

| CORPORATE RISK REGISTER - 07.11.2024 | | | | RISK ARTICULATION | | | INHERENT SCORING | | | CONTROLS | | | RESIDUAL (CURRENT) SCORING | | | DECISION | OVERALL RISK PROGRESS | ACTION PLAN | | | TARGET SCORING | | | | | |
|--------------------------------------|--------------------------------------|---------------------|---|--|---|--|---|-----------------|-------------|----------|--|------------|----------------------------|--------|-------|--|--------------------------|--------------------------|---|-----------------------------|----------------|-------------|--------|-------------------|------------|---|
| Quota ID | Risk Theme | Identification Date | Executive Sponsor | Directorate | Risk Description | Cause | Effect | Likelihood | Consequence | Rating | Key Controls | Likelihood | Consequence | Rating | | | Action Summary | Action Due date | Action Done date | | Likelihood | Consequence | Rating | | | |
| 1533 | Adverse Publicity | 14/06/2023 | Director of Policy & International Health | Executive Director | There is a risk of reputational damage and failure to effectively implement the HIA statutory regulations that form part of the Public Health (Wales) Act which requires the Public Health Wales to give assistance to other public bodies carrying out health impact assessments. See Part 6 here: https://www.legislation.gov.uk/uk/2017/29/part/6/enacted | This will be caused by a lack of capacity in the WHASU team and limited knowledge, skills and capacity across PHW, outside of the WHASU, to meet the anticipated high volume of requests for assistance, guidance and training from Welsh Government, internally in PHW and externally from public bodies. The WHASU team consists of 3 WTE and a Consultant providing strategic leadership. | The effect will be that PHW will not be able to fulfil its statutory duties either as a public body carrying out HIA or as a body which is required to provide assistance to other public bodies, as well as ineffective implementation of the regulations leading to missed opportunities to reduce inequalities and improve and protect public health in Wales. | 4 Highly Likely | 4 Major | HS | Temporary changes have been put in place to bolster the WHASU team as it delivers its HIA responsibilities as well as its other statutory duties. This includes extending a Band 6 maternity cover until April 2024 at 0.6 WTE and a night experienced Band 7 remaining as part of a redeployment in October. Other preparations include expanding training, providing quarterly Network of Practice meetings and newsletters, mapping the stakeholder landscape and writing guidance and FAQs for example. | 3 Likely | 3 Moderate | 9 | Treat | 06.10.2024 - Reputational risk remains, due to by Welsh Government. This will result in the prepared guidance and training which has been developed will need to be redveloped in line with new implementation dates. This will allow additional time for preparation and a program of awareness raising will be undertaken by the WHASU team in order to further mitigate the risk in line with the new timelines, allowing the risk score to be reduced. | 06/05/2024 30/09/2024 | 16/05/2024 16/07/2024 | 13.06.24 - Recruitment is underway with all posts due to be filled by the end of Sep 24 15.07.24 - Successfully appointed to all posts, start dates commencing between end of Jul and end of Sep | 2 Unlikely | 2 Minor | 4 | | | | |
| 1541 | Patients and Clients (Clinical Risk) | 06/07/2023 | | People and Organisational Development | There is a risk of harm to service users and employees within PHW, specifically in relation to vulnerable groups such as children and adults, due to the absence of regular disclosure and barring service checks. | Whilst this is not a legal requirement, best practice indicates that Disclosure and Barring Service renewal checks are carried out on employees, further to the initial check that is undertaken at recruitment | Potential misuse of position of trust, resulting in abuse of service users and potentially employees. Detrimental and adverse impact on levels of public confidence and credibility. Financial implications relating to claims made against the organisation. | | | | Appointment of DBS Compliance Officer to undertake organisational position number cleansing. Policies and Procedures in place for recruitment and safeguarding. Recruitment process includes the correct level of DBS check for the position number. DBS guidance available for managers and online tool to ensure correct level of DBS check completed on successful appointment of new starters. Quarterly reporting of DBS compliance checks for new starters discussed at PHW safeguarding group for assurance. Named Lead for Safeguarding in post for managers to access for safeguarding enquiries associated with safe recruitment. ESR Mandatory safeguarding training for adults and children and appropriate level of training assigned to position numbers and reported monthly to managers. DBS audit completed and actions in place to improve the management of risk for established staff. Safeguarding incidents reviewed by PFR team and named lead for safeguarding and escalated as required. All safeguarding incidents and concerns reported and reviewed at the quarterly safeguarding group and themes identified. Availability of DBS workshops advertised on PHW's intranet. | | | | | 06.11.2024 - Risk and actions were reviewed at SMT on 05 November 2024. We are on target to complete the actions by the due date | 06/03/2025 | 15/04/2024 | Audit completed, results being analysed and audit report written. Action plan has been completed. This is a significant piece of work that will require resource to complete. Progress with action plan to be reported quarterly into Safeguarding Group. | | | | | | | |
| | | | | | | | | 3 Likely | 5 Critical | HS | DBS guidance available for managers and online tool to ensure correct level of DBS check completed on successful appointment of new starters. Quarterly reporting of DBS compliance checks for new starters discussed at PHW safeguarding group for assurance. Named Lead for Safeguarding in post for managers to access for safeguarding enquiries associated with safe recruitment. ESR Mandatory safeguarding training for adults and children and appropriate level of training assigned to position numbers and reported monthly to managers. DBS audit completed and actions in place to improve the management of risk for established staff. Safeguarding incidents reviewed by PFR team and named lead for safeguarding and escalated as required. All safeguarding incidents and concerns reported and reviewed at the quarterly safeguarding group and themes identified. Availability of DBS workshops advertised on PHW's intranet. | 2 Unlikely | 5 Critical | 10 | Treat | | 31/12/2024 | | | Subscription to DBS Service | 31/12/2024 | | | 1 Highly Unlikely | 5 Critical | 5 |
| 1593 | Statutory Duty | 04/10/2021 | Executive Director of Quality, Nursing and AHPs | Nursing, Quality and Integrated Governance | There is a risk that we are unable to demonstrate that the quality standards and the Duty of Quality are embedded in all aspects of PHW business. | This will be caused by organisational capacity and capability to operationalise and embed due to competing priorities. | The impact will be non-compliance with the legislative requirements, and a lack of progress in strengthening quality improvement and governance in the delivery of safe services, programmes and functions. | | | | 1. Established Innovation and Improvement Hub creating a culture of improving and innovating for quality within the organisation and transferred to QNAPP in April 2024. 2. Annual refresh of the IIR for 24/25 due to staffing changes 3. Quality as an Organisational Strategy methodology being used in some parts of PHW 4. Implementation plan for PHW strategic priorities with identified leads for each theme and completed against road maps 5. Developed coaching support to be provided by IIR Hub for improvement projects 6. National guidance and support materials and designated champion role available for PHW staff. 7. Annual Quality Report published for 23/24, detailing quality work against 12 standards and available to the public. 11. Quality oversight group formal meetings commenced with reporting to QOC and BMD 12. Quality standards, with key lines of enquiry self assessment in progress with a full schedule of self assessment planned for all 6 standards 13. Leadership forum and spotlight on sessions delivered in July for the duty and a QMS approach 14. Strategic priority 5 - excellent public services now linked into the STEEP format and roadmap being formalised 15. Quality Governance report submitted to QOC quarterly framed around STEEP domains 16. Active participation in the NHS Executive Quality Standards Meetings. | | | | | 06.11.2024 - Risk has been considered at the last Quality Oversight Group. Actions are progressing. | 01/04/2024 | | Update 28/03/24: The Board Assurance Framework has been approved and is live on the website. The Committee Chairs met in January to discuss the approach to progress a number of workstreams and improvement work through this group. The deep dive guidance has been considered following the outcome of the QOC pilot work and a review of the learning from this was considered by the Committee Chairs in February. Phase 2 developments for performance reporting continue to be progressed through ongoing engagement with identified areas across the organisation. This includes the review/refresh of performance indicators, including alignment with STEEP quality standards, where possible. Consultant being procured to support development work to the Performance & Assurance Dashboard up to end of March 2023 Update 21/02/24: The Board Assurance Framework has been approved and is live on the website. The Committee Chairs met in January to discuss the approach to progress a number of workstreams and improvement work through this group. The deep dive guidance will be considered following the outcome of the QOC pilot work and a review of the learning from this which will be considered by the Committee Chairs in February. Phase 2 developments for performance reporting continue to be progressed through ongoing engagement with identified areas across the organisation. This includes the review/refresh of performance indicators, including alignment with STEEP quality standards, where possible. Consultant being procured to support development work to the Performance & Assurance Dashboard up to end of March 2023 Update 27/01/24: Self assessment & data capture completed with meetings scheduled with directors in April. Timetable arranged for submission to QOC and Board 26.7.24 Update: Report published Update 21/02/24: Draft process for data capture and collation tool created. Initial discussions with the BBU to agree timelines for QOC report. Preliminary conversations commenced with service areas to gather data and will be discussed at the quality oversight group in February. Update 27/03/24: As below Update 21/02/24: Activity is underway to progress the action as part of existing work and timelines. Update 27/03/24: As below Update 21/02/24: Activity is underway to progress this action as part of existing work and timelines. Update 5.11.24 Quality Standards in co production to develop KLD and a process for self assessment in place. Timely standard presented at QOC in October Update 7.24 Proposed QOCQ formed and first meeting held and TOR agreed - inaugural meeting scheduled for 9.24 Update 27/03/24: Quality Oversight group steering group monthly meetings scheduled to operationalise the clinical governance framework across clinical services and the implementation of the quality standards. Key lines of enquiry developed as a self-assessment tool. TOR due to be approved in April and Quality Impact Assessment (QIA) been drafted and a process. Update 21/02/24: A Quality Oversight group steering group has been formed with monthly meetings scheduled to operationalise the clinical governance framework across clinical services and the implementation of the quality standards. Key lines of enquiry developed to be used as part of a self-assessment /peer review to support quality standards compliance. | | | | | | | |

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| 1614 | Statutory Duty | 17/01/2024 | Board Secretary | Board Business Unit | There is a risk that PHW Board and Committees cannot take sufficient assurance that the NHS Wales Executive is carrying out its functions in accordance with the governance framework of PHW. The current hosting agreement provides for an annual accountability report and for RD / AD meetings which may not provide sufficient assurance across the year. | The cause is that PHW's Assurance Framework is currently in draft form, not yet approved and implemented. The new assurance framework from April will plug the risk. | Sanctions imposed in accordance with Legislative/Regulatory Compliance. Reputational damage. Financial implications and data security vulnerabilities | | | | Ad hoc meetings to discuss and manage risks/issues. Hosting Agreement meetings (six monthly) | | | 01.11.2024 - This risk has been reviewed and no changes required. The risk is being managed and the scores remain the same at this time. | Development of an assurance schedule for NHSE | 28/06/2024 | It was agreed as part of the Addendum to Hosting Agreement that an Assurance Schedule would be agreed and put in place by the end of May 2024. An advanced draft Schedule and template reports have been prepared. These have been considered by BET /ASCC to get to see the Assurance Schedule / templates but was provided with a verbal update in May 2024. Work continues to agree the Schedule with the next meeting with NHSE Exec on 23rd May 2024. Whilst it is unlikely the Schedule will be agreed by the end of May, the Hosting Agreement does however provide that the Responsible Officer for the NHSE Exec will provide assurance reporting as requested. We will therefore request reports in accordance with the current version of the Schedule whilst we fine tune and finally agree a working version. 5/9/24 - The assurance schedule is in place for this year and reports are being submitted by NHSE to the Committees in line with this schedule. The schedule will formally be agreed in March 2025 when the hosting agreement is revised, and this will be incorporated into the formal agreement. Unless then, the schedule is in operation and providing the requires assurance to the Committees. | 2 Unlikely | 3 Moderate | 6 | |
| 1648 | Statutory Duty | 24/06/2024 | Director of Knowledge | Research, Data and Digital Directorate | There is a risk that Public Health Wales will lose access to Primary Care data. | This is due to Audit+ (the current tool) used to gather primary care data is being shut down in December 2024 and there will be no further updating of Audit+ from July 2024. | The loss of Audit+ without a replacement equivalent service would lead to PHW being unable to meet its statutory responsibilities. | | | | Impact assessment completed and shared with DHCW and colleagues in wider NHS. Impact assessment received from DHCW regarding system wide assessment including SAs. Team members across PHW are sharing updates and coordinating efforts to replace functionality. DDDA providing oversight with DDDA members being the mechanism for escalation and cascade of issues. DHCW have acknowledged that PHW are service user of primary care data. DHCW proposed a 3 lot solution for replacing Audit+ and have documented the majority of PHW needs. WG and NHSE/Exec are actively involving PHW in considerations and management of the replacement. DHCW will hold a supplier meeting with its potential suppliers on 6 September, and will provide a Delivery Confidence Assessment the week after. Audit+ contract extended to 31/03/2025 - that DCA remains not PHW Business Continuity Impact Assessment and Business Continuity Plans will be updated. | | | 04.11.2024 - Update provided by Fiss Benne to DDDA. Fiss confirmed that all Directorate Business Continuity plans are to be updated to reflect the loss of Audit+. Actions for all directorates to update notes on date. | Establish NHSE & EHSIS Joint Working Mechanisms with Outputs | 22/09/2024 | 05/09/2024 | Following meeting 12/08 - NDR unlikely to be able to meet needs before December. Investigating alternatives with Andy Nelson (Data Director - CTM). Date moved on action. Following meeting with DHCW on 4 September. It was agreed that the majority of GP time would need to be spent on replacement for audit+ - 36 suppliers are meeting on 6 September to offer full or partial solutions, and after the proposals there should be sufficient evidence to offer a delivery confidence assessment. | | | |
| | | | | | | | | | | | | | | Establish DDDA Membership as the mechanism for escalation and cascade | 31/08/2024 | 23/08/2024 | 05/08 - DDDA informed of requirement and audit+ risk will be reviewed at every DDDA meeting to ensure all are aware. | | | | |
| | | | | | | | | | | | | | | Establish connection with GP Lead/Digital Director. | 22/08/2024 | 22/08/2024 | Fiss has reached out to Andrew to look for dates. Completed | | | | |
| | | | | | | | | | | | | | | Complete GPC Data Request | 31/08/2024 | 23/08/2024 | FB Written to ZW to find an appropriate date 23/08 - FB written to ZW and GPC only share data via Audit+ or Primary Care interface and have stopped this sharing method until a replacement method is found for audit plus. This action cannot be progressed. | | | | |
| | | | | | | | | | | | | | | Directorate Business Plans to be updated and ready to be implemented | 30/11/2024 | | | | | | |
| | | | | | | | | | | | | | | Update Business Continuity Plans | 30/11/2024 | | | | | | |
| 1531 | Strategic Risk | 01/06/2023 | Director of Knowledge | Research, Data and Digital Directorate | There is a risk that we will fail to enable data to inform and direct public health action and interventions. | This will be caused by data being held in silos, difficulty accessing the data and inability to access to provide the impact on public health | This will result in worse public health outcomes in Wales and increased information governance risk within Public Health Wales. | | | | Approval and implementation of research in evaluation and digital & data strategies for Public Health Wales. Developing our data storage, access and linking as part of the Local Data Resource and contributing/interacting with DHCW for other data needs in health care. Recruitment into new investment posts progressing quickly to bring in additional skills. Ensure we maximise exploitation of our data and information. Sources of assurance are KRIC on behalf of Board, Internal Audit, Management Control. Digital and Data Design Authority will review the risk and mitigations on a quarterly basis to ensure appropriate governance of controls are maintained. Development of job Families for Data Analysis and Evaluation roles to enable recruitment and retention of key skills to PHW. Workforce planning. Digital and Data portfolio agreed and progress monitored at DDDA with quarterly assurance of Delivery Confidence Assessment provided to BET. | | | 04.11.2024 - Risk updated shared at DDDA. There was concern that a number of Digital and Data requirements are being requested that are not within the current routemap. These requirement requests require resource which are not available or require re-prioritisation from other programmes. This will impact how we exploit and use our DMS capabilities. DDDA Chair - requested for a DDDA/IMTP workshop to be set up in Jan 2025 when the IMTP milestones are being developed to understand the dependencies/overview of the request/sequencing and prioritisation of work that aligns to the routemap. New action created. | Establishment and embedding of the Digital Pipeline | 31/03/2026 | 19/05/2024 - A Digital and Data routemap has been agreed and the priority projects are in the process of being implemented. There are new key milestones added to the Action Plan that are aligned to the Digital and Data Routemap. | | | | |
| | | | | | | | | | | | | | | Job Families | 31/03/2026 | | IN and Aicha Davies working with P&OD to create families. Will form part of workforce planning. 19/06/2024 Action reviewed and updated with key milestones identified | | | | |
| | | | | | | | | | | | | | | Recruitment of Key Skills | 31/03/2026 | | Recruitment roles in recruitment process and development of job families to promote career pathways in process. 19/06/2024 - Action noted with additional milestones added. 05/09/2024 - Workforce planning will commence in October 2024 following training from Workforce Planning Leads in Sept 2024. Specialist roles will be included in this plan. | | | | |
| | | | | | | | | | | | | | | Align IMTP Milestones to Digital & Data Routemap | 31/01/2025 | | | | | | |