

Strategic Risk Register

Risk 1	<p>Risk of: Widening gap in healthy life expectancy of population of Wales</p> <p>Due to: Cumulative effects of socio-economic, environmental and wider public health challenges</p> <p>Key Strategic Objectives contributing to mitigating the risk and agreed risk appetite level:</p> <ol style="list-style-type: none"> 1) Influencing the wider determinants of health [Keen] 3) Promoting Healthy Behaviours [Willing] 5) Delivering excellent public health services to protect the public and maximise population health outcomes. [Accepting]
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Risk Owner's Overview Assessment Status

December 2024

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, although impacting everyone, is likely to have exacerbated this, which is the experience of other nations. 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, with vulnerable populations experiencing worst impacts. 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 which are cross-organisational and cross system to achieve change. No single organisation can achieve this.

This role of Public Health Wales in addressing this risk is to 1) Ensure through epidemiology and surveillance that we articulate the key challenges and monitor change, 2) through evidence articulate the actions which system players can and should take, 3) provide appropriate system leadership which can enable system players to address these risks [eg Healthcare Public Health] and 4) ensure our own programmes of work are focused on understanding and mitigating this risk.

While a substantial number of PHW led or co-led programmes are underway on this programme of work, an overarching assessment of where we are on healthy life expectancy demonstrates that significant further work across the system will be needed to achieve this.

The current work on the prevalence of disease will be crucial in helping us assess key actions to improve healthy life expectancy for those with worst outcomes, with the development of the "best buys" for prevention, the route maps and the IMTP refresh being opportunities to identify action. The organisation needs to assess as part of the route map development whether our actions will be likely to increase healthy life expectancy. Arising from each phase of the prevalence of disease work we should review how our programmes and workstreams are addressing its findings and whether they can reduce inequalities. This should include assessing how we work with other system players and from that a review of our programmes.

The current risk score is unlikely to change across the life-course of the long-term strategy due to the complex nature of the issues and the multiple actions for programmes to address.

Sponsor and Assurance Group

Executive Sponsor	Jim McManus, National Directorate of Health and Well-Being 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)

Inherent Risk						
Date	11/05/23	Likelihood:	5	Impact:	5	Score: 25

Risk Score					Risk Decision		Trend
Current Risk			Target Risk		Treat		
Likelihood	Impact	20	Likelihood	Impact	9		
4	5		3	3			

No.	EXISTING CONTROLS		SOURCES OF ASSURANCE	Level at which the Assurance is provided to				
	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board
SR 1.1	Providing leadership for health in all policies through maximising opportunities through Welsh legislation including Public	Director of Policy and International Health	Performance monitoring of IMTP delivery through Leadership Team	X	X	X		

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	Health Act (Health Impact Assessment), the Well-being of Future Generations Act and the Socio-economic Duty							
SR 1.2	Implementing the WHO Collaborating Centre on Investment for Health and Wellbeing workplan, including consolidating the health equity solutions platform and delivering a well-being economy programme.	Director of Policy and International Health	KRIC minutes Annual return to WHO of delivery of workplan Performance monitoring of IMTP delivery through Leadership Team	X	X	X	X	
SR 1.3	Identifying and translating international learning on tackling health inequity, for example through International Horizon Scanning and strengthened international partnerships with WHO, IANPHI, EuroHealthNet	Director of Policy and International Health, National Director of Health Protection and Screening Services	Board minutes KRIC minutes Performance monitoring of IMTP delivery through Leadership Team Quarterly Horizon Scan reports, focusing on areas of organisational priority delivered. Recent IANPHI meeting with PHW representation.	X	X	X	X	X
SR 1.4	Influencing policy to reduce health inequity through research and advocacy on the wider determinants of health and strengthening our policy advocacy role	National Director of Health and Well-being, Director of Policy and International Health	Performance monitoring of IMTP delivery through Leadership Team. KRIC minutes	X	X	X	X	
SR 1.5	Tackling the public health effects of climate change agreed as an organisational strategic priority.	Deputy CEO/Director of Ops and Finance, National Director of Health Protection and Screening Services, Director of Policy and International Health	Climate Change Programme Board minutes Draft Route Map for SP6 has been finalised and will be monitored as part of the delivery of the milestones contained within the r		X	X		
SR 1.6	Systems leadership and partial delivery of improvement programmes for primary and secondary prevention	National Director of Health and Well-being National Director of Health Protection and Screening Services	Performance monitoring of IMTP delivery through Leadership Team For Strategic Priorities 2,3 and 4 Route maps for each Strategic Priority have been developed. Regular internal review processes have been agreed within the HWB Directorate to oversee progress and implementation.		X	X		
SR 1.7	A cross-organisational group and work programme to embed a shared narrative on health inequalities and share with stakeholders to increase our coherence and impact	Director of Policy and International Health	Performance monitoring of IMTP delivery through Leadership Team	X	X	X		

Action plan No.	Gaps in controls	Action Plan	Exec Director	Due Date	Progress
AP 1.2	A comprehensive three year IMTP with action based on proportionate universalism and targets, where appropriate	Organisational Inclusion Health Group to develop an action plan, informed by behavioural insights, to guide all programmes delivered by Public Health Wales	National Director of Screening and Health Protection Services and Medical Director	March 2025	<p>December 2024 Cross organisational health inequalities group (as per SR 1.7) has inputted to IMTP guidance to strengthen focus on health inequalities.</p> <p>October 2024 Cross-directorate discussions have taken place to bring together the work on inclusion health across the organisation. The communicable disease elements are also included in a health</p>

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					protection inequalities programme that is being established. A decision is needed to agree the governance and co-ordination of the work.
AP 1.3	A Framework for Healthcare Public Health to influence the NHS to shift systematically towards prevention and Early Intervention	Develop a framework to influence and facilitate the NHS to shift systematically towards prevention and early intervention	National Director of Health and Well-being	March 2025 (October 2024)	<p>December 2024 A further iteration of the framework has been developed following BET review and a further round of stakeholder engagement in November and December including Directors of Planning and again with Directors of Public Health.</p> <p>Our advice to WG on prevention priorities for planning frameworks for the NHS including improving uptake of the bundle of 8 care processes for Diabetes has been incorporated into guidance to the NHS.</p> <p>The Prevention Based Health and Care Report, a component of the project, has been finalised and we are in discussions with Welsh Government and NHS Exec on our plans for launch in January/February 2025.</p> <p>The Tackling Diabetes Together Programme discovery work with newly diagnosed adults with diabetes on what prevents engagements with services and how services can be more preventive is underway.</p> <p>October 2024 Stakeholder engagement on Healthcare Public Health continues to go well. Following stakeholder workshops in September, during October we engaged with Directors of Planning and again with Directors of Public Health and have further engagement with EDsPH planned for November. A further iteration of the framework will come to BET. The Prevention Based Health and Care Report, a component of the project, has been finalised and we are in discussions with Welsh Government and NHS Exec on our plans for launch.</p>
AP 1.4	Systematic collection of equalities data across all protected characteristics for the NHS in Wales to enable monitoring of public health	Work with Welsh Government and DHCW to prioritise and implement better collection of equalities data	Director for Research, Data and Digital	March 2025	<p>December 2024 Due to the strategic nature of this action, there has been no reported progress since the last reported update.</p> <p>October 2024 Phase 2 cancer inequalities work to begin. Inequalities data, analysis, evaluation sub-group to be established, to look at how we make best use of inequalities data in PHW.</p>
AP 1.5 NEW ACTION	Comprehensive MOU to be developed in conjunction with WG and key stakeholders	Work underway to support delivery of WG-WHO MOU on the Wellbeing Economy, enabled by a part time secondment to WHO.	Director for Policy and International Health	July 2025	<p>December 2024 Engagement is underway with WG colleagues to enable this action.</p>

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<p>AP 1.6 NEW ACTION</p>	<p>Traction required to develop a cross-organisational group and work programme to embed a shared narrative on health inequalities and share with stakeholders to increase our coherence and impact.</p>	<p>Specific allocated time to develop cross organisational group members and identify specific areas of work. Development of a draft work plan to be considered by Business Executive Team early 2025.</p>	<p>Director for Policy and International Health</p>	<p>March 2025</p>	<p>December 2025 Group has agreed priority areas for action and is establishing workstreams to progress. Work programme due to be discussed at Executive meeting in January 2025.</p>
<p>AP 1.7 NEW ACTION</p>	<p>Evidencing the work required and being actively taken forward to influence policy to reduce health inequity through research and advocacy on the wider determinants of health alongside strengthening our policy advocacy role.</p>	<p>Affirm our role as a Policy and advocacy influencer and seek best practice in relation to research associated with organisational priorities.</p>	<p>Director for Policy and International Health</p>	<p>March 2025</p>	<p>December 2024 Work is underway to build our organisational policy advocacy function. Research priorities for Priority 1 being progressed through workshop with Cardiff University.</p>

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Risk 2	<p>Risk of: Worsening health outcomes for the population of Wales Due to: misaligned system-wide efforts and leadership and weaknesses in partnership working</p> <p>Key Strategic Objectives contributing to mitigating the risk and agreed risk appetite level: 1) Influencing the wider determinants of health [keen] 2) Promoting Mental and Social Well-being [willing] 3) Promoting Healthy Behaviours [willing]</p>
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Risk Owner's Overview Assessment Status December 2024
<p>There is a risk that the specialist public health system in Wales will not work together effectively to address the significant challenge of healthy life expectancy and health inequalities, and that the specialist system if not cohesive and coherent will be unable to provide the leadership needed.</p> <p>Work is underway to develop ways of working agreements with Welsh Government, Public Health Wales, Health Boards and Local Authorities to that set out the principles and mechanisms of effective systems and an agreed system population health work plan. Work is underway with Directors of Public Health to agree shared leadership and work priorities. A programme of engagement with DsPH from Public Health Wales is in place.</p> <p>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 agreement to reflect the intention of better alignment and partnership working. Further work needs to be undertaken with a range of third sector bodies since WCVA, while an umbrella body, does not speak for the whole third sector. Engaging relevant third sector bodies in work programmes (e.g. Diabetes UK Cymru and Breakthrough T1D for the Tackling Diabetes Together Programme) needs to be undertaken.</p> <p>Cross reference with risk 5</p> <p>The likely timescale for movement in score is estimated to be March 2026, based on the route map and the need for better system alignment.</p>

Sponsor and Assurance Group	
Executive Sponsor	Jim McManus, National Director of Health and Well-Being Contributors: Claire Birchall, Executive Director of Quality and Nursing Huw George, Deputy Chief Executive and Executive Director of Operations and Finance
Assurance Group	Knowledge Research and Information Committee (remitted from QSIC Dec 2023)

Inherent Risk						
Date	11/05/23	Likelihood:	4	Impact:	4	Score: 16

Risk Score					Risk Decision		Trend
Current Risk			Target Risk		Treat		
Likelihood	Impact		Likelihood	Impact			
4	4	16	3	2	6		

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 2.1	CMO's Monthly meeting with key Public Health Wales Execs, the Public Health Directors Leadership Group and Directors of Public Protection for Wales	National Director of Health and Well-being	Minutes presented in the Forum		X			
SR 2.2	Monthly meeting of the Public Health Directors Leadership Group which now includes key Public Health Wales Directors and monthly Public Health Wales/DsPH group	National Director of Health and Well-being	Minutes of PHDLG		X			

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SR 2.3	Whole system approach to healthy weight	National Director of Health and Well-being	Performance monitoring of IMTP delivery through Leadership Team	X	X	X		
SR 2.4	System leadership working groups on priority topics and outcomes	National Director of Health and Well-being	Performance monitoring of IMTP delivery through Leadership Team	X	X	X		
SR 2.5	Wider determinants of health and well-being unit leadership for improving systems working in Public Services Boards.	National Director of Health and Well-being	Performance monitoring of IMTP delivery through Leadership Team	X	X	X		

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Action plan No.	Gaps in controls	Action Plan	Exec Director	Due Date	Progress
AP 2.1	Clear working arrangements with Public Health Wales, WCVA and other identified third sector organisations on shared objectives	Agree how PHW will work with WCVA and other identified third sector organisations to collaborate on shared public health objectives.	Exec Dir Nursing, Quality and Integrated Governance National Director for Health and Well-Being	March 2025	<p>December 2024 Third sector Exec planning meeting Jan 2025. Request to WCVA to meet from CEO.</p> <p>October 2024 No further update at present on the generic programme.</p> <p>Engagement with Diabetes UK Cymru and Breakthrough T1D will see joint action on World Diabetes Day 2024 including launch of lived experience work with people living with Diabetes. Next steps will be inclusion of lived experience voices on the Diabetes programme.</p>
		Complete a base line assessment of which current third sector organisations are engaging regularly with Public Health Wales with a view to having a more joined up approach to third sector stakeholder engagement which is captured and can be evidenced to inform better planning and coordination.	Exec Dir Nursing Quality and Integrated Governance Propose to change this lead to Director of Knowledge and Research as the work is being led by RDD Directorate	March 2025	<p>December 2024 The work associated with the development of a CRM is now being led by the Research Data and Digital Directorate. Propose to transfer executive action owner to Iain Bell Executive Director for further updates.</p> <p>October 2024 This work is overdue and needs to be revisited. The role profile for lead Executive for stakeholders to be discussed and agreed at future BET/SBET to ensure role clarity, maximise impact, and reduce variation. In light of this, the due date has been updated.</p>

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AP 2.2	Agreed system wide approach to maximise the effectiveness of the specialist public health system	<p style="color: red;">Proposal to change this to “Development, approval and implementation of ways of working agreements for the specialist Public Health System in Wales”.</p>	National Director of Health and Well-being	<p style="color: red;">March 2025 (October 2024)</p>	<p style="color: red;">December 2024 EDSPH and key PHW Directors met in December 2024 for a day. The ways of working agreement reached earlier in the year has been revised and developed further. An initial “working together” agreement was agreed and list of shared priorities to work on. This has been circulated for finalising. We also identified areas where communication both ways between EDSPH and PHW could improve system working as part of our groundrules for working together.</p> <p>October 2024 Terms of Reference for both the Monthly CMO Leadership Group and PH Leadership Group have now been updated to align with each other, and to include as core members the following PHW Directors: 1) Health and Wellbeing, 2) Data, Knowledge, and Research, 3) Policy and International and 4) Health Protection and Screening Services.</p> <p>A further meeting with DsPH on progress on working together was held in October. A further engagement day was held in November 2024 where we expect to agree a shared forward plan for PH Leadership Group. Directors of Public Health have been engaged individually and collectively in design of the Healthcare Public Health approach as an early shared aspiration. They have also been engaged in the Tackling Diabetes Together Programme where 5 DsPH have now brought forward local demonstration projects to help model the system change needed.</p> <p>The Cross-Directorate Drugs and Alcohol Working Group led by the National Director of Health and Well-being is progressing on track. The action plan and stakeholder mapping have been undertaken and the action plan is being implemented. Further engagement with Directors of Public Health has secured their agreement with our PHW action plan. A population needs assessment is on track for completion by March 2025 and DsPH have nominated peers to join the group to ensure system join up. Liaison with the Criminal Justice systems continues through the teams of the National Directors of Policy and International Health and National Director of HPSS.</p>
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AP 2.3	System leadership skills of the public health workforce and partnerships.	Training and support for systems leadership for the specialist PH system, PSBs, and Public Health Wales staff	National Director of Health and Well-being/Director of People and Organisational Development	March 2025 (June 2024)	<p>December 2024 Learning agreements on systems leadership and systems approaches to Determinants of Health have now been signed by all Public Services Boards. Every PSB has nominated a learning partner who will attend training and disseminate and share learning in their PSB. The first two-day event has taken place. Further events are already planned.</p> <p>An event for all PSB Chairs has taken place which shared learning on systems approaches in November 2024</p> <p>The Shaping Places website has now made available a suite of resources for PSBs to support this Shaping Places for Well-being in Wales - Public Health Wales</p> <p>The leadership training for PHW Directors and EDsPH has been concluded with a working together agreement being created.</p> <p>Coaching for Consultants in Public Health is underway and the mentoring for Consultants in Public Health across the system continues to be offered.</p> <p>Planning for shared events between consultants in public health and principals cross-system is underway.</p> <p>October 2024 The work with DsPH is detailed above under 2.2.</p> <p>Directors of Public Health and PHW Key link Executive Directors have undergone joint leadership and working together facilitation.</p> <p>Eight consultants in Public Health across PHW have now accessed experienced DPH mentors from other systems and one has had some informal mentoring with an experienced local authority mentor. Two local Health Board Consultants have been supported in finding mentors.</p> <p>We are planning for shared events between our consultants and local PHW consultants, and between our principals and local principals. As part of this we are undertaking an assessment of what further system leadership skills people internally and externally identify. Following discussion with PHW and DPH staff working together on wider determinants the Wider Determinants Unit are looking to identify coaching and leadership training for them through the existing agreement with the University of Exeter.</p>
AP 2.6	See action plan for risk 5				

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Risk 3	<p>Risk of: The organisation failing to effectively engage with the public in relation to their health and wellbeing.</p> <p>Due to: Failure to build relationships with stakeholders, communities, and our service users; not having or utilising tools and resources to support engagement; a lack of workforce commitment, skills and capacity; and failure to monitor and evaluate the impact of engagement.</p> <p>Key Strategic Objectives contributing to mitigating the risk and agreed risk appetite level:</p> <ol style="list-style-type: none"> 1) Influencing the wider determinants of health (Keen) 2) Promoting mental and social well-being (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)
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Risk Owner's Overview Assessment Status
<p>December 2024</p> <p>The controls for this risk are being progressed as planned. Of note, a National Peoples Experience Framework is due to be published which will inform our approach to population experience and gathering of feedback.</p> <p>The identified actions are being progressed. Key areas of change include the development of an informal network for Inclusion Health to enable shared learning. The baseline assessment for the evaluation of Our Approach to Engagement is being socialised across PHW. The Behavioural Science Strategic Plan has been produced and will be presented to the Executive Team for adoption. Engagement activity with organisations advocating for young people continues, with other wider opportunities to engage with young people being explored in order to deliver on our plan to improve the robustness and effectiveness of our Young Peoples Panel.</p> <p>Whilst key strategic work to develop Our Approach to Engagement are in development, the risk score will remain unchanged. The timeframe for this is Summer 2025, when there may be improved internal controls that will positively impact the residual/current risk score.</p>

Sponsor and Assurance Group	
Executive Sponsor	Sumina Azam, Director of Policy and International Health / WHOCC Contributors: Jim McManus, National Director Health and Wellbeing Meng Khaw, National Director, Health Protection and Screening Services Huw George, Deputy Chief Executive and Exec Director of Operations and Finance Claire Birchall, Executive Director Quality and Nursing
Assurance Group	Quality, Safety and Improvement Committee

Inherent Risk							
Date	10/05/23	Likelihood:	5	Impact:	4	Score:	20

Risk Score			Risk Decision			Trend
Current Risk		Target Risk		Treat		
Likelihood	Impact	Likelihood	Impact			
4	4	2	3			

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 3.3	Time to Talk Public Health Survey to enable regular public engagement to inform public health policy and practice	Director of Policy and International Health	Performance monitoring of IMTP delivery through Leadership Team Performance reports to Board. Procurement underway to secure the survey for future years.	X	X	X		
SR 3.4	Behavioural insights integration into the work of population health programmes and public communications	National Director of Health and Well-being	Performance monitoring of IMTP delivery through Leadership Team. We will keep this under regular review through HWB internal monitoring processes for the route map.	X	X	X		

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			Joint "team to team" workshops between 1) Policy and International Health and HWB, 2) Data and Knowledge and HWB and 3) Comms and HWB are planned and scheduled to identify together any further actions needed. Behavioural insights strategic plan developed to embed insights across all strategic priorities.					
SR 3.5	Robust communications plans underpinned by evidence-based methodologies in place for planned campaigns. (see AP 3.2)	Deputy Chief Executive and Director of Operations and Finance	Annual plan of communications campaigns. Evaluation of public campaigns and sharing of learnings.	X	X			
SR 3.6	Provision of timely, accurate and relevant risk communications in response to emerging public health issues to enable citizens to take steps to protect their health.	Deputy Chief Executive and Director of Operations and Finance	Incident Management Team or Outbreak Control Team notes. Significant issues are escalated discussed with Executives and at Board.	X		X		X
SR 3.7	The Public Health Young Ambassadors group as a conduit to enable conversations to take place with young people	Executive Director Nursing, Quality and Integrated Governance	YA evaluation to date and workplan for review and redesign of programme.			X		X
SR 3.8	Active engagement with service users and the public with respect to public health services, such as for our population screening programmes, vaccine programmes, blood-borne virus prevention, as part of our work to deliver excellent public health services.	National Director of Health Protection and Screening Services	Implementation of LTS priority on Excellent PH services Performance monitoring of IMTP PHW contribution to National Immunisation Framework Vaccine equity surveillance reporting Screening inequity strategy and associated reporting Screening engagement reports.	X	X	X	X	
SR 3.9	Refreshed Civica Implementation Plan with a focus on embedding a consistent approach to survey development across all Directorates to capture user experience	Executive Director Nursing, Quality and Integrated Governance	Best practice survey guide Bank of questions developed (training and events) Outline paper to strengthen survey governance	x	x	x		
SR 3.10	A Service User Experience Framework developed	Executive Director Nursing, Quality and Integrated Governance	A National Peoples Experience Framework is due to be published which will inform our approach to population experience and gathering of feedback.	x	x	x		
SR 3.11 (new control)	Legislative requirement to comply with consultation and engagement regulations, specifically in relation to proposed service changes e.g. Llais engagement.	Executive Director Nursing, Quality and Integrated Governance	Public Health Wales Standing Orders The Health and Social Care (Quality and Engagement) (Wales) Act			X	X	X

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Action plan No.	Gaps in controls	Action Plan	Exec Director	Due Date	Progress
AP 3.1 (see AP1.2)	Co-ordination of activity to understand the needs of underserved populations	Establish an Inclusion Health programme in PHW	National Director of Health Protection and Screening Services; National Director of Health and Well-being	December 2024	<p>December 2024 Informal network set up between Health and Wellbeing and HPSS to share learning. Discussion planned at cross-organisational Health Inequalities Group</p> <p>October 2024 Cross-directorate discussions have taken place to bring together the work on inclusion health across the organisation. The communicable disease elements are also included in a Health Protection Inequalities Programme which is being established. A decision is needed to agree the governance and co-ordination of the work.</p>
AP3.2 (see SR 3.5)	Lack of an organisation-wide campaigns strategy.	Development of an organisation-wide public campaigns strategy to include: <ul style="list-style-type: none"> • annual plan of public campaigns • application of consistent standards, methodologies, and principles • evaluation of public campaigns and sharing of learnings 	Deputy Chief Executive and Director of Operations and Finance	March 2025	<p>December 2024 Task and Finish Group met in October to establish baseline components. Draft document completed in November with Task and Finish group review scheduled for January 2025.</p> <p>Completed scoping, and detailed requirements gathered from representatives across the whole of PHW in September and October to include detail around standards, methodologies, governance, prioritisation, measurement, and reporting.</p> <p>October 2024 No change since August, work continues with the Task and Finish Group.</p>

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AP 3.3 (previously control SR 3.1)	Evaluate Our Approach to Engagement to drive forward a consistent approach for equitable, effective public engagement	Development of an organisational Approach to Engagement evaluation and future plan	Executive Director Nursing, Quality and Integrated Governance	March 2025 (Sept 2024)	<p>December 2024 Socialisation of the baseline assessment of engagement continues across PHW services. Engagement Interviews scheduled for January 2025.</p> <p>October 2024 Baseline assessment agreed at BET and currently socialising the baseline assessment of engagement activity across the organisation.</p>
AP 3.4 (previously control SR 3.2)	Behavioural Science Unit to develop and implement an enabling plan to support the use of behavioural science across all strategic priority areas.	Performance monitoring of IMTP delivery through Leadership Team and KRIC.	Director of Policy and International Health	March 2025 (Sept 2024)	<p>December 2024 Plan has been produced. Will be discussed at Executive Team for approval.</p> <p>October 2024 Plan to be finalised with aim to publish plan once feedback incorporated. Recruitment undertaken to Behavioural Science Unit to strengthen capacity in the organisation.</p>
AP 3.5 (in support of control SR 3.7)	Further strengthening of the approach to use the voice of young people as a conduit to enable conversations to take place with young people.	YA evaluation to date and continued evaluation and review alongside a review and redesign of the programme and workplan.	Executive Director Nursing, Quality and Integrated Governance	March 2025	<p>December 2024 Engagement activity with Youth Cymru, EYST (Ethnic Youth Support Team) and Children in Wales to support partnership opportunities. Engagement with STEM Ambassadors in PHW to understand how to interact with the careers network. Scoping opportunities for engagement at the PHW careers fair.</p> <p>October 2024 Approach agreed and update summarising discussion and next steps shared with Youth workers and young Ambassadors and QSIC. Engaging with key PHW teams for content of the planned keeping in touch session with the YAs.</p>


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Risk 4	<p>Risk of: Worsening organisational health</p> <p>Due to: Lack of effective organisational leadership and governance, progress towards ideal culture, ability to engage employees.</p> <p>Impact: Inability to recruit and retain high calibre staff, performance manage accountable officers in pursuit of strategic priorities, low staff morale and wellbeing.</p> <p>Key Strategic Objectives contributing to mitigating the risk and agreed risk appetite level: 3) Promoting healthy behaviours [Willing]</p>
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Risk Owner's Overview Assessment Status
<p>December 2024 All actions identified to address gaps in controls are progressing and on target for the due date. Action 4.7 has been updated following completion of the 2024-25 IMTP commitment associated with it, to reflect the 2025-26 commitment. A new action which targets effective governance has been added (AP4.9), subject to approval from BET and Board. The output will be an assessment of the as-is approach to equalities across Public Health Wales and impact of not having a central equalities function. In November BET approved our strategic approach to engagement and integrated action plan. Assurance on progress will be provided to Leadership Team and PODCOM. The first cohort will commence the PHW Leadership and Management Academy, our formal leadership development offering, in Jan 2025 with all leaders and managers targeted to attend over a 3-year period. The 2024 staff survey closed at the end of November 2025 and completion rates exceeded 2023. Whilst this is a positive indicator of engagement our work in relation to culture, ways of working and leadership will take time to embed, and we are not expecting any significant movement in this risk score before June 2025. Meantime action 4.3 will see us identify measures to track progress towards ideal culture and increase employee engagement and create a dashboard to provide insight. This will enable us to adjust controls and actions accordingly.</p>

Sponsor and Assurance Group	
Executive Sponsor	Neil Lewis, Director of People and OD Contributors: Claire Birchall, Executive Director Quality and Nursing Huw George, Deputy Chief Executive and Exec Dir Ops and Finance Paul Veysey, Board Secretary and Head of Board Business Unit
Assurance Group	People and Organisational Development Committee

Inherent Risk							
Date	16/5/23	Likelihood:	5	Impact:	5	Score:	25

Risk Score			Risk Decision			Trend
Current Risk		16	Target Risk		6	
Likelihood	Impact		Likelihood	Impact		
4	4	3	2			

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 4.1	Compliance with Information Governance policy and supporting procedures	Executive Director Nursing, Quality and Integrated Governance	IG performance report			X		
			Information Governance toolkit			X		
			Information Governance Group assurance to Audit and Corporate Governance Committee			X		
			Information Asset Register			X		
SR 4.2	Compliance with Risk Management policy, procedure and other written control documents (protocol)	Executive Director Nursing, Quality and Integrated Governance	Assurance reports on Strategic Risks					X
			Strategic Risk Register and Corporate Risk Register reports to Board				X	X
SR 4.3	Planned People and OD Committee Meetings to review progress v plan	Director of People & OD	PODCOM Minutes from meetings				X	

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	(including dashboard data on workforce trends) and consider emerging threats							
SR 4.4	Refreshed Long Term Strategy	Deputy Chief Executive and Exec Dir Ops and Finance	IMTP Reporting process			X		
SR 4.5	People Strategy and IMTP	Director of People & OD	Reporting against IMTP Milestones			X		
SR 4.6	Compliance with Standing Orders, Scheme of Delegation and Board Etiquette Protocol	Board Secretary and Head of the Board Business Unit	Internal Audit Audit Wales Annual Accountability Reporting to Welsh Government					X X X
SR 4.7	Ongoing review and development of a wellbeing provision which meets the needs of all staff including those affected by the Covid-19 Public Inquiry	Neil Lewis, Director of People & OD	Strategic Risk Register Staff Survey		x	x	x	x

Strategic Risk Register

Action plan No.	Gaps in controls	Action Plan	Exec Director	Due Date	Progress
AP 4.1	Organisational-wide Records Management System	Design and implement Records Management System across organisation	Executive Director Nursing, Quality and Integrated Governance	March 2025	<p>December 2024 The action remains on target and in line with previous update.</p> <p>October 2024 This action remains on target, all Directorates to be transitioned by end of March 2025. Staff records discovery has been completed and we are ready to start implementing.</p>
AP 4.2	Standardised approach to Governance and Quality Management	Implement Duty of Quality and supporting governance and infrastructure	Executive Director Nursing, Quality and Integrated Governance	March 2025	<p>December 2024 Monthly meetings taking place along with the inaugural meeting of the Peoples Experience subgroup. Self-Assessment against the Duty of Quality Standards (STEEP) being reviewed and divisions sharing their work to date and areas for improvement against these.</p> <p>October 2024 Initial QUOG meeting held last month, and meetings scheduled monthly with subgroup formation in progress. Timely self-assessment completed, and Effective and Efficient quality standards being completed this month. Review planned of progress to date.</p>
		Implement year 2 of Integrated Governance implementation plan	Executive Director Quality and Nursing	March 2025	<p>December 2024 On target as per IMTP and workplans.</p> <p>October 2024 On target as per IMTP and workplans.</p>
AP4.3	Oversight of progress with culture and engagement	Identify measures to track progress against the actions agreed to close the gap between current and ideal culture and increase employee engagement and create a dashboard to provide insight and assurance (2024-25 IMTP commitment).	Director People and OD	March 2025	<p>December 2024 Remains on target. Procurement approval obtained for spend to assess a sub-set of cultural styles using the Organisation Culture Inventory (OCI) to enable an understanding of progress against priority areas.</p>

Strategic Risk Register

					<p>October 2024 Remains on target. Procurement approval is being progressed for spend to assess a sub-set of cultural styles using the Organisation Culture Inventory (OCI) to enable an understanding of progress against priority areas.</p>
AP4.4	A single strategic approach to employee engagement	Develop a strategic approach to employee engagement which responds to the results of the 2023 employee survey and an action plan for how this will be delivered. (2024-25 IMTP commitment).	Director People and OD	December 2024	<p>December 2024 Remains on target. In November BET approved our strategic approach to engagement and integrated action plan and this will be published by the end December 2024.</p> <p>October 2024 Remains on target.</p>
AP4.5	A refreshed People Strategy	Publish a refreshed People Strategy (2024-25 IMTP commitment).	Director People and OD	March 2025	<p>December 2024 Remains on target. Engagement with SET took place in November 2024 and this will inform future development. A Board session will take place on the 12th December 2024.</p> <p>October 2024 Remains on target. An update on the work underway is scheduled for BET and PODCOM in October.</p>
AP 4.6	Job Family vision	Implement the vision for Job families in PHW.	Director People and OD	March 2026	<p>December 2024 Action due Sept 2024 complete. Action plan updated to reflect the 2025-2026 IMTP commitment.</p> <p>October 2024 Complete. Subject to approval from BET and Board, from the next reporting cycle the action plan for 4.6 will be updated to reflect this 2025-2026 IMTP commitment: <i>Implement the vision for job families in PHW.</i></p>
AP 4.7	Workforce Planning process	Establish a workforce planning (WFP) process and framework including clear roles and responsibilities (2024-25 IMTP commitment).	Director People and OD	March 2025	<p>December 2024 On target. A deep dive into this action is scheduled for PODCOM in February 2025.</p> <p>October 2024</p>

Strategic Risk Register

					Remains on target. The 2024 WFP cycle will commence shortly, as part of the integrated planning cycle. Targeted learning and development has taken place to enable quality outcomes.	
AP4.8	Ensuring effective governance and compliance.		Development and pilot of the Governance Hub	Board Secretary/Head of BBU	April 2025	<p>December 2024 On target. The Governance Hub will operationalise its pilot from 6th January 2025. The work of the Hub will be supervised by the Board Secretary, who will report to BET on implementation and progress.</p> <p>October 2024 New action, subject to approval from BET and Board. The governance hub pilot is progressing well with draft template documents in place, the duties group reestablished and the hub nearing testing stage.</p>
AP4.9	Ensuring effective governance and compliance.		Equalities baseline assessment	Director of People and OD, Executive Director Nursing, Quality and Integrated Governance	April 2025	<p>December 2024 New action, subject to approval from BET and Board. The output will be an assessment of the 'as-is' approach to equalities across Public Health Wales and impact of not having a central equalities function.</p>

Strategic Risk Register

Risk 5	<p>Risk of: Failure to deliver excellent public health services on screening, infection, health protection and Emergency Preparedness Resilience and Response (EPRR) and comply with the Duty of Quality</p> <p>Due to: Weakness in systems and processes, specialist workforce capacity and capabilities and innovative practice.</p> <p>Key Strategic Objectives contributing to mitigating the risk and agreed risk appetite level:</p> <p>4) Supporting the development of a sustainable health and care system focused on prevention and early intervention (Willing)</p> <p>5) Delivering excellent public health services to protect the public and maximise population health outcomes (Accepting)</p> <p>NB. (Amalgamation of previously referenced SRR5 and SRR6)</p>
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Risk Owner's Overview Assessment Status

December 2024

Work is ongoing to strengthen workforce capacity across the Health Protection and Screening Services directorate, with key mitigations on the health protection and bioinformatics workforce being progressed. The position on screening workforce particularly in the nursing workforce for Breast Test Wales, is recovering but there is an ongoing need to develop resilient capacity across clinical teams. The screening pathway relies on commissioned providers to carry out further diagnostic tests and the wait times for these are sub-optimal and there is ongoing work to address these concerns. Work continues improving uptake of screening and developing sustainable delivery models. The ongoing work to address inequalities remains challenging, because of some key demographics missing from patient records, such as ethnicity. There has been successful recruitment to vacant posts in Infection Division, particularly to the clinical team in North Wales, which helps to build a more resilient service across the region. The learning from COVID continues and a final report of the latest internal exercise is due. However, as the COVID Inquiry is not yet concluded, there will be more reports and recommendations published over the next couple of years. Progress has been made on establishing a cross organisation People's Experience Group.

Recommendation that AP 5.5, AP5.6 and AP 5.11 are considered for closure and AP 5.4 date changed from September 24 to February 25 and AP 5.8 consider to ongoing to monitor progress.

The assessment of the current risk score is unchanged, due to the variables described above.

Sponsor and Assurance Group

Executive Sponsor	Meng Khaw, National Director of Health Protection and Screening Services Contributors: Claire Birchall, Executive Director, Nursing, Quality and Integrated Governance Iain Bell, Director of Research, Data and Digital
Assurance Group	Quality, Safety, and Improvement Committee

Inherent Risk						
Date	15 May 2023	Likelihood:	3	Impact:	4	Score: 12

Risk Score			Risk Decision			Trend
Current Risk		9	Target Risk		6	↔
Likelihood	Impact		Likelihood	Impact		
3	3		3	2		

EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided				
No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Subgroups	Committee / Subgroups	Board
SR 5.1	Development, implementation and maintenance of emergency and business continuity arrangements (including participation in EPRR training and exercising opportunities)	National Director of Health Protection and Screening Services	PHW Emergency Response Plan	X	X	X	X	X
			PHW Business Continuity Arrangements.	X	X	X	X	X
			24/7 Resilient EPRR On Call Service	X	X	X	X	X
			Communicable Disease Plan for Wales	X	X	X	X	X
			Multi-Agency Plans for Emergencies (Contributor)	X	X			

Strategic Risk Register

EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided				
No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Subgroups	Committee / Subgroups	Board
			Emergency Planning & Business Continuity Group Meetings (Quarterly)	x	x			
			Local Resilience Fora (LRF) Meetings	x	x	x		
			Wales Resilience Partnership Team Meetings (Quarterly)	x	x			
			Wales Resilience Forum Meetings (Quarterly)	x	x			
			4 Nations Public Health (PH) Emergency Preparedness, Resilience & Response (EPRR) Meetings (Quarterly)	x	x			
			PHW EPRR Training Prospectus	x	x			
			LRF Training Prospectus	x	x			
			Wales Learning & Development Group (Exercises)	x	x			
			PHW Annual Assurance Return to Welsh Government on EPRR	x	x	x	x	x
			Ability to sustain response to health threats	x	x			
SR 5.2	Utilisation and development of Policies and Procedures to enable effective and efficient service delivery, including Standard Operating Procedures and Protocols.	National Director of 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			
			Infection Division – Standard Operating Procedures (document development, review, and approval), alignment to UKAS accreditation requirements.	x	x	x	x	
			Screening Division –For each of the screening programmes - Standard Operating Procedures (document development, review, and approval)	x	x			
			Reports to Quality, Safety, and Improvement Committee		x	x	x	
			Action Plan and Reports – Divisional Senior Management Teams	x				
SR 5.3	Uphold high professional standards: Professional Regulation – Medical, Nursing and Multi-Professional Staff	Executive Medical Director Executive Director Nursing, Quality and Integrated Governance	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	

Strategic Risk Register

EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided				
No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Subgroups	Committee / Subgroups	Board
			Quality Indicators Performance Monitoring	X	X	X	X	
			Monitor Specialist Registration and Revalidation		X	X	X	X
			Medical, Nursing and Multi-Disciplinary Appraisal Process – Quality Indicator		X	X	X	X
			Medical Job Planning Process – Quality Indicator			X		X
SR 5.4	Operational application of established corporate systems and processes relating to finance and procurement	National Director of Health Protection and Screening Services	Directorate Finance reports to Directorate Management Team meeting (monthly). Supported by the Business Operations Meeting (BOM)	X	X			
			Divisional Finance reports to SMT	X				
			Executive Director Reports (to Executive and Board)			X		X
			Mid and End of Year Review Reports (Executive scrutiny)			X		X
SR 5.5	Debrief and implementation of lessons identified from incidents and outbreaks.	National Director of Health Protection and Screening Services	Datix reporting at programme and divisional level	X	X	X		
			Putting Things Right - Quarterly Alert Exception Report (Quality, Safety, and Improvement Committee)				X	
			National Reportable Incident Reporting (Quarterly) to Quality, Safety and Improvement Committee			X	X	
			Organisational debrief and learning from the response to the COVID pandemic and other incidents and outbreaks	X	X			
			Covid 19 Public Inquiry Steering Group	X	X	X		
			EPRR Lessons Identified Register for Emergencies, Enhanced & Major Incidents.	X	X	X	X	
SR 5.6	Surveillance of health threats to inform timely and effective response.	National Director of Health Protection and Screening Services	Communicable disease surveillance reports	X	X			
			Exceedance reports and protocols for escalation and response	X	X	X	X	
			Agreed criteria for escalation (reviewed on an annual basis)	X	X			
			Health Protection Situational Awareness Reports – (monthly report to Executive)	X	X	X		X

Strategic Risk Register

EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided				
No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Subgroups	Committee / Subgroups	Board
SR 5.7	Compliance with Infection control policies, procedures, and related statutory and mandatory training Compliance with National Guidelines and Standard Operating procedures in place for IPC	Executive Director Nursing, Quality and Integrated Governance	IPC Audit plan and Environmental Audit Programme				X	
			IPC group assurance reports to QSIC				X	
			IPC Risk Register			X		
			Annual Clinical Audit Plan				X	
SR 5.8	Putting Things Right Policies and Procedures Regular monitoring of incidents to identify immediate action required and provide an early response to learning.	Executive Director Nursing, Quality and Integrated Governance	Monthly and annual Reporting of patient service user experience including incidents, complaints, claims and Duty of Candour				X	
			Quality Reviews of Incidents and associated action plans		X			
			Thematic reviews on areas of concern: <ul style="list-style-type: none"> Annual Quality Report Annual Duty of Candour Report Annual Assessment for PTR/Welsh Risk Pool 				X	
SR 5.9	Implementation of the Quality Oversight Group (QuOG), which will encompass adoption of the Clinical Governance Framework and the delivery of excellent Public Health services.	Executive Director Nursing, Quality and Integrated Governance	QuOG by Sep 24 Functional CG Organisational Groups by Dec 24		X		X	
SR 5.10	Horizon Scanning	National Director of Health Protection and Screening Services	IHR reports	X	X			
			UKHSA sources	X	X			
			PHW horizon scans (inc. EPRR work linked to the National Security Risk Assessment (NSRA))	X	X			
			Genomics	X	X			
			Links with APHA and other agencies	X	X			
			Weekly meetings with HPT	X	X			
			UKHSA daily emerging infections horizon scanning results	X	X			
GEZI Wales horizon scans every 2 weeks	X	X						
SR 5.11	Forecasting and use of data/digital tools	National Director of Health Protection and Screening Services	Exceedance algorithms	X	X			
			Reports including exposures, climate and environmental determinants.	X	X			
			Short/medium term models working with academic partners.	X	X			

Strategic Risk Register

Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
AP 5.1	NHAIS is being decommissioned by England and we currently rely on NHAIS to select breast screening cohort. Reliant on one member of staff who has detailed knowledge of NHAIS.	SH	Implementation of BSS select for Breast Screening Programme to maintain cohort selection for breast screening. Working group with NHS England colleagues to progress this change.	Deputy Chief Executive / Executive Director of Finance and Operations National Director of Health Protection and Screening Services	Jan 2025 (May 2024)	<p>December 2024: Post go live enhancements still under development. Project closure will be reviewed in December 2024.</p> <p>October 2024: Work ongoing with post go live enhancements, system has had stable running over last month. Project closure will be reviewed October 2024</p>
AP 5.2	Recovery of the Breast Screening Programme is impacted by difficulty in recruiting specialist clinical staff to undertake reading of mammograms and assessment clinics.	SH	Recruitment processes underway for breast clinician role in North Wales. Planned recruitment in Southeast Wales for radiologist working closely with Health Boards. Planned retirement in 2023 will increase issue in North Wales and working with HB to explore potential ways forward.	National Director of Health Protection and Screening Services	Jan 2025	<p>December 2024: Recruitment remains challenging. Job plans being actively managed to deliver service.</p> <p>October 2024: Applicant declined substantive post. Awaiting date from Betsi Cadwaladr UHB for re-advertising post. Job plan changes made to incumbent substantive consultant job plan to support clinical delivery in BTW Llandudno. Exploring an extension to existing locum contract.</p>
AP 5.3	Sustainable provision of clinical infection services	RH / KW	Continue to recruit to consultant posts. Deliver changes that will make the service more attractive including recruitment of Specialty and Specialist Doctors as well as Physician Associates, Clinical Scientists and Specialist Nurses.	National Director of Health Protection and Screening Services	Ongoing	<p>December 2024 Appointment of a Speciality doctor to provide an onsite service in Rhyl, starting on December 2nd. Currently going through the appointments process for a Specialist Grade doctor for the Hywel Dda service. Across network medical staffing remains under establishment, recruitment of substantive Consultant medical or Clinical Scientists challenging and establishments below ideal level for optimal sustainable clinical service provision. This has been mitigated by increased trainee medical numbers and support to clinical services from Clinical Liaison BMS, Physicians Associates and Advanced Nurse Practitioners. Four Physician Associates have achieved their competencies to allow support of weekend working.</p> <p>October 2024: Appointments made to consultant and specialty grade post for North Wales. A locum consultant was employed for Hywel Dda and commenced last month. No appointment possible for Cardiff ID</p>

Strategic Risk Register

Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
						and Microbiology consultant post, but potential to fill some vacant sessions from part-time Virology-ID consultant looking to expand to full-time role. Appointed 2 consecutive 6-month clinical fellow posts for Cardiff Microbiology. Across network medical staffing remains under establishment, recruitment of substantive Consultant medical or Clinical Scientists challenging and establishments below ideal level for optimal sustainable clinical service provision. This has been mitigated by increased trainee medical numbers and support to clinical services from Clinical Liaison BMS, Physicians Associates and Advance Nurse Practitioners.
AP 5.4	Resilient Out of Hours Acute Health Protection Service	GS / EM	Reviewing the model of service delivery to test resilience and sustainability.	National Director of Health Protection and Screening Services	Feb 2025 (Sept 2024)	<p>December 2024: Discussions continue and being led by PHW Execs. Refreshed collective group in relation to the review of arrangements and identification of any subsequent improvement and actions. – request due date change.</p> <p>October 2024: Discussions on-going between MK and NL in relation to the review of arrangements and subsequent improvement and actions</p>
AP 5.6	Clinical Governance Framework	MK / CB	Develop cross-organisational opportunities to bring together teams that are active in-service user experience and patient safety work to share best practice and learn lessons as part of the organisation's Clinical Governance arrangements. Agreement on how we utilise service user engagement to inform delivery of excellent public health services.	National Director of Health Protection and Screening Services & Executive Director Nursing, Quality and Integrated Governance	Oct 2024 Recommended closure	<p>December 2024 People's Experience Group formed, and first meeting held with good cross organisational representation. Feedback received on the group's discussion at QUOG. Opportunities to identify areas for improvement in engagement identified. Patient Safety Learning Group being scoped. Recommend Closing as complete.</p> <p>October 2024 Inaugural People Experience Group (subgroup of QUOG) scheduled for 31st October with cross organisational representation. TOR drafted for this meeting and discussion on format of meeting to be agreed feedback to QUOG.</p>

Strategic Risk Register

Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
AP 5.7	Key lines of enquiry (KLOEs) from Welsh Government to support Quality Standards reporting.	AC	Obtain key lines of enquiry from Welsh Government, implement once published, and complete self-assessment.	Executive Director Nursing, Quality and Integrated Governance	March 2025 (Sept 2023)	<p>December 2024 Timely Self-assessment discussed and shared by directorate teams at the QUOG November 2024 meeting. Delays experienced by some divisions in fully completing this assessment. Effective and Efficient standards being progressed and co production of key questions in development. Request to revise deadline.</p> <p>October 2024 Timely self-assessment completed and due to be evaluated this month. Effective and Efficient underway. PHW attending national NHS Exec Quality Standards group and discussion with CNO as now unlikely to be a national template to complete. On track to deliver assessment by March 2025.</p>
		AC	Identify improvement plan following self-assessment for 2024/25.	Executive Director Nursing, Quality and Integrated Governance	March 2025 (March 24)	<p>December 2024 From those self-completed assessment received to date against the timely standard and effective & efficient there are areas for improvement identified and shared by directorates with plan /intentions to progress in 25/25. Self-Assessment timeframes causing some problems for divisions due to competing demands and agreement to adapt these agreed by QUOG.</p> <p>October 2024 Review initial self-assessments completed by PHW directorates for the 'Timely' Quality Standard, using insights to support the annual planning cycle. The DOQ standards self-assessment timeframes to be reviewed following initial experiences and feedback against the current self-assessment suggested timeframes.</p>
AP 5.8	Unable to ensure consistent and effective operational systems and processes relating to delivery of excellent public health services.	MB	Develop a programmed approach to the assurance of excellent operations across the HPSS Directorate. The directorate aspires to be a beacon of efficiency, effectiveness, and innovation, setting the benchmark for excellence in public health operations. The programme will be based on a	National Director of Health Protection and Screening Services	Ongoing (July 2024)	<p>December 2024: Programme developing and continues to establish and identify new improvement projects. Internal Audit engaged in reviewing the impact of one component of the programme (procurement project) Links made with organisation</p>

Strategic Risk Register

Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
			programme of operational audit and review against existing and developed benchmarked standards. Taking an "excellent operations" approach, work to ensure optimal use of resource to support the delivery of excellent services to the population of Wales.			<p>business systems improvement programme to ensure cross learning and no duplication. Recommend date change to ongoing to monitor progress.</p> <p>October 2024: Established Excellent Operations Programme Group. Project Manager and Project Support Manager appointed and recruitment underway for 2 Programme Managers.</p>
AP 5.9	Developing an excellent case management facility.	MK/IB	Development of a quality process or system through which robust case management can be enacted and followed up.	National Director of Health Protection and Screening Services/Director of Research, Data and Digital	March 2025 (Sept 2024)	<p>December 2024 A full business case is in draft with the various options for implementation being considered. Once fully assessed, the business case will be submitted through BET and Board to Welsh Government. An agreement to extend the alpha phase to complete further work following the move away from Open Source has been completed.</p> <p>October 2024 The programme team completed their evaluation, and it was decided that the risk and cost of moving to a Free Libre Open-Source health protection platform was higher than the risk and cost of creating a bespoke system. They presented to the programme board, who agreed and requested that the team pivot and use the rest of the existing contract developing the detailed work plans and business case for a bespoke system. It is likely that there will be several weeks' worth of extra work that would be alpha, but which could be completed at the end of this contract or at the beginning of the delivery contract, depending on the availability of funding in this financial year.</p>
AP 5.10	Management system for Breast and Bowel screening services.	MK/IB	Development of a quality process or system through which robust case management can be enacted and followed up.	National Director of Health Protection and Screening Services/Director	March 2025 (Sept 2024)	<p>December 2024 Discovery phase has completed. Digital Services and Screening services now need to look at whole screening route map and decide on continuation of system-by-system</p>

Strategic Risk Register

Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
				of Research, Data and Digital		<p>approach or more of an approach for all of screening.</p> <p>October 2024 The NBSS discovery is in its final week and will be delivering its report shortly. The digital and data teams are also doing a deep dive into screening to ensure that all future work in the screening area can move us closer to the strategic goals.</p>
AP 5.12	Horizon Scanning <i>(Links to SR 5.10)</i>	HW	Assess risk, vulnerability, capacity, exposure, hazard characteristics and their possible sequential effects on PHW. Consider the organisations capability and capacity to respond to, and mitigate, identified risks detailed within the NSRA. PHW will continue to engage and work with the Wales Risk Group and contribute to the development of LRF Community Risk Registers.	National Director of Health Protection and Screening Services	This is an ongoing action without end date.	<p>December 2024: Still awaiting confirmation of sign-off for the Wales Risk Register via Welsh Government. Working at pace across Wales with all LRF areas to produce individualised risk assessments for the areas.</p> <p>October 2024: DRAFT Wales Risk Register complete, awaiting sign-off by Welsh Government. Collaboration works ongoing in Dyfed Powys, Gwent & North Wales LRF areas to produce individualised risk assessments for the areas. Work in South Wales remains on hold until LRF governance review is concluded.</p>
AP 5.13	Work required to enhance planning activity. <i>(Links to SR 5.1)</i>	HW	Work with partners to continually review and update multi-agency plans for emergencies in response to any testing or activation of plans.	National Director of Health Protection and Screening Services	This is an ongoing action without end date.	<p>December 2024: PHW (Via EPRR) successfully responded to 15 emergency or major incident notifications (Q1&Q2), providing specialist PH advice and support to the coordinated multi-agency response, PHW (EPRR) have hosted internal reviews where appropriate and engaged directly with multi-agency debriefs to share experiences, identify lessons, and ensure that this work is used to enhance future planning activity.</p> <p>October 2024: Continue providing specialist advice and support to the development of the new Wales Gold V Training course. Collaborating to update the NLRP CBRN Plan, the Joint Major Incident Plan for Southern Wales Police Forces, and the provision multi-agency COMAH training in Pembrokeshire.</p>

Strategic Risk Register

Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
AP 5.16	Ensure lessons are identified from incidents and outbreaks, including the COVID pandemic. <i>(Links to SR 5.5)</i>	HW	Carry out debrief sessions to identify lessons from the COVID pandemic, including horizon scanning, surge response and implementation at scale.	National Director of Health Protection and Screening Services	January 2025	<p>December 2024: Work on track for completion as outlined in October 2024 update below.</p> <p>October 2024: All six phase two workshops for the staff-wide facilitated learning events for Covid taking place across Wales successfully completed, with reporting due by the end of December 2024, for communication to BET in January 2025.</p>
		PV	Ensure the wider organisational learning (lessons identified) arising from the COVID-19 Inquiry are identified and distilled for BET at key points. NB. Likely to be when each set of interim findings are published.	Covid 19 Public Inquiry Steering Group	Ongoing as the Inquiry progresses	<p>December 2024 In partnership with Welsh Government colleagues, work continues in response to recommendations made in the Module 1 Report. BET continues to oversee implementation / organisational learning.</p> <p>October 2024 Ownership of the actions and learning arising from the Module 1 report has been allocated to HPSS where Deputy Medical Director is leading on the actions and is providing frequent updates to both BET and Board.</p>