

Strategic Risk Register

- **NEW** Risk 1

Controls

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| Risk 1 | There is a risk that Public Health Wales will be unable to sustain the Health Protection response (for COVID 19 and other infectious disease / environmental hazards) for the ongoing progression of the pandemic. This will be caused by an inability to mobilise sufficient numbers of trained staff resulting in harm. |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Sponsor and Assurance Group | |
|-----------------------------|--------------------------------------------------------------|
| Executive Sponsor | Executive Director, Health Protection and Screening Services |
| Assuring Group | Quality, Safety and Improvement Committee |

| Inherent Risk | | | | | | | |
|---------------|--|--------------------|----------|----------------|----------|---------------|-----------|
| Date | | Likelihood: | 5 | Impact: | 5 | Score: | 25 |

| Risk Score | | | | | Risk Decision | Delivery Confidence Assessment | |
|--------------|--------|----|-------------|--------|---------------|--------------------------------|----|
| Current Risk | | | Target risk | | TREAT | Amber | |
| Likelihood | Impact | 15 | Likelihood | Impact | | | 10 |
| 5 | 3 | | 5 | 2 | | | |

| DCA RAG | DCA Description |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Green | High degree of confidence exists that the controls and actions identified will mitigate the risk to the required level. |
| Amber | It is feasible that the controls and actions identified will mitigate the risk to the required level but issues remain outstanding that require addressing. |
| Red | There is little confidence that the controls and actions identified will mitigate the risk to the required level. |

| Risk Owner's Overview Assessment Status |
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| There now exists a greater understanding of the response requirements for the pandemic than was previously held. Public Health Wales is engaged in regular strategic discussions with Welsh Government. Twice weekly meetings of Covid Co-ordination Group (CCG) and a regular rhythm of Directorate Leadership Team meetings, led by National Director. There is currently a major health protection recruitment campaign underway and as a result, recruitment to newly created vacancies is ongoing. There remain workforce challenges in the medical microbiology workforce. Additionally, regular horizon scanning exercises and public health surveillance are now incorporating Covid 19. Internally, there is also comprehensive staff sickness monitoring to maintain an overview of resources available. |

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Controls

| EXISTING CONTROLS | | | SOURCES OF ASSURANCE | Level at which the Assurance is provided to | | | | |
|-------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------|---------------------------------|-----------------------|-------|
| No. | Control | Exec Owner | | Team / Division / Project / Programme | Directorate Team / Exec Lead | Business Exec Team / Sub Groups | Committee / Sub group | Board |
| SR 1.1 | Policies and Procedures * (document development, review and approval) * including Standard Operating Procedures | Executive Director, Health Protection and Screening Services | Corporate Policy and Control Document Reviews – corporate register update reports | X | X | X | X | X |
| | | | Health Protection Division – Standard Operating Procedures (document development, review and approval) | X | X | | | |
| | | | Microbiology Division – Standard Operating Procedures (document development, review and approval) | X | X | | | |
| SR 1.2 | UK Accreditation Service (UKAS) - Accreditation | Executive Director, Health Protection and Screening Services | Reports to Quality, Safety and Improvement Committee | | X | X | X | |
| | | | Action Plan and Reports – Divisional Senior Management Teams | X | | | | |
| SR 1.3 | Professional Regulation – Medical, Nursing and Multi-Disciplinary Staff | Executive Director, Health Protection and Screening Services & Executive Director Quality, Nursing and Allied Health Professionals | Medical, Nursing and Multi-Disciplinary Staff Revalidation - Annual Report to People and Organisational Development Committee / Quality, Safety and Improvement Committee | | | | X | |
| | | | Quality review visit by Medical and Multi-Disciplinary Revalidation support unit | | | X | X | |
| | | | Monitor registered and revalidation | | X | | | |
| | | | Medical, Nursing and Multi-Disciplinary Appraisal Process – Quality Indicator | | | X | X | X |
| | | | Medical Job Planning Process – Quality Indicator | | | X | | |
| SR 1.4 | Business Continuity Arrangements (for Public Health Services) | Executive Director, Health Protection and Screening Services | Business Continuity Action Plans (Public Health Services) | X | X | X | | |
| | | | Emergency Planning and Business Continuity Group Meeting minutes | | X | | | |
| | | | Learning and Development Prospectus for Business – Training and Exercise reports to Emergency Planning and Business Continuity Group | | X | | | |
| | | | Emergency Planning and Business Continuity Report - Audit and Corporate Governance Committee | X | | | X | |
| SR 1.5 | National Health Protection Service (NHPS) Transformation Programme (including Microbiology Stabilisation) | Executive Director, Health Protection and Screening Services | National Health Protection Service Transformation Programme Plan(s) | X | X | X | | |
| | | | Microbiology Stabilisation Plan | X | X | X | | |
| | | | Stabilisation/Transformation Reports to QSI Committee and Board | | | X | X | X |
| | | | Health Protection Business Case SRO Group, meetings and minutes | X | X | X | | |
| | | | Divisional Assurance Reports to DLT (inform Executive Director Reports – see 3.7) | X | X | | | |
| SR 1.6 | Directorate Business and Financial Management Systems and Processes | Executive Director, Health Protection and Screening Services | Reports provided to SMTs and DLT | X | X | | | |
| | | | Public Health Services Directorate Leadership Team (DLT) meeting minutes and papers (bi-monthly) | X | X | | | |
| | | | Senior Management Team (SMT) Meeting minutes and papers (monthly) | X | | | | |

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|-------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------|---------------------------------|-----------------------|-------|
| No. | Control | Exec Owner | | Team / Division / Project / Programme | Directorate Team / Exec Lead | Business Exec Team / Sub Groups | Committee / Sub group | Board |
| | | | Directorate Leadership Team Finance Sub-Group meeting minutes and papers (monthly) | | X | | | |
| | | | Divisional Assurance Reports to DLT (inform Executive Director Reports) | X | X | X | | |
| | | | Executive Director Reports (to Executive and Board) | | | X | | X |
| | | | Mid and End of Year Review Reports (Executive scrutiny) | | X | X | | |
| SR 1.7 | Incident Reporting Management System | Executive Director, Health Protection and Screening Services & Executive Director Quality, Nursing and Allied Health Professionals | Putting Things Right - Annual Report | | | X | X | |
| | | | Putting Things Right - Quarterly Alert Exception Report (Quality, Safety and Improvement Committee) | | | X | X | |
| | | | Serious Incident Reporting (Quarterly) to Quality, Safety and Improvement Committee | | | X | X | |
| SR 1.8 | Failsafe Systems | Executive Director, Health Protection and Screening Services | Defined failsafe task and finish groups to review screening programmes against policy | X | X | X | X | |
| | | | Review of serious incidents to determine if further failsafe required (Microbiology and Screening) | X | X | X | | |
| | | | Microbiology Division – Standard Operating Procedures (document development, review and approval) | X | X | | | |
| | | | Health Protection Division – Standard Operating Procedures (document development, review and approval) | X | X | | | |
| SR 1.9 | Infection, Prevention and Control Systems | Executive Director, Health Protection and Screening Services | Health Protection Situational Awareness Reports – (monthly report to Executive) | X | X | X | | |
| | | | Agreed criteria for escalation (reviewed on an annual basis) | X | X | X | | |
| SR1.10 | Workforce/Recruitment Planning | Executive Director, Health Protection and Screening Services | Reports of progress against Workforce Plans | X | X | X | | |
| | | | Reports to the People and Organisational Development Committee (part of annual Integrated Medium Term Plan planning cycle) | | | X | X | |
| | | | Health Protection and Microbiology Workforce subcommittees minutes and papers (report to Senior Managements Teams) | X | | | | |
| | | | SRO Group/DLT focus on business case and wider workforce recruitment | X | X | X | | |

Strategic Risk Register – **NEW** Risk 1

Action Plan

| Action Plan No. | Gaps in controls | Action Plan | Exec Director | Due Date | Progress |
|-----------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AP 1.1 | Staff vacancies | Recruit to all new posts created by the Health Protection Business case phase 1 funding | Executive Director, Health Protection and Screening Services | 31/12/2021 | |
| | | Recruitment to substantive health protection and microbiology posts including active workforce capacity management, business continuity planning including use of non-recurrent funding for fixed term/ agency recruitment | Executive Director, Health Protection and Screening Services | 31/3/2022 | Ongoing active advertisement for vacancies in Health Protection. Review of recruitment programme commenced. |
| | | Recruit to position of Assistant Director of Operations | Executive Director, Health Protection and Screening Services | 31/02/2022 | Recruitment process commenced with further review underway. |
| AP 1.2 | Business Continuity including workforce mobilisation plan | Covid-19 response surge plan approved by CCG, DLT and BET | Executive Director, Health Protection and Screening Services | 30/9/2021 | First draft surge plan received at CCG on 16/09/2021 |
| | | Strengthen arrangements for approval of Business Continuity Plans and assurance reporting | Executive Director, Health Protection and Screening Services | 31/12/2021 | No further progress has been made on this action plan due to the organisation's ongoing "enhanced response" to the COVID-19 pandemic. |
| | | Delivery of Estates Action Plan and Health / Safety Action Plan | Deputy Chief Executive / Executive Director of Finance and Operations | TBC | Ongoing delivery of estate / Health and Safety action plan in relation to Microbiology Laboratory estate. All actions in relation to HSE Improvement notices are complete and notices removed. |
| | | Develop and agree action plan to ensure PHE led activities that impact on Wales can continue to be delivered. | Executive Director, Health Protection and Screening Services | 31/03/2022 | Ongoing engagement with PHE/UK HSA |
| AP 1.3 | Policy and wider workforce planning | Workshop and subsequent establishment of Task and Finish Group with Local Authorities for building resilience for health protection response | Executive Director, Health Protection and Screening Services | 31/03/2022 | Workshop held on 24 th August. |
| | | Phase 2 of Health Protection expansion plan to be delivered | Executive Director, Health Protection and Screening Services | 31/03/2022 | Discussion with Chief Medical Officer commenced. |
| | | Incorporate key measures to monitor the effectiveness of our work across the work streams in the Implementation Plan for Test, Trace and Protect. | Executive Director, Health Protection and Screening Services | 31/03/2022 | Attendance at relevant TTP Programme Boards |
| AP 1.4 | Gap in policy | Participation in Welsh Government Winter Planning meetings and events | Executive Director, Health Protection and Screening Services | 30/10/2021 | Winter planning meetings ongoing and workshop scheduled for October 2021 |
| | | Review (with partners) of current COVID response model (5 July 2021) | Executive Director, Health Protection and Screening Services | 30/10/2021 | Review to be commenced week commencing 20 th Sept |

Strategic Risk Register – **NEW** Risk 1

Action Plan

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|--------|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | PHW to be represented at UK wide pandemic summit | Executive Director, Health Protection and Screening Services | 30/11/2021 | Awaiting date from UK partners |
| | | Workforce programme objective included in 4 Nation Health protection committee priorities. Task and Finish Group to be established | Executive Director, Health Protection and Screening Services | 31/03/2022 | On agenda inaugural Health protection committee for 12/10/2021 |
| | | Periodic review of the CCG Terms of Reference | Executive Director, Health Protection and Screening Services | 31/12/2021 | CCG ToR approved in September 2021 |
| AP 1.5 | Resilience of business management systems and processes | Public Health Services Directorate Governance Review: Action Plan | Executive Director, Health Protection and Screening Services | TBC | Public Health Wales' ongoing "enhanced response" to the COVID-19 pandemic is the priority for the organisation and currently involves the deployment of the majority of resource within the Public Health Services Directorate. As a consequence no further progress has been made with regard to this action plan. |

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| Risk 3 | There is a risk that Public Health Wales will fail to mobilise sufficiently qualified staff and deliver effective and timely system leadership and manage expectations in order to tackle the broader population health harms in Wales. This will be caused by insufficient investment and resources to deliver the breadth of the work required to improve population health resulting in avoidable population harm. |
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Risk Owner's Overview Assessment Status

There has been a continual review of staff mobilised to support the pandemic response and workplans are re-evaluated as staff are released back into substantive roles. Available resource has been moved from other parts of the wider organisation to fund contracts and temporary staff. Using commissioning models in areas with low levels of staff during the pandemic has supported the continued delivery of the population health workplans. We will continue to utilise funding opportunities using International and UK partnerships to maximise the evidence base and investments of any work we undertake. The Operational Plan was developed in line with our priorities using a tiered model to factor in resourcing requirements, skills required and the return of staff to support the plan. We currently have a Population Health Strategic Group which meets on monthly basis to evaluate the work and provide assurances and controls to improve Population Health in Wales.

| Sponsor and Assurance Group | |
|-----------------------------|-----------------------------------------------------|
| Executive Sponsor | Director of Policy and International Health, WHO CC |
| Assuring Group | TBC |

| Inherent Risk | | | | | | | |
|---------------|--|--------------------|----------|----------------|----------|---------------|-----------|
| Date | | Likelihood: | 5 | Impact: | 5 | Score: | 25 |

| Risk Score | | | Risk Decision | | | Delivery Confidence Assessment | |
|---------------------|---------------|----|--------------------|---------------|----|--------------------------------------------------------------------------------------------------|--|
| Current Risk | | 20 | Target risk | | 10 |  GREEN/AMBER | |
| Likelihood | Impact | | Likelihood | Impact | | | |
| 4 | 5 | 5 | 2 | TREAT | | | |

| DCA RAG | DCA Description |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Green | High degree of confidence exists that the controls and actions identified will mitigate the risk to the required level. |
| Amber | It is feasible that the controls and actions identified will mitigate the risk to the required level but issues remain outstanding that require addressing. |
| Red | There is little confidence that the controls and actions identified will mitigate the risk to the required level. |

Strategic Risk Register

- **NEW** Risk 3

Controls

| EXISTING CONTROLS | | | SOURCES OF ASSURANCE | Level at which the Assurance is provided to | | | | |
|-------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------|---------------------------------|-----------------------|-------|
| No. | Control | Exec Owner | | Team / Division / Project / Programme | Directorate Team / Exec Lead | Business Exec Team / Sub Groups | Committee / Sub group | Board |
| SR 3.1 | Approval process in place for allocating and prioritising investment funding for the Population Health Work plan | Director of Policy and International Health, WHO CC | COVID-19 Population Health Group | X | X | X | | |
| SR 3.2 | Policies and procedures (including Standing Operating Procedures) | Director of Policy and International Health, WHO CC | Corporate Policy and Control Document Reviews – Corporate Register update reports to Committees | X | X | X | | |
| SR 3.3 | Skills and development training for specialist roles (e.g. analysts/ evidence reviewers) | Director of Policy and International Health, WHO CC | Attendance at specialised training Specialist qualifications | X | X | | | |
| SR 3.4 | Operational Plan | Director of Policy and International Health, WHO CC | Progress reports and monitoring against operational plans | X | X | X | | X |
| SR 3.5 | Quality Assurance Processes | Director of Policy and International Health, WHO CC | Minutes and actions - Population Health Group | X | X | X | | |
| | | | Evaluation of specific projects and programmes | X | X | X | | X |
| SR 3.6 | Directorates business systems & processes | Director of Policy and International Health, WHO CC | Notes/ Actions of monthly SMT meetings | X | X | | | |
| | | | Minutes/ Actions of Business meetings | X | X | X | | |
| SR 3.7 | Quality Management Systems | Director of Policy and International Health, WHO CC | Health and Care Standards reporting | X | X | X | X | |

Strategic Risk Register – **NEW** Risk 3

Action Plan

| Action Plan No. | Gap | Action Plan | Exec Owner | Due Date | Progress |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SRA24 | Clarity on strategic direction and IMTP planning cycle and arrangements | Development and publication of the three year IMTP | Deputy Chief Executive/Director of Operations and Finance | 31 March 2022 | IMTP plan development in progress and on track |
| SRA25 | Expertise and Skills (Lack of pan organisational expertise on the Population Health Group with appropriate skills, knowledge and experience) | Amalgamation of the WHO CC and Health and Wellbeing Directorate | Director of Policy and International Health, WHO CC Director of People and OD | April 2022 | Organisation re-design group has been established and met twice. Work is progressing within the group to establish project design, staff engagement and implementation plans. |
| | | Establish a Broader Harms pan organisation group | Director of Policy and International Health, WHO CC | April 2022 | This will be considered later in the year once plans are clearer on the future direction of the LTS |
| SRA26 | No Assistant Director of Health & Wellbeing in post | Recruit to position of Director of Health & Wellbeing | Director of Policy and International Health, WHO CC | April 2022 | Transition Director appointed in June 2021. Longer term plans will be agreed through the organisational redesign programme |

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| Risk 5 | There is a risk that Public Health Wales will fail to sufficiently and effectively support and protect the health, wellbeing, welfare and resilience of our staff. This will be caused by constant need to balance the needs of the staff against the needs of the population, resulting in an inability to recruit and retain staff to deliver strategic and operational objectives. |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Sponsor and Assurance Group | |
|-----------------------------|-------------------------------------------------|
| Executive Sponsor | Director, People and Organisational Development |
| Assuring Group | People and Organisational Development Committee |

| Inherent Risk | | | | | | | |
|---------------|--|--------------------|----------|----------------|----------|---------------|-----------|
| Date | | Likelihood: | 5 | Impact: | 5 | Score: | 25 |

| Risk Score | | | Risk Decision | | | Delivery Confidence Assessment | |
|---------------------|---------------|----|--------------------|---------------|---|--------------------------------|--------------------|
| Current Risk | | 16 | Target risk | | 9 | TREAT | GREEN/AMBER |
| Likelihood | Impact | | Likelihood | Impact | | | |
| 4 | 4 | 3 | 3 | | | | |

| DCA RAG | DCA Description |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Green | High degree of confidence exists that the controls and actions identified will mitigate the risk to the required level. |
| Amber | It is feasible that the controls and actions identified will mitigate the risk to the required level but issues remain outstanding that require addressing. |
| Red | There is little confidence that the controls and actions identified will mitigate the risk to the required level. |

Risk Owner's Overview Assessment Status

The Operational Plan has been revised in line with our priorities, and targets reconsidered to support the reconnecting of teams and need to rebuild resilience across the organisation, taking into account the impact of the pandemic on our staff's wellbeing. We currently have in place a Recovery Coordination Group, which adds a further layer of control to ongoing challenge of balancing our response management with the recovery of services. Significant recruitment is underway following the WG investment in building resilience across Health Protection, and this is monitored via an SRO and management group. We have refreshed our workforce planning approach in readiness for this year's integrated planning activity, and continue to increase wellbeing and performance management through access to well-being resources and employee development. The implementation of our People Strategy as well as our Strategic Equality Plan will be crucial to our ability to manage this strategic risk.

Strategic Risk Register

- **NEW** Risk 5

Controls

| EXISTING CONTROLS | | | SOURCES OF ASSURANCE | Level at which the Assurance is provided to | | | | |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------|------------------------------|---------------------------------|-----------------------|-------|
| No. | Control | Exec Owner | | Team / Division / Project / Programme | Directorate Team / Exec Lead | Business Exec Team / Sub Groups | Committee / Sub group | Board |
| SR 5.1 | People Strategy & Org Workforce Plan | Director of People and Organisational Development | Bi Annual Reports to PODC / Board on achievement of actions | | | X | X | X |
| SR 5.2 | Corporate succession plan to outline (initially) succession into the top three tiers | Director of People and Organisational Development | Talent and succession map | X | X | X | X | |
| | | | People Strategy (1) | X | X | X | X | |
| | | | Organisational workforce plan updates (2) | X | X | X | X | |
| SR 5.3 | Recruitment plan and tracker | Director of People and Organisational Development | Corporate recruitment plan (approved by Board Jan 2020) | | | X | X | |
| | | | Recruitment plans being managed through the workstreams within the Response Plan. | | X | X | | |
| | | | COVID Recruitment Plan (to GOLD) | | X | X | | |
| | | | Weekly workforce subgroup meeting minutes, actions and reports. (Sitrep Gold) | X | X | X | | |
| SR 5.4 | Directorate level plans focussing on change, development and recruitment. These will include areas of focus such as Microbiology and radiology | All | Directorate workforce plans (focus on BAU); | X | X | X | | |
| | | | Recruitment plans directly linked to COVID managed via the routes noted in 4. | | | | | |
| SR 5.5 | Training and succession plan in conjunction with Deanery/ HEIW | Director of People and Organisational Development | Training and succession plan | | X | | X | |
| | | Executive Director of Quality, Nursing and Allied Health Professionals | Stats through Integrated Performance Report | | | | | |
| | | Executive Director, Health Protection and Screening Services | | | X | X | X | |
| SR 5.6 | Staff Engagement Surveys | Director of People and Organisational Development | NHS Staff Survey Results (scheduled late 2020 subject to Ministerial approval) | X | X | X | X | X |
| | | | PHW Wellbeing and Engagement Survey Results (during COVID) | X | X | X | | X |
| | | | Workforce Reports | X | X | X | X | |
| | | | Meeting papers from Wellbeing and Engagement Group (est. July 2020) | X | X | X | X | |
| | | | Published results and documented actions plans | X | X | X | X | |
| SR 5.7 | Wellbeing | Director of People and Organisational Development | Staff survey results (as per 12) | X | X | X | X | |
| | | | Absence data reporting via IPR | X | X | X | X | |
| | | | Resources available to staff via the Information Page and social media | x | | | | |
| | | | COVID Absence Dashboard | x | x | x | | |
| SR 5.8 | Establish Approach to widening access for potential (often younger) employees | Director of People and Organisational Development | | | | | | |

Strategic Risk Register

- **NEW** Risk 5

Controls

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| No. | Control | Exec Owner | | Team / Division / Project / Programme | Directorate Team / Exec Lead | Business Exec Team / Sub Groups | Committee / Sub group | Board |
| SR 5.9 | Integrated Performance Report | Director of People and Organisational Development | Exception reporting on key measures that have not been reached such as turnover and absence with plans of action attached | | X | X | X | X |
| SR 5.10 | Welcome, Engage, Network and Develop days (on hold due to COVID) | Director of People and Organisational Development | Induction content (virtual provision being planned due to COVID) | X | X | | | |
| | | | Attendance registers (on hold due to COVID) | X | X | | | |
| SR 5.11 | Behaviours framework | Director of People and Organisational Development | Values-aligned behaviours framework piloted, approved and launched (on hold to COVID) | | X | X | | |
| SR 5.12 | Public Health Practitioner Registration Scheme | Director of People and Organisational Development | Take up reports | X | X | | | |
| | | | Number of staff registered | X | X | | | |
| SR 5.13 | Trade Unions; Staff Networks; Equality, Diversity & Inclusion (COVID) | Director of People and Organisational Development | Weekly informal meetings with Trade Unions | | X | | | |
| | | | Local Partnership Forum meeting minutes and reports | | | X | | |
| SR 5.14 | Workforce Mobilisation (COVID) | Director of People and Organisational Development | Mobilisation status dashboard | | X | X | | |
| | | | Skills surveys | | X | X | | |
| | | Executive Director, Health Protection and Screening Services | Reverse mobilisation process | | X | X | | |

Strategic Risk Register – **NEW** Risk 5

Action Plan

| Action Plan No. | Gap | Action Plan | Exec Owner | Due Date | Progress |
|-----------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AP 5.1 | An implemented corporate approach to succession planning and talent management | Establish a regular process going forward into 2021/22 | | 31/10/2021 | Paper going to BET in October |
| | | In the process of finding a date for these wider/moderation discussions. | | 31/10/2021 | |
| | | Finalised talent and succession map to be completed. | | TBC | |
| AP 5.2 | Approach to young people | Draft approach to be developed making links to Well-being of Future Generations Act by improving social, economic, environmental and cultural wellbeing | | 01/04/2022 | <p>August Update: Discussions with the business continue on supporting young people, but with services not fully reactivated and much work still being undertaken on the response, the ability to support young people fully is limited. Approaches are being undertaken in pilot pockets and the Government Kickstart programme will lead to up to 10 young people joining the organisation on a fixed term basis prior to Christmas. It is anticipated this approach will become the forerunner to an org wide apprentice programme when org capacity allows.</p> <p>March 2021 Update: Work is about to begin on how we can widen access to jobs and work placements in PHW in order to provide opportunities for those who may not have access to employment due to various socio-economic factors. This provides more equality of opportunity to those who are often overlooked but none the less have important skills and experience to offer.</p> <p>December Update: An approach to Young People has been developed, additional work required. Internal resources have been directed to the COVID response which has delayed the required engagement activity. The additional resources identified as part of the interim restructure will enable this work to recommence in the new financial year.</p> <p>Previous update: Our approach to young people and engaging the future workforce is being developed by our graduate who is currently on placement with the People and OD team. Approach and options mapped and paper presented to Executive Team</p> |
| | | Joined up approach to collaboration with schools, colleges and universities; | | | |
| | | Young Ambassador Programme; Careers Networks; Work-placements scheme; Internships; Apprentices; Graduate Schemes | | | |
| | | Discussions to be taken forward by Deputy Director of People and OD with directorates | | | |
| | | Determine appropriate way forward with collaborative partners with clear outcomes and evaluation | | | |

Strategic Risk Register – **NEW** Risk 5

Action Plan

| Action Plan No. | Gap | | Action Plan | Exec Owner | Due Date | Progress |
|-----------------|--------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|----------------------------------------------------------------------------------------------------------------------------------------|
| | | | | | | including younger persons strategy (held during COVID).Apprenticeship providers already warning programmes may not pick up until 2021. |
| AP 5.3 | Effective employee relations and partnership working across PHW | | New approach to Partnership Working | NL | TBC | |
| AP 5.4 | Flexible, innovative and effective working patterns and conditions | | Agreed Future Ways of Working | NL | TBC | |
| AP 5.5 | Established Strategic Equality Plan | | Implementation of longer-term objectives within Strategic Equality plan (includes recruitment, training, development, retention of under- represented staff groups) | NL | TBC | |
| AP 5.6 | Current and effective directorate workforce plans | | Development and implementation of workforce plans by directorates | All | TBC | |
| AP 5.7 | System for commissioning and management of change programmes | | Integrated approach to the commissioning and management of change programmes throughout the organisation | Neil and Huw | TBC | |