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Iechyd Cyhoeddus
Cymru
Public Health
Wales

Name of Meeting

Board

Date of Meeting

30 April 2020

Agenda item:

4.5.300420

Strategic Risk Register

(previously called the Board Assurance Framework)

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:	Executive Team – Executive Risk Leads have approved the updates to the document
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Purpose

The purpose of this report is to provide the Board with an update to the strategic risks contained in the Strategic Risk Register (previously called the BAF) that could prevent the delivery of one or more strategic priorities; and the actions being taken to manage those risks. Many of the actions are currently paused or delayed due to the COVID-19 pandemic.

Recommendation:

APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
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The Board is asked to:

- **Consider** the Board Assurance Framework (BAF) and note the updates provided;
- **Note** the revised “due dates” summarised in Table 1 that the Audit & Corporate Governance Committee will be asked to consider at their next meeting;
- Take **assurance** that the strategic risk register has been reviewed and updated.

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 Health and Care Standards for NHS Wales Quality Themes Governance, Leadership and Accountability
Financial implications	No financial implications
People implications	No people implications

1. Purpose / situation

The Strategic Risk Framework (previously known as the Board Assurance Framework (BAF)) has been in operation for some time with the Strategic Risks last being reviewed in December 2019/January 2020. The Executive Team currently review the strategic risks every month and the Board receive the BAF there times a year since the revised roles and responsibilities were introduced in November 2019.

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. 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
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

3. Description/Assessment

Updates have been provided for Risks 1-8 (**Attachment 1**) up to 23 April 2020. The Board is asked to note the updates provided, and note the proposed changes to the BAF in table 1 below.

Table 1 – Proposed changes to timescales

Risk	Executive Sponsor	Progress Update
Risk 2	Executive Director Quality, Nursing and Allied Health Professionals	The Board is asked to note the updates provided. The Board is asked to close actions 7,12 and 22.
Risk 4	Deputy Chief Executive, Executive Director Operations and Finance	The Board is asked to note the updates provided. Note the request change of due date for Action 4.2, 4.3 and 4.14 to 31 July 2020 (to be approved by Audit and Corporate Governance Committee at its next meeting in May 2020)

Assurance Mapping Development

Prior to the COVID-19 outbreak, the Board approved the development of the strategic risk framework to include assurance mapping against each of the controls, to provide the Board with an assessment of the reliability of each source of assurance. The purpose of this was to provide a greater understanding of the quality of assurance within each risk area – which will ultimately help to better assess how good our controls are.

The assurance mapping for Risk 1, 2, 6 and 8 has been completed. The remainder were due to be completed by April 2020, however this has been delayed due to the response to COVID-19, and relevant staff involved being deployed to assist the response.

Strategic risks in relation to COVID-19

A strategic risk in relation to COVID-19 has been considered by the Gold group and is being further developed for Board consideration.

A PESTLE analysis has been conducted as part of our policy advice to Welsh Government and is available to Board members in the closed meeting papers.

It is also recognised that there are significant risks which are already likely to be impacting on the public's health and wellbeing. Public Health Wales is undertaking a population survey which will provide further evidence to inform decisions which will need to be made in this area. This is in addition to the ongoing population surveillance work we undertake within the organisation.

With regards to financial risk, this has been considered in the board paper relating to financial delegations contained on the 30 April agenda.

With regards to organisational workforce related risks, this has been considered within the Board paper relating to COVID-19 and workforce again contained on the 30 April agenda.

At operational level, the corporate risk register has been updated in response to the COVID-19 pandemic and is available to the Board within the corporate risk register agenda item and paper for the 30 April meeting.

4. Recommendation

The Board is asked to:

- **Consider** the Board Assurance Framework (BAF) and note the updates provided;
- **Note** the revised “due dates” summarised in Table 1 that the Audit & Corporate Governance Committee will be asked to consider at their next meeting;
- Take **assurance** that the strategic risk register has been reviewed and updated.

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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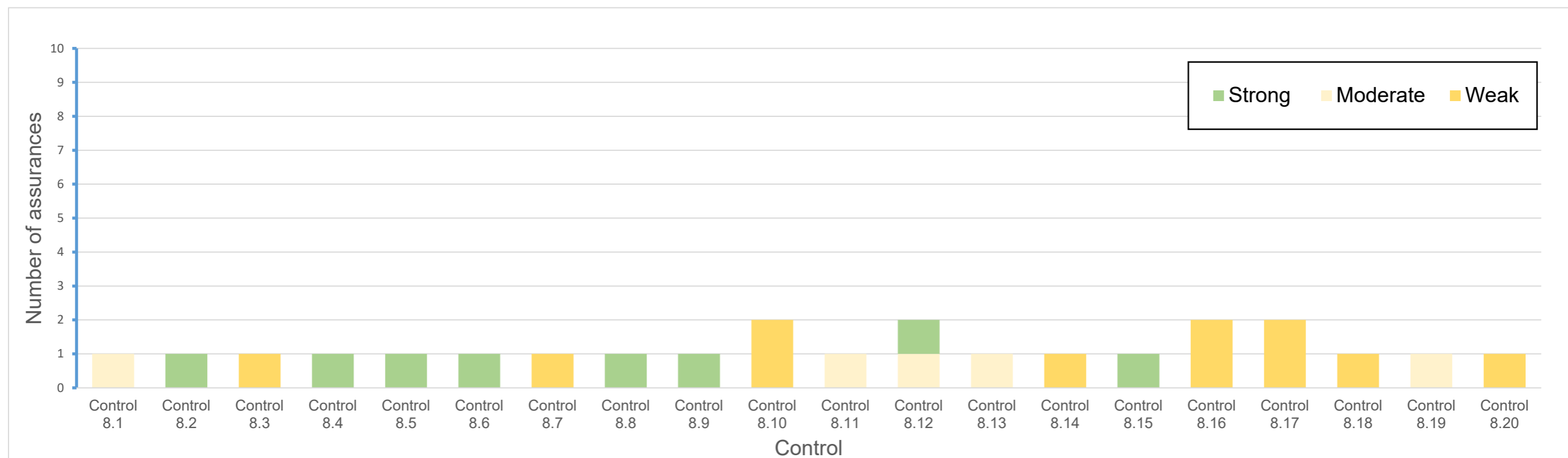
Applicable Strategic Priorities	
Influencing the wider determinants of health	<input checked="" type="checkbox"/>
Improving mental well-being and building resilience	<input checked="" type="checkbox"/>
Promoting healthy behaviours	<input checked="" type="checkbox"/>
Securing a healthy future for the 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"/>

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		2	4	TREAT

Control Summary	No. of Controls	20
Assurance Summary	No. of Assurances	24
	Breakdown of Total Assurance Rating	
	Weak Assurances	11
	Moderate Assurances	5
	Strong Assurances	8



Board Assurance Framework - Risk 1

Controls

EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided to					Assessment of each Assurance
No.	Control	Exec Owner		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	Moderate
2.	Organisational Workforce plan to support IMTP and first three years of People Strategy		Workforce plans reports			X		X	Strong
3.	Corporate succession plan to outline (initially) succession into the top three tiers		Finalised talent and succession map	X	X	X			Weak
4.	Corporate recruitment plan. This will migrate into a 'tracker'		Corporate recruitment plan			X	X		Strong
5.	Structured approach to funding learning and development		Business executive team paper		X	X	X		Strong
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			Strong
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				Weak
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		Strong
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		Strong
10.	Programmes of development	Director – People and Organisational Development	Programme content	X	X				Weak
			Attendance registers	X	X				Weak
11.	PDRs both My Contribution and Job Plans	All	PDR compliance reports	X	X	X	X	X	Moderate
12.	Staff Survey	Director – People and Organisational Development / All	Staff Survey Results	X	X	X	X	X	Strong
			Published results and documented actions plans	X	X	X	X		Moderate
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		Moderate
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			Weak
15.	Integrated Performance Report		Exception reporting on key measures that have not been reached such as turnover and absence with plans of action attached		X	X	X	X	Strong

Board Assurance Framework - Risk 1

Controls

EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided to					Assessment of each Assurance
No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board	
16.	Manager's induction	Director – People and Organisational Development	Induction content	X	X				Weak
			Attendance registers	X	X				Weak
17.	Welcome, Engage, Network and Develop days		Induction content	X	X				Weak
			Attendance registers	X	X				Weak
18.	Recording learning and development activity	Director – People and Organisational Development / All	ESR compliance reports	X	X				Weak
19.	Behaviours framework	Director – People and Organisational Development	Values-aligned behaviours framework piloted, approved and launched		X	X			Moderate
20.	Public Health Practitioner Registration Scheme	Director – People and Organisational Development / Executive Director of Health and Wellbeing	Take up reports	X	X				Weak

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	People Strategy has been completed and approved at Board in January 2020. This has been sent for final production (COMPLETE) and a launch plan is being developed. Update - launch plan on hold while organisation and key personnel are managing our enhanced response to the coronavirus outbreak – likely to 'soft launch' and defer engagement until later in the year
				Deliverables incorporated into People and OD departmental plan and linked to team objectives			Interim team structure in place to support implementation of the People Strategy - COMPLETE .
	New team structure to be developed in consultation with the organisation to ensure alignment with people strategy	March 2020	Full review being under taken by Deputy Director of People and OD and will be agreed during the next financial year. Update - Team structure changes on hold due to COVID-19.				
1.2	Organisational workforce plan	Quality assurance of plan Gaps in returns from Directorates	2	Consultation with key stakeholders and workforce planning sessions facilitated.	Director of People and Organisational Development	January 2020	All actions listed have been completed with a working draft plan in place. This is due to come to the Board in March 2020. Update - Work has paused. Plans being reviewed in the light of COVID-19 impacting on short term and medium plan work plans across all directorates.
				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	Director of People and Organisational Development	March 2020	First three actions have been completed and initial discussions held with the Executive Team. Dates have been set for later in February 2020 to conclude these discussions and establish a regular process going forward into the next year. Update - On hold due to COVID-19
				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. Deep dive presented to Board January 2020	Director of People and Organisational Development	March 2020	The People and OD Directorate maintain a Recruitment spreadsheet which is populated with information on planned recruitment obtained from Directorates. As well as information on posts to be advertised, this spreadsheet includes information on location of posts. This information is shared with Ops and Finance, allowing IT and Estates to also plan for this recruitment. P&OD are working closely with Ops and Finance on this 'growth plan'.

Board Assurance Framework – Risk 1

Action Plan

Control Number	Gaps in controls	Gaps in assurance		Action Plan	Exec Lead	Due Date	Progress
							As part of the business process improvement work, an investment bid may be considered in order to purchase a Corporate Recruitment Tracker which would enable all Directorates to directly input their recruitment plans Update – Business process improvements largely complete in draft. Further updates delayed pending key staff involved in COVID-19 response.
1.14	Approach to young people	Gaps in plan for delivery and join up with Well-being of Future Generations Act	5	<p>Draft approach to be developed making links to Well-being of Future Generations Act by improving social, economic, environmental and cultural wellbeing</p> <p>Joined up approach to collaboration with schools, colleges and universities;</p> <p>Young Ambassador Programme; Careers Networks; Work-placements scheme; Internships; Apprentices; Graduate Schemes</p> <p>Discussions to be taken forward by Deputy Director of People and OD with directorates</p> <p>Determine appropriate way forward with collaborative partners with clear outcomes and evaluation</p>		August 2020	<p>Our approach to young people and engaging the future workforce is being developed by our graduate who is currently on placement with the People and OD team. This will be completed in August 2020.</p> <p>Update – Grad placement working on approach however unable to progress at pace owing to availability of key colleagues working on COVID-19 response. Apprenticeship providers already warning programmes may not pick up until 2021.</p>
1.16	Management Induction	Lack of assurance around knowledge and skills to deliver within a management role	6	<p>Pilot management induction following consultation with key stakeholders</p> <p>Deliver regular management induction sessions Evaluation scheduled for February 2020</p>		July 2020	<p>Second induction cohort underway with final action learning sets from the pilot group scheduled for June 2020 (evaluation to follow). Summary of pilot findings so far presented to SLT in December 2019.</p> <p>Update - Second induction on hold owing to COVID-19 outbreak</p>

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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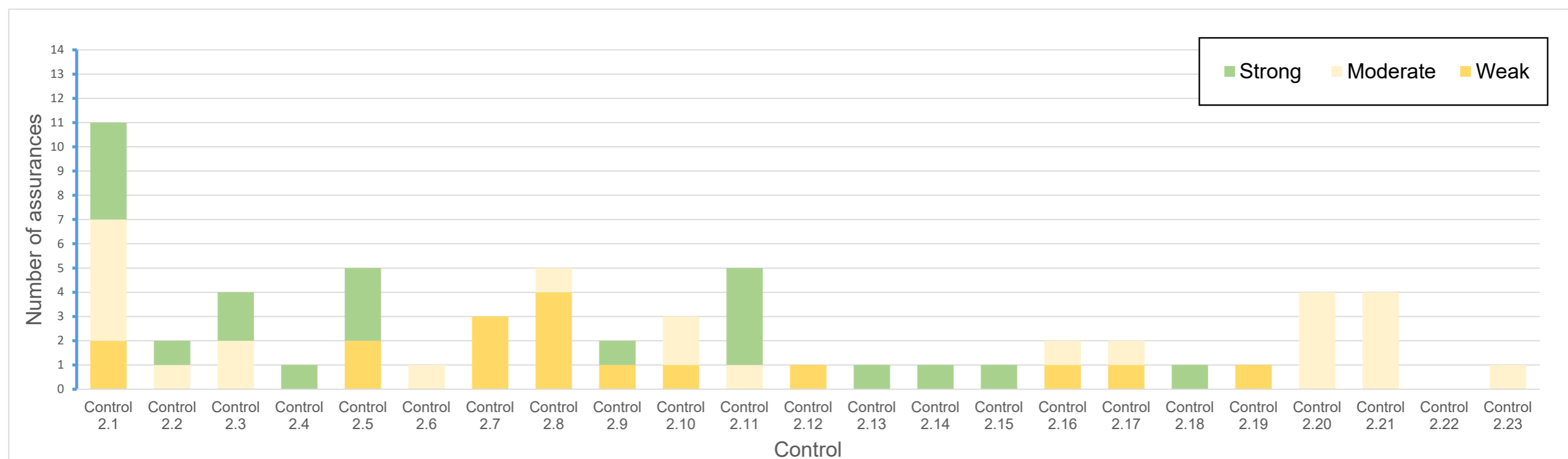
Risk Score

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	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	X		Strong
2.3	Incident Reporting Management System	Executive Director Quality, Nursing and Allied Health	Quality Review Visit by medical revalidation support unit	X	X	X	X		Moderate
			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	Due to the emergency response to Covid-19 this work has been unable to progress, as all available people resources have been mobilised to work on the response.
			2	Develop a Quality assurance dashboard		Mar 2020	The draft Quality assurance dashboard in conjunction with a revised format for the PTR report, has been developed and will be presented to the Quality, Safety and Improvement Committee on 11 February 2020 for consideration. This action was completed and further work is ongoing to further improve the dashboard and PTR report.
			3	Develop an Integrated Governance Framework		Sept 2020	Integrated Governance models are currently being considered
			4	Complete a Governance Stakeholder mapping exercise		Mar 2020	Work has commenced to identify organisational integrated governance stakeholders. This work is currently on pause as the integrated governance team are currently supporting the Covid-19 response.
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		May 2020	Work has commenced to engage key stakeholders on the Quality and Improvement Strategy and Executive Directors have been asked to identify Quality and Improvement champions and the role profile has been developed. This work has been paused due to the Quality Improvement team having been redeployed to other duties to support the Covid-19 emergency response.
			6	Working with QNHAPS and Strategic Planning to develop KPIs relating to Strategic Priority Outcomes previously referred to as improvement indicators		Mar 2020	Strategic priority groups are in the process of developing key performance indicators to be presented to the board in March 2020. This work has been paused due to the Covid-19 response.
		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	Self-assessment template has been amended to ensure a responsible owner for each improvement action is identified. This was further explained during a workshop in October 2019, and again at the Peer Review session in January 2020. Improvement actions will continue to be monitored on a quarterly basis via the Integrated Performance Report – recommend action as complete Action for Committee to close action.
			8	Develop Quality Management Dashboard to include assurance for IPC and Safeguarding to provide regular reporting to QSIC		Mar 2020	Work is progressing to identify KPIs in both safeguarding and IP&C and these will be included in the Quality Management and Assurance Dashboard when finalised. This work has currently been paused as the safeguarding lead has been redeployed to support the Covid-19 emergency response.

Board Assurance Framework – Risk 2

Action Plan

Control Number	Gaps in controls	Gaps in assurance	Action Plan	Exec Lead	Due Date	Progress
	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	This work has been temporarily paused due to the Covid-19 response but will be resumed in the coming weeks. The All Wales policy, dedicated intranet page and advice remains in place.
	Lack of fully effective incident management system	Information included in PTR Report does not match the requirements in the revised Incident Management System	12 Deliver phase 1 of the incident management system implementation plan	Executive Director Quality, Nursing and Allied Health Professionals	Apr 2020	Phase one of the incident management system implementation is complete.
			13 Revision of PTR report to include information from revised Incident Management system		Feb 2020	The draft Quality assurance dashboard in conjunction with a revised format for the PTR report, has been developed and will be presented to the Quality, Safety and Improvement Committee on 11 February 2020 for consideration. Information from the revised Incident Management system is included in the dashboard. This action was completed.
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	

Board Assurance Framework – Risk 2

Action Plan

Control Number	Gaps in controls	Gaps in assurance		Action Plan	Exec Lead	Due Date	Progress
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	This is in progress. The Policy for policies, and procedures and other written control documents has been revised and approved by the Board in January. We are in the process of updating the procedure to improve the process following staff responses to the consultation which identified a need to make the process clearer. Further progress on this has paused due to the COVID-19 response.
			19	Development of an effective mechanism to inform staff of new / updated policies and procedures		Mar 2020	This will form part of the development of the updated procedure to underpin the process around new and revised policies and procedures and will be included within the implementation plan for the revised procedure. Further progress on this has paused due to the COVID-19 response. Date to be revised.
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	Work has commenced on this action. Internal Audit met with the Audit and Corporate Governance Committee in January, and the views of Committee Chairs has been sought via email. The final plan was discussed with the Audit and Corporate Governance Committee in March. Completed.
	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 2020	This work has been paused due to the Covid-19 response
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	This work has been paused due to the Covid-19 response however the previous processes remain in place.
			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	--	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.
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	Update - No further progress has been made on this action plan due to the organisation's ongoing "enhanced response" to the COVID-19 pandemic. The Business Continuity Arrangements for all areas of the organisation have been enacted. A recent assessment of Business Continuity Plans and the resources needed to maintain critical services has been undertaken in March 2020, the outcome of which was presented to the Gold Group to inform decision-making concerning resource allocation. Business Continuity considerations are regularly considered by the Executive Team and Gold Group, as part of the ongoing strategic management of the organisation.
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	Update - Public Health Wales' ongoing "enhanced response" to the COVID-19 pandemic is the priority for the organisation and currently involves the deployment of the majority of resource within the Public Health Services Directorate. As a consequence no further progress has been made with regard to this action plan.
3.6			4	Delivery of the National Health Protection Service Transformation Programme		April 2021	Update - No further progress has been made on this action plan due to the organisation's ongoing "enhanced response" to the COVID-19 pandemic.
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	Update - Work is progressing within current capacity that is not directed to COVID-19 response, recognising risk to disruption of work with competing urgent priorities to support the "enhanced response" to the coronavirus pandemic. Testing planned to continue in April 2020 as information that NHS England progressing with system so NHAIS may not be available from December 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	This is part of the delivery of the DESW optimisation and transformation programme as detailed below.
			7	Delivery of the DESW Optimisation and Transformation Programme		June 2020	Update - No further progress has been made on this action plan due to the organisation's ongoing "enhanced response" to the COVID-19 pandemic. The Diabetic Eye Screening Programme was temporarily paused on 16 March 2020 in line with Welsh Government, Chief Medical Officer and Executive Team approval.

Board Assurance Framework

- Risk 3

Action Plan

			8	Review to ensure that our Screening and Microbiology operating systems are all 'failsafe'		Dec 2020	Update - Limited progress has been made on this action plan due to the organisation's ongoing "enhanced response" to the COVID-19 pandemic.
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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	Update – likely to be delayed due to COVID-19
			2	Develop a mechanism to track the spend on prevention		Dec 2021	Update – likely to be delayed due to COVID-19
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	Update – likely to be delayed due to COVID-19
			4	Building a Healthier Wales to establish mechanisms for oversight		July 2020	Update – likely to be delayed due to COVID-19
5.3	Galvanising voluntary sector resources for evidence based preventative interventions		5	Revised Terms of reference and work plan for CWW		March 2020	Update –delayed due to COVID-19
5.2	Development of behaviour change capacity and skills		6	Successful recruitment to Programme Director Post		July 2020	Update – likely to be delayed due to COVID-19
			7	Grants/contracts awarded		May 2020	Update – likely to be delayed due to COVID-19
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	Update – likely to be delayed due to COVID-19
			9	Update honorary contracts with DPHS	Executive Director – Health and Wellbeing Director – People and Organisational Development	TBC	Update – likely to be delayed due to COVID-19
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	The WHO CC is progressing its agreed joint work plan with WHO and has already submitted its first annual report (2018/19) to WHO and our Board; and about to submit its second one in April (2019/20). The WHO CC has also been through scrutiny (Deep Dive, 2019 and Progress Update, 2020) at the KRIC. The WHO CC benefits to Wales, supporting Public Health Wales system leadership role and working closely with Welsh Government, are apparent. We are enabling and strengthening Wales' international 'influencer' role and our organisational national and global leadership role through developing an emergent agreements (MoU) between Wales and the

Board Assurance Framework – Risk 5

Action Plan

Control Number	Gaps in controls	Gaps in assurance		Action Plan	Exec Lead	Due Date	Progress
							<p>WHO going forward. As part of this, we are applying and developing further state of the art public health tools and approaches first in Wales. The Health Equity Status Report initiative is a key example of this (together with our work on Evidencing Value/SROI and ACEs). However, currently risk remains as much core funding for some key elements of this work ends in April 2020. Further funding is being considered as part of the annual investment processes.</p> <p>In addition, our policy work is being used to support and inform the work of Welsh Government and public health stakeholders. Examples include a Health Impact Assessment of Brexit, a report making the public health case for investment in housing, and a report providing a framework for a preventative approach to improving winter health and wellbeing and reducing winter pressures in Wales. Our current workplan include products that we anticipate will be impactful, such as a Health Impact Assessment on climate change.</p> <p>Update – likely to be delayed due to COVID-19</p>
New control identified relating to policy			1 1	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	<p>During 2020 the following meeting with Ministers have taken place:</p> <p>Meeting with Deputy Minister for Economy and Transport on 13th January.</p> <p>Meeting with Minister for International Relations and the Welsh Language on 20th January.</p> <p>Update – progress likely to be delayed due to COVID-19</p>

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

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"/>

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
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Risk Score

Current Risk			Target risk			Risk Decision
Likelihood	Impact	Score	Likelihood	Impact	Score	
3	5	15	2	5	10	

Risk Score

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

Control Summary

No. of Controls

5

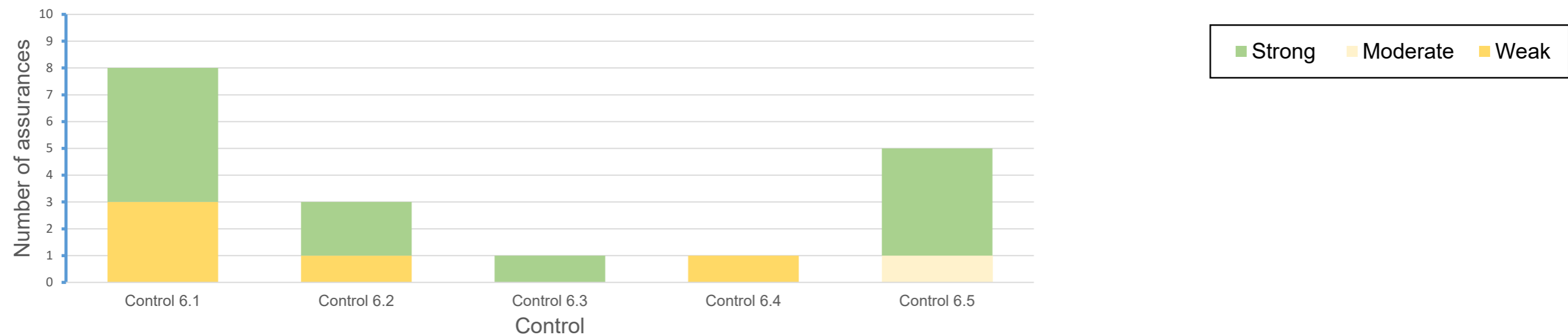
No. of Assurances

18

Assurance Summary

Breakdown of Total Assurance Rating

Weak Assurances	5
Moderate Assurances	1
Strong Assurances	12



Board Assurance Framework - Risk 6

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	
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	Strong Assurance
			Board approved Annual Plan			X		X	Strong Assurance
			Integrated Performance Report (Service/Finance/Quality/ People)			X	X	X	Strong Assurance
			Monthly Finance Reports	X	X	X			Weak Assurance
			Monthly monitoring returns		X				Weak Assurance
			Directorate finance reports		X				Weak Assurance
			Annual accounts			X	X	X	Strong Assurance
			Audits of financial systems and audit management			X	X		Strong Assurance
6.2	Joint Executive Team meetings	Executive Team	Integrated Performance Report (Service/Finance/Quality/ People)			X	X	X	Strong Assurance
			Mid and end of year Review Papers	X	X	X			Weak Assurance
			Joint Executive Team Report			X		X	Strong Assurance
6.3	Quality and Delivery Meetings	Deputy Chief Executive/Executive Director of Operations and Finance	Integrated Performance Report (Service/Finance/Quality/ People)			X		X	Strong Assurance
6.4	Mid and End of Year Reviews	Executive Directors	Mid and End of year Review Reports		X	X		X	Weak Assurance
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	Strong Assurance
			Welsh Government and Board approved Strategic Plan (IMTP)			X		X	Strong Assurance
			Board approved Annual Plan			X		X	Strong Assurance
			Change control summary report			X		X	Moderate Assurance
			Integrated Performance Report (Service/Finance/Quality/ People)			X	X	X	Strong Assurance

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	Update – on hold due to COVID-19
6.1	Evidence of efficiency across the organisation		2	Realise savings from organisational efficiency work streams		Ongoing	Update – continues to be in progress
6.1	Model for monitoring savings and investments		3	Develop longer term investment and savings Strategy		31/03/2020	Update – on hold due to COVID-19
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	Update – on hold due to COVID-19

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.
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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

Risk Score				Risk Decision	
Current Risk			Target risk		
Likelihood	Impact	9	Likelihood	Impact	6
3	3		3	2	
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 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	Oversight committee for Innovation and technology implementation		1	Establishment of a New Technology and Innovation Advisory Forum to advise the Board	Director for NHS Quality Improvement and Patient Safety	Feb 2020	First meeting 26/2/2020 Update - postponed due to COVID-19. No further dates set as yet and unlikely to be in Q1/2 of 2020/21
New	Links to external innovation networks in Wales		2	Development of a formal working relationship with the Life Sciences hub		January 2020	Upcoming meetings to develop MOU and shared work plan Update - on hold due to COVID-19
New	Climate to support innovative thinking and practice		3	Embedding a culture of innovation through a series of 'firestarter events' and dedicated presence at annual Public Health Conference		Ongoing	Will progress as RIIC in post Update - on hold due to COVID-19
New	Budget to support innovation		4	Creation of innovation fund to support internal innovation programme		March 2020	Investment bid to be submitted Update - investment bid submitted but on hold due to COVID-19
New	Support to national RIIC hub network		5	Recruitment of dedicated resource to support national RIIC hub co-ordination network		February 2020	Completed. Commenced 3/2/2020
New			6	Develop dedicated internal communications plans to support innovation work	Deputy Chief Executive/Executive Director of Operations and Finance	March 2020	Update - on hold due to COVID-19
New			7	National and International horizon scanning to be embedded into the strategic planning process		Ongoing	Update - on hold due to COVID-19

Board Assurance Framework – Risk 8

Dashboard

Risk 8

There is a risk that Public Health Wales will fail to deliver and effectively present 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.

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"/>

Sponsor and Assurance Group

Executive Sponsor	Sian Bolton (Transition Director – Knowledge)
Assuring Group	Knowledge Research and Information Committee

Inherent Risk

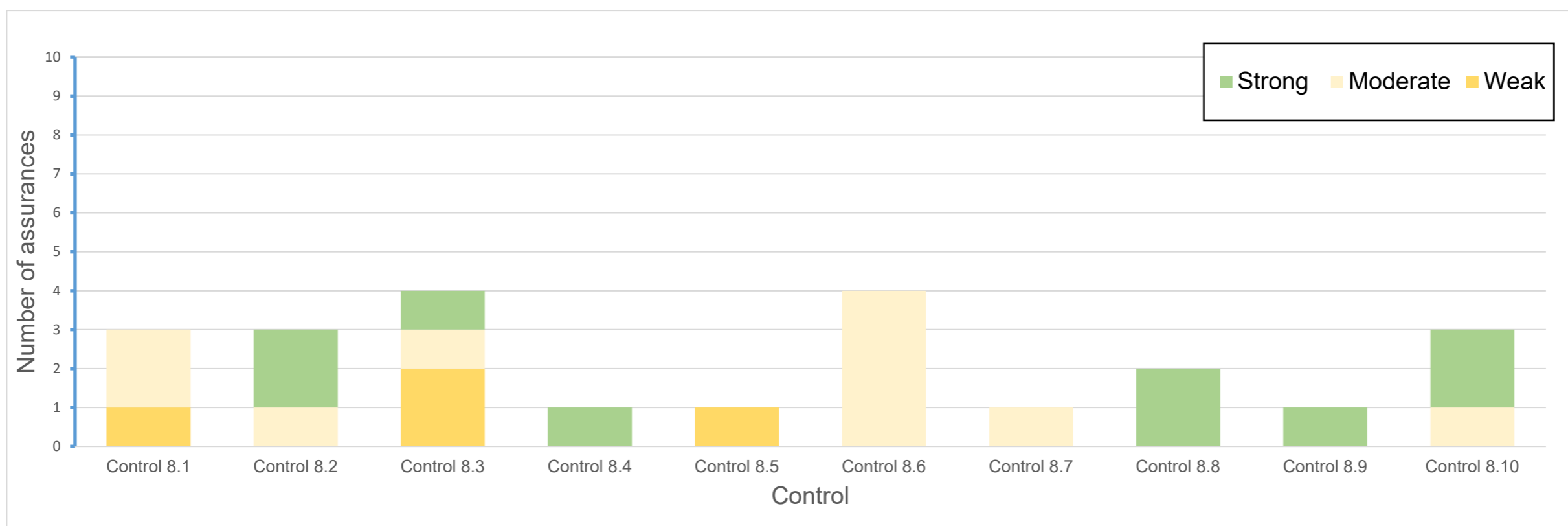
Date		Likelihood:	3	Impact:	4	Score:	12
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Risk Score

Current Risk			Target risk			Risk Decision
Likelihood	Impact		Likelihood	Impact		
3	4		2	4	8	

Control Summary

No. of Controls	10
No. of Assurances	23
Breakdown of Total Assurance Rating	Weak Assurances 4
	Moderate Assurances 10
	Strong Assurances 9



Board Assurance Framework- Risk 8

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	
8.1	Policies and procedures (including Standing Operating Procedures)	Board Secretary & Head of Board Business Unit	Corporate Policy and Control Document Reviews – Corporate Register update reports to Committees	x	x	x	x	x	Moderate
		Transition Director - Knowledge	Health Intelligence Division – Standard Operating Procedures (<i>document development, review and approval</i>) approved by the Director	x	x	x			Weak
			Research and Evaluation Division – Standard Operating Procedures (<i>document development, review and approval</i>) approved by the Director	x	x	x			Moderate
8.2	Official Statistics National requirements	Transition Director - Knowledge	Report to Committee on adherence to the Code of Practice for Statistics (UK Statistics Authority)	x	x	x	x		Moderate
			Independent Regulation (UK Statistics Authority) (reported to KRI Committee)	x	x	x	x		Strong
			External scrutiny (including UK Statistics Authority and Welsh Government) ensuring that correct process is followed. The Office of Statistics Regulation undertakes assessments, systematic reviews and compliance checks	x	x	x	x		Strong
8.3	Quality Assurance processes	Transition Director - Knowledge	Report of Data Quality Management Task and Finish Group to KRIC	x	x	x	x		Moderate
			Minutes and actions - Population Health Intelligence Network Steering Group	x	x	x			Weak
			Written assurances from external data owners eg NWIS/ ONS re their quality assurance processes	x	x	x			Weak
			Evaluation of projects and programmes which are reported annually to the KRI Committee	x	x	x	x		Strong
8.4	Corporate induction relating to confidentiality, Information Governance etc	Director – People & Organisational Development	Knowledge Directorate compliance reported through the integrated performance report to Board	x	x	x	x	x	Strong
8.5	Skills and development training for specialist roles (e.g. analysts/ evidence reviewers)	Transition Director - Knowledge	Attendance at specialised training Specialist qualifications	x	x				Weak
8.6	Directorate business systems & processes		Notes/ Actions of monthly SMT meetings	x	x				Moderate
			Minutes/ Actions of Wider SMT meetings	x	x				Moderate
			Executive bi-monthly paper to the Business Executive Team on Knowledge Directorate alignment to Strategic Priorities	x	x	x			Moderate
8.7	Incident reporting system (data or research)		Mid and End of Year reviews (to Chief Executive)	x	x	x			Moderate
8.8	Workforce Plan		Information Governance Report detailing any data breaches	x	x	x	x		Moderate
			Reports of progress against workforce plans	x	x	x	x		Strong
8.9	Business Continuity arrangements		Report to the People and OD Committee (as part of annual Integrated Medium Term Plan planning cycle)	x	x	x	x		Strong
			Business Continuity Action Plan (Knowledge Directorate)	x	x	x			Strong
8.10	Quality Management Systems		Health and Care Standards reporting	x	x	x	x		Strong
		Clinical and Quality Audit Plan detailing local audits – bi-annual report to QSIC	x	x	x	x		Strong	
		Mid and End of Year reviews (to Chief Executive)	x	x	x			Moderate	

Board Assurance Framework –Risk 8

Action Plan

Control Number	Gaps in controls	Gaps in assurance	Action Plan	Exec Lead	Due Date	Progress
8.1	Policies and procedures	Lack of Standard Operating Procedures (SOPs) for all processes within the Knowledge Directorate	Undertake base line of current SOPs in place within the Knowledge Directorate		April 2020	Update – on hold due to COVID-19
			Identify gaps in relation to SOPs		May 2020	Update – on hold due to COVID-19
			Develop SOPs that are required and a consistent approach for approval/ logging		August 2020	
			Disseminate to all Knowledge Directorate staff		September 2020	
			Review SOPs annual (ensure process in place to undertake review and log review)		September 2020	
8.2	Official Statistics	Lack of audit (undertaken internally) to provide assurance that the process is adhered to	Undertake an audit of a sample of Official Statistics produced, across the organization to confirm adherence to Official Statistics Processes		June 2020	
8.3	Quality Assurance Processes	Lack of formal Standard Operating Procedures for Data Quality Management across all Directorates	Undertake base line assessment of Data Quality Management	Transition Director/ Knowledge	December 2019 – completed	31 Dec 2019: Baseline assessment undertaken. Verbal update to KRIC in February. Final report to be presented to KRIC in June 2020
			Collate baseline information and present report to Committee.		June 2020	
		Lack of central register of assurances from external data owners eg NWIS etc	Identify gaps in relation to SOPs across the organisation relation to Data Quality Management		April 2020	Update – on hold due to COVID-19
		Work with the relevant Directorates to ensure required SOPs are developed and disseminated as appropriate	April 2020		Update – on hold due to COVID-19	
		Create central register of assurances from external data owners	July 2020			
8.5	Skills and development training	Lack of dedicated data science team with appropriate skills, knowledge and experience	Commission external consultancy resource to support the development of a dedicated data science team		December 2019 - completed	• 31 Dec 2019: External consultancy support commissioned
			Skills requirement for Data Science Team determined		March 2020	Update – on hold due to COVID-19
			Recruitment of data scientists with identified skills		Commence April 2020	Update – on hold due to COVID-19
			Data Science Strategy developed		Commence February 2020	Update – on hold due to COVID-19
			Capturing of minimal skills required at each level within the directorate for specialist roles (e.g. analysts and evidence reviewers)		June 2020	
8.10	Quality Management Systems	Lack of year on year plan for scheduled local audits within the Knowledge Directorate	Identify a rolling programme of audit to be completed internally for the Knowledge Directorate. This will then inform the organisational Clinical and Quality Audit Plan		April 2020	Update – on hold due to COVID-19