Iechyd Cyhoeddus
Cymru
Public Health
Wales

GIG
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NHS
WALES

Board Assurance Framework

Draft update
Version 2

Introduction

We are Public Health Wales - the National Public Health Organisation for Wales. Our purpose is 'working together for a healthier Wales'. We exist to help all people in Wales live longer, healthier lives. With our partners, we aim to increase healthy life expectancy, improve health and wellbeing and reduce inequalities for everyone in Wales, now and for future generations.

The purpose of this document is to summarise how Public Health Wales delivers and sustains good corporate governance to ensure the delivery of its strategic Priorities outlined within our Long-Term Strategy to improve population health and address health inequalities, while delivering safe, effective and high quality public health services.

All NHS organisations in Wales are required to demonstrate good governance and to ensure they are operating robust systems and processes to support and deliver this, whilst also meeting their goals and strategic objectives. Boards need to be confident that systems and processes are operating in ways that are effective and drive the delivery of objectives whilst managing risk. It is critical that NHS Boards ensure that robust, accountable and transparent governance arrangements are in place throughout the system.

This Board Assurance Framework (BAF) describes the functions, the enablers, the assurance framework, the integrated governance system and the operating guidance in place to support good governance within Public Health Wales.

The BAF is a living document that will be regularly reviewed and updated, mapping our assurance processes, highlighting our Strategic Priorities as well as our Strategic Risks against those objectives.

Our Governance Framework

Our governance arrangements incorporate all aspects of our business and how we operate. This includes:

- Board and Committee Governance arrangements
- Information Governance
- Clinical Governance
- Research Governance
- Financial Governance
- People / Workforce Governance
- Service delivery and Performance management arrangements
- Information and asset management
- Environmental / Climate Governance.

We have adopted an integrated approach to governance.

The adoption of an Integrated Governance Model was identified as a key enabler for Public Health Wales becoming a high performing organisation and in reaching our next level of maturity. Integrated governance provides a holistic and joined-up approach to our systems and procedures, reporting and outcomes.

Our Board and Business Executive Team

The Public Health Wales Board is accountable for setting the strategic direction of the organisation and assurance in relation to governance, risk management, and internal controls in the organisation. The Chief Executive (and Accountable Officer) of the organisation has responsibility for maintaining appropriate governance structures and procedures.

The Board functions as a corporate decision-making body, with Executive Directors and Non-Executive Directors being full and equal members and sharing corporate responsibility for all the decisions of the Board as a unitary Board. In addition to their role as Board Members, Executive Directors also have responsibility for discharging Public Health Wales' corporate and public health functions.

In particular, the Board has responsibility for;

- ❖ Setting the strategic direction
- ❖ Setting the governance framework
- ❖ Setting organisational culture and development
- ❖ Steering the risk appetite and overseeing strategic risks
- ❖ Developing strong relationships with key stakeholders and partners
- ❖ The successful delivery of Public Health Wales' aims and objectives.

With the exception of powers reserved for the Board and its Committees (as outlined in the Scheme of Delegation) the Board delegates authority for operational delivery and
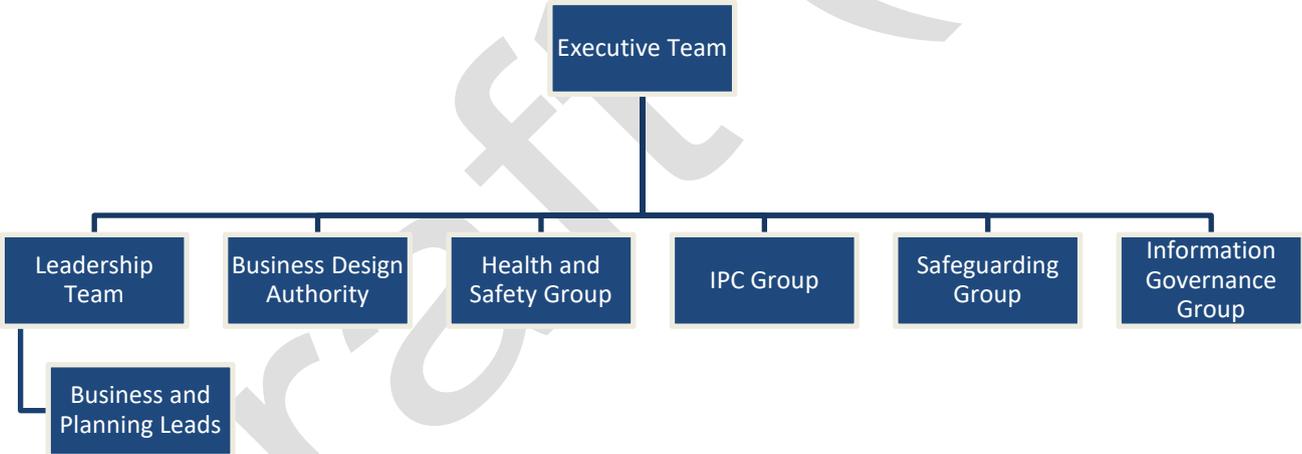
operational decisions to its Chief Executive.

The Board has adopted the McKinsey 7S model of governance as part of its ongoing high performing Board programme of Board Development. This forms a core component of our Board Development Programme as we strive for high performance, using the model to identify areas for improvement and good practice.

The Chief Executive has established and recognises the Business Executive Team as the key executive leadership team for the collective execution of delegated responsibility. This is in addition to the delegated individual accountabilities and responsibilities that each Director in the Executive Team has within their respective portfolios.

The Business Executive Team comprises the Chief Executive and Directors (some of whom are Executive Directors) and has responsibility for the leadership and operational management of the organisation. The Business Executive Team meets at least weekly. Weekly meetings alternate between Business Executive Team meetings, as the main corporate assurance and delivery meeting, and Strategic Executive Team meetings to discuss strategic and pan-organisational items.

The Business Executive Team has established a number of reporting groups to cover key areas of the business:

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                        │ Executive Team  │
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│Leader- ││ Business ││Health and││  IPC  ││Safeguard-││ Information  │
│ship    ││ Design   ││ Safety   ││ Group ││ing Group ││ Governance   │
│Team    ││Authority ││ Group    ││       ││          ││   Group      │
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┌────────┐
│Business│
│and     │
│Planning│
│Leads   │
└────────┘
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The Board has adopted a Board Etiquette, which sets out the behaviours and conduct expected of all Board members and attendees, as the Board/Committees enact their stewardship role and take the lead in promoting the values and standards of conduct for the organisation and its staff.

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

The Board is committed to operating in as transparent, open, and accountable way as is possible. The [Protocol for Reserving Matters to a Private Board (or Committee)](#) identifies the different rationales that apply to material considered in private sessions.

Our Board Committees

Public Health Wales has implemented the following five Board Committees:

- ❖ Audit and Corporate Governance Committee
- ❖ Knowledge, Research and Information Committee
- ❖ People and Organisational Development
- ❖ Quality, Safety and Improvement Committee
- ❖ Remuneration and Terms of Service Committee

In accordance with our [Standing Orders and Scheme of Delegation](#), each Board Committee has key roles in the system of governance and assurance. They provide assurance to the Board through the scrutiny of functions, services and matters delegated to them by the Board. They make a significant contribution to the monitoring and evaluation of the progress towards achieving the Board's purpose, aims, values, corporate objectives, priorities and targets by providing the time, space and expertise to effectively scrutinise performance across the system.
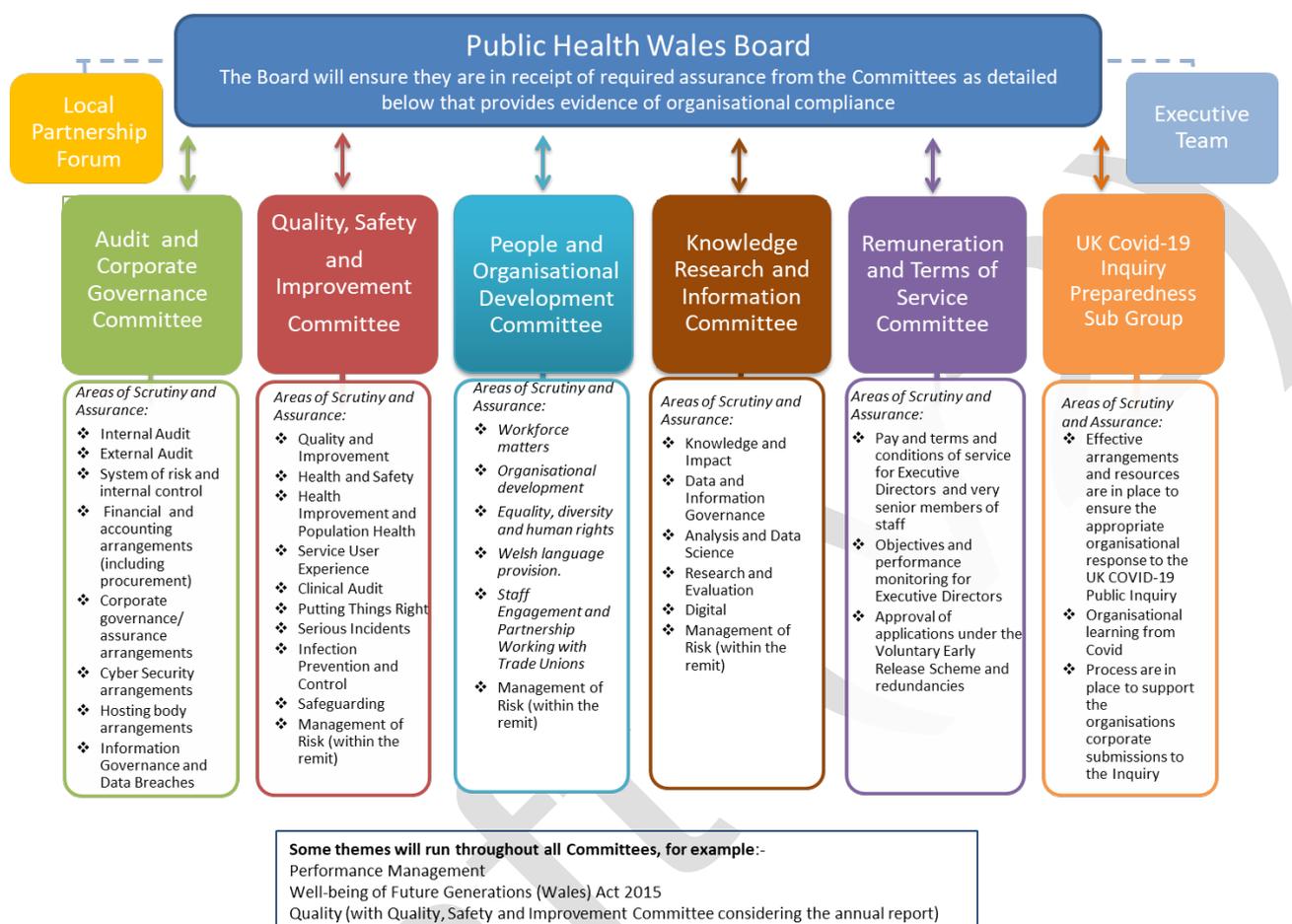
The purpose of the five Board Committees is to support the Board in the delivery of its role. The points below summarise the role of Committees:

- ❖ The organisation's activities are vast and complex: the Committees support the Board in covering the depth and breadth of the organisation's activities.
- ❖ Committees have a defined role which allows for a higher / deeper degree of scrutiny on behalf of the Board.
- ❖ Committees help ensure that the organisation operates effectively and meets its strategic objectives.
- ❖ Committees provide the Board with assurance that this is the case, obtaining assurance that systems and controls are working as they were designed to do.
- ❖ They take responsibility for strategic risk monitoring.

The Audit and Corporate Governance Committee has a specific role to provide an independent view to the Board and Accountable Officer on the appropriateness and adequacy of risk management, the internal control environment, governance and assurance arrangements.

In addition, the Board has established a Covid-19 Public Inquiry Sub Group to which it has delegated the function of overseeing and approving the role of Public Health Wales in response to the UK Covid-19 Public Inquiry.

The diagram below illustrates the remit of each of the Committees and the Covid-19 Public Inquiry Sub Group.

Public Health Wales Board
The Board will ensure they are in receipt of required assurance from the Committees as detailed below that provides evidence of organisational compliance

Local Partnership Forum

Executive Team

Audit and Corporate Governance Committee	Quality, Safety and Improvement Committee	People and Organisational Development Committee	Knowledge Research and Information Committee	Remuneration and Terms of Service Committee	UK Covid-19 Inquiry Preparedness Sub Group
Areas of Scrutiny and Assurance: ❖ Internal Audit ❖ External Audit ❖ System of risk and internal control ❖ Financial and accounting arrangements (including procurement) ❖ Corporate governance/ assurance arrangements ❖ Cyber Security arrangements ❖ Hosting body arrangements ❖ Information Governance and Data Breaches	*Areas of Scrutiny and Assurance:* ❖ Quality and Improvement ❖ Health and Safety ❖ Health Improvement and Population Health ❖ Service User Experience ❖ Clinical Audit ❖ Putting Things Right ❖ Serious Incidents ❖ Infection Prevention and Control ❖ Safeguarding ❖ Management of Risk (within the remit)	*Areas of Scrutiny and Assurance:* ❖ *Workforce matters* ❖ *Organisational development* ❖ *Equality, diversity and human rights* ❖ *Welsh language provision.* ❖ *Staff Engagement and Partnership Working with Trade Unions* ❖ *Management of Risk (within the remit)*	*Areas of Scrutiny and Assurance:* ❖ Knowledge and Impact ❖ Data and Information Governance ❖ Analysis and Data Science ❖ Research and Evaluation ❖ Digital ❖ Management of Risk (within the remit)	*Areas of Scrutiny and Assurance:* ❖ Pay and terms and conditions of service for Executive Directors and very senior members of staff ❖ Objectives and performance monitoring for Executive Directors ❖ Approval of applications under the Voluntary Early Release Scheme and redundancies	*Areas of Scrutiny and Assurance:* ❖ Effective arrangements and resources are in place to ensure the appropriate organisational response to the UK COVID-19 Public Inquiry ❖ Organisational learning from Covid ❖ Process are in place to support the organisations corporate submissions to the Inquiry

Some themes will run throughout all Committees, for example:-
Performance Management
Well-being of Future Generations (Wales) Act 2015
Quality (with Quality, Safety and Improvement Committee considering the annual report)

Each Committee:

❖ Is Chaired by a Non-Executive Director and is supported by an Executive Lead.
❖ Sets and agrees an annual work programme for each Committee and this is reported to the Board for assurance.
❖ Has terms of reference, which are reviewed annually, to detail its responsibilities, delegation and remit.
❖ The agenda for each meeting is set by the Committee Chair in discussion with the Executive Lead, supported by the Board Secretary.
❖ The agenda, minutes and reports for each meeting are published on our website in accordance with our Standing Orders.
❖ Produces a summary report of each meeting that are submitted to the Board as part of a Composite Chairs Report.
❖ Undertakes an annual performance review.
❖ Produces an Annual Report, which is submitted to the Board for assurance that the Committee is meeting its terms of reference.

Strategic Objectives

Our Strategic Plan (Integrated Medium Term Plan) sets out the action that we will undertake over the next three years to delivery our strategy. This is focused on the delivery of our six strategic priorities.

Our Strategic Plan sets out a range of change activity that we will undertake across each of our strategic priorities and enablers as we begin to implement our new strategy. We will ensure that our change agenda is kept under ongoing review to ensure that it delivers the intended benefits and remains achievable in light of in-year changes.

Strategic Risks

Our Strategic Risk Register identifies risks to achieving our aims and Strategic Objectives. As a key component of our BAF, the Strategic Risk Register is a "live tool" which is actively owned, reviewed, updated, and used by the Board to oversee, scrutinise, and address strategic risks.

Model of Good Governance

The Public Health Wales Board adopts the following model of good governance[1].

This model builds on the Principles of Good Governance that describe what good governance looks like and provides more detailed guidance to NHS Boards on the functions and the enablers of good governance. It provides definitions of the assurance framework, the integrated governance system and the operating Policy documents that also need to be in place to support good governance.

Functions

Setting the strategic direction
Delivery of aims and objectives
Setting the governance framework
Setting organisational culture and development
Steering the risk appetite and overseeing strategic risks
Developing strong relationships with key stakeholders and partners

Enablers

Diversity, Skills and Experience	Roles and Responsibilities	Culture

Delivery

Integrated Governance System	Assurance Framework	Policies and Governance Documents

Evaluation

Appraisals

Performance Monitoring

Self Assessment and Evaluation

External Review and Assessment

Continuous Quality Improvement

Each section is explained below:

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[1] Public Health Wales has developed this model with reference to the Blueprint for Good Governance in NHS Scotland.

<u>Functions</u> : The primary functions of the Board;

Setting Strategic Direction

The Board:
- Determines the organisation's purpose, aims, values and strategic objectives, ensuring that these clearly outline with vision for the future, and that there is an appropriate level of engagement and consultation with key stakeholders in the development of the plan.
- Approves the strategic plans required to deliver these objectives.
- Seeks assurance around the implementation of the strategic plan and objectives, and that the appropriate monitoring of implementation is in place to demonstrate the impact and how success will be measured. Implementation plans should also include the relevant assessments including risk, equality and compliance with relevant statutory duties and other policy requirements where appropriate.
- Seeks assurance that implementation plans and change projects and programmes include comprehensive risk assessments, equality impact assessments and communication plans that will support the delivery of strategic plans and change projects and programmes.
- Seeks assurance that the organisation has the personnel in place with both the capability and the capacity to meet these requirements.
- Allocates the budgets and approves the capital investments required to deliver strategic and operational plans.

Delivery of aims and objectives

The Board regularly and routinely reviews, monitors and scrutinises the performance of the organisation in delivery of its aims and objectives. This includes:

- Progress to an acceptable level.
- Assurance that the spending is appropriately accounted for and that resources are being used to secure 'best value'.
- Requirements to comply with relevant regulations or regulators .
- Continuous improvement and quality management approaches are embedded in all aspects of service delivery.
- Review of reliable sources of information, easy and early access to evidence from a wide range of sources, to demonstrate the pace and progress of the delivery of outcomes.
- Frequent and informative performance and financial reports to assure the Board that the organization is delivering safe, effective, patient- centred, affordable and sustainable services.

Steering the risk appetite and overseeing strategic risks

The Board recognises that Risk management is an integral part of delivering good governance; it enhances strategic planning and prioritisation, assists in achieving corporate objectives and strengthens the Board's ability to be agile in response to challenges.

The Board ensures effective risk management within the organisation by:

- Setting the organisation's risk appetite, and reviewing it on an annual basis
- Approving the Strategic Risk for the organisation and regularly reviewing the [Strategic Risk Register.](#)
- Approving risk management strategies and ensuring that they are communicated to the organisation's workforce.
- Considering current and emerging risks at a national level.
- Overseeing an effective risk management system that assesses the level of risk, identifies the mitigation required and provides assurance that risk is being effectively treated, tolerated or eliminated.

The [Risk Protocol](#) outlines the governance arrangements relating to the management and oversight of Strategic and Corporate Risk within Public Health Wales at Board, Committee and Executive level. It also outlines the responsibility and accountability for the operation and the oversight of the risk management system.

The Strategic Risk Register is a living document which can be found [here](#).

Setting the Governance Framework

The Board sets the system of governance for the organisation to support the delivery of good governance:

- Sets the assurance framework and implements an integrated governance system that brings together our strategic planning, risk management and assurance information systems.
- Ensures that this framework is underpinned by a suite of operating policies, procedures and ways of working to support and ensure effective delivery of good governance.
- Agrees which objectives and what risks are delegated through the Scheme of Delegation to each of the standing committees detailed with the Committee [Terms of Reference](#).
- Ensures this framework is implemented effectively.

Developing strong relationships with key stakeholders and partners

The role of the Board is to ensure meaningful engagement with stakeholders:

- Key stakeholders are identified and the approach to engagement adopted takes into account the stakeholders' interest and influence on the work of the Board.
- Appropriate stakeholders are involved in the development of strategic plans, policies and the setting of corporate objectives and priorities.

Board Assurance Framework

- The organisation's purpose, aims, values, corporate objectives, priorities and targets are clear, well communicated and understood by all stakeholders, including patients, service users, the public, managers and staff.
- The views of the relevant stakeholders are taken into account when designing services and patient pathways.
- Complies with the duty to engage outlined in legislation.

Setting organisational culture and development

The Board recognises that culture is a powerful factor in our long-term success as ultimately it is us, our people, who will make the difference.

An organisation's culture comprises its shared values, norms, beliefs, emotions and assumptions about "how things are and should be done around here". These 'things' include how decisions are made, how people interact and how work is carried out. To support the delivery of our culture, the leadership of the organisation has to be seen as competent and credible, act in the best interest of stakeholders, act at all times with integrity and are reliable in their decisions and actions, in other words they are trustworthy.

The Board determines and promotes shared values that underpin policy and behaviours throughout the organisation and demonstrate the organisation's values and exemplify good governance through their individual behaviours. This commitment is outlined within the approved Board Etiquette.

Enablers: Facilitators of Good Governance

Diversity, Skills and Experience

The Board recognises the importance of ensuring a diverse range of backgrounds, skills, and experiences to add value to the Board discussions and decisions.

The Board Chair works with the Welsh Government and the Public Bodies Unit to ensure the necessary diversity, skills and experience are present across the Board. This includes determining the Board's requirements during the recruitment of new Members and the on-going development of the skills of existing Board Members.

In addition to reflecting the diversity of the communities they serve, Boards require diversity of thought not only to improve decision-making but also to avoid 'group think', enabling alternative views to be debated and evaluated.

The recruitment, induction and training and development of Board Members is designed to support and to develop the skills and experience they require to make an effective contribution to the Board.

Board Members' experience also adds to the collective knowledge and understanding at Board level, and this is particularly welcomed around equality, diversity and inclusion, research and innovation, data and digital technology, stakeholder engagement such as effective working with partners, third sector organisations and Local Authorities, and academic links with Universities.

Roles and Responsibilities

To support and deliver good governance, the Board has a common understanding of the roles, responsibilities and accountabilities of the various groups and individuals that support our governance arrangements.

The Public Health Wales NHS Trust (Membership and Procedure) Regulations 2009 (and subsequent amendments) stipulate that the Public Health Wales Board should comprise a Chair, a Vice Chair, six Non-Executive Directors and six Executive Directors, including the Chief Executive and Chief Finance Officer.

The Board comprises:

- ❖ The Chair whose role is to **lead and develop** the Board
- ❖ The Chief Executive whose role is to be the **Accountable Officer** and to be the leader of the Organisation
- ❖ The **Executive Directors** who have a dual role as Board Members and as Executives who lead their parts of the Organisation
- ❖ The **Non-Executive Directors** whose role is to provide independent thinking, objectivity, governance and expertise.

The PHW Board is a Unitary Board: this means that within the Board of Directors, the Non-Executive Directors and Executive Directors make decisions as a single group and share the same responsibility and liability.

Executive Directors and Non-Executive Directors are full and equal members of the Board. Both Executive and Non-Executive Directors have responsibility to constructively challenge during Board discussions and they share corporate responsibility for all the decisions of the Board.

The summary below provides a brief overview of the main roles at Board level, which support good and effective governance arrangements as reflected in our Standing Orders:

Welsh Government

❖ Sets the legislative, policy and strategic framework for the NHS Wales in Wales as well as defining the roles and functions of Public Health Wales.

Public Health Wales Board

❖ Responsible and accountable for setting strategic direction, holding to account for delivery, managing risk, engaging with stakeholders and influencing organisational culture. (Refer to Functions section).

Board Chair

❖ Leadership of the Board, ensuring it effectively delivers its functions in accordance with our agreed governance arrangements.
❖ Setting the agenda for Board meetings collaboratively with the Chief Executive, supported by the Board Secretary.
❖ Set the tone of Board activities, promoting effective decision making and constructive debate.
❖ Supporting the Non-Executive Directors to develop their skills and experience through training and mentoring in accordance with the appraisal process.
❖ Representing the organisation at a national level with strategic partners and stakeholders.
❖ Is accountable to the Minister for Health and Social Services.
❖ Line management of the Chief Executive and identification of development opportunities for them.

Board Vice Chair

❖ Deputising for the Board Chair, including representing the organisation at a national level with strategic partners and stakeholders.
❖ The Vice Chair also provides an alternative route for Board Members to raise issues or concerns if they feel unable to do so with the Chair.
❖ Providing advice, support and assistance to the Board Chair in carrying out their responsibilities.

Board Assurance Framework

- ❖ Leads on specific areas of work on behalf of the Board Chair or as requested by Welsh Government, for example Mental Health agenda.
- ❖ Leads on the 360 degree appraisal of the Board Chair annually.

Board Members (Executive and Non-Executive Directors)

- ❖ Provide effective scrutiny, challenge, support and advice to the Executive Leadership Team on the delivery of the organisation's purpose, aims, values, corporate objectives, operational priorities and targets.
- ❖ Contributing to the identification and management of strategic risks.
- ❖ Bringing independence, external perspectives and impartial judgement to the business of the Board to support timely, well-informed, evidence-based and risk-assessed decision making at Board level.
- ❖ Upholding the highest standards of integrity and probity and acting in accordance with the principle of collective and corporate responsibility for Board decisions.
- ❖ Understanding and promoting diversity, equality and inclusion.
- ❖ Engaging with stakeholders, including patients, service users, the public, managers and staff.
- ❖ Undertaking ongoing personal development activities.

To support the Board Members to discharge their role, the Board has adopted a Board Etiquette and a Standards of Behaviour Policy.

Chief Executive

In addition to their responsibilities as a Board Member, the Chief Executive is also responsible for:

- ❖ Overseeing the development of an integrated set of policies, strategies and plans that are designed to deliver the organisation's purpose, aims, values, corporate objectives, operational priorities and targets.
- ❖ Acting as the Accountable Officer for the proper management of public funds and for ensuring the regularity, propriety and value for money in the management of the organisation.
- ❖ Providing leadership and day-to-day management of the organisation and its workforce, shaping desired cultural attributes within the NHS, and ensuring the organisation's policies, strategies and plans are delivered on time and within budgets.

Executive Directors / Directors – The Executive Leadership Team

- ❖ Providing professional and expert advice and support to the Board and the Chief Executive to assist in the development of the policies, strategies and plans required to deliver the organisation's purpose, aims, values, corporate objectives, priorities and targets.
- ❖ Executive Leadership Team has the primary responsibility for the implementation of change and the day-to-day management of operations.
- ❖ Monitoring progress towards corporate objectives, operational priorities and targets for service delivery.

Board Assurance Framework

- ❖ Managing their relationship with other key stakeholders by providing appropriate information and assurance on performance, expenditure, issues, risks and successes.
- ❖ Supporting the wellbeing of the workforce.

**Executive Directors are also appointed to the Board they have the same accountabilities and responsibilities as the Non-Executive Directors.

Board Secretary

- ❖ Lead role in supporting the Board's approach to delivering good governance.
- ❖ Primary responsibility for ensuring the smooth operation of the governance arrangements required by the Board.
- ❖ Leading the continuous development and implementation of the Board's governance arrangements.
- ❖ Provide expert advice and support to the Chair, Chief Executive, Board Members and other stakeholders on governance related issues.
- ❖ Providing guidance to assist the Board in acting within its legal authority and statutory powers.
- ❖ Responsible for managing the administrative and secretarial support to the Board and committees and support to Corporate Governance functions.

Culture

The function of the Board is to set the tone and culture for the organisation; the Board must act morally, ethically and fairly if they are to deliver good governance.

The Board has adopted the Board Etiquette to support this.

Delivery :

Integrated Governance System

The adoption of an Integrated Governance Model is a key enabler for Public Health Wales to become a high performing organisation. Integrated governance provides a holistic and joined-up approach to our systems and procedures, reporting and outcomes.

Integrated Governance – a definition

"Integrated governance is defined as a holistic approach undertaken by a governing body, supported by management and staff, to integrate governance into an organisation's drivers for sustainable success."

(Adapted from the Institution for Financial Accountants)

The Integrated Governance Model describes the elements which need to be in place for an organisation to operate effectively. The cultural piece that envelops the model is the 'how' we make all the elements work together.

Since the Integrated Governance Model was first approved by the Board in February 2021, and the Implementation Plan approved by the Business Executive Team in March 2022, the organisation has begun a number of other initiatives which further support Integrated Governance.

Quality as an Organisational Strategy has been adopted by the Board as the method to develop an operating model designed for quality to drive the organisation to be an exemplar in quality, improvement and innovation.

The Board adopted an Integrated approach to Governance, in order to improve the following:
- ❖ Clinical, operational, financial and risk management processes and their inter-relationships.
- ❖ Promote conduct of business in compliance with regulations and Strategic Priorities of Public Health Wales.
- ❖ Enable staff to relate their role and responsibilities to integrated governance.
- ❖ Help staff answer questions e.g. "Why are we doing this?" and "Who do we need to tell about this?".

Integrated Governance Model:

Policy and Governance Documents

The detailed description of our governance arrangements and the guidance on implementing these arrangements are contained in a portfolio of documents held and maintained by the Board Secretary. It includes Standing Orders, Standing Financial Instructions and the Schemes of Delegation that provide our senior leadership and management their principal operating guidance.

Standing Financial Instructions, Standing Orders and Scheme of Delegation	**Corporate Policies, procedures and other writtern control documents**
Risk Protocol and Risk Development Plan	**Committee** • Terms of Reference • Annual Reports • Work Plans • Composit Report to Board
Audit Protcol	**Performance Reporting Framework**
Standards of Behaviour Policy	

Assurance Framework

A framework is in place for reporting key information to the Board and Committees.

The framework provides a clear picture of the links between the outcomes expected by the Board and the strategic plans, transformational change projects and operational plans developed by the Executive Leadership Team to deliver those outcomes.

This ensures that both the delivery of strategic and transformational change and the current operational outputs and outcomes are subject to appropriate scrutiny, at the appropriate level and in the appropriate place within the governance system.

There is a plan of business that is reported to the Board and Committees, and the Strategic and Corporate Risk Registers allow the Board to identify what risks need to be reported upon.

Our assurance framework has been framed around the Integrated Governance Model and builds a picture of our Integrated Governance Infrastructure that collates in one place the relevant assurance provided to the board.

Current Public Health Wales Integrated Governance Infrastructure
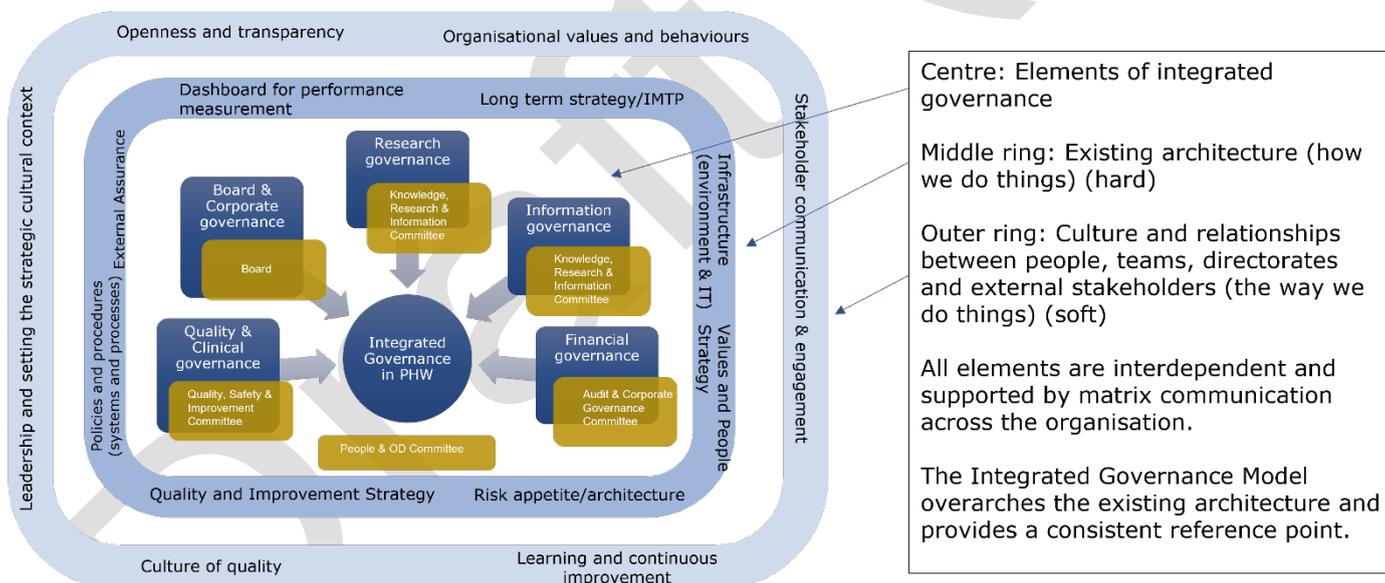
The Assurance Framework will culminate in the production of the Annual Governance Statement each year to summarise how Public Health Wales has demonstrated good governance arrangements each year within the Annual Report.

The Assurance Framework is underpinned by the Board and Committee Workplans that detail the cycle of business and the sources of assurance. The Workplans can be found here.

In addition, our Integrated Performance Report and Performance Assurance Dashboard contain a detailed portfolio of data to support the assurance processes of our Committees against our areas of governance and accountability.

Assurance Framework

Board Level

Financial Governance
- Monthly Board Reporting
- Oversight by ACGC
- Capital Plan
- Budget Strategy
- Annual Accounts and Audit

Performance
- IPR
- Dashboard
- Reporting to Committee
- Directorate Reports
- Public Health Overview Dashboard

Strategic Objectives
- Delivery reported in IPR
- IMPT

Commissioning Arrangements
- Overview by Board

Board and Committee Level

People / Workforce
- IPR and Dashboard at Board level
- Reporting to PODC
- People Strategy Reports through PODC

Board and Committee Governance
- Terms of Reference
- Annual and Bi monthly reporting to Board
- Effectiveness review
- SO and SFI Review

Risk
- Reporting to Board and Commtitees (detailed in the Risk Protocol)
- Risk Development Plan
- Risk Policy and Procedures
- Annual Review of risk arrangements by ACGC
- Setting of Risk Appetite annually by Board

Corporate Governance
- Reporting through IPR
- DOI, WHC reporting to ACGC
- Policy reports to Board and Committee
- Policies and Procedures

Compliance with Statutory Duties
- Quality and Candour (QSIC)
- Equalities (PODC)
- Wellbeing of Future Generations
- Socio Economic Duty

Performance / Service Delivery
- Effectiveness of arrangements for the delivery of services
- Engagement of our services

Climate Governance
- Reported in IPR as a Strategic Objective
- Reserach and data (KRIC)

Hosting Arrangements
- Approval (Board)
- Assurance on compliance (ACGC / all)

Committee Level

Audit
- Oversight by ACGC
- Internal Audit Annual Opinion
- Audit Wales Reporting
- Audit Protocol
- Audit Action Tracker

Clincial Governance
- Reporting through QSIC
- Clinical Governance Framework
- Health and Safety quarterly and annual reporting
- IPC quarterly and annual reporting
- Safeguarding quarterly and annual reporting

Information Governance
- Quarterly reporting to ACGC
- IG Policy and procedures
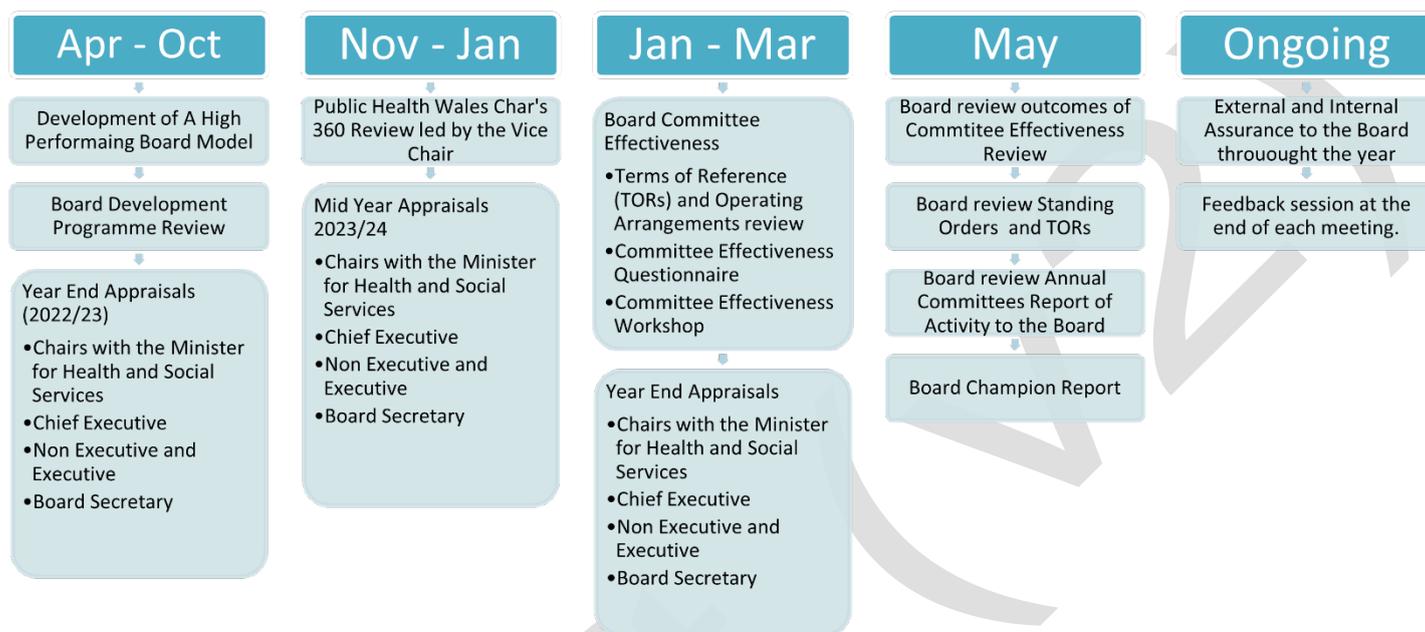- IG Toolkit and asset register

Research Governance
- Reporting through KRIC
- Performance Reporting in IPR
- Research Policies and procedures
- Reseach and Evaluation Strategy and implementation reporting through KRIC

Data and Digital
- Data and Digital Strategy and reports on implementation through KRIC

Evaluation

The Board has a comprehensive approach to reviewing performance and effectiveness within an annual cycle:

Apr - Oct	Nov - Jan	Jan - Mar	May	Ongoing
Development of A High Performaing Board Model	Public Health Wales Char's 360 Review led by the Vice Chair	Board Committee Effectiveness •Terms of Reference (TORs) and Operating Arrangements review •Committee Effectiveness Questionnaire •Committee Effectiveness Workshop	Board review outcomes of Commtitee Effectiveness Review	External and Internal Assurance to the Board throuought the year
Board Development Programme Review	Mid Year Appraisals 2023/24 •Chairs with the Minister for Health and Social Services •Chief Executive •Non Executive and Executive •Board Secretary	Year End Appraisals •Chairs with the Minister for Health and Social Services •Chief Executive •Non Executive and Executive •Board Secretary	Board review Standing Orders and TORs	Feedback session at the end of each meeting.
Year End Appraisals (2022/23) •Chairs with the Minister for Health and Social Services •Chief Executive •Non Executive and Executive •Board Secretary			Board review Annual Committees Report of Activity to the Board	
			Board Champion Report	

External and Internal Assurances to the Board

During the year we undertake, or engaged in, a number of assessments that provide internal and external sources of assurances to support the Board in undertaking its annual effectiveness assessment.

Board and Committee Effectiveness

Each year in February, an online questionnaire is completed by members of all Committees. The questions are based primarily on the Audit Committee Handbook (2012) suggested self-assessment questions and Audit Office good practice guidance and are adapted for the Committees.

Workshops are held in February/March, with Committee Members and the Executive Leads for each of the Committees to discuss the common themes and committee wider learning from the survey results. A summary of the themes from this meeting are then provided to each Committee, and to the Board in May.

Relevant learning from the overall review of effectiveness will be fed into the Board performance review and a summary of the Committees' considerations and outcomes of this review will be reported to the Board in quarter 1 each year as part of the wider Board effectiveness review.

At a Board level, as part of our high performing Board development programme, the Board

completes a full performance and assurance questionnaire on a 6 monthly basis which, together with the adoption of the McKinsey 7s Model, will be used to identify areas of excellent practice as well as areas for improvement.

Chair's Appraisal with the Minister for Health and Social Services
The Chair of the Board undertakes an Annual appraisal with the Minister, including the setting of objectives, a mid-year review, and year-end appraisal of the year's performance.

Public Health Wales Chair's review led by the Vice Chair
Each year, an internal review is undertaken of the Chair's performance. This process was established in 2019, is repeated annually, and is led by the Vice Chair. It provides an opportunity for the effective appraisal of the Chair at Board and Executive level and is in addition to the review held by the Minister for Health and Social Services. The process is based on the review format of Chairs of the Foundation Trusts and includes 360 feedback and it demonstrates our commitment to a culture of openness and transparency.

Chief Executive Appraisal
The Chief Executive undertakes an Annual appraisal with the Chair of the Board, including setting objectives at the beginning of the year, a mid-year review, and year-end appraisal of the year's performance. The Chief Executive also has an end-of-year review with the Chair and the Director General for Health and Social Services/NHS Wales Chief Executive, in the Welsh Government, consistent with the Accountable Officer designation.

Non-Executive Director appraisal with the Board Chair and Executive team appraisals with the Chief Executive
The Chair of the Board undertakes a bi-annual review of the performance and personal development of Non-Executive Directors. The Chief Executive does the same with the Executive team. The process of appraisal for both groups includes objective setting, a mid-year review, and an end of year review. The Chair also meets with each Executive Director to discuss their Board member role on an annual basis.

Board Secretary and Head of the Board Business Unit appraisal
The Chief Executive and Board Chair undertake an appraisal with the Board Secretary and Head of the Board Business Unit and includes objective setting, a mid-year review and an end of year review.

Board Champions
From 2023/24, there will be an Annual report on the Board Champion roles.

Quality as an Organisational Strategy

We aim to be an exemplar organisation in relation to quality, improvement and innovation. We will use these values when putting our new strategy in place. This aim is supported by the Health and Social Care (Quality and Engagement) (Wales) Act 2020, particularly its duties of quality and candour.

Board Assurance Framework

The aim of Quality as an Organisational Strategy (QoS) is to help an organisation provide services and products that focus on the user and help create an environment where our staff can enjoy and take pride in their work.

Review and Planned Improvements

As our BAF is a living document we will review at least annually, with a view to implementing the following improvements for 2024/25:

- Peer Review process.
- Review the Audit Protocol to strengthen the process and improve quality assurance of the management actions.
- Further build and embed the approach to cross committee working.
- Review the Policy, Procedure and other written controls Policy and Procedure.

Summary of Linked Documents

- Standing Orders
- Standing Financial Instructions
- Board Committee and Sub Groups Terms of Reference
- Board Committee Annual Reports
- Board and Committee Work Plans
- Strategic Risk Register
- Risk Protocol
- Audit Protocol
- Protocol for Reserving Matters to a Private Board (or Committee)
- Board Etiquette
- Policies and procedures
- Standards of Behaviour Policy
- Long-Term Strategy
- Board and Committee Agendas and Reports
- Annual Report

Gweithio gyda'n gilydd i greu Cymru iachach

Working together for a healthier Wales