

Name of Meeting Board Date of Meeting 26 September 2019 Agenda item: 7.1.260919

Board Assurance Framework

Executive lead:	Tracey Cooper, Chief Executive			
Author:	Helen Bushell, Board Secretary and Head of			
	Board Business Unit (cover paper)			
	John Lawson, Chief Risk Officer (Board			
	Assurance Framework)			

Approval/Scrutiny	Business Executive Team –16 September 2019
route:	

Purpose

The purpose of this report is to provide the Board with an update regarding any significant changes to the strategic risks contained in the Board Assurance Framework (BAF) (that could prevent the delivery of one or more strategic priorities) and action being taken to manage those risks.

Recommendation:							
APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE			
\square	\boxtimes						
The Board is a	sked to:						
• Consider the Board Assurance Framework (BAF) and note the							
updates provided since the Board meeting held on 25 July 2019;							
 Consider the updates provided; and 							
 Approve the revised "due dates". 							

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Link to Public Health Wales Strategic Plan

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities.

This report contributes to all of the Strategic Priorities

Summary impact analysis					
Equality and Health Impact Assessment	No decision is required				
Risk and Assurance	This is the Board Assurance Framework				
Health and Care Standard	This report supports and/or takes into account the <u>Health and Care Standards for</u> <u>NHS Wales</u> Quality Themes Governance, Leadership and Accountability				
Financial implications	No financial implications				
People implications	No people implications				

1. Purpose / situation

The purpose of this report is to provide the Board with an update regarding any significant changes to the strategic risks contained in the Board Assurance Framework (BAF) (that could prevent the delivery of one or more strategic priorities) and action being taken to manage those risks. The BAF is attached at **Appendix 1**.

2. Background

The Board Assurance Framework (BAF) describes how Public Health Wales is provided with assurances on the delivery of its core purpose of "working to achieve a healthier future for Wales" supported by its seven strategic priorities outlined within the Integrated Medium Plan 2018/19 – 2020/21, and through robust risk management processes. The organisation's seven strategic priorities are:

Number	Strategic Priority		
1	Influencing the wider determinants of health		
2	Improving mental wellbeing and building resilience		
3	Promoting healthy behaviours		
4	Securing a healthy future for the next generation through a focus on early years		

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5	Protecting the public from infection and environmental threats to health
6	Supporting the development of a sustainable health and care system focused on prevention and early intervention
7	Building and mobilising knowledge and skills to improve health and wellbeing across Wales

The BAF supports the Annual Accountability Report, which includes the Annual Governance Statement (AGS). The term "BAF" has been used with in NHS settings for a number of years. For the purpose of clarity, this document provides the overall narrative description of the system of assurance operating within the Trust.

The BAF is designed to support the Board in the delivery of its Strategy as outlined with its 3 year Integrated Medium Term Plan (IMTP). The IMTP is underpinned by an annual Operational Plan, which provides more detail on the strategic objectives for the year. The BAF also serves to inform the Board of the strategic risks threatening the delivery of the organisations' objectives. The BAF aligns strategic risks, key controls, the risk appetite and assurance on controls alongside each priority. Gaps are identified where key controls are insufficient to mitigate the risk of non-delivery of objectives. This enables the Board to develop and monitor action plans intended to close the gap.

3. Description/Assessment

The BAF attached to this report (Appendix 1) incorporates all updates provided up to and including 10 September 2019. As part of the routine Business Executive Team agenda, the Executive Team considered the risks and significant issues at their meeting on 16 September 2019.

The Boards attention is drawn to the updates provided within the appendix which are summarised below.

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Risk	Risk Description	Executive Sponsor	Action	Progress Update
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.	Director of People and Organisational Development	 1.1 Deployment / completion of corporate approach to succession planning and talent management 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 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 Board is asked to note the updates provided.

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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.	Executive Director Quality, Nursing and Allied Health Professionals		The items in red have been updated for which the Board are asked to note. The due date for risk 2.5 has been extended to April 2020 for which approval is requested.
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	Executive Director Public Health Services and Medical Director	 3.1 Delivery of the Microbiology Stabilisation Plan 3.2 Delivery of the Infection Service Transformation Programme 	The Board is asked to note the update provided. The Board is asked to note the update provided.
	systems/procedures, lack of sufficient change capacity and an estate and infrastructure which is not fit for purpose.		3.3 Delivery of the Screening for the Future Programme	The Board is asked to note the update provided. This action is now marked as completed
		3.4 Review to ensure that our Screening and Microbiology operating systems are all 'failsafe'	The Board is asked to note the update provided.	
			3.5 Implementation of UK National Screening Committee recommended new tests (Primary Human Papilloma Virus Testing, HPV and Faecal	The Board is asked to note the update provided. This action is now marked as completed
			Immunochemical Testing, FIT)	

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			 3.6 Implementation of Cervical Screening Information Management System (CSIMS) 3.7 Implementation of risk-based diabetic eye screening 	The Board is asked to note the update provided A new due date to be determined once the re-scoped project planning has been completed. The Board is asked to note the update provided
Risk 4	CONFIDENTIAL RISK – FOR PRIVATE BOARD SESSION 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.	Deputy Chief Executive, Executive Director Operations and Finance		The Board is asked to note the update for each action
Risk 5	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.	Interim Executive Director Health and Wellbeing	 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. 5.4 Understand the extent to which behavioural change theory is currently used in programmes to change people's behaviours, and 	The Board is asked to note the update provided. The due date has been amended from '31/07/19' to 'ongoing' The Board is asked to note the update provided. A revised due date has been requested for December 2019

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			identify where knowledge and skills need developing across the public health workforce	
			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 Board is asked to note the update provided.
			5.11 Ensure CWW is able do proper analyses of complex,	The Board is asked to note the update provided.
			wicked issues and to co-design evidence based or logical national programmes of action.	A revised due date has been requested for 1 October 2019
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	Deputy Chief Executive, Executive Director Operations and Finance		All actions are marked green and on track for target completion dates The Board is asked to note the updates provided
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	Director for NHS Quality Improvement and Patient Safety	7.6 Recruitment of a dedicated Non- Executive Director for Life Sciences	The Board is asked to note the update provided. A revised due date has been requested for November 2019, to

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technologies, their potentia application and having insufficien	t	allow for the recruitment process to conclude
skills to develop the case for investment.		

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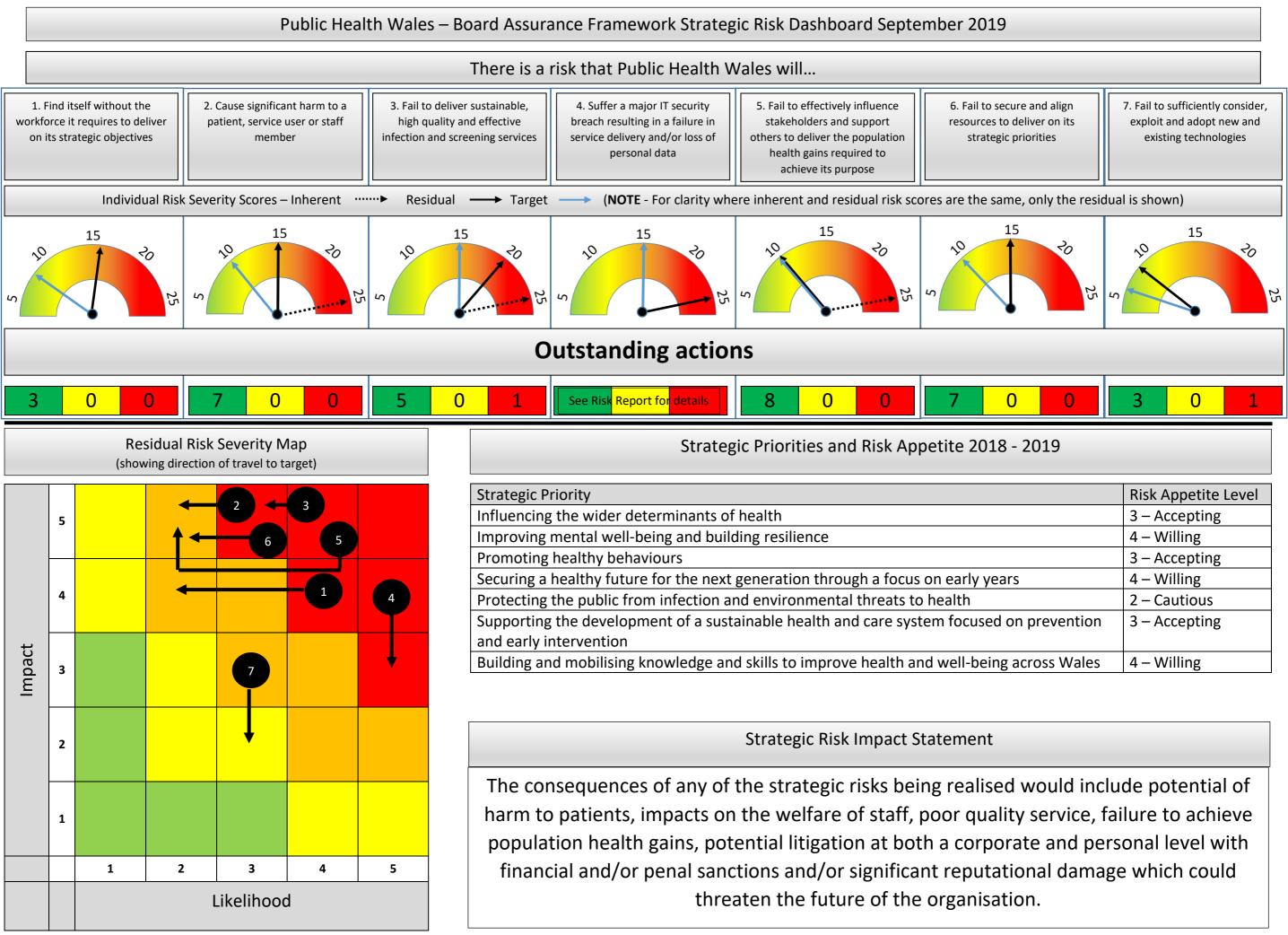
4. Recommendation

The Board is asked to:

- Consider the Board Assurance Framework (BAF) and note the updates provided since the Board meeting held on 25 July 2019;
- Consider the updates provided; and
 Approve the revised "due dates".

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Public Health Wales – Board Assurance Framework Strategic Risk Dashboard September 2019



	Risk Appetite Level
	3 – Accepting
	4 – Willing
	3 – Accepting
ars	4 – Willing
	2 – Cautious
on prevention	3 – Accepting
g across Wales	4 – Willing

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	Applicable Strategic Priorities	Board Assurance Framework Risk 1 ealth Wales will find itself without the workforce it requires to deliver on its strategic objectives. This would be caused relevant skills and / or cultural fit in the external market / education system, internally due to a lack of staff skills and ent, career mobility and succession planning and talent management, or due to undesirable employee attrition.									
Influe	Influencing the wider determinants of health X										
Impro resilie	oving mental well-being and building ence	Х									
Promo	oting healthy behaviours	Х					Risk Score				
Securi	ing a healthy future for the next		inherent	Risk			Curre	nt Risk		Target risk	
	ration through a focus on early years	X	Likelihood I 4	mpact 4	16	Likelihood 4	Impact 4	16	Likelihood 2	Impact 4	8
	rotecting the public from infection and nvironmental threats to health X				Sponsor and Assu	irance Group				Risk Decision	
health	upporting the development of a sustainable ealth and care system focused onExecutive SponsorXY				Phil Bushby, Dire	ctor of People ar	nd Organisation	nal Development		Treat	
Buildi to imp	Building and mobilising knowledge and skills Assuring Group to improve health and well-being across X				People and Organisational Development Committee						
	GAPS		GAPS IN ASSURANCE								
 An implemented corporate approach to succession planning and talent management There is no Organisational level workforce plan Workforce strategy to support the PHW long term strategy 											
Action					ACTION PLAN Progress Update Due						
1.1	1 Deployment / completion of corporate approach to succession planning and		Matthe	Owner Progress Update Matthew Initial outputs presented to CEO August 2019 with wider Executive Team discussions planned Browne Initial outputs presented to CEO August 2019 with wider Executive Team discussions planned					ons planned	Due Date March 2020	
1.2	support the IMTP, an organisational level workforce plan will be created to cover the course of the IMTP		Karen Willian Karen Fitzgib	ns/	irectorate plans due by end of October 2019 to support 1.3 and IMTP completion					December 2019	
1.3	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 Barbar Busby	y/ strategy. T a for the hea						· · · · · · · · · · · · · · · · · · ·
						Updates scheduled for Business Executive Team and People and Organisational Development Committee before finalising for January 2020.					

EXISTING CONTROLS		SOURCES OF ASSURANCE				
Control	Owner	Assurance	Owner			
Microbiology action plan	Quentin	Detailed Stabilisation and Transformation Action Plans and regular meetings of Public Health	Quentin			
	Sandifer	Services Directorate leadership Team	Sandifer			
Training plan through the Deanery		Annual training placements and evaluation, trainee engagement and satisfaction survey, Deanery	Brendan			
		reports and routine meetings	Mason			
Medical Job Planning (including all Public Health Consultants from backgrounds other		Job Planning reports and meetings – all verified by Medical Director	Brendan			
than medicine)			Mason /			
			Andrew Jones			
Personal Development reviews	Phil Bushby	People and OD performance report	Lisa Whiteman			
		Regular update papers (2 per year) provided to Committee by Director of People and OD				
Detailed workforce Planning, including learning needs analysis		People and OD performance report	Karen Williams			
		Regular update papers (2 per year) provided to Committee by Director of People and OD				
People and OD Management Information including People Performance Reports,		People and OD performance report provided monthly including key people metrics. Specific in depth	Joe O'Brien			
detailed recruitment MI, appraisal rates and attrition rates		have been commissioned and executed in respect of sickness absence, staff turnover / attrition and				
		gender diversity				
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	Lisa Whiteman			
		learning process				
Leadership and Management Development Programmes		Take up rates and post course evaluation / management and leadership satisfaction scores in the	Lisa Whiteman			
		staff survey				
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	Matthew			
		evaluations	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	Karen Williams			
		(for Flu via WAST and all others for Public Health Services via relevant health Boards)				
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	Karen W/ Lisa			
		recruitment process and developing correct behaviours through initiatives like 'being my best'	W			

Applicable Strategic Priorities						Board Assu	urance F Risk 2	ramework			
There is a risk that Public Health Wales will cause significant harm to a patient, service user or staff member. This will be caused b incorrect identification of serious health conditions, the provision of inappropriate clinical advice or the failure of staff to follow controls and the series of the failure of staff to follow controls and the series of the failure of staff to follow controls and the series of the failure of staff to follow controls and the series of the failure of staff to follow controls of the series of the failure of staff to follow controls of the series of the failure of staff to follow controls of the series of the failure of staff to follow controls of the series of the failure of staff to follow controls of the series of the failure of staff to follow controls of the series of the failure of staff to follow controls of the series of the failure of staff to follow controls of the series of the failure of staff to follow controls of the series of the series of the failure of staff to follow controls of the series											-
Influencing the wider determinants of health X											
	roving mental well-being and building lience	x									
Pro	moting healthy behaviours						Risk Score				
Sec	uring a healthy future for the next		Inherent i Likelihood			Likelihood		ent Risk	Likelihood	Target risk	
gen	eration through a focus on early years		5	Impact 5	25	3	Impact 5	15	2	Impact 5	10
	tecting the public from infection and ironmental threats to health	x		Sponsor	r and As	ssurance Group				Risk Decision	
hea	porting the development of a sustainable Ith and care system focused on prevention early intervention		Executive Sponsor			Beaumont-Wood, Exe th Professionals	ecutive Direct	tor Quality, Nursing and		Treat	
	ding and mobilising knowledge and skills to rove health and well-being across Wales		Assuring Group	use	Quality, Safety and Improvement Committee (patient and service user) People and Organisational Development Committee (staff)						
	GAPS	CONTROLS	100		i organicational Dev		GAPS IN ASSUR	ANCE			
 Process inconsistently applied for updating and disseminating new/ update policie Lack of systematic and embedded approach to reflecting and learning from incider incidents, raising concerns (whistleblowing) etc to enable Public Health Wales to b learning organisation Lack of corporate approach to succession planning and talent management (see Ri Gaps re effective infection and screening service (see Risk 3) 				nts, serious e an agile	•	Lack of assurance	mechanism f	ored and reported quality a or 'Raising Concerns' (Whi n relation to awareness/ st	stleblowing)		nce processes
						N PLAN					
Act 2.1	on Plan Development of an effective management sys	tem f	for undating and disseminating new and	Board	•	ress Update	nave heen co	mpleted, but there are stil	ll outstanding is	ssues which are beir	Due Date October 2019
2.1	revised policies and procedures.			Secretary and Head of Board	addre	essed through a revie		• •		ssues which are bein	
	Ensure Directorates have an effective mechanism for updating Standard Operating Procedures (SOPs) when new legislation/ guidance available			Business Unit	As above						March 2020
2.2	2.2 Development of an effective mechanism to inform staff of new/ updated policies and procedures			Board Secretary and Head of Board Business Unit		As above					
2.3	Develop and implement the organisationa approach.	l inte	egrated governance framework and	Executive Director Quality, Nursing and Allied Health Professionals / Assistant Director of Integrated Governance	, Recru imple Due t	implemented: Corporate Risk Ma Information Gover uitment in progress to ementation of the org to difficulties in succe	nagement nance o appoint Ass ganisational i essfully recrui	rnance areas and the follo sistant Director to lead the integrated governance syst iting to a key leadership po extended to March 2021.	e design, develo tem.	opment and	July 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	 Existing Quality and Improvement Indicators continue to be reported. Further progress requires cross executive and Board agreement with regard to the organisational approach to Quality and Impact Performance management and measurement. Board and Executive Team to agree Strategic Priority outcomes and milestones from which Quality / Impact indicators can be identified and measured. Due to resource capacity issues and the need for Board level decision making, together with the cross functional nature of the objective an extension is requested to March 2021 	Oct 2019
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	All steps have been completed, however it is recognised that further work will be required on organisational culture, in respect of communications. It is recommended to extend this action time scale to April 2020.	Sept 2019 New date of April 2020 requested.
2.6 Develop and implement an effective incident management system.	Executive Director Quality, Nursing and Allied Health Professionals /	Release of revised Datix platform together with the newly approved Incident Management Policy and Procedure is imminent with a clear escalation processSystematic 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	Oct 2019 Oct 2019
	Assistant Director of Integrated Governance	Directorate to scope how it can best re-direct resources, an extension is requested until March 2020	
2.7 Actions as set out in Risk 1	Phil Bushby	See Risk 1	Completed
2.8 Actions as set out in Risk 3	Quentin Sandifer	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,	Quentin	Performance data – monthly to Exec and bi-monthly to Board Screening for the Future Programme Board which reports to QS&I Committee	Huw George Quentin
Failsafe systems etc.) Microbiology Stabilisation Plan Screening for the Future work programme	Sandifer	Microbiology Programme Board which reports to QS&I Committee	Sandifer
	Sandifer Phil Bushby		Sandifer Phil Bushby
Microbiology Stabilisation Plan Screening for the Future work programme 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		Microbiology Programme Board which reports to QS&I Committee 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	

	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	Assurar	nce Frar	nework				
Influencing the wider determinants of health		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 b									
Improving mental well-being and building resilience				capacity; over-reliance on existing systems/procedures, lack of sufficient change capacity and an estate ar infrastructure which is not fit for purpose.							
Promoting healthy behaviours				Risk Score							
Converse a boottow future for the post		Inhere	nt Risk			Curr	rent Risk	Target ris	(
Securing a healthy future for the next generation through a focus on early years		Likelihood 5	Impact 5	25	Likelihood 4	Impact 5	20	Likelihood Impact	15		
Protecting the public from infection and environmental threats to health	x			sor and Assurance				Risk Decisi			
Supporting the development of a sustainable		Executive Sponsor		Quentin Sandifer,	Executive Dire	ector Public	Health Services / Medical	Trea	e l		
health and care system focused on				Director							
prevention and early intervention								-			
Building and mobilising knowledge and skills		Assuring Group		Quality Safety and In Audit and Corporate	•						
to improve health and well-being across Wales					Governance	committee					
	PS IN C	CONTROLS					GAPS IN ASSURANCE	1			
Lack of specialist workforce capacity to delive Lack of capacity to drive transformation of ser Lack of sufficient clarity and specificity in servi Lack of capacity in NHS partner workforce to o Some infrastructure (laboratories and premise purpose	vices a ice ope deliver	longside operational delivery require erating systems, e.g. 'failsafe' services, e.g. screening									
							ACTION PLAN				
Action Plan			Owner	Progress Update					Due Date		
3.1 Delivery of the Microbiology Stabilisatio	n Plan		Executive Director of Public Health Services	£1.1m included in successfully compl date. Progress in r report will be pres Progress with the	the 2019-20 a leted) will add elation to the ented to the stabilisation p n, the Public	allocation. T dress this ris second Sta Quality, Safe plan continu Health Servi	his includes recruitment to sk. This has been the focus o bilisation Plan continues to ety and Improvement Comm les to be formally reviewed b	f management attention to be made and an update hittee in August 2019.	October 2019		
3.2 Delivery of the Infection Service Transfo	rmatio	n Programme	Executive Director of Public Health Services	 approved Terms of Reference, Governance and reporting arrangements. A Programme team has been established and work streams have commenced. An advisory paper on National Health Protection Service was submitted to Welsh Government. Additional funding for National Health Protection Service has been received in the 2019-20 allocation. A Welsh Government led workshop for NHS Wales was held in May 2019. At its meeting on 30 July 2019, the Transformation Board received and considered: a review of the programme, workstream updates and an update on the £1.1m Investment (recruitment status summary & forecast spend). 					April 2021		
3.3 Delivery of the Screening for the Future	Progra	imme	Executive Director of Public Health Services	Further engagement with Welsh Government in relation to investment is ongoing.Project Board and work streams working to timetable. All remaining recommendations from thefExternal Review of Screening Division will be completed by the end of July 2019.					Completed		

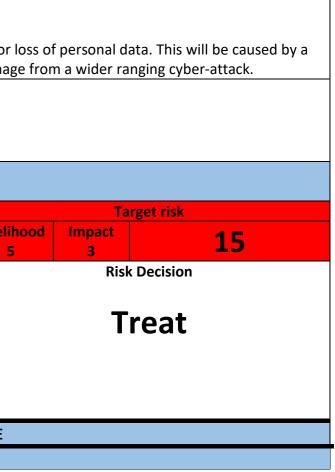
			The Programme Manager 2 year secondment post ended in June 2019, as planned. All review recommendations have been completed. Closure report received by Business Executive Team in July 2019.	
4	Review to ensure that our Screening and Microbiology operating systems are all 'failsafe'	Executive Director of Public Health Services	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
			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.	
			Work and meetings ongoing for remaining failsafe work.	
5	Implementation of UK National Screening Committee recommended new tests (Primary Human Papilloma Virus Testing, HPV and Faecal Immunochemical Testing,	Executive Director of	Implementation of Primary Human Papilloma Virus Testing (HPV) for Cervical Screening was completed in October 2018.	Completed
	FIT)	Public Health Services		
			<u>Faecal Immunochemical Testing (FIT) for Bowel Screening Programme</u> : Implementation started as planned in January as a phased implementation with 1 in 28 invited for screening across Wales	
			offered a FIT test. People who are to receive a FIT are selected randomly from the entire eligible	
			population in Wales who are due for bowel screening and not from specific geographical	
			locations. The phased implementation will continue until the summer 2019, allowing enough time	
			for processes to be fully developed and tested as well as uptake and positivity rates to be monitored.	
			If results of the phased implementation are as expected, national rollout will begin in the summer	
			and FIT test will replace the current GFOBt test for the whole eligible population in Wales.	
			FIT Testing was implemented on 6 September 2019 as planned with all eligible participants having a FIT test kit included in their invitation pack.	
	Implementation of Cervical Screening Information Management System (CSIMS)	Executive Director of	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	Sept 2019
		Public Health Services	turnover of contractors which has added to delay. The first stage of development and testing by users has been completed in March 2019 and was	
			positive. 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.	
			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.	
			Note: a new due date for this action will be determined following the completion of an urgent review of the project.	
			Gateway review completed. Task and Finish Group being formed and working through 15	
			recommendations. That will inform the project going forward. A new due date to be determined once the re-scoped project planning has been completed.	
	Implementation of risk-based diabetic eye screening	Executive Director of	Project lead commenced in post in February 2019 and project is progressing in accordance with timetable.	April 2021
		Public Health	Business Executive Team received Transformational Plan in July 2019 for the Service and programme	
		Services	is progressing with optimising current service and working with PMO to determine how	
			transformational work can be progressed.	

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

Applicable Strategic Priorities					Board Ass	surance F	ramework	
						Risk 4		
		There is a risk that Public cyber-attack mad		-		-	failure in service delivery s or if we suffer collatera	
Influencing the wider determinants of health	x							
Improving mental well-being and building resilience	х							
Promoting healthy behaviours	X Risk Score							
Securing a healthy future for the next		Int	nerent Risk			Current	t Risk	
generation through a focus on early years	X	Likelihood 5	Impact 5	25	Likelihood 5	Impact 4	25	Likelih 5
Protecting the public from infection and environmental threats to health	х			Sponsor and Assura	ance Group			
Supporting the development of a sustainable health and care system focused on prevention and early intervention	x	Executive Sponsor		Huw George, De and Finance	puty Chief Exect	utive, Executiv	e Director Operations	
Building and mobilising knowledge and skills to improve health and well-being across Wales	Knowledge, Research and Innovation Committee							
GAPS	IN CO	ONTROLS					GAPS IN ASSUR	ANCE
				ACTION P	LAN			

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 Prior (Figures indicate Risk Appetite lev				Board			mework					
Influencing the wider determinants of health Improving mental well-being and	3	x	Risk 5 There is a risk that Public Health Wales will fail to effectively influence stakeholders and support others to deliver the population hea required to achieve its purpose. This will be caused by an insufficient investment and delivery of support by our key stakeholders inclu									
building resilience	4	X	people of Wales, Welsh Government, NHS Wales, PSBs and the Third Sector.									
Promoting healthy behaviours	3	x		people	Risk Score							
Securing a healthy future for the next			Inherer	nt Risk	Current Risk Target					Target risk		
generation through a focus on early years	4	x	Likelihood 5	Impact 5	25	Likelihood 2	Impact 5	10	Likelihood 2	Impact 5	10	
Protecting the public from infection	2	x		Spons	sor and Assurance G	Group	·	·		Risk Decision	1	
and environmental threats to health	2	^			1					_		
Supporting the development of a sustainable health and care system focused on prevention and early intervention	3	x	Executive Sponsor		Jyoti Atri, Interim Exe	ecutive Directo	or Health an	nd Wellbeing		Treat		
Building and mobilising knowledge an	d		Assuring Group									
skills to improve health and well-being		x										
across Wales												
	GAF	PS IN C	CONTROLS					GAPS IN ASSURAN	NCE			
 makers including WG and PSBs on 4) There is a lack of a co-ordinated, conditions across the 5) There is insufficient capacity within deliver effective public health activity 	oherent NHS. n PHW t	, data	driven and evidence-based approach t	-								
					ACTION PLAN							
Action Plan				Owner	Progress Update						Due Date	
5.1 Increase investment in social n	narketin	g that	utilise behaviour change approaches							9.	Completed	
5.2 Subject to securing appropriate infrastructure for the effective the public.			vest in the necessary digital nely and appropriate information to	Huw George	 project well underway. Exploring options for new investment. Further progression will be dependent on successful recruitment of Director of Knowledge. Work has commenced to develop improved access to information for parents in the early years 						Ongoing	
•			in people to co-produce, maintain ry of timely and appropriate	Jyoti Atri							Ongoing	
5.4 Understand the extent to which	's behav	iours,	th workforce Jvoti Atri			 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 					December 2019	
 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 Increase investment in providing specialist public health data and evidence advice diverses and evidence to early years, Obesity Prevention, Jyoti Atri 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 							Closed					

	Target risk										
	Likelihood	Impact	10								
	2	5									
		Risk De	cision								
		_	_								
		Tre	at								
Ξ											

Contr		Owner	Assurance	Owner
Contr	EXISTING CONTROLS	Owner	SOURCES OF ASSURANCE	Owner
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	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).	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	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	01/10/19
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	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).	September 2019
5.9	Advocate for a co-ordinated, coherent, data driven and evidence based approach to chronic disease prevention across NHS Wales.	Jyoti Atri	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.	Completed
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	First round of meetings completed	Ongoing
5.7	Ensure more effective Health Impact Assessments through an enhanced HIA Support Unit	Mark Bellis	Additional funding has been incorporated into the WHIASU budget and is being utilised by the Unit to provide enhanced support.	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	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
			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.	

Applicable Strategic Priori (Figures indicate Risk Appetite leve					Boar	d Assura	nce Fram	neworl	k						
Influencing the wider determinants of health	3	X	Risk 6 There is a risk that Public Health Wales will fail to secure and align resources to deliver on its strategic priorities. This wil or inability to make required savings, generate income or move resources within the organisati												
Improving mental well-being and building resilience	4	X									ition				
Promoting healthy behaviours	3	x		Risk Score											
Securing a healthy future for the next				ent Risk			Curre	nt Risk			Та				
generation through a focus on early years	4	X	Likelihood 3	Impact 5	15	Likelihood 3	Impact 5		15	Likelihood 2	Impa 5				
Protecting the public from infection and environmental threats to health	2	x		Spon	sor and Assurance	e Group					Ris				
Supporting the development of a sustainable health and care system focused on prevention and early intervention	3	x	Executive Sponsor		Huw George, De	puty Chief Exec	cutive				Т				
Building and mobilising knowledge and skills to improve health and well-being across Wales	4	x	Assuring Group		Audit and Corpora	ate Governance (Committee								
	GAF	S IN O	CONTROLS					GAPS	IN ASSURA	NCE					
 Revised Performance Management arrangements 															
	ganisat				ACTION PLAN						_				
arrangementsRobust resource based planningEvidence of efficiency across the or	ganisat			Owner	ACTION PLAN Progress Update	2									
 arrangements Robust resource based planning Evidence of efficiency across the or Model for monitoring savings and in 	ganisat nvestm	ents	y for Public Health Wales		Progress Update Update 05/09/1 stabilised. Upski with members o methodology wi	9- Programme illing programm f the team und Il be launched o	ne for PMO st ertaking MSP on 16 Septem	aff (projec training, j ber 2019 a	ct and progra project and p and include (and staffing estat amme manageme programme mana development of a software roll out.	ent) is on gement n organi				
arrangements Robust resource based planning Evidence of efficiency across the or Model for monitoring savings and in Action Plan 6.1 Develop an integrated planning	ganisat nvestm metho	ents dology	y for Public Health Wales	Owner	Progress Update Update 05/09/1 stabilised. Upski with members o methodology wi wide community Update 05/09/1 vice chair role ar meetings is now	 9- Programme illing programm f the team und Il be launched of of practice; pr 9- Post-review, nd Strategic Prior available on Sh w in place for prior 	ne for PMO st ertaking MSP on 16 Septem oject plannin a range of m ority Co-ordir narePoint and riority groups	aff (projec training, j ber 2019 g training easures h hation Gro is under c and enab	ct and progra project and p and include of and project ave been pur up establishe continual dev ling function	amme manageme programme mana development of a	ent) is on gement n organi including all priori v change				
 arrangements Robust resource based planning Evidence of efficiency across the or Model for monitoring savings and in Action Plan 6.1 Develop an integrated planning 6.2 Implement the actions arising for	ganisat nvestm metho	ents dology g the r	eview of the priority arrangements	Owner Sally Attwood	Progress Update Update 05/09/1 stabilised. Upski with members o methodology wi wide community Update 05/09/1 vice chair role ar meetings is now procedure is now to Business Exect Update 05/09/1 development of for each priority	 9- Programme illing programme f the team und I be launched of of practice; pr 9- Post-review, available on Sh w in place for projective team on of outive team on of 9- Strategic Pla outcomes and will be discusse on organisation 	ne for PMO st ertaking MSP on 16 Septem oject plannin a range of m ority Co-ordin narePoint and riority groups changes to th nning and Pe metrics, as id ed at the Stra nal outcomes	aff (projec training, j ber 2019 g training easures h ation Gro is under c and enab <u>e Annual F</u> rformance entified in tegy and F including J	ct and progra project and p and include of and project ave been pu up establishe continual dev ling function Plan. e supporting the Value a Planning Exe	amme manageme programme mana development of a software roll out. t in place/agreed ed. A schedule of velopment. A nev	ent) is on gement n organi includin all priori v change ng arran ity Grou work. Ou n 09 Octo				
arrangements Robust resource based planning Evidence of efficiency across the or Model for monitoring savings and in Action Plan 6.1 Develop an integrated planning 6.2 Implement the actions arising for undertaken in June 2019 6.3 Refine and develop outcome model	ganisat nvestm metho	dology g the r	eview of the priority arrangements ur strategic priorities and	Owner Sally Attwood Sally Attwood	 Progress Update Update 05/09/1 stabilised. Upski with members of methodology will wide community Update 05/09/1 vice chair role are meetings is now procedure is now to Business Exect Update 05/09/1 development of for each priority 2019. A session of for the end of Set Update 05/09/1 in August 2019. For the are the recut 	 9- Programme illing programme f the team und Il be launched of of practice; pr 9- Post-review, available on Sh w in place for pro- sutive team on of outcomes and will be discussed on organisation eptember/ early 9- an update of Position at end greed investme urrent savings to 	ne for PMO st ertaking MSP on 16 Septem oject plannin a range of m ority Co-ordin harePoint and riority groups changes to th nning and Pe metrics, as id ed at the Stra hal outcomes <u>of quarter 1 c</u> ent bids profil arget.	aff (project training, p ber 2019 a g training easures h hation Gro is under c and enab <u>e Annual F</u> rformance entified in tegy and F including P esented to onfirms or ed expend	ct and progra project and p and include of and project and ave been pur up establishe continual dev ling function Plan. e supporting the Value a Planning Exec Non- Execution D BET on 15 J n track to del diture plans i	amme manageme programme mana development of a software roll out. t in place/agreed ed. A schedule of velopment. A new us. Agreed reporti all Strategic Prior nd Impact Frame cutive Meeting or	ent) is on gement n organi includin all priori v change ng arran ity Grou work. Ou n 09 Octo so being BET for a efficienc ier work				

ork										
its strategic prior resources within th			ed by	y funding cuts						
Target risk										
15	Likelihood 2	Impact 5		10						
		Risk De	cision							
		Tre	at							
APS IN ASSURANCE										
blick addie 2010 and a		P. I		Due Date						
blished in 2018 and s oject and programme ng, project and progra 19 and include devel ing and project softw	e managemer amme manag opment of ar	nt) is ongoin gement	-	30 September 2019						
es have been put in p Group established. A der continual develop nabling functions. Ag ual Plan.	schedule of a ment. A new	all priority gr change con	oup trol	31 December 2019						
ance supporting all St ed in the Value and Im nd Planning Executive ing Non- Executive Di	pact Framew Meeting on	vork. Outcor 09 October	nes	01 October 2019						
ed to BET on 15 July and to BET on 15 July and to be the second sec	he required e	efficiency sav	/ings	Ongoing						
tment and savings st of assisting the decis				31 March 2020						

 6.6 Agree wider approach to value and impact across the organisation. This will include work on four work streams: Value in Finance Performance Framework Evaluation Extended Balance Sheet 	Huw George	 investments, re-investments and prioritisation. Head of Financial Intelligence, Value and Impact takes up post on 17 September 2019 to take forward this work. In the short term whilst the work on the value and impact programme progresses, a workstream as part of business process improvement programme has been established to review the capital asset register and capital planning process. 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. Update 05/09/19- A session with the Public Health Wales Board was held on 4 July 2019 outlining the organisational approach to measuring value and impact. This includes focusing on outcomes, performance, evaluation and impact, value for money and extended balance sheet. Work has commenced across a number of the workstreams and will continue during 2019. 	31 March 2022			
6.7 Develop long term People Strategy aligned to Public Health Wales Long Term Strategy	Phil Bushby	Refer to BAF Risk 1 (action 1.3) for current progress update.	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									
Influ	encing the wider determinants of health											
Impr	oving mental well-being and building		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 t									
resili		Х	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.									
Promoting healthy behaviours X				Risk Score								
Securing a healthy future for the next generation through a focus on early years		x	Inherer	Current Risk			ent Risk	Target risk				
			Likelihood 3	Impact 3	9	Likelihood 3	Impact 3	9	Likelihood 3	Impact 2	6	
Protecting the public from infection and X environmental threats to health			Sponsor and Assurance Group Risk Deci						Risk Decision			
	porting the development of a sustainable		Executive Sponsor	John Boulton, Dire								
	th and care system focused on	х		Safety	Treat							
prevention and early intervention				Survey								
· ·	ling and mobilising knowledge and skills		Assuring Group	Executive Team, Bo	oard							
to im	prove health and well-being across	Х										
Wale	25											
	GAP	S IN C	ONTROLS					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 Own			Owner	Progress Update						Due Date		
7.1 Identify a replacement Executive lead for innovation				Tracey Cooper	John Boulton has now been appointed and has taken up the role of Executive lead for Innovation							
7.2 Development of a framework for embedding a culture of innovation				John Boulton	Innovation paper provided to BET on 20 May 2019, and first meeting planned for June 2019							
7.3 National and International horizon scanning to be embedded into the strategic				Huw George	For updates please refer to Action 6.7							
	planning process											
7.4 Development of a formal working relationship with the Life Sciences hub				John Boulton	Update May 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.							
7.5 Establishment of a New Technology and Innovation Advisory Forum to advise the John Boulton Update May 2019: Terms of Reference approved							ed by Board in July 2018. Preliminary planning					
Board				meetings will be taking place between May and August 2019, with the first meeting of the Forum						2019		
					planned for September 2019. First meeting date is dependent on diary availability of industry experts that will be invited to attend the meeting.							
7.6 Recruitment of a dedicated Non-Executive Director for Life Sciences Helen Bu					Update September 2019: Post has been amended to focus on recruiting one generic role and one						September	
					technology entrepreneur/constructive disruptor. Recruitment in progress. Shortlisting complete and						2019	
					interviews scheduled for 3 October 2019							
					Request revised implementation date of November 2019							
EXISTING CONTROLS					SOURCES OF ASSURANCE							
				Owner	Assurance							
											Owner	