

PUBLIC HEALTH WALES
Internal Audit Recommendations / Actions Log
August 2021

Red	Red - Implementation date passed management action not complete
Orange	Orange - Action not on target for completion by agreed/revision date
Yellow	Yellow - Action on target to be completed by agreed/revision date
Green	Green - Action complete
Blue	Blue - Action to be removed and replaced by subsequent action

Ref	Date added	Report	Report Assurance Rating	Recommendation	Action Priority	Management Action Agreed	Exec Lead	Original Agreed Implementation Date	Revised Implementation Date	Status	Actions completed	Issues Arising This Period	Next Steps & Expected Milestones	STATUS
384	Jun-20	IT Systems	Reasonable assurance	More advanced users would benefit from a more comprehensive SQL course, this has been recognised in the user group meeting and should be explored. The informatics department should look into the feasibility of restricting the functionality from users who do not need it, or have not received the proper training. If possible an exercise should be undertaken to establish what access is required and locked down appropriately	MEDIUM	Accepted. We will review and restrict the SQL access if users aren't confident using these queries.	Deputy Chief Executive and Executive Director of Finance	30-Sep-20	Dec 20 (ACGC 15.10.20)		September 2020 Update: Datastore access permissions have been reviewed and a new permissions model developed. This has been tested and implementation is due by 31 Dec 2020	September 2020 Update: No issues reported during this period	August 2021 update: Action complete. Public Health Wales has a DBA in place and access is restricted on a needs basis. If staff require further training this is incorporated into performance appraisal process and actioned through Directorates/ Divisions. Previous Updates: December/January update - No further update provided. September update: Rollout of new client to users followed by implementation of the new permissions model by 31 Dec 2020. Revised implementation date of 31 December 2020. (15.10.20 ACGC Committee).	Action to be closed. ACGC 15.09.21
385	Jun-20	IT Systems	Reasonable assurance	An exercise should be undertaken to establish where the 12 remaining installations of the DataStore client are installed and these should be removed where possible, otherwise they should be appropriately secured.	MEDIUM	Accepted. We will find and remove these 12 remaining installations.	Deputy Chief Executive and Executive Director of Finance	30th September 2020	Oct 2020 (ACGC 15.10.20)		September 2020 Update: In progress. Estimated time for completion by end of October 2020.	September 2020 Update: No issues reported during this period	August 2021 update: Action complete- There was a mass uninstall of Datastore 2018 in Oct 2020 and the updated 64 bit version was then deployed to those who needed it – the previous one had been more widely deployed then needed. September update: Expected to be completed by end of October 2020. Revised implementation date of 31 October 2020. (15.10.20 ACGC Committee).	Action to be closed. ACGC 15.09.21
386	Jun-20	IT Systems	Reasonable assurance	The Public Health Wales System Level Security Policy (SLSP) DataStore document should be reviewed and brought up to date. Additionally, as the informatics department is moving towards the introduction of an ITIL (formerly an acronym for Information Technology Infrastructure Library) aligned practice of drawing up service management schedules for its systems, DataStore could be considered as a priority as part of the update.	LOW	Accepted.	Deputy Chief Executive and Executive Director of Finance	30-Nov-20	Jan 21 (ACGC 15.10.20)		September 2020 Update: SLSP has been examined and will be revised when the new permissions model has been deployed.	September 2020 Update: No issues reported during this period	August 2021 update: Action complete. New permissions model has been tested and implemented. December/January update: No further update provided. September update: SLSP will be revised when the new permissions model has been deployed by 31 Dec 2020. New permissions model has been tested and implementation is due by 31 Dec 2020. Request revised implementation date of 31 January 2021.(15.10.20 ACGC Committee).	Action to be closed. ACGC 15.09.21
387	Jun-20	IT Systems	Reasonable assurance	The organisation should look to standardise practices for granting and revoking access to its systems and, in doing so, prioritise the DataStore system. In adopting the standardised process the organisation should also undertake an exercise to establish if the existing access levels are still required for all existing users of the DataStore system.	LOW	Accepted, but mostly done. We have a standard process for granting and revoking access to its systems as noted above. We agree that we need to undertake a user validation exercise.	Deputy Chief Executive and Executive Director of Finance	31-Aug-20	Dec 20 (ACGC 15.10.20)		September 2020 Update: Application access is granted and revoked via an Active Directory security group. Granular Datastore access permissions have been reviewed and a new permissions model developed.	September 2020 Update: No issues reported during this period	August 2021 update: Action complete- all new user permissions undertaken through Active Directory (AD). This still depends on timely and accurate information regarding starters, leavers and movers. September 2020 update: New permissions model has been tested and implementation is due by 31 Dec 2020. Request revised implementation date of 31 December 2020.(15.10.20 ACGC Committee).	Action to be closed. ACGC 15.09.21
388	Jun-20	IT Systems	Reasonable assurance	The Disaster Recovery Plan should be updated with the correct schedule for the DataStore system.	LOW	Accepted. Public Health Wales backups are being completely overhauled but this work has been hampered by Covid-19 work. As soon as the new backup regime is in place, we plan to upgrade DR processes for all systems in a priority manner.	Deputy Chief Executive and Executive Director of Finance	31-May-21			September 2020 Update: A new backup system is being rolled out and does now include Datastore.	September 2020 Update: No issues reported during this period	August 2021 update: Action complete. Process for recovering systems developed (based on priority) and testing of specific components undertaken regularly to test that back ups are functioning correctly. December/January update- No further update provided. September 2020 update: On track. When the rollout of the new backup system is completed, the disaster recovery process will be updated	Action to be closed. ACGC 15.09.21
417	Jun-21	IT Business Continuity	Reasonable assurance	In line with best practice, Informatics should consider a full failover test in order to confirm that all services can be effectively maintained in the event of a site loss. If this is not possible because of the criticality of services during pandemic conditions, then it should plan a schedule of discrete tests to provide the same coverage. When resilience is effectively tested, e.g. a Service failover is done as part of routine system maintenance, this should be appropriately recorded as test on a central register.	MEDIUM	Management note the finding. Today we do regular backup and restore tests to ensure our backup solutions are tested. We will look to propose a schedule of BCP tests for our Essential services and work with the SROs for each service to agree appropriate dates and time slots. These will be spread over the course of the year and any weaknesses or failures will be recorded against Datix. A schedule will be published by June-2021.	Deputy Chief Executive and Executive Director of Finance	30-Jun-21					August 2021 update: Action complete. Process for determining recovery of systems in place (based on priority) and regular testing and schedule of back up components undertaken to test functionality of back ups.	Action to be closed. ACGC 15.09.21
418	Jun-21	IT Business Continuity	Reasonable assurance	If the situation continues, more sustainable and reliable formal arrangements are required, or the organisation must accept the risk formally.	LOW	Management note the finding. On call services are to be reduced as service provision moves toward more substantive working patterns Mon-Friday as part of the organisation recovery. The IT service will be adjusted to support the relevant services.	Deputy Chief Executive and Executive Director of Finance	31-Jul-21					August 2021 update: Action complete- IT out of hours support available and further support is stood up as required to meet the needs of the organisation. IT Bot developed to capture and escalate queries in the event a member of IM&T is unavailable.	Action to be closed. ACGC 15.09.21
329	Mar-19	Long-Term Strategy - Stakeholder Engagement 2018/19 Final Report	Substantial assurance	Consideration should be taken by management to introduce measures for assessing the level of engagement with external stakeholders.	LOW	As part of the proposals for the Board Development Stakeholder Engagement work, the Head of Communications will include recommendations for measuring and recording the level of engagement with external stakeholders.	Deputy Chief Executive and Executive Director of Finance	Jul-19	Oct 19 (ACGC 25.9.19) June 2020 (ACGC 15.04.20) Nov 20 (ACGC 15.10.20)		Previous Updates: December 2019 update: Following completion of stakeholder mapping exercise, further work is required regarding measuring and recording the level of engagement with external stakeholders. December 2019 update: No issues arising April 2019 Update No issues reported during this period	September 2020 Update: No issues reported during this period Previous Updates: December 2019 update: No issues arising April 2019 Update No issues reported during this period	August 2021 update: The decision has been taken to integrate this work into the strategy refresh work. The board has agreed a timetable for this, given Covid, which concludes next March. We have started the work with a Board session on 24th June which focussed on the targeting of specific segments. We have done some subsequent analysis of those target groups and we will be working with Board to ratify the target stakeholder groups in September. Devising a measurement and recording plan for engagement will form part of the next stage of work. Request change of implementation date to March 2022 (ACGC.15.09.21) December/January update - No further update provided. September 2020 update: A refreshed stakeholder map will be discussed by the Executive Team. A recommendation to allocate management of this in a role dedicated to Public Affairs has been submitted as part of the recommendations. A decision about funding for this role is expected in November 2020. Request revised implementation date of November 2020. (ACGC 15 October 2020). March Update: No update was available due to COVID. December 2019 update: Proposal for measuring engagement with external stakeholders to continue to be refined and will be presented to the Board at the earliest opportunity. Propose revised implementation date of June 2020 (subject to agreement by Board Secretary). April 2019 Update: See update above for action 328. August 2018 Update: See update above for action 328. Proposed new implementation date of 31 October 2019.	Request change of date ACGC 15.9.21
354	Jan-20	Management of Contracts Final Report 2019/20	Reasonable assurance	In the short term, arrangements should be put in place to provide contractual cover for the ongoing service provided by the suppliers. Further action should be taken to discuss and progress a formal long-term contractual arrangements.	MEDIUM	A single tender action has been agreed to ensure Screening sites are covered in the interim. This covers the period until the end of March 2020. The Estates, Safety and Facilities Division are currently exploring the opportunities for developing a Hard Facilities Management contract on a regional basis to enable building maintenance work to be expedited under contract across the organisations estate.	Deputy Chief Executive and Executive Director of Finance	01-Apr-20	March 2021 (ACGC 15.10.20)		January 2021 update: Work on the specification for Hard FM continues to be developed however this has been put on hold due to prioritising the response to COVID-19. Contracts continue to be managed across the respective services and this will continue alongside the development of the hard FM tender specification. September 2020 update: Specification for Hard FM is under development however this has been put on hold due to prioritising the response to COVID-19. Contracts continue to be managed across the respective services and this will continue alongside the development of the hard FM tender specification.	January 2021 Update: The development of the Hard FM tender specification is complex and requires significant work to map assets across our estate in order for potential companies to bid for the contract. Currently this would have to be a very manual process and is very time consuming. September 2020 Update: The development of the Hard FM tender specification is complex and requires significant work to map assets across our estate in order for potential companies to bid for the contract. Currently this would have to be a very manual process and is very time consuming.	August 2021 Update: Asset mapping has been completed and reviewed internally. Preparatory work to link asset mapping into framework for Hard FM tender specification is underway. This has become more challenging due to the potential changes to estate structure that may arise as a result of working differently and developments within our services. It is anticipated this will be completed by end of October 2021. Following this, a tender exercise will commence via the framework and we hope to be in a position to award by 31 January 2022. Request revised implementation date of 31 January 2022 (15.09.21 ACGC Committee). Previous Updates: December/January update: Quotes have been received for the work to map our assets across the organisation and we are progressing the procurement of this work through a framework. This will be completed by end of March 2021. September 2020 update: Exploring options to procure an organisation to undertake the asset mapping exercise to inform the hard FM tender specification and upgrading our existing Facilities Management System. Request revised implementation date of 31 March 2021. (ACGC 15 October 2020) March Update: No update was available due to COVID	Request change of date ACGC 15.9.21
356	Jan-20	Management of Contracts Final Report 2019/20	Reasonable assurance	The Trust should ensure that departments have a timetable or diary mechanism supported by a 'trigger point' or 'early warning' mechanism approach to monitoring so that service/maintenance contracts do not expire without warning thereby enabling business continuity.	MEDIUM	Screening Contracts Register currently in place. Estates, Safety and Facilities Division to collate all contract information and develop a database for Estates managed contracts detailing renewal timeframes and service points within managed maintenance contracts. Consideration will be given to how other Directorates manage their contracts locally. Screening Division has begun the process of reviewing the pre-existing divisional contracts register to include all locally managed arrangements in each screening service. This is being done in partnership with local managers who will also receive guidance on the appropriate management of low risk/value contracts.	Deputy Chief Executive and Executive Director of Finance	31-Dec-19	Dec-20 (ACGC 15.10.20) April 21 (ACGC 19.1.21)		September 2020 update: Prior to response to COVID-19 taking priority a list of contracts has been collated within Estates Division. Further development is required to ensure it is robust and process for updating implemented.	September 2020 Update: No issues reported during this period	August 2021 update: Database has been established and updating has commenced. Contracts continued to be managed but due to Covid, further development and updating of the database has been delayed. Some of the contracts within the database will be taken forward through the Hard FM specification, thus reducing the number of contracts being managed simultaneously. Database will be used to inform specification for Hard FM tender (see above). Request revised implementation date of 31 October 2021 (15.09.21 ACGC Committee). Previous Updates: December/January update: Contracts continue to be managed but mechanism for monitoring and alerts within Estates Division needs further work. It is anticipated this work will be completed by end of March 2021. Request new completion date of end of March 2021 (subject to Covid response). September update: Further development of the contracts database within Estates and Health and Safety to be undertaken. Process for updating and managing to be implemented. Request revised implementation date of 31 December 2020. (ACGC 15 October 2020) March Update: No update was available due to COVID	Request change of date ACGC 15.9.21

PUBLIC HEALTH WALES
Internal Audit Recommendations / Actions Log
August 2021

Red - Implementation date passed management action not complete
 Orange - Action not on target for completion by agreed/revision date
 Yellow - Action on target to be completed by agreed/revision date
 Green - Action complete
 Blue - Action to be removed and replaced by subsequent action

382	Jun-20	IT Systems	Reasonable assurance	The organisation should carry out a review of its 'picklists' and groupings to ensure completeness and accuracy. In the interim all relevant staff should be notified of this reporting error in order to ensure appropriate adjustments can be made	MEDIUM	Third Party (NWIS) action required and we have made several attempts to get this resolved. The current WLIMS national IT system still uses the old ABMU boundary reference and has not been updated, hence our reference tables reflect current data being received. As soon as they update the national IT system, we will make the associated changes on our database. Unknown timescale as outside our control. Given current Covid-19 priorities, we do not anticipate a quick turn-around from NWIS, but we continue to press for a resolution at the earliest possible time. Pending this central resolution by NWIS, PHW Informatics will remap the locations to the new boundaries locally which will overcome the issue.	Deputy Chief Executive and Executive Director of Finance	Local re-mapping to be completed by the 30th September 2020 to resolve issue but continue to press for a national solution.	Dec 20 (ACGC 15.10.20)	September 2020 Update: Request logged however this has not been actioned at a national level.	September 2020 Update: No issues reported during this period	August 2021 update: Several internal meetings have been held to discuss how we can implement this change on DataStore. PHW was waiting for a national (NHS Wales) solution to be provided by the DHCW reference data team, to be used on the national WLIMS (lab IT system) so that locations were mapped to the correct new Health Board boundary, but that hasn't happened. We now need to spend some time building that look up table. We have agreed how we will capture the locations and map to both the old and new Health Board boundaries, to allow users to decide which geography they want to use in their reporting. Given our current priorities, we'll continue with this work after CSIMS has been implemented. Request revised implementation date of 31 December 2021. (15.09.21 ACGC Committee). December/January update - No further update provided. Awaiting action at a national level.	Request change of date ACGC 15.9.21
405	Oct-20	Management of Alerts Follow up Audit	Reasonable assurance	Refer to recommendation 361 on closed actions. Updated recommendation. The Policy and Procedure should be updated to reflect the changes that have been made to the process. The revised policy and procedure should be combined to include all other types of alerts and Welsh Health Circulars.	MEDIUM	The Alerts and WHCs will be combined into a single policy and procedure. This has been delayed due to the current Covid-19 response. The action will be addressed when practically possible.	Executive Director of Quality, Nursing and Allied Health Professionals	01-Apr-20	Aug-21			August 2021 update: Awaiting discussions with the Board Secretary on combining the processes into a single policy. It is stressed that this action will not change the way that either Alerts or WHCs are processed within the organisation but will simply articulate it in one single document. The risk presented to the organisation therefore is low and the work has not been a high priority. It is intended that this should be completed by the end of the calendar year. Request change of date to 31 December 2021 (ACGC.15.09.21) December/January update: This action is currently on hold and will be progressed for completion by deadline Aug 21.	Request change of date ACGC 15.9.21
419	Jun-21	IT Business Continuity	Reasonable assurance	Notes reminding departments to liaise with stakeholder groups should be added to the organisations BC planning templates.	LOW	Management note the finding. The Business continuity team will update the templates.	Deputy Chief Executive and Executive Director of Finance	31-Jul-21				August 2021 update: Revised template for business continuity plans has been agreed by Emergency Planning and Business Continuity Group. Template will be issued and completed by end of October 2021, working with lead for Emergency Planning/ Business Continuity. Request revised implementation date of 31 October 2021 (ACGC.15.09.21)	Request change of date ACGC 15.9.21
420	Jun-21	IT Business Continuity	Reasonable assurance	As business returns to normality the Trusts departments should review their continuity documentation, taking the opportunity to include learning lessons on continuity and recovery identified during the Covid response.	LOW	Management note the finding and will update the documentation with lessons learned as part of the pandemic.	Deputy Chief Executive and Executive Director of Finance	31-Aug-21				August 2021 update: Lesson learned from Covid-19 response continue to be captured and these will also be fed into organisational lessons learned exercise. Findings will be incorporated into business continuity plans as these are revised. Request revised implementation date of 31 March 2022 (ACGC.15.09.21)	Request change of date ACGC 15.9.21
401	Oct-20	Management of Alerts Follow up Audit	Reasonable assurance	Refer to recommendation 357 in Closed actions for original recommendation. The medical device register should be completed and presented to the appropriate committee for approval as soon as practically possible. Management should decide which business area will maintain the register to ensure that it is kept up to date.	MEDIUM	The medical device register should be completed and presented to the appropriate committee for approval as soon as practically possible. Management should decide which business area will maintain the register to ensure that it is kept up to date.	Executive Director of Quality, Nursing and Allied Health Professionals	01-Apr-21	June 2021 (ACGC.0505 21)			August 2021 update: A corporate Medical Devices Register has been developed and is currently being populated. The Executive Director of Public Health Services / Medical Director will retain responsibility for the management and governance of medical devices and the Executive Director of Quality, Nursing and Allied Health Professionals will take responsibility for assessing compliance with policies and procedures. Public Health Wales is establishing medical devices management arrangements in line with the MHRA guidance. Request revised implementation date of March 2022.(15.09.21 ACGC Committee). Previous Updates: April 2021 update: Work is being progressed to scope what medical devices are held in non-clinical areas of the organisation. A medical devices register is under development. This will be reported to the Quality, Safety and Improvement Committee at their meeting in June. Request change of date to June 2021. December/January update: Mapping of medical devices in non-clinical areas should be completed by March 2021. The completion and review of the medical devices register will be dependent on resources being available to assist within Public Health Services.	Request change of date ACGC.15.9.21
334	May-19	Core Financial Systems Final Report 2018/19	Reasonable assurance	Gratuity Payments Management should review the process in place for the requesting and approving of any payments for retirement gratuities and ensure that any related policies/procedures are updated as soon as practicable. Management should also consider the reporting arrangements for such payments.	MEDIUM	We are reviewing the process for the requesting and approving of payments for retirement gratuities and will consider a range of options, which will include ceasing and/or replacing. The review will consider and recommend on the future reporting arrangements for such payments if continued.	Director of People and Organisational Development.	Jun-19	Oct-19 (ACGC 25.9.19) February 2020 (ACGC 15.01.20) Dec-20 (ACGC 16.10.20) March 2021 (ACGC19.01.21)	Previous Updates: Retirement Gratuity Scheme is now being incorporated into a Long Service Scheme which covers both retirement and long service. This has been reviewed by SLT who made a few recommendations. It will then be taken back to SLT on 29/1/20 for sign off. August 2019 Update: A report has been produced on the background to the Retirement Gratuity Scheme together with options as to the future direction of the scheme. This will now be taken forward and discussed at Business Executive Team.	Previous Updates: August 2019 Update: Report and recommendations considered by P&OD SMT	August 2021 update: Having considered the response of the trade unions, a further review of the retirement gratuity policy is part of the employment policy review schedule for 2021/22. The policy review programme was suspended due to Covid-19, but it has recently recommenced. The retirement gratuity policy will be considered at a policy development workshop due to take place before January 2022. Any recommendations will then go through the policy approval process of LCP, BET and Board. Request Change of date to January 2021 (15.09.21 ACGC) Previous Updates: December/January update The trade unions have submitted extensive comments and concerns. These are now being considered by People and OD and an update will be taken to Execs in January 2021. Request change of date to March 21 (ACGC 190121) September 2020 update: The Long Service Scheme was due to go through the approval process in March 2020, however, our TU colleagues requested more time to provide additional comments. Due to resources being diverted to COVID-19, we recently revisited with the Trade Unions and they have been asked to provide any comments by 20th October 2020. Request revised target dates of December 2020. (ACGC 15 October 2020). March 2020 update: Policy developed, considered by SLT and will be considered by BET as soon as possible given current context of Covid-19, there could be some delay. December 2019 Update: Retirement Gratuity Scheme is now being incorporated into a Long Service Scheme which will be taken to SLT on 29/1/20 for sign off. Request revised implementation date of February 2020 (ACGC Dec 19)	Request change of date ACGC 15.09.21
395	Jun-20	Risk Management	Reasonable assurance	There should be an appropriate reporting structure put in place within the Health and Wellbeing Directorate in order to have a standardised approach to managing risks throughout the Divisions through to the Directorate level which would enable staff to discuss relevant risks across the Directorate, increase their risk appetite and escalate and cascade risk management information to various staff levels across the organisation. Management need to ensure that risk registers are being developed at a divisional level. Management need to ensure that within the Health and Wellbeing Divisions that risk owners / handlers are identified to manage the identified risks Following the initial meeting with the Chief Risk Officer, the Health and Wellbeing Directorate need to work together to produce risk registers at a Directorate, Divisional and Programme level. The risk registers need to be monitored on a regular basis to ensure all risks have been identified and the risks are being managed.	HIGH	All members of the SMT recognise the requirement for consistency and so as part of the review of the Directorate risks the need for clear reporting structures was addressed. At present, due to the current emergency, whilst risks are not always documented as they should be through the use of Datix, risks are escalated through management lines and are discussed at management meetings. As an inevitable consequence of the organisations role in the Covid19 emergency the majority of the staff and management from the Health and Wellbeing Directorate have been mobilised to support the response. This means that the development work that was ongoing to improve the identification and management of risk across the Directorate has been temporarily halted. Management are firmly committed to resuming these activities when time and resource permit and the intention is to complete the root and branch review that was started late in 2019. Realistically the intention is that this will be completed by the end of March 2021.	Executive Director of Quality, Nursing and Allied Health Professionals / Transition Director Health and Wellbeing	March 2021 (on hold)				August 2021 update: This work has not been started as there is currently no capacity to progress this work. Within the Health and Wellbeing Directorate the majority of staff have been mobilised onto the COVID 19 response, they will therefore need to identify at which point this work can progressed.	
391	Jun-20	Long-Term Strategy -	Reasonable assurance	The Trust should ensure that the measures identified in the Outcomes framework are mapped to the strategic priorities. Performance indicators / measures should be identified for all strategic priorities with baselines and targets identified for each performance indicator / measure in order to assess whether the actions result in the necessary improvements.	MEDIUM	Public Health Wales developed a draft Outcomes Framework in quarter 3 of 2019/20, which was developed collaboratively with the Board, Executive Team, the leads for strategic priorities and the Senior Leadership Team. While the draft Outcomes Framework is presented through a life course approach, it can also be mapped to the strategic priorities. Key outcomes for each priority were included within our Integrated Medium Term Plan for 2020/21. As part of this work, we also started to develop a small number of key performance indicators for each of our priorities, which will be underpinned by more detailed service focused performance indicators. This work was well advanced by the time that Public Health Wales initiated its emergency planning procedures to address the Covid-19 pandemic. Ensuring that the Trust has an outcome-driven approach to implementing its strategies is a key principle and work will be rescheduled as part of the organisation's recovery programme which was agreed on 28 May 2020.	Deputy Chief Executive and Executive Director of Finance	Timescale 2021		September 2020 Update: Draft Outcomes framework developed with strategic priority groups and shared and discussed with Executive Team and Board in early 2021.	September 2020 Update: No issues reported during this period	August 2021 update: The Board agreed an approach to reviewing our long-term strategy and developing an outcomes framework in April 2021. The work will be completed by March 2022 and aims to align outcomes to our 'revised' strategic priorities and development of our IMTP for 2022/23. An initial workshop was held with the Board in June 2021 and the detailed planning work will commence in September 2021. Request change of date to March 2022 (ACGC.15.09.21) December/January update To ensure that we are delivering against agreed public health outcomes, we started work in late 2019 on developing a proposed set of outcome measures for Public Health Wales. This work was put on hold due to our response to COVID-19. However, our Operational Plan sets out the intention to resume this work as part of our organisational recovery priority area. It includes key milestones over the development of a revised draft (March 21) and approval of the final Outcomes Framework (June 21). This work will align with the review of our long-term strategy that we will undertake in the first part of 2021. September 2020 update: The Operating Plan currently under development has a 'recovery' component. This includes the need to reconnect with the outcomes framework from 2019 and completed it within 2020-21.	Request change of date ACGC 15.9.21
412	Mar-21	Data quality and integrity within performance reports	Substantial assurance	The risk ratings on the risk assessment documents should accurately reflect the up to date risk ratings on the Performance and Assurance Dashboard.	LOW	As part of the audit, discussions were held over the reason for this issue, which are reflected within this report. However, it is proposed that a twice yearly review of risk ratings is undertaken to ensure there are no changes etc. It is proposed the first of these is completed by end September 2021 and then six month thereafter.	Deputy Chief Executive and Executive Director of Finance	30-Sep-21				August 2021 update: - data assessment pro forma developed to undertake review. review commenced in August 2021 and it is anticipated that this will be completed by deadline (Sep 21) April 2021 update - first six monthly review to be held during August 2021.	