and agree an approach to engaging with potential (often younger) employees		Approach and options mapped and paper presented to Executive Team including younger persons strategy	X	X	X		

Board Assurance Framework

- Risk 1

Controls

EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided to				
No.	Control	Exec Owner	Assurance	Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board
15.	Integrated Performance Report	Director – People and Organisational Development	Exception reporting on key measures that have not been reached such as turnover and absence with plans of action attached		X	X	X	X
16.	Manager's induction		Induction content	X	X			
			Attendance registers	X	X			
17.	Welcome, Engage, Network and Develop days		Induction content	X	X			
			Attendance registers					
18.	Recording learning and development activity	Director – People and Organisational Development / All	ESR compliance reports	X	X	X		
19.	Behaviours framework	Director – People and Organisational Development	Values-aligned behaviours framework piloted, approved and launched		X	X		
20.	Public Health Practitioner Registration Scheme	Director – People and Organisational Development / Executive Director of Health and Wellbeing	Take up reports	X	X	X		

Board Assurance Framework – Risk 1

Action Plan

Control Number	Gaps in controls	Gaps in assurance		Action Plan	Exec Lead	Due Date	Progress
1.1	People Strategy to support the PHW long term strategy	Project Plan relating to transformation of People and OD Directorate with appropriate time-scales and outcomes	1	Consultation with key stakeholders. People Strategy linked to IMTP.	Director of People and Organisational Development	February 2020	
				Deliverables incorporated into People and OD departmental plan and linked to team objectives		March 2020	
				New team structure to be developed in consultation with the organisation to ensure alignment with people strategy			
1.2	Organisational workforce plan	Quality assurance of plan Gaps in returns from Directorates	2	Consultation with key stakeholders and workforce planning sessions facilitated.		January 2020	
				Workforce plans returned to People and OD to review Trends and themes identified.			
				Draft to be quality assured by Skills for Health to ensure a coherent narrative.			
				Draft to be submitted to Execs on 27 November.			
1.3	An implemented corporate approach to succession planning and talent management	Quality assurance of plan	3	Initial outputs presented to CEO August 2019 with wider Executive Team discussions planned		March 2020	
				In the process of finding a date for these wider/ moderation discussions.			
				Linking to wider work and timescale with HEIW.			
				Finalised talent and succession map. In draft due to be complete by March 2020			
1.4	No tracking tool against corporate recruitment plan	Gaps in data provided	4	Continue work as part of business process improvement activity in this area. Provide update to BET in November 2019.	March 2020		
1.14	Approach to young people	Gaps in plan for delivery and join up with Well-being of Future Generations Act	5	Draft approach to be developed making links to Well-being of Future Generations Act by improving social, economic, environmental and cultural wellbeing	March 2020		
				Joined up approach to collaboration with schools, colleges and universities;			
				Young Ambassador Programme; Careers Networks; Work-placements scheme; Internships; Apprentices; Graduate Schemes			
				Discussions to be taken forward by Deputy Director of People and OD with directorates			
				Determine appropriate way forward with collaborative partners with clear outcomes and evaluation			
1.16	Management Induction	Lack of assurance around knowledge and skills to deliver within a management role	6	Pilot management induction following consultation with key stakeholders	TBC		
				Deliver regular management induction sessions Evaluation scheduled for February 2020			

Board Assurance Framework – Risk 2

Dashboard

Risk 2

There is a risk that Public Health Wales will cause significant harm to patients, service users or staff members. This will be caused by misdiagnosis or incorrect identification of serious health conditions, the provision of inappropriate clinical advice or the failure of staff to follow correct procedures.

Applicable Strategic Priorities

Influencing the wider determinants of health	<input checked="" type="checkbox"/>
Improving mental well-being and building resilience	<input checked="" type="checkbox"/>
Promoting healthy behaviours	<input type="checkbox"/>
Securing a healthy future for the next generation through a focus on early years.	<input type="checkbox"/>
Protecting the public from infection and environmental threats to health	<input type="checkbox"/>
Supporting the development of a sustainable health and care system focused on prevention and early intervention	<input checked="" type="checkbox"/>
Building and mobilising knowledge and skills to improve health and well-being across Wales	<input type="checkbox"/>

Sponsor and Assurance Group

Executive Sponsor

Rhiannon Beaumont-Wood, Executive Director Quality, Nursing and Allied Health Professionals

Assuring Group

Quality, Safety and Improvement Committee (patient and service user)
People and Organisational Development Committee (staff)

Inherent Risk

Date		Likelihood:	5	Impact:	5	Score:	25
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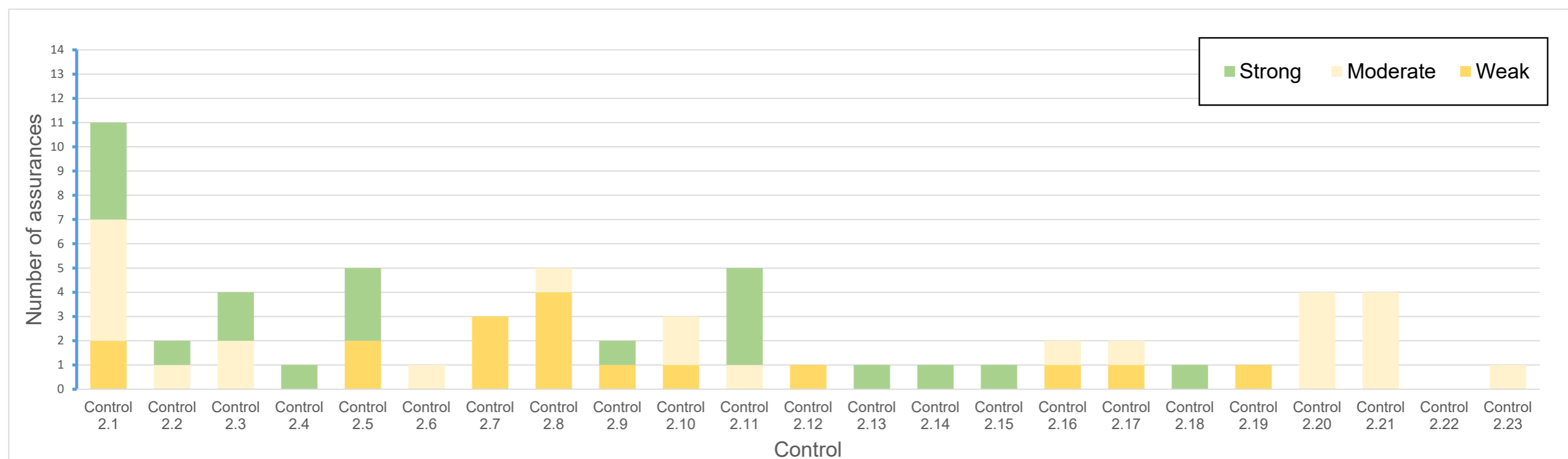
Risk Score

Current Risk			Target risk			Risk Decision
Likelihood	Impact	20	Likelihood	Impact	15	
4	5		3	5		

Control Summary

Assurance Summary	No. of Controls	23	
	No. of Assurances	61	
	Breakdown of Total Assurance Rating	Weak Assurances	17
		Moderate Assurances	24
Strong Assurances		20	

Assurance Breakdown per Control



Board Assurance Framework – Risk 2

Controls

Existing Control			Sources of Assurance	Level at which the Assurance is provided to					Assessment of each Assurance		
No.	Control	Exec Owner		Team / Division / Project	Directorate Team / Exec Lead	Business Executive Team / Sub Groups	Committee / Sub group	Board			
2.1	Corporate Quality Management systems	Executive Director Quality, Nursing and Allied Health	Quality Indicators Performance Monitoring as reported in the Integrated Performance Report	X	X	X		X	Moderate		
			Health and Care Standards regular Monitoring at Board - IPR – ongoing monitoring of implementation		X	X		X	Moderate		
			Health and Care Standards - Arrangements / system in place.	X	X	X	X		Strong		
			Quality Impact Framework Implementation Plan		X	X	X	X	Moderate		
			Corporate Safeguarding Annual Report			X	X		Weak		
			Infection Control Annual Report			X	X		Weak		
			PTR Quarterly Report (IPR Monthly)					X	X	Strong	
			PTR Annual Report					X	X	Moderate	
			Quarterly Alert exception Report					X	X	X	Moderate
			Annual Quality Statement				X	X	X	X	Strong
2.2	Professional Regulation	Executive Director Quality, Nursing and Allied Health	Quality and Clinic Audit Plan - Annual Report and update reports			X	X		Strong		
			Annual report to People and OD Committee			X	X		Strong		
			Quality Review Visit by medical revalidation support unit	X	X	X	X		Moderate		
2.3	Incident Reporting Management System	Executive Director Quality, Nursing and Allied Health	Putting Thing Right - Report			X	X		Moderate		
			Putting Thing Right - Annual			X	X		Strong		
			Organisational Annual Report – (Reported to WG)			X	X		Strong		
2.4	Mid & end year review process	Executive Director Quality, Nursing and Allied Health	SI reporting as occurs			X	X	X	Moderate		
			Mid and year end reports		X	X		X	Strong		
2.5	External Reviews	Executive Director Quality, Nursing and Allied Health	HIW Inspections			X	X	X	Strong		
			HSC			X	X		Strong		
			JAG accreditation	X	X	X			Weak		
			UKAS Accreditation	X	X	X	X		Weak		
2.6	Support worker programme	Executive Director Quality, Nursing and Allied Health	Welsh Audit Office Structured Assessment (AD HOC)	X	X	X	X	X	Strong		
			Update reports (PODCOM)		X	X	X		Moderate		
2.7	Medicines Management System	Executive Director of Public Health Services/Medical Director / Executive Director Quality, Nursing and Allied Health	Medicines Management Policy			X	X		Weak		
			Medicines Management Procedure			X	X		Weak		
			Pharmaceutical SLA with Cardiff & Vale University Health Board			X			Weak		
2.8	Medical Devices Arrangements	Executive Director of Public Health Services/Medical Director / Executive Director Quality, Nursing and Allied Health	Medical Devices Policy			X	X		Weak		
			Medical Devices Procedure			X	X		Weak		
			Medical Devices Registers (Microbiology Laboratories)	X					Weak		
			Medical Devices Screening Division Register	X					Weak		
2.9	Public Health Services QMS	Exec Director of Public Health Services/Medical Director	Medical Devices Register (Corporate)	X					Moderate		
			Local Audit	X					Strong		
2.10	Failsafe systems	Executive Director of Public Health Services/Medical Director	Vertical & Horizontal Audits of Microbiology Laboratory Services	X					Weak		
			Defined failsafe task and finish groups (papers and notes) to review screening programmes against policy	X					Weak		
			SI reporting as occurs to Board and quarterly to QS&I Committee			X	X	X	Moderate		
			Screening Division – Standard Operating Procedures (document development, review and approval)	X					Moderate		

Board Assurance Framework – Risk 2

Controls

Existing Control			Sources of Assurance	Level at which the Assurance is provided to					Assessment of each Assurance
No.	Control	Exec Owner		Team / Division / Project	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board	
2.11	Microbiology Stabilisation Programme	Executive Director of Public Health Services/Medical Director	Microbiology Division – Standard Operating Procedures (document development, review and approval)	X					Strong
			Stabilisation Action Plan process Update	X	X	X			Strong
			Stabilisation Action Plan: Progress Update Reports to QSIC			X	X		Strong
			Reports to Board (AD HOC)			X		X	Moderate
			Microbiology Programme Board Reports			X			Strong
2.12	Recruitment Procedures and Checks policy	Director of People & Organisational Development	Appropriate job descriptions	X					Weak
2.13	Statutory & Mandatory training Competency and role based training and Regulatory standards		Included in Integrated Performance Report			X		X	Strong
2.14	People & OD Performance Information and Reports (Including Detailed recruitment MI)		Included in Integrated Performance Report			X		X	Strong
2.15	Personal Development Reviews 'My Contribution'		Included in Integrated Performance Report			X		X	Strong
2.16	Workforce Plan		Reports to People & OD Committee (as part of the IMPT process)				X		Moderate
			Directorate workforce plans		X	X			Weak
2.17	Staff Survey		Staff Survey results			X	X	X	Moderate
			Engagement Reporting			X	X		Weak
2.18	Leadership and Management development Programme		Performance Data Report		X	X		X	Strong
2.19	Occupational Health provision		Reports to QS&I Committee and POD Committee				X		Weak
2.20	Policies	Board Secretary & Head of Board Business Unit	Policy, Procedures and other written control documents Policy			X	X	X	Moderate
			Policy, procedures and other written control documents Procedure		X	X			Moderate
			Policy register report to Audit and Corporate Governance Committee on compliance with Policies		X	X	X	X	Moderate
			Policy register report of relevant policies to each Board Committee			X	X		Moderate
2.21	Internal Audit Programme	Board Secretary & Head of Board Business Unit	Internal audit plan			X	X		Moderate
			Audit reports as a result of the annual programme		X	X	X		Moderate
			Annual head of internal audit report			X	X	X	Moderate
			Internal audit action log (and follow up of actions)		X		X		Moderate
2.22	Department Standard Operating Procedures	Exec Team (report via Board Secretary)							
2.23	Health & Safety plan	Deputy Chief Exec/ Exec Director of Operations & Finance	Health and safety action plan and associated reports	X	X		X		Moderate

Board Assurance Framework – Risk 2

Action Plan

Control Number	Gaps in controls	Gaps in assurance		Action Plan	Exec Lead	Due Date	Progress			
NEW	Absence of existing coherent and comprehensive Integrated Governance Framework	Lack of assurance mechanism in relation to effectiveness of an Integrated Governance Framework	1	Complete a gap analysis on current integrated governance arrangements	Executive Director Quality, Nursing and Allied Health Professionals	June 2020				
			2	Develop a Quality assurance dashboard		Mar 2020				
			3	Develop an Integrated Governance Framework		Sept 2020				
			4	Complete a Governance Stakeholder mapping exercise		Mar 2020				
2.1		Gaps in consistently applied, monitored and reported quality and improvement measures aligned to strategic priority outcomes and integrated performance report	5	Develop and approve Quality and Improvement Strategy		Executive Director Quality, Nursing and Allied Health Professionals	May 2020			
			6	Working with QNHAPS and Strategic Planning to develop KPIs relating to Strategic Priority Outcomes previously referred to as improvement indicators			Mar 2020			
		Gaps in ownership of improvement actions at Directorate for the Health Care Standards Self-Assessment.	7	Support ownership in Directorates and Divisions in identifying improvements and enacting action plans			Mar 2020			
			8	Develop Quality Management Dashboard to include assurance for IPC and Safeguarding to provide regular reporting to QSIC			Mar 2020			
		Absence of up to date and accurate medical devices register		9			See action plan for 2.8 (Actions 14,15,16)	Executive Director of Public Health Services/Medical Director / Executive Director of Quality, Nursing and Allied Health Professionals	May 2020	
			Development of Quality and Clinical Audit Plan was not fully aligned with adherence to SOPs and improvement activity.	10			Further develop Quality and Clinical Audit Plan to ensure alignment with adherence to SOPs and improvement activity for next audit planning cycle	Executive Director Quality, Nursing and Allied Health	Aug 2021	
2.3	Lack of systematic and embedded approach to reflecting and learning from raising concerns (Whistleblowing)	Lack of assurance mechanism for 'raising concerns' (Whistleblowing)	11	Implement an organisational approach to disseminating and raising awareness of the 'Raising Concerns' (whistleblowing) policy	Board Secretary and Head of Board Business Unit	June 2020				
	Lack of fully effective incident management system	Information included in PTR Report does not match the requirements in the revised	12	Deliver phase 1 of the incident management system implementation plan	Executive Director Quality, Nursing and Allied Health Professionals	Apr 2020				

Board Assurance Framework – Risk 2

Action Plan

Control Number	Gaps in controls	Gaps in assurance		Action Plan	Exec Lead	Due Date	Progress
		Incident Management System	13	Revision of PTR report to include information from revised Incident Management system		Feb 2020	
2.8	Lack of systematic assurance mechanism in relation to management of medical devices		14	Strengthen organisational governance of medical devices (including registers)	Executive Director of Public Health Services/Medical Director	May 2020	
			15	Review the Medical Devices Policy and Procedure (due to Medical Devices and IVD Regulations)		May 2020	
			16	scope non-clinical areas to ensure that no devices remain unaccounted for in the governance arrangements		May 2020	
2.10	Delivery of the National Health Protection Service Transformation Programme		17	See Action in Risk 3			
2.20	Process inconsistently applied for updating and disseminating new/ updated policies		18	Development of an effective central management and storage system for updating and recording new and revised policies and procedures.	Board Secretary and Head of Board Business Unit	Mar 2020	
			19	Development of an effective mechanism to inform staff of new / updated policies and procedures		Mar 2020	
2.21	Improved planning in relation to the annual audit plan taking greater account of risk		22	Earlier engagement with Board Committees to ensure draft audit plan is reflective of organisational risks and supports committee work plans where appropriate	Board Secretary and Head of Board Business Unit	Mar 2020	
	Clear picture of all audit related activity across the organisation (corporate & clinical)		23	Develop a document that collates and summarises all audit activity planned for April 2021 onwards – repeat on an annual basis		Board Secretary and Head of Board Business Unit / Executive Director Quality, Nursing and Allied Health Professionals	Feb 2021
2.22	Confirmation of appropriate processes being in place within each directorate for updating and disseminating new/updated standard operating procedures	Gap in assessment of adherence with SOPs and testing using Quality and Clinical Audit.	20	Ensure Directorates have an effective mechanism for updating and communicating Standard Operating Procedures (SOPs)	Executive team members (reported via Board Secretary and Head of Board Business Unit)	September 2020	
			21	Test compliance and adherence with SOPs			

Board Assurance Framework – Risk 3

Dashboard

Risk 3	There is a risk that Public Health Wales will fail to deliver a sustainable, high quality and effective infection and screening services. This will be caused by a lack of sufficient workforce capacity; over-reliance on existing systems/procedures, lack of sufficient change capacity and an estate and infrastructure which is not fit for purpose.
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Sponsor and Assurance Group	
Executive Sponsor	Dr Quentin Sandifer, Executive Director Public Health Services / Medical Director
Assuring Group	Quality, Safety and Improvement Committee Audit and Corporate Governance Committee

Inherent Risk							
Date		Likelihood:	5	Impact:	5	Score:	25

Risk Score					Risk Decision
Current Risk			Target risk		TREAT
Likelihood	Impact	20	Likelihood	Impact	
4	5		3	5	

Applicable Strategic Priorities	
Influencing the wider determinants of health	<input type="checkbox"/>
Improving mental well-being and building resilience	<input type="checkbox"/>
Promoting healthy behaviours	<input type="checkbox"/>
Securing a healthy future for the next generation through a focus on early years.	<input type="checkbox"/>
Protecting the public from infection and environmental threats to health	<input checked="" type="checkbox"/>
Supporting the development of a sustainable health and care system focused on prevention and early intervention	<input checked="" type="checkbox"/>
Building and mobilising knowledge and skills to improve health and well-being across Wales	<input type="checkbox"/>

Board Assurance Framework

- Risk 3

Controls

Existing Control			Sources of Assurance	Level at which the Assurance is provided to				
No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board
3.1	Policies and Procedures * (document development, review and approval) * including Standard Operating Procedures	Executive Director Public Health Services / Medical Director	Corporate Policy and Control Document Reviews – corporate register update reports	X	X	X	X	X
			Health Protection Division – Standard Operating Procedures (document development, review and approval)	X	X			
			Microbiology Division – Standard Operating Procedures (document development, review and approval)	X	X			
			Screening Division – Standard Operating Procedures (document development, review and approval)	X				
3.2	UK Accreditation Service (UKAS) -Accreditation		Reports to Quality, Safety and Improvement Committee		X	X	X	
			Action Plan and Reports – Divisional Senior Management Teams	X				
3.3	Professional Regulation – Medical, Nursing and Multi-Disciplinary Staff	Executive Director Public Health Services / Medical Director Executive Director Quality, Nursing and Allied Health Professionals	Medical, Nursing and Multi-Disciplinary Staff Revalidation - Annual Report to People and Organisational Development Committee / Quality, Safety and Improvement Committee				X	
			Quality review visit by Medical and Multi-Disciplinary Revalidation support unit			X	X	
			Quality Indicators Performance Monitoring			X	X	X
			Monitor registered and revalidation		X			
			Medical, Nursing and Multi-Disciplinary Appraisal Process – Quality Indicator			X	X	X
3.4	Health and Safety Management System	Deputy Chief Executive and Executive Director of Finance & Corporate Services	Update Reports to Health and Safety Group	X	X	X	X	
			Health and Safety Action Plan		X	X	X	
			Microbiology Division Health and Safety Sub-Groups (reports to Divisional SMTs)	X	X			
			Update Reports to People and Organisational Development Committee		X	X	X	
3.5	Business Continuity Arrangements (for Public Health Services)	Executive Director Public Health Services / Medical Director	Business Continuity Action Plans (Public Health Services)	X	X	X		
			Emergency Planning and Business Continuity Group Meeting minutes		X			
			Learning and Development Prospectus for Business – Training and Exercise reports to Emergency Planning and Business Continuity Group		X			
			Emergency Planning and Business Continuity Annual Work Plan		X			
			Emergency Planning and Business Continuity Documentation (regular review and update)	X	X			
			Emergency Planning and Business Continuity Report - Audit and Corporate Governance Committee	X			X	
3.6	National Health Protection Service (NHPS) Transformation Programme (including Microbiology Stabilisation)	Executive Director Public Health Services / Medical Director	National Health Protection Service Transformation (Programme) Board - Meeting Minutes and Papers	X	X	X		
			National Health Protection Service Transformation Programme Plan(s)	X	X	X		
			Microbiology Stabilisation Plan	X	X	X		
			Stabilisation/Transformation Reports to QSI Committee and Board			X	X	X
			Divisional Assurance Reports to DLT (inform Executive Director Reports – see 3.7)	X	X			

Board Assurance Framework

- Risk 3

Controls

Existing Control			Sources of Assurance	Level at which the Assurance is provided to				
No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board
3.7	Directorate Business and Financial Management Systems and Processes	Executive Director Public Health Services / Medical Director	Reports provided to SMTs and DLT	X	X			
			Public Health Services Directorate Leadership Team (DLT) meeting minutes and papers (bi-monthly)	X	X			
			Senior Management Team (SMT) Meeting minutes and papers (monthly)	X				
			Directorate Leadership Team Finance Sub-Group meeting minutes and papers (monthly)		X			
			Divisional Assurance Reports to DLT (inform Executive Director Reports)	X	X	X		
			Executive Director Reports (to Executive and Board)			X		X
			Mid and End of Year Review Reports (Executive scrutiny)		X	X		
3.8	Quality Management Systems (including informatics and information managements systems)	Executive Director Public Health Services / Medical Director Executive Director Quality, Nursing and Allied Health Professionals	Health and Care Standards Reporting		X	X	X	X
			Reporting on Quality Impact Framework Implementation Plan		X	X	X	
			Local Audits	X	X	X	X	
			Vertical and Horizontal Audits of Microbiology Laboratory Services	X				
			Quality and Clinical Audit Plan – Annual Report		X	X	X	
			Quality and Clinical Audit Plan – Bi-annual report to Quality, Safety and Improvement Committee		X	X	X	
			Mid and End of Year Review Reports (Executive scrutiny)		X	X		
			Informatics Programmes/Project Board Reports (minutes, papers and reports via Annual Plan)	X	X	X		
3.9	Incident Reporting Management System	Executive Director Public Health Services / Medical Director Executive Director Quality, Nursing and Allied Health Professionals	Putting Things Right - Annual Report			X	X	
			Putting Things Right - Quarterly Alert Exception Report (Quality, Safety and Improvement Committee)			X	X	
			Serious Incident Reporting (Quarterly) to Quality, Safety and Improvement Committee			X	X	
3.10	Failsafe Systems	Executive Director Public Health Services / Medical Director	Defined failsafe task and finish groups to review screening programmes against policy	X	X	X	X	
			Review of serious incidents to determine if further failsafe required (Microbiology and Screening)	X	X	X		
			Screening Division – Standard Operating Procedures (document development, review and approval)	X	X			
			Microbiology Division – Standard Operating Procedures (document development, review and approval)	X	X			
			Health Protection Division – Standard Operating Procedures (document development, review and approval)	X	X			
3.11	Infection, Prevention and Control Systems	Executive Director Public Health Services / Medical Director Executive Director Quality, Nursing and Allied Health Professionals	Infection Reporting Dashboard	X	X	X		
			Health Protection Situational Awareness Reports – (monthly report to Executive)	X	X	X		
			Public Health Wales Infection, Prevention Control Group – minutes and papers (minutes received by Quality, Safety and Improvement Committee)	X	X	X	X	
			Agreed criteria for escalation (reviewed on an annual basis)	X	X	X		

Board Assurance Framework

- Risk 3

Controls

Existing Control			Sources of Assurance	Level at which the Assurance is provided to				
No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board
3.12	Workforce/Recruitment Planning	Executive Director Public Health Services / Medical Director	Reports of progress against Workforce Plans	X	X	X		
			Reports to the People and Organisational Development Committee (part of annual Integrated Medium Term Plan planning cycle)			X	X	
			Health Protection and Microbiology Workforce subcommittees minutes and papers (report to Senior Managements Teams)	X				
3.13	DESW Optimisation and Transformation Programme	Executive Director Public Health Services / Medical Director	Monitoring progress against plans (reports)	X	X	X		
			Divisional Assurance Reports to DLT (inform Executive Director Reports – see 3.7)	X	X			
			Optimisation/Transformation Reports to Quality, Safety and Improvement Committee and Board			X	X	

Board Assurance Framework

- Risk 3

Action Plan

Control No.	Gaps in controls	Gaps in assurance		Action Plan	Exec Lead	Due Date	Progress
3.4			1	Delivery of Estates Action Plan and Health / Safety Action Plan	Deputy Chief Executive / Executive Director of Finance and Operations	--	
3.5	Approval of Business Continuity Plans	Assurance reporting to Audit and Corporate Governance Committee	2	Strengthen arrangements for approval of Business Continuity Plans and assurance reporting	Executive Director Public Health Services / Medical Director	To be determined	
3.7	Resilience of business management systems and processes	Assurance reporting – general (strengthening required)	3	Public Health Services Directorate Governance Review: Action Plan		To be determined	
3.6			4	Delivery of the National Health Protection Service Transformation Programme		April 2021	
3.8		Additional source of assurance for Quality Management Systems, in relation to screening information management systems	5	Implementation of Cervical Screening Information Management System (CSIMS)	Executive Director Public Health Services / Medical Director Deputy Chief Executive / Executive Director of Finance and Operations	Dec 2020	
3.10 & 3.13		Gap in assurance relating to failsafe systems in Diabetic Eye Screening Wales	6	Implementation of risk-based diabetic eye screening	Executive Director Public Health Services / Medical Director	April 2021	
			7	Delivery of the DESW Optimisation and Transformation Programme		June 2020	
			8	Review to ensure that our Screening and Microbiology operating systems are all 'failsafe'		Dec 2020	

Board Assurance Framework – Risk 5

Dashboard

Risk 5

There is a risk that Public Health Wales will fail to provide the level of system leadership needed to deliver the population health gains articulated in the long term strategy. This could be brought about by insufficient capacity/resources within the organisation, policy and prioritisation decisions of external agencies and wider social, economic and environmental factors.

Sponsor and Assurance Group

Executive Sponsor

Jyoti Atri, Interim Executive Director Health and Wellbeing

Assuring Group

Business Executive Team and Board

Inherent Risk

Date		Likelihood:	5	Impact:	5	Score:	25
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Risk Score

Risk Decision

Current Risk			Target risk			TREAT
Likelihood	Impact		Likelihood	Impact		
5	5	25	3	5	15	

Applicable Strategic Priorities

Influencing the wider determinants of health	<input checked="" type="checkbox"/>
Improving mental well-being and building resilience	<input checked="" type="checkbox"/>
Promoting healthy behaviours	<input checked="" type="checkbox"/>
Securing a healthy future for the next generation through a focus on early years.	<input checked="" type="checkbox"/>
Protecting the public from infection and environmental threats to health	<input checked="" type="checkbox"/>
Supporting the development of a sustainable health and care system focused on prevention and early intervention	<input checked="" type="checkbox"/>
Building and mobilising knowledge and skills to improve health and well-being across Wales	<input checked="" type="checkbox"/>

Board Assurance Framework – Risk 5

Controls

EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided to					
No.	Control	Exec Owner	Assurance	Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board	
5.1	Building a Healthier Wales programme	Executive Director – Health and Wellbeing	BaHW agreed priorities document	X	X	X		X	
			Building a Healthier Wales to receive spending plans against £7.2m allocations to Health Boards as part of their oversight role	X	X	X			
			BaHW Co-ordinating Group TOR and minutes	X	X	X		X	
			BaHW Project Group TOR and minutes	X	X	X		X	
5.2	Development of behaviour change capacity and skills			Update reports	X	X	X		X
5.3	Dialogue with Boards across Wales to support shift towards prevention and scale up of evidence based interventions			Biannual joint accountability meetings paperwork	X	X	X		X
				Framework for Board to Boards	X	X	X		X
				Notes from Board to Boards	X	X	X		X
			IMTP	X	X	X		X	

Board Assurance Framework – Risk 5

Action Plan

Control Number	Gaps in controls	Gaps in assurance		Action Plan	Exec Lead	Due Date	Progress
5.3	Ensuring there is increasing investment in prevention across the public sector		1	Establish baseline spend on prevention	Executive Director – Health and Wellbeing	Dec 2020	
			2	Develop a mechanism to track the spend on prevention		Dec 2021	
5.3	Ensuring that additional investment in prevention is spent in line with the evidence and results in improved outcomes		3	Commission evaluation once for Wales		July 2020	
			4	Building a Healthier Wales to establish mechanisms for oversight		July 2020	
5.3	Galvanising voluntary sector resources for evidence based preventative interventions		5	Revised Terms of reference and work plan for CWW		March 2020	
5.2	Development of behaviour change capacity and skills		6	Successful recruitment to Programme Director Post		July 2020	
			7	Grants/contracts awarded		May 2020	
5.1	Strengthen governance arrangements with DPHS		8	Update MOUs with Health Boards	Deputy Chief Executive/ Executive Director of Operations Finance Board Secretary and Head of Board Business Unit	30 Sept 2020	
			9	Update honorary contracts with DPHS	Executive Director – Health and Wellbeing Director – People and Organisational Development	TBC	
New control identified relating to policy			10	Utilise the WHO CC to act as a policy think tank for WG and other Public Health stakeholders. Deliver the work plan of the WHO CC.	Director of Policy, Research and International Development	Ongoing	
New control identified relating to policy			11	Continue the periodic meetings with Cabinet Secretaries, Ministers and their officials across Government as appropriate in order to inform them on the work of Public Health Wales and support the application of health in all polices in their respective areas.	Chief Executive / Chair	Ongoing	

Board Assurance Framework – Risk 6

Dashboard

Risk 6

There is a risk that Public Health Wales will fail to secure and align resources to deliver on its strategic priorities. This will be caused by funding cuts or inability to make required savings, generate income or move resources within the organisation

Sponsor and Assurance Group

Executive Sponsor

Huw George, Deputy Chief Executive / Director of Finance and Operations

Assuring Group

Audit and Corporate Governance Committee

Inherent Risk

Date

Likelihood:

3

Impact:

5

Score:

15

Risk Score

Risk Decision

Current Risk

Target risk

Likelihood

Impact

15

Likelihood

Impact

10

TREAT

3

5

2

5

Applicable Strategic Priorities

Influencing the wider determinants of health	<input checked="" type="checkbox"/>
Improving mental well-being and building resilience	<input checked="" type="checkbox"/>
Promoting healthy behaviours	<input checked="" type="checkbox"/>
Securing a healthy future for the next generation through a focus on early years.	<input checked="" type="checkbox"/>
Protecting the public from infection and environmental threats to health	<input checked="" type="checkbox"/>
Supporting the development of a sustainable health and care system focused on prevention and early intervention	<input checked="" type="checkbox"/>
Building and mobilising knowledge and skills to improve health and well-being across Wales	<input checked="" type="checkbox"/>

Board Assurance Framework - Risk 6

Controls

Existing Control			Sources of Assurance	Level at which the Assurance is provided to				
No.	Control	Exec Owner		Team / Division / Project	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board
6.1	Public Health Wales Financial plan	Deputy Chief Executive/Executive Director of Operations and Finance	Welsh Government and Board approved Strategic Plan (IMTP)			X		X
			Board approved Annual Plan			X		X
			Integrated Performance Report (Service/Finance/Quality/ People)			X	X	X
			Monthly Finance Reports	X	X	X		
			Monthly monitoring returns		X			
			Directorate finance reports		X			
			Annual accounts			X	X	X
			Audits of financial systems and audit management			X	X	
6.2	Joint Executive Team meetings	Executive Team	Integrated Performance Report (Service/Finance/Quality/ People)			X	X	X
			Mid and end of year Review Papers	X	X	X		
			Joint Executive Team Report			X		X
6.3	Quality and Delivery Meetings	Deputy Chief Executive/Executive Director of Operations and Finance	Integrated Performance Report (Service/Finance/Quality/ People)			X		X
6.4	Mid and End of Year Reviews	Executive Directors	Mid and End of year Review Reports		X	X		X
6.5	Strategic Priority Coordination Group	Deputy Chief Executive/Executive Director of Operations and Finance	Long Term Strategy - Working to achieve a healthier future for Wales			X		X
			Welsh Government and Board approved Strategic Plan (IMTP)			X		X
			Board approved Annual Plan			X		X
			Change control summary report			X		X
			Integrated Performance Report (Service/Finance/Quality/ People)			X	X	X

Board Assurance Framework – Risk 6

Action Plan

Control Number	Gaps in controls	Gaps in assurance		Action Plan	Exec Lead	Due Date	Progress
6.2, 6.4, 6.5	Outcome measures and performance metrics		1	Refine and develop outcome measures for our strategic priorities and organisation	Deputy Chief Executive/Executive Director of Operations and Finance	31/03/2020	
6.1	Evidence of efficiency across the organisation		2	Realise savings from organisational efficiency work streams		Ongoing	
6.1	Model for monitoring savings and investments		3	Develop longer term investment and savings Strategy		31/03/2020	
6.2, 6.3, 6.4, 6.5	Revised Performance Management Framework aligned to new Strategy and governance arrangements		4	Agree wider approach to value and impact across the organisation. This will include work on four work streams: <ul style="list-style-type: none"> • Value in Finance • Performance Framework • Evaluation • Extended Balance Sheet 		31/03/2022	

Board Assurance Framework – Risk 7

Dashboard

Risk 7

There is a risk that Public Health Wales will fail to sufficiently consider, exploit and adopt new and existing technologies. This will be caused by the inability to keep up to date with relevant new and emergent technologies, their potential application and having insufficient skills to develop the case for investment.

Sponsor and Assurance Group

Executive Sponsor John Boulton, Director for NHS Quality Improvement and Patient Safety

Assuring Group Executive Team
Board

Inherent Risk

Date		Likelihood:	3	Impact:	3	Score:	9
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Risk Score

Risk Decision

Current Risk			Target risk			TREAT
Likelihood	Impact		Likelihood	Impact		
3	3	9	3	2	6	

Applicable Strategic Priorities

Influencing the wider determinants of health	<input checked="" type="checkbox"/>
Improving mental well-being and building resilience	<input checked="" type="checkbox"/>
Promoting healthy behaviours	<input checked="" type="checkbox"/>
Securing a healthy future for the next generation through a focus on early years.	<input checked="" type="checkbox"/>
Protecting the public from infection and environmental threats to health	<input checked="" type="checkbox"/>
Supporting the development of a sustainable health and care system focused on prevention and early intervention	<input checked="" type="checkbox"/>
Building and mobilising knowledge and skills to improve health and well-being across Wales	<input checked="" type="checkbox"/>

Board Assurance Framework- Risk 7

Controls

Existing Control			Sources of Assurance	Level at which the Assurance is provided to				
No.	Control	Exec Owner		Team / Division / Project	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board
7.1	Internal Innovation strategy implementation	Director for NHS Quality Improvement and Patient Safety	Innovation steering group		X			X
7.2	Innovation group (Board advisory group)	Director for NHS Quality Improvement and Patient Safety	Terms of Reference					X
			Minutes of meetings			X		X

Board Assurance Framework – Risk 7

Action Plan

Control Number	Gaps in controls	Gaps in assurance		Action Plan	Exec Lead	Due Date	Progress
New			1	Establishment of a New Technology and Innovation Advisory Forum to advise the Board	Director for NHS Quality Improvement and Patient Safety	Feb 2020	
New			2	Development of a formal working relationship with the Life Sciences hub		January 2020	
New			3	Embedding a culture of innovation through a series of 'firestarter events' and dedicated presence at annual Public Health Conference		Ongoing	
New			4	Creation of innovation fund to support internal innovation programme		March 2020	
New			5	Recruitment of dedicated resource to support national RIIC hub co-ordination network		February 2020	
New			6	Develop dedicated internal communications plans to support innovation work	Deputy Chief Executive/Executive Director of Operations and Finance	March 2020	
New			7	National and International horizon scanning to be embedded into the strategic planning process		Ongoing	