

Knowledge, Research and Information Committee Work Plan 2024-2025									Cross Cutting Approach			Assurance Mapping	
Category	Item	Exec Lead	Approval Route	Jun	Sept	Dec	Mar	Purpose of the report	Remitted (to be populated in year with any referrals to be included in the reporting)	Cross Committee Theme	Cross Cutting Approach	Board Assurance Map	Why is it on the work plan?
Deep dives	Screening (Priority 6, Supporting the developments of an excellent health and care system)	Iain Bell / Meng Khaw	Exec Lead	✓				Deep dive for assurance. Refer to Deep Dive Guidance for content requirements.	To include data needed to monitor and report screening (issue raised at QSIC)	Service Delivery - QSIC	Low risk : no current issues identified	Performance Risk Quality Strategic Objectives Compliance with Statutory Duties	Deep dives provide an holistic overview and a detailed look into a particular area or service covering the following themes : Performance Governance Arrangements Key risks Improvement approach / Quality Links with Strategic Objectives Forward Look / next steps for the programme of work. These topic areas have been chosen, based on timeliness, specific work being undertaken in these areas and cross referenced previous deep dives to ensure the breadth of coverage across the organisation.
	Inequalities - Inclusion	Sumina Azam, Jim McManus, Iain Bell and Meng Khaw	Exec Lead			✓				Equalities - PODC and QSIC	Low risk : no current issues identified		
	Indicators for Mental Health (Priority 2, improving mental well-being and resilience)	Jim McManus	Exec Lead		✓					None			
	Secondary Prevention (Priority 4, Securing a Health Future for the next generation)	Sumina Azam	Exec Lead				✓						
	(Priority 5, Protecting Public from infection and environmental threats to health)	Meng Khaw	Exec Lead				✓						
Performance / Assurance	Update on Lifestyle factors (Priority 3, Promoting Healthy Behaviours)	Jim McManus	Exec Lead	✓				Update on progress since the deep dive (6 months) with the implementation of planned actions.		None		Performance Risk Quality Strategic Objectives Compliance with Statutory Duties	1.1 - 1.4 in TOR - Knowledge and Impact 1.6 Exploiting Data to improve health. 1.10 Evaluate and improve" 1.1 - 1.4 in TOR - Knowledge and Impact 1.6 Exploiting Data to improve health. 1.10 Evaluate and improve" 1.8 That data science and analysis are effectively deployed and prioritised to improve the health and wellbeing of the population of Wales and are deployed to ensure effective delivery of Public Health Wales strategy. 1.7 That Public Health Wales is keep apace of data and technical developments to embed data science tools and techniques into our analysis and ways of working. 1.1 - 1.4 in TOR - Knowledge and Impact 1.6 Exploiting Data to improve health. 1.10 Evaluate and improve 1.1 - 1.4 in TOR - Knowledge and Impact 1.6 Exploiting Data to improve health. 1.10 Evaluate and improve
	Update on Addictions (to include alcohol, gambling and drugs) (Priority 3, Promoting Healthy Behaviours)	Jim McManus	Exec Lead		✓								
	Behavioural Change	Sumina Azam	Exec Lead			✓							
	Update on Screening (Priority 6, Supporting the developments of an excellent health and care system)	Iain Bell / Meng Khaw	Exec Lead			✓				Service Delivery - QSIC	Low risk : no current issues identified		
	Indicators for Mental Health (Priority 2, improving mental well-being and resilience)	Jim McManus	Exec Lead				✓			None			
Knowledge, Research and Impact / Research and Evaluation	Research and Evaluation Strategy Implementation	Iain Bell	Exec Lead	✓		✓		Update on the Implementation of the Strategy for assurance.	None	Service Delivery - QSIC	Low risk : no current issues identified	Research	1.10 That Public Health Wales is evaluating the effectiveness of its work and the improvements made to the health of the population of Wales 1.11.1 The implementation of, and associated risks for, the relevant strategic priority (priorities) relating to knowledge, research and information in the organisation. 1.2 The impact of the knowledge, research, information and evidence activities as they relate to improving health and wellbeing in Wales. 1.13 The continued development of the strategic relationship with academic institutions across Wales, and beyond where applicable 1.2 The impact of the knowledge, research, information and evidence activities as they relate to improving health and wellbeing in Wales.
	Overview of assurance of delivery against the Strategic Priorities		Exec Lead			✓		Stocktake at year end, summary of progress for each priority. Assurance update, maximising the use of digital data and evidence to improve public health					
	PHW Monitoring Impact		Exec Lead		✓		✓	Annual Report on Impact for assurance ; Findings in September, then an update on progress to implement actions in March					
	Academic Public Health		Exec Lead		✓		✓	Update on developments of the opportunities for AI within the organisation					
	Genomics	Meng Khaw	Exec Lead	✓		✓							
Analysis and Data Science / Digital	Artificial Intelligence	Iain Bell	Exec Lead	✓		✓	Update on developments of the opportunities for AI within the organisation. Longer Session in June		Service Delivery - QSIC IG - AGCG Workforce - PODC	Low risk : no current issues identified		1.7 That Public Health Wales is keep apace of data and technical developments to embed data science tools and techniques into our analysis and ways of working. 1.6 Provide oversight, scrutiny and assurance that the culture, behaviours and information management systems ensure we exploit data to improve the health of the people of Wales while also being fully compliant with all appropriate legal and ethical duties.	
Digital	Digital and Data Strategy Implementation	Iain Bell	Exec Lead		✓		Update on the Implementation of the Strategy for assurance. To include update on: Discovery / Alpha WHESP (TBC) Suicide Surveillance data	Inclusion of Suicide Surveillance Data referral from Board.	Service Delivery - QSIC Information Governance - AGCG Workforce - PODC	Low risk : no current issues identified		1.5, 1.6 and 1.7 in TOR relating to the approach taken to collecting data, ensuring systems are effective.	
Managing Risk	Strategic Risk	Executive Director Quality, Nursing and Allied Health Professionals	BET	✓	✓	✓	✓	For assurance that risks within the remit of the Committee are management appropriately		Risk	Low risk : no current issues identified	Risk (Joint with Board and Committees)	Approach to risk outlined in the Risk Protocol and the BAF
	Corporate Risk Register		LT	✓	✓	✓	✓			Risk	Low risk : no current issues identified		
Governance & Accountability	Summary of policies Bi-Annual Update	Board Secretary and Head of Board Business Unit	LT	✓		✓		For assurance on the prioritisation and progress being made to review policies, procedures and other written control documents within the remit of the Committee and to approve any policies and procedures proposed to be removed from the register.	None	Policy and Governance Documents (Joint with Board and other Committees)	Low risk : no current issues identified	Board and Committee (Joint with Board and other Committees)	Approach to Policies outlined in the Corporate Policies, Procedures and other written control documents Procedure, and the BAF
	Policies for approval (as required)		LT/BET	✓	✓	✓	✓	To approve policies and procedures within its remit, as outlined in the Policy, Procedure and other written control documents Policy.					Approach to Policies outlined in the Corporate Policies, Procedures and other written control documents Procedure, and the BAF
	Committee Annual Report		Exec Lead	✓				For recommendation to Board, to provide assurance that the Committee is fulfilling its terms of reference.					Requirement within each of the Committee TOR to report to Board, and forms part of the assurance to the Board. Also feeds into our Annual Governance Statement.
	Review of Committee Effectiveness		Exec Lead	✓				As part of the overall Board and Committee Performance and Effectiveness review, the Committee will consider the outcomes of the Committee effectiveness survey, and identify any areas of improvement for the following year.					Outlined within the Board Assurance Framework as part of the annual review of effectiveness.
	Committee Terms of Reference Review		BET	✓				For recommendation to Board on any proposed changes to the Committee's Terms of reference. (As required under Standing Orders)					Required to be reviewed Annually within Standing Orders
	Committee Work Plan		Exec Lead	✓	✓	✓	✓	For information, and for assurance that the Committee is fulfilling its terms of reference.					Requirement within each of the Committee TOR to report to Board, and forms part of the assurance to the Board. Also feeds into our Annual Governance Statement.
Audit and other Reviews	Audit Action Log Progress Update (within the remit of the Committee)	Board Secretary and Head of Board Business Unit	LT		✓		✓	Update on the implementation of the management response to the audit, for assurance.	Audit	Low risk : no current issues identified		Audit	Approach to Audit outlined in the Audit Protocol and within the BAF.
	Audit Report (as needed)	Relevant Executive Lead	Exec Lead	✓	✓	✓	✓	Where the subject matter of an audit report falls within the remit of one of the other Board Committees, the report is also submitted to that Committee, following consideration at ACGC. (Refer Audit Protocol) The role of the Remit Committee is to receive the report and to consider the recommendations made in the context of its work plan, and the areas of focus within its remit. Where relevant, the information contained in the reports will then be used to inform discussions of items on the work plan for the Committee.	Audit	Low risk : no current issues identified		Audit	Approach to Audit outlined in the Audit Protocol and within the BAF.