		Name of Meeting Board **Date of Meeting** 25 January 2024 **Agenda item:** *6.1*
	GIG CYMRU NHS WALES	Iechyd Cyhoeddus Cymru Public Health Wales	

Risk assurance deep dive

Executive lead:	Claire Birchall, Interim Executive Director of Quality, Nursing and Allied Health Professionals
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Approval/Scrutiny route:	Claire Birchall, Interim Executive Director of Quality, Nursing and Allied Health Professionals Business Executive Team 17 January 2024

Purpose
To provide assurance to the Board on the management of risk in Public Health Wales. To provide an update on the Strategic and Corporate Risk Registers.

Recommendation:

APPROVE ☒	CONSIDER ☒	RECOMMEND ☐	ADOPT ☐	ASSURANCE ☒

The Board is asked to:

- **Consider** the Strategic Risks and take assurance on the management of Strategic Risk within the organisation.
- Receive **assurance** on the updated Strategic Risk Register
- **Consider and approve** the change to assuring Board Committee for Strategic Risk 1 and 2.
- Receive **assurance** on the progress being made against the Risk Management Delivery Plan
- **Approve** the changes to the mechanism and frequency of reporting of the Corporate Risk Register to the Committees of the Board, and the Board.
- Receive **assurance** on the updated Corporate Risk Register

Link to Public Health Wales Strategic Plan

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives

Summary impact analysis	
Equality and Health Impact Assessment	No decision is required.
Risk and Assurance	This submission is the Strategic and Corporate Risk Register.
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Governance, Leadership and Accountability
Financial implications	The financial implications of failing to manage risk effectively are significant, both in terms of the potential for loss and also the failure to capitalise on opportunities.
People implications	There is a both a Corporate and Strategic Risk relating to the workforce.

1. Purpose / situation

This paper provides the Board with assurance on how risk is managed in Public Health Wales.

The Strategic Risk Register (SRR) is the vehicle through which the Board takes assurance that it has a clear understanding of the strategic risk facing the organisation in the delivery of its strategic objectives, together with an understanding of the likelihood and the impacts if the risks are realised. In addition, it provides assurance that any necessary actions required to mitigate those risks have been identified and are being suitably managed. A Delivery Confidence Assessment is allocated to each risk, along with an overview assessment from the risk owner which provides a progress narrative updates at every review .

The Strategic Risk Register details the seven current Strategic Risks that were approved by the Board in March 2023. These are the highest-level risks that could prevent the organisation from delivering on its strategic priorities The Board last received the Strategic Risk Register for assurance in November 2023.

This paper presents:

- An executive overview of each Strategic Risk by the Risk Owner.
- An update to reporting schedule to Board and Committees, including changes to assuring Committees.
- A fully refreshed Strategic Risk Register for the Board for assurance.
- An overview of the refreshed Corporate Risk Register.

2. Delivery Confidence Assessment

All strategic risks carry a delivery confidence assessment assigned by the Executive Sponsor. This was previously assessed in a subjective way, allocating a RAG status. After feedback from Board members, this has now been incorporated into a broader Risk Owner's Delivery Confidence assessment, which is a more detailed narrative assessment update.

3. Risk Appetite, Descriptors and links to Strategic Priorities

The Strategic Themes have been assessed with a risk appetite being approved for each. All strategic and corporate risks have been assessed against the risk appetite. The table below demonstrates the risk appetite by strategic theme.

	Strategic Theme	Appetite Descriptor
1	Influencing the wider determinants of health	Keen
2	Promoting Mental and Social Wellbeing	Willing
3	Promoting Healthy Behaviours	Willing

4	Supporting the development of a sustainable health and care system focused on prevention and early intervention	Willing
5	Delivering excellent public health services to protect the public and maximise population health outcomes	Accepting
6	Tackling the public health effects of climate change	Keen

The Board will want to revisit this at the next Risk Framework review, in light of the current draft IMTP, to ensure actions within the IMTP match to ambition of the Long-Term Strategy, and the risk appetite for each priority. The Strategic Risk Owners have indicated that a review of the SRR in light of the IMTP may lead to a revised Risk Descriptor, and a review of the Strategic risks in line with the priorities in the Long Term Strategy.

4.   Risk Tolerance Decision

For each Strategic Risk a decision has been taken for how the organisation will respond to the risk. The four tolerance categories of risk management are shown below. This update does not recommend any changes to tolerance of our existing Strategic Risks at this review.

Risk Tolerance Decision	Descriptor
Terminate	Risk is unacceptable and decision taken to not proceed with whatever it is that may lead to the risk.
Treat	Risk is greater than wanted, and actions can be taken to reduce it. A decision to treat a risk, must always be accompanied by an action plan.
Tolerate	Risk has been managed down to an acceptable level and can be accepted with whatever controls are in place. This may be because it is either impractical or too expensive to do anything further about it. Would be accompanied by a contingency plan.
Transfer	The most common form of risk transfer is insurance. For example, a fire risk may be managed down as far as possible and then the financial risk is transferred out to an insurance company. It is important to remember however that reputational risks can never be transferred; they will always remain with the organisation. It is unlikely that the organisation will have risks which can be transferred.

5.   Strategic Risks

Six of the seven strategic risks are listed below, with an executive overview of each risk. A full assessment is provided in the attached Strategic Risk Register. Risk seven is discussed in the private session of the Public Board due to the information security nature of the risk and the mitigation. The full register can be viewed at appendix 1.

There have been a number of revisions to the template illustrating the architecture for each risk. This has been in response to feedback from Board members, Risk owners, and the Leadership Team. These include:

New/Amended section	Information provided
Risk Owner's Delivery Confidence assessment	Revised from previous template. This section brings together the Risk Owner's overview assessment status from the Strategic Risk Register, the Delivery Confidence Assessment and the Executive overview.
Expected timescale for movement in risk score (likelihood and/or impact)	New section added to provide clarification on when risk scores are likely to change. Narrative will explain whether the risk will see short-term or long-term change and the interdependencies for this change.
Key changes from last report	Revised from previous template to give a summary of changes from last report including changes to sources of assurance, controls, actions and current risk scores.
Link to Strategic Priorities and relevant strategic programme	New section added to show clear link to Strategic Priorities or strategic programmes.
Corporate Risks relating to this Strategic Risk	New section added to indicate relationship with Corporate Risks to allow more visibility for risk assurance. Not all Strategic Risks will have a direct relationship with a Corporate Risk and some Corporate Risks may relate to more than one Strategic Risk.

Risk 1	There is a risk of worsening health in the population of Wales, particularly among vulnerable populations. *Caused by* the cumulative effects of current socio-economic, environmental and wider public health challenges and failure to influence the embedding of health in all policies. *Resulting in* a widening gap in healthy life expectancy
Risk Owner's Delivery Confidence assessment	Prior to the pandemic the gap in healthy life expectancy between the most and least deprived populations of Wales was widening. The consequences of the pandemic in terms of access to preventative and healthcare services and the impact on mental and emotional well-being is likely to have exacerbated this. Together with the health impacts of the ongoing Cost of Living Crisis there is a high risk that the health of the population will worsen, particularly for vulnerable populations. This is likely to increase the gap in healthy life expectancy among our vulnerable, more deprived populations compared to more affluent populations in Wales. This will need long and short term actions, as well as cross-organisational and cross system actions to achieve change. A substantial number of programmes are underway on this programme of work, but an overarching assessment of where we are on healthy life expectancy is needed. A key starting point will be a clear, shared and owned assessment of what the organisation's role in reducing health inequalities is, and how we work with other systems. The current IMTP refresh is an opportunity to conduct that assessment in part.

Exec Sponsor	Jim McManus, National Directorate of Health and Well-Being	**Exec Contributors**	Sumina Azam, Director of Policy and International Health / WHOCC Meng Khaw, National Director Health Protection and Screening Services Huw George, Deputy Chief Executive and Exec Director of Operations and Finance

Assurance Group	Knowledge Research and Information Committee (remitted from QSIC Dec 2023)				
Risk Score	Likelihood	Impact	Total risk score	**Expected timescale for movement in risk score (likelihood and/or impact)**	Because of the time taken to shift healthy life expectancy, the timescale is the same as the long term strategy timescale – 10 yrs with dependencies on government action
Inherent	5	5	25		
Current	4	5	20		
Target	3	5	9	**Risk Decision**	Treat

Key changes from last report	1. The Health Foundation has provided funding for the Shaping Places approach which will enable Public Service Boards to address health inequalities through addressing the wider determinants of health 2. Work is underway on a cross-organisational approach to inclusion health. 3. The Prevalence of Disease programme has resulted in the development of the Diabetes Programme which will address some of the common risk factors for a difference in life expectancy 4. Strategic Priority 4 on the development of a sustainable health and care system is being refreshed with an emphasis on prevention based health and care 5. Initial discussions have taken place on refreshing our organisational approach to health inequalities and being clear what our role is in short, medium and long-term action needed to improve healthy life expectancy
Link to Strategic Priorities and relevant strategic programmes	SP 2 Promoting mental and social well-being SP 4 Supporting the development of a sustainable health and care system focused on prevention and early intervention The Diabetes programme is also important.
Corporate Risks relating to this Strategic Risk	There is a risk that the organisation may not have the capacity or resources necessary to effectively deliver the long-term strategic plan. This risk arises from a challenging political and financial landscape, which includes staff time being redirected to contribute to the (Covid) public enquiry and an unstable industrial relations climate. Resulting in the inability to deliver the long term strategy due to absence of strategic workforce planning. There is a risk that Public Health Wales will fail to meet the requirements of The Health and Social Care (Quality and Engagement) (Wales) Act (2020).

Risk 2	There is a risk of ineffective system-wide efforts to improve health and wellbeing by organisations across public, private and third sectors, caused by misaligned system-wide efforts and leadership, and weaknesses in partnership working, resulting in worsening health outcomes and suboptimal use of limited public resources				
Risk Owner's Delivery Confidence assessment	There is a risk that the specialist public health system in Wales will fragment further following the transfer of the Local Public Health Teams to the Health Boards. Work is underway to develop a Memorandum of Understanding with Welsh Government, Public Health Wales, Health Boards and Local Authorities to agree the principles and mechanisms of effective systems and an agreed system population health work plan. There is not yet sufficient strategic agreement to align collective efforts between the third sector and Public Health Wales. Discussion has commenced with WCVA which needs to translate into a meaningful collaboration with an underpinning MOU to reflect the intention of better alignment and partnership working. This risk needs a clear cross-organisational approach as well as engagement with key system players.				
Exec Sponsor	Jim McManus, National Directorate of Health and Well-Being		**Exec Contributors**	Sumina Azam, National Director Policy and International Health Claire Birchall, Interim Exec Dir Quality, Nursing and Allied Health Professionals Huw George, Deputy Chief Executive and Executive Director of Operations and Finance John Boulton, Director for NHS Quality Improvement and Patient Safety	
Assurance Group	Knowledge Research and Information Committee (remitted from QSIC Dec 2023)				
Risk Score	Likelihood	Impact	Total risk score	**Expected timescale for movement in risk score (likelihood and/or impact)**	This risk score has not changed and will need some concerted action before it can be lowered. It is anticipated this will take at least twelve months.
Inherent	4	4	16		
Current	4	4	16		
Target	3	2	6	**Risk Decision**	Treat
Key changes from last report		1. Initial discussions on a cross-organisational group, working with system leaders, to address this risk, have taken place			

	2. Initial discussions have taken place with Directors of Public Health on a systems approach and these discussions continue 3. Work continues on establishing the cross system diabetes programme board with specific roles for Directors of Public Health 4. Health Foundation Funding has been received for the Shaping Places programme, and every Director of Public Health has signed up to work on this. Building system leadership through this will be important.
Link to Strategic Priorities and relevant strategic programmes	SP 2 Promoting mental and social well-being SO3 - Promoting healthy behaviours (systems leadership) SP 4 Supporting the development of a sustainable health and care system focused on prevention and early intervention In addition there are links to • Influencing wider determinants of health – the context of people's lives (their community, work, experiences of deprivation, the homes they live in) affects their ability to engage in health promoting behaviours. • Promoting healthy behaviours • Promoting mental and social wellbeing • Supporting a sustainable health and care system – the health and care system cannot be sustainable unless there is population-wide engagement in health. • The Diabetes programme includes engaging with key system players so we build an effective and cohesive cross organisational system
Corporate Risks relating to this Strategic Risk	There is a risk that the organisation may not have the capacity or resources necessary to effectively deliver the long-term strategic plan. This risk arises from a challenging political and financial landscape, which includes staff time being redirected to contribute to the (Covid) public enquiry and an unstable industrial relations climate. Resulting in the inability to deliver the long term strategy due to absence of strategic workforce planning. There is a risk that Public Health Wales will fail to meet the requirements of The Health and Social Care (Quality and Engagement) (Wales) Act (2020).

Risk 3	There is a risk that people in Wales are insufficiently engaged and enabled on action they can take to improve their health and wellbeing, caused by failure to provide people with sufficient information, choice and access to timely advice and services, resulting in people feeling they are limited in exercising control over their health and wellbeing and avoidable poor health outcomes				
Risk Owner's Delivery Confidence assessment	Whilst existing controls are progressing and further actions are being taken to enable PHW to better engage with our population, there has been no change in the likelihood of the risk (and therefore the risk scoring) and the DCA due to the scale of change required (which will also need to be with and through our communities and stakeholders). There is currently an opportunity to ensure that addressing this risk fully informs our IMTP planning for 2024-27, so that our organisational actions have a demonstrable impact – whether it is through informing, advocating, mobilising or delivering services. For example, evaluating 'Our Approach to Engagement' provides an opportunity to identify impact to date and identify actions that will effect change. The significant scale of the challenge and actions to address this risk will mean that we need to reflect our organisational role and unique contribution. The risk descriptor will be reviewed to focus on areas that we can influence and demonstrate impact. Alongside this, there will be a review of the target risk, to account for how much of the risk can be mitigated by PHW alone.				
Exec Sponsor	Sumina Azam, National Director Policy and International Health		**Exec Contributors**	Iain Bell, Director of Knowledge and Research Meng Khaw, National Director of Health Protection and Screening Services Claire Birchall, Interim Exec Dir Quality, Nursing and Allied Health Professionals Huw George, Deputy Chief Executive and Executive Director of Operations and Finance	
Assurance Group	Quality, Safety and Improvement Committee				
Risk Score	Likelihood	Impact	Total risk score	**Expected timescale for movement in risk score (likelihood and/or impact)**	Further work is required to refine the risk descriptor to clarify which part of the risk Public Health Wales has direct influence over and which part requires partnership working to achieve. This work is to commence shortly as part of the review of the SRR.
Inherent	4	5	20		
Current	3	4	12		
Target	2	3	6	**Risk Decision**	Treat

Key changes from last report	Actions are being progressed to mitigate this risk. Of note: Action 3.1 (a refreshed approach to service user engagement through Civica) is in development, and a survey is currently being procured. A number of actions are being considered in the IMTP 2024-27, which provide opportunity to accelerate progress. For example, *Our Approach to Engagement* was produced in 2021 to ensure that our population's views are at the centre of what we do and how we work. The implementation plan will be reviewed in 2024-25 and will include engaging with our partners and third sector. Other options being explored include embedding consistent methodologies in Civica to fully capture user experience and developing a user experience framework.
Link to Strategic Priorities and relevant strategic programmes	• Influencing wider determinants of health – the context of people's lives (their community, work, experiences of deprivation, the homes they live in) affects their ability to engage in health promoting behaviours. • Promoting healthy behaviours • Promoting mental and social wellbeing • Delivering excellent public health services – actions people can take to support their health includes taking up the offer of vaccination and screening. • Supporting a sustainable health and care system – the health and care system cannot be sustainable unless there is population-wide engagement in health. • Tackling the public health effects of climate change – actions to improve health will also benefit the climate The Diabetes programme includes engaging with our population so that they adopt behaviours to prevent diabetes or prevent its complications
Corporate Risks relating to this Strategic Risk	There is a risk that the organisation may not have the capacity or resources necessary to effectively deliver the long-term strategic plan. This risk arises from a challenging political and financial landscape, which includes staff time being redirected to contribute to the (Covid) public enquiry and an unstable industrial relations climate. Resulting in the inability to deliver the long term strategy due to absence of strategic workforce planning.

	There is a risk that Public Health Wales will fail to meet the requirements of The Health and Social Care (Quality and Engagement) (Wales) Act (2020).

Risk 4	There is a risk of weakness in our organisational health, including our culture, capacity, capabilities and governance, caused by sub-optimal leadership, management and engagement, and the impacts of the Covid-19 Public Inquiry, resulting in low staff wellbeing and morale, failure to recruit and retain our staff and ineffective performance across one or more of our strategic priorities.
Risk Owner's Delivery Confidence assessment	The organisation is implementing QOS incorporating governance system mapping and controls and has actions in place to mitigate the risk and close the gaps in assurance. POD have clear actions in the IMTP which relate directly to this risk, i.e., Work to understand current v desired culture, NHS Wales staff survey results, launching and embedding our 'Being Our Best' framework, a road map to deliver the people promise and the creation of a Leadership Forum (January 2024) . Workforce planning is also part of the IMTP deliverables and a critical component in addressing this risk, a dedicated Workforce Planning manager will commence on 22 January 2024 and will be pivotal in working across the organisation. Collaborative working between Planning, POD and Communication functions will contribute to improved methods to launch, land and embed related products/messaging. A (pilot) Leadership and Management Development Academy has also been launched, which together with the actions outlined in this plan, will support improved leadership, Management and engagement. Our Board and Committees are constituted in accordance with our Standing Orders and Scheme of Delegations and People and OD Committee are utilising data and insights to 'deep dive' into specific areas as well as focussing on items of strategic importance. The functions of the Board are delivered in line with the Board Etiquette Protocol with external assurance from Audit Wales on performance. There is a robust and dynamic wellbeing provision in place designed to respond to the needs of all staff including those impacted by the Covid-19 Public Inquiry.

Exec Sponsor	Neil Lewis, Director of People and OD			Exec Contributors	Claire Birchall, Interim Exec Dir Quality, Nursing and Allied Health Professionals Huw George, Deputy Chief Executive and Exec Dir of Ops & Finance John Boulton, Director for NHS Quality Improvement and Patient Safety Paul Vasey, Board Secretary and Head of Board Business Unit
Assurance Group	People and Organisational Development Committee				

Risk Score	Likelihood	Impact	Total risk score	Expected timescale for movement in risk score (likelihood and/or impact)	Our work in relation to culture, ways of working and leadership will take time to embed, the specific element of the Covid-19 Public Inquiry element will be removed from the risk descriptor shortly, however, we are not expecting any significant movement in this risk score in the short term.
Inherent	5	5	25		
Current	4	4	16		
Target	3	2	6	Risk Decision	Treat

Key changes from last report	No change to the risk score, confirmation the Workforce Planning Manager will commence in post 22 January 2024, the establishment of the Leadership Forum and the work of the People and OD Committee have been referenced. Risk scores will be reviewed in conjunction with our IMTP refresh. Request to amend due date of AP 4.1 to March 2023.
Link to Strategic Priorities and relevant strategic programmes	Long Term Strategy Organisational Culture Organisational Change
Corporate Risks relating to this Strategic Risk	There is a risk that the organisation may not have the capacity or resources necessary to effectively deliver the long-term strategic plan. This risk arises from a challenging political and financial landscape, which includes staff time being redirected to contribute to the (Covid) public enquiry and an unstable industrial relations climate. Resulting in the inability to deliver the long term strategy due to absence of strategic workforce planning. There is a risk that Public Health Wales will fail to meet the requirements of The Health and Social Care (Quality and Engagement) (Wales) Act (2020). There is a safeguarding risk that organizational DBS checks do not prevent unsuitable people from working with vulnerable groups, including children, therefore placing them at risk of harm, abuse and neglect.

Risk 5	There is a risk that we insufficiently prevent, plan for and respond to emerging external threats to public health, caused by insufficient horizon scanning, forecasting, use of data/digital tools and planning/training/exercising for response, resulting in suboptimal responses to near-term incidents (including but not limited to infectious disease) and longer-term emerging risks to public health.
Risk Owner's Delivery Confidence assessment	The current risk score is at the inherent risk level. There are existing controls relating to: Emergency planning and learning from incidents and outbreaks, including the COVID pandemic; workforce planning and development for response; training and exercising; and horizon-scanning activities. Good progress has been made on clarifying roles and responsibilities for health protection in Wales, through the publication of the All Wales Communicable Disease Outbreak Plan and in PHW, with the approval of the PHW Emergency Response Plan. In conjunction with the learning from the COVID Inquiry on Emergency Planning and the planned conclusion of the PHW debrief on operational readiness, the impact is very likely to reduce over the coming months. Additional action is still required to reduce the impact of external threats, through developing an understanding the demands on and the roles and responsibilities of each component of the response architecture and the health protection competencies that need to be held in reserve for surge response. Further Learning Events for the Early Phases of COVID-19 Response are being arranged and evidence from the Public Inquiry continues to emerge. More specific actions will be determined as recommendations emerge from the COVID Public Inquiry. There will be a focus on addressing health inequalities through emergency planning and response. Action is also required to join up the horizon-scanning efforts across the organisation.

Exec Sponsor	Meng Khaw, National Director of Health Protection and Screening Services	**Exec Contributors**	Sumina Azam, Director of Policy and International Health / WHOCC

Assurance Group	Quality, Safety and Improvement Committee				
Risk Score	Likelihood	Impact	Total risk score	**Expected timescale for movement in risk score (likelihood and/or impact)**	Although the current risk score remains unchanged, progress continues as planned to mitigate the likelihood and impact of this strategic risk. Additional sources of assurance have been identified against control 5.4. There is progress made on clarifying roles and
Inherent	3	4	12		
Current	3	4	12		

					responsibilities for key actors in the health protection system and over the coming months there will be opportunities for exercising the new arrangements and response plans, as well as learning from the COVID response. The impact score is expected to reduce by Q2 of 2024/25.
Target	3	2	6	**Risk Decision**	Treat

Key changes from last report	Additional sources of assurance and activity relating to EPRR lessons identified from major incidents and specifically from C19 detailed in the Strategic Risk Register Additions made to Control 5.4. An additional control 5.7 relating to operational financial planning added. Additional actions included relating to ensuring lessons are identified and shared from incidents and outbreaks. New actions added to AP 5.6. New action 5.9 added to mitigate gaps in control 5.7 – operational financial planning. Elements of the actions have requests for due date changes (AP 5.4, 5.6) Elements of actions have request to complete (AP5.1, AP5.3, 5.4)
Link to Strategic Priorities and relevant strategic programmes	Excellent Public Health services
Corporate Risks relating to this Strategic Risk	There is a risk arising from an ISSUE that changes to alerting processes will mean that PHW stop receiving alerts for emergencies and major incidents (E or MI).

Risk 6	There is a risk that we fail to deliver excellent public health services, including on screening, infection and health protection, caused by weakness in clinical and health protection processes, specialist workforce capacity and capabilities, innovation and/or capital investment, resulting in inadequate provision, responsiveness or uptake of services, poor individual patient and population outcomes and failure to meet quality standards.				
Risk Owner's Delivery Confidence assessment	The current risk score is at the inherent risk level. There are existing controls relating to: workforce planning and development; mitigation of impacts of unexpected health threats through the establishment of effective systems and processes; and strengthening governance arrangements to ensure excellent service delivery in HPSS through implementation of the long-term strategy. Each of the three divisions in HPSS directorate are likely to score differently if reviewed independently and this will be reflected in divisional and directorate risk registers. The number of ongoing health protection threats remain stable, enabling health protection services to return to focus on pro-active work, such as for Blood-borne viruses, sexually transmitted infections and Tuberculosis. Diagnostic testing for COVID continues to be reduced in intensity as a result of the changes to the testing strategy implemented in 2023. Work is ongoing to build excellent services for infection through workforce planning and development. Screening recovery is progressing well for Breast Test Wales, but the risk around the clinical workforce capacity remains. Confirmation from WG that funding for screening recovery is approved for the year 2023/24. A transformation programme has been agreed to improve the Diabetic Eye Screening programme. Although there are specific aspects where the risk is higher, such as for Diabetic eye and Breast screening, overall, across the Directorate, the current risk is at the inherent risk. There is an opportunity to review the inherent risk score as the context has changed since the Strategic risk was conceived.				
Exec Sponsor	Meng Khaw, National Director of Health Protection and Screening Services			**Exec Contributors**	Claire Birchall, Interim Exec Dir Quality, Nursing and Allied Health Professionals
Assurance Group	Quality, Safety and Improvement Committee				
Risk Score	Likelihood	Impact	Total risk score	**Expected timescale for**	During the first six months of 2024/25, there will be more clarity around the implementation of diabetic

Inherent	3	3	9	movement in risk score (likelihood and/or impact)	eye transformation and progress with Breast Test Wales. Also, further stabilisation of the workforce in Infection division will help with service delivery for microbiology labs.
Current	3	3	9		Impact reduced by workforce planning and development.
Target	3	2	6	Risk Decision	Treat

Key changes from last report	Additional action 6.8 added relating to excellent operations to support the delivery of excellent public health services. Elements of the actions have requests for due date changes (AP 6.3, AP 6.4, AP 6.5) Elements of the actions have requests to complete (AP 6.3)
Link to Strategic Priorities and relevant strategic programmes	Excellent Public Health Services
Corporate Risks relating to this Strategic Risk	There is a risk arising from an ISSUE that the current cameras and IT equipment being used for clinical work in the Diabetic Eye Screening Wales Programme will fail due to asset age and insufficient stock available as back-up equipment. Diabetic Eye Screening – corporate risk is likely to be returned as a divisional risk. Diabetic Eye Screening – corporate risk is likely to be returned as a divisional risk. North Wales microbiology – likely to be logged as an issue and not a risk.

6. Reporting of Risk Framework

Significant progress has been made over the last eight to twelve months in the development of a more robust and agile SRR and CRR. As such it is important that there is sufficient and timely oversight as part of the Board Business Cycle to consider risk.

Summary of scheduling of updates and consideration of CRR/SRR		
Executive updates	Bi-monthly (1st of every other month)	
Business Executive Team	Bi monthly (Third week of every other month)	
Audit and Corporate Governance Committee	At each meeting – For information	
All Committees	SRR	Quarterly (at each meeting)
	CRR	Bi Annually (Q1 and Q3)
Board	SRR	Three times a year (Q1, Q3 and Q4)
	CRR	Bi Annually (Q1 and Q3)

To support evidence of appropriate Committee scrutiny, and provide robust assurance, the relevant Committee chairs will be asked to include a note in relation to the relevant corporate and strategic risk as part of their comprehensive committee updates to the Board. This would be in line with some of the early findings from the Audit Wales Structured Assessment.

6.1. Assuring Committees

Each Strategic Risk is identified as sitting within the remit of a corresponding committee. After feedback from a number of Committees and Risk Owners, and a discussion at the last Board meeting, agreement has been reached to move oversight and assurance to different assuring committees.

In December 2023 the Assuring Committees chairs for each risk reviewed and agreed to remit SR1 and SR2 to Knowledge, Research and Information Committee instead of Quality, Safety and Improvement Committee. This facilitates a more relevant hosting Committee, and allows more focused discussion time for the risks which remain in the remit of the Quality, Safety and Improvement Committee.

Risk	Assuring Committee
Risk 1	Knowledge, Research and Information Committee
Risk 2	Knowledge, Research and Information Committee
Risk 3	Quality, Safety and Improvement Committee
Risk 4	People and Organisational Development Committee
Risk 5	Quality, Safety and Improvement Committee
Risk 6	Quality, Safety and Improvement Committee
Risk 7	Audit and Corporate Governance Committee

6.2. Risk ownership and accountability

Each Strategic Risk has an Accountable Executive Sponsor, with nominated Executive Contributors. Each Lead Executive / Risk sponsor is responsible for the implementation of the mitigation actions outlined for their risk, within their relevant Executive portfolio. They are responsible for obtaining regular updates from the Risk Contributors identified within the risks for which they are risk sponsor. Risk Sponsors will ensure that the Strategic Risk Register is updated at least every two months, in line with the bi-monthly rhythm of Board meetings.

The Business Executive Team recently discussed and agree the need for the construct of infrastructure across the Executive Team to ensure there is relevant ownership and input in from all Risk Contributors for each risk. The Executive Team will meet in February to develop this approach, as well as a detailed review in light of the developing IMTP.

6.3. Risk hierarchy and inter-relationships

The table below demonstrates the interrelationships between the risks and their corresponding assuring committee/group.

7. Risk Management Development Plan

The Risk Management Development Plan is progressing at pace. The organisation has recently appointed Grant Thornton LLP to take deliver the following elements of the Risk Management Development Plan:

- Risk appetite (methodology and application)
- Risk assurance and governance process
- Tone from the top - ensuring a single source of truth utilising DatixWeb
- Risk escalation thresholds

Directorate and Divisional Risk Registers are currently being reviewed and updated with input from the Risk Management Assurance Network, overseen by the Leadership Team. The Risk Management Team has developed and are delivering Level 1 Risk Management Training for all staff and this will shortly be supplemented by Level 2 Risk Handler Training.

Appendix 2 provides further information of the work completed to date to progress the Risk Management Framework in Public Health Wales.

8. Corporate Risk Register

The Senior Leadership Team has reviewed and refreshed the Corporate Risk Register and has agreed six Corporate Risks. This includes two existing risks and four new risks. As part of this process, the Leadership Team agreed to archive two risks from the Corporate Risk Register and to de-escalate two risks from the Corporate Risk Register to their corresponding Directorate Risk Register. The new reporting template for Strategic Risk now identifies the relationship between Corporate Risks and Strategic Risks. The register is available at appendix 3.

Risk Description	Lead Executive	Current Risk Score	Risk Decision	Relationship with Strategic Risk
There is a risk that Public Health Wales will fail to meet the requirements of The Health and Social Care (Quality and Engagement) (Wales) Act (2020)	Director for NHS Quality Improvement and Patient Safety, Improvement Cymru	L4xI4=16	Treat	SR 3 SR 4
There is a risk that we will fail to exploit data to inform and direct public health action and interventions	National Director of Data, Knowledge and Research	L4xI4=16	Treat	SR 7
There is a risk that the organisation may not have the capacity or resources necessary to effectively deliver the long-term strategic plan. This risk arises from a challenging political and financial landscape, which includes staff	Director of People and Organisational Development	L3xI4=12	Treat	SR 3 SR 4 SR 7

time being redirected to contribute to the (Covid) public enquiry and an unstable industrial relations climate. Resulting in the inability to deliver the long term strategy due to absence of strategic workforce planning.				
There is a safeguarding risk that organizational DBS checks do not prevent unsuitable people from working with vulnerable groups, including children, therefore placing them at risk of harm, abuse and neglect.	Director of People and Organisational Development	L2xI3=6	Tolerate	SR 4
There is a risk arising from an ISSUE that changes to alerting processes will mean that PHW stop receiving alerts for emergencies and major incidents (E or MI).	Executive Director for Health Protection and Screening Services	L4xI4=16	Treat	SR 5
There is a risk arising from an ISSUE that the current cameras and IT equipment being used for clinical work in the Diabetic Eye Screening Wales Programme will fail due to asset age and insufficient stock available as back-up equipment.	Executive Director for Health Protection and Screening Services	L5xI4=20	Treat	SR 6

9. Well-being of Future Generations (Wales) Act 2015

No decision required.

10. Recommendation

The Board is asked to:

- **Consider** the Strategic Risks and take assurance on the management of Strategic Risk within the organisation.
- Receive **assurance** on the updated Strategic Risk Register
- **Consider and approve** the change to assuring Board Committee for Strategic Risk 1 and 2.
- Receive **assurance** on the progress being made against the Risk Management Delivery Plan
- **Approve** the changes to the mechanism and frequency of reporting of the Corporate Risk Register to the Committees of the Board, and the Board.

- Receive **assurance** on the updated Corporate Risk Register