

# Strategic Risk Register

<b>Risk 1</b>	<p><b>Risk of:</b> Widening gap in healthy life expectancy of population of Wales</p> <p><b>Due to:</b> 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> <p>1) Influencing the wider determinants of health <b>[Keen]</b></p> <p>3) Promoting Healthy Behaviours <b>[Willing]</b></p> <p>5) Delivering excellent public health services to protect the public and maximise population health outcomes. <b>[Accepting]</b></p>
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### Risk Owner's Overview Assessment Status

Prior to the pandemic the gap in healthy life expectancy between the most and least deprived populations of Wales was widening. The consequences of the pandemic in terms of access to preventative and healthcare services and the impact on mental and emotional well-being is likely to have exacerbated this. Together with the health impacts of the ongoing Cost of Living Crisis there is a high risk that the health of the population will worsen, particularly for vulnerable populations. This is likely to increase the gap in healthy life expectancy among our vulnerable, more deprived populations compared to more affluent populations in Wales.

This will need long and short-term actions, as well as cross-organisational and cross system actions to achieve change. A substantial number of programmes are underway on this programme of work, but an overarching assessment of where we are on healthy life expectancy that significant further work will be needed to achieve this. A key starting point will be a clear, shared, and owned assessment of what the organisation's role in reducing health inequalities is, and how we work with other systems. The current 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.

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

<b>Executive Sponsor</b>	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
<b>Assurance Group</b>	Knowledge Research and Information Committee (remitted from QSIC Dec 2023)

### Inherent Risk

Date	11/05/23	Likelihood:	5	Impact:	5	Score:	25
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Risk Score					Risk Decision		Trend
Current Risk		20	Target Risk		Treat		
Likelihood	Impact		Likelihood	Impact			
4	5		3	3	9		

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 Health Act (Health Impact Assessment), the Well-being of Future Generations Act and the Socio-economic Duty	Director of Policy and International Health	Performance monitoring of IMTP delivery through Leadership Team <b>Work underway by WHIASU to support Welsh Government to produce HIA regulations and to support public bodies to undertake HIAs once regulations are published.</b>	X	X	X		
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 <b>Ongoing update of Solutions Platform, with plans embedded for</b>	X	X	X	X	

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			evaluation. Work underway to support delivery of WG-WHO MOU on the Wellbeing Economy, enabled by a part time secondment to WHO.					
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 Route map for Strategic Priority 1 being finalised. Work underway to build our organisational policy advocacy function. Research priorities for Priority 1 being progressed through workshop with Cardiff University.	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 Route Map for SP6 being finalised.		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 are in development. 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 Group has agreed priority areas for action and is establishing workstreams to progress. Work programme to be discussed at Executive meeting in January.	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	<b>October 2024</b> Cross organisational health inequalities group (as per SR 1.7) has inputted to IMTP guidance to strengthen focus on health inequalities.  <b>October 2024</b>

## Strategic Risk Register

					<p>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 that is being established. A decision is needed to agree the governance and co-ordination of the work.</p> <p><b>January 2024</b> Resource has been identified in HPSS and HWB directorate to take forward a cross-organisational programme of work for inclusion health. However, development is at an early stage and objectives for 2024/25 and not likely to be defined for year 1 of the IMTP for 2024/25</p>
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	October 2024	<p><b>October 2024</b> 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> <p><b>July 2024</b> Work continues to progress on this. The Prevention Based Health and Care Framework was launched on 20<sup>th</sup> May 2024 and the rest of the framework delivery will continue as set out in the IMTP. Work continues on the Healthcare Public Health Framework now that we have met all Executive Directors of Public Health. Further workshops with stakeholders are planned for September 2024. An iteration of the framework is due to come to BET in October 2024.</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 (July 2024)	<p><b>October 2024</b> 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> <p><b>September 2024</b> Phase 1 cancer inequalities work completed. Our approach to inequalities programme discussed what data we need to inform action and have agreed this as a priority area.</p>

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<b>Risk 2</b>	<p><b>Risk of:</b> Worsening health outcomes for the population of Wales  <b>Due to:</b> 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 [<b>keen</b>]            2) Promoting Mental and Social Well-being [<b>willing</b>]            3) Promoting Healthy Behaviours [<b>willing</b>]</p>
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<p><b>Risk Owner's Overview Assessment Status</b></p> <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 <b>March 2026</b>, based on the route map and the need for better system alignment.</p>
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Sponsor and Assurance Group	
<b>Executive Sponsor</b>	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
<b>Assurance Group</b>	Knowledge Research and Information Committee (remitted from QSIC Dec 2023)

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

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

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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 (March 2024)	<p><b>October 2024</b> 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> <p><b>September 2024</b> Further engagement works underway to arrange interviews with external partners, 10 interviews planned during September to ensure that a system is procured or designed to manage relationships with PHW Board's strategic partners.</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 Quality and Nursing	March 2025 (March 2024)	<p><b>October 2024</b> 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> <p><b>September 2024</b> Interviews will key stakeholders scheduled this month.</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	October 2024	<p style="color: red;"><b>October 2024</b>            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 style="color: red;">A further meeting with DsPH on progress on working together was held in October. A further engagement day will be 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 style="color: red;">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> <p style="color: red;"><b>September 2024</b>            An initial Ground rules agreement for how we work together with EDsPH has been reached. More work on this will be done during a further day together in November where we will seek to agree some shared priorities as well as the ways of working.</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	June 2024	<p><b>October 2024</b> 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> <p><b>September 2024</b> Initial workshop completed, a further workshop with senior leaders (DsPH) scheduled and a proposal for key skills development sessions and a leadership development assessment needed. Mentoring has been secured for 4 senior public health specialists inside and outside the organisation and a leadership development proposal discussion document for the PH system in Wales is in draft.</p>
AP 2.5	Strengthening systems leadership and engagement of Public Services Boards in the wider determinants of Health and Well-being.	Shaping Healthy Places for Wales Programme part funded by PHW, and part funded by the Health Foundation for 3-year programme to enable Public Service Boards to address wider determinants	National Director of Health and Wellbeing	Complete	<p><b>October 2024-</b> <u>Complete. Action to be closed.</u></p> <p><b>July 2024</b> This programme has now been launched, Public Service Boards have been engaged and recruited and the programme is underway. The programme is now working with local PSBs and Public Health Teams to develop their shared and respective plans.</p>
AP 2.6	See action plan for risk 5				



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<b>Risk 3</b>	<p><b>Risk of:</b> The organisation failing to effectively engage with the public in relation to their health and wellbeing.</p> <p><b>Due to:</b> 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"> <li>1) Influencing the wider determinants of health (<b>Keen</b>)</li> <li>2) Promoting mental and social well-being (<b>Willing</b>)</li> <li>3) Promoting healthy behaviours (<b>Willing</b>)</li> <li>4) Supporting the development of a sustainable health and care system focused on prevention and early intervention (<b>Willing</b>)</li> <li>5) Delivering excellent public health services to protect the public and maximise population health outcomes (<b>Accepting</b>)</li> </ol>
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Risk Owner's Overview Assessment Status
<p>Progress continues to be made in engaging with our population through the controls already in place. Of note, we have included mention of our legislative requirements to consult and engage with our population, particularly in relation to service changes. There have been recent strategic meetings with Llais to further build our approach to engagement and identify areas for collaboration.</p> <p>The identified actions are being progressed, although for some actions there are no significant updates, for example developing an organisation-wide public campaigns strategy. Papers on Evaluating Our Approach to Engagement and our work to evaluate and redesign the Young Ambassadors Programme have both been discussed and endorsed by the Executive Team and QSIC in September 2024. These papers mark significant milestones in progressing these two programmes of work.</p> <p>Whilst key strategic work to develop Our Approach to Engagement are in development, the risk score will remain unchanged. The timeframes for both plans are for Summer 2025, when there may be improved internal controls that will positively impact the residual/current risk score.</p>

Sponsor and Assurance Group	
<b>Executive Sponsor</b>	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
<b>Assurance Group</b>	Quality, Safety and Improvement Committee

Inherent Risk							
<b>Date</b>	10/05/23	<b>Likelihood:</b>	5	<b>Impact:</b>	4	<b>Score:</b>	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 <b>Performance reports to Board.</b> <b>Procurement underway to secure the survey for future years.</b>	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. Joint "team to team" workshops between 1) Policy and International Health and HWB, 2) Data and	X	X	X		

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			Knowledge and HWB and 3) Comms and HWB are planned and scheduled to identify together any further actions needed.					
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><b>October 2024</b> 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> <p><b>August 2024</b> Work is underway to develop an 'inclusion health' work plan outlining shared priorities and actions across health protection and primary care initially. 'Inclusion health' will be a core component of the cross-organisational Health Inequalities Group.</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"> <li>annual plan of public campaigns</li> <li>application of consistent standards, methodologies, and principles</li> <li>evaluation of public campaigns and sharing of learnings</li> </ul>	Deputy Chief Executive and Director of Operations and Finance	March 2025	<p><b>October 2024</b> No change since August, work continues with the Task and Finish Group.</p> <p><b>August 2024</b> Head of Communications has convened a task and finish group to develop a public campaigns strategy. Initial meeting held in July 2024, with further workshops planned for September 2024 to progress.</p>
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	Sept 2024	<p><b>October 2024</b> Baseline assessment agreed at BET and currently socialising the baseline assessment of engagement activity across the organisation.</p> <p><b>September 2024</b> Evaluation discussed at BET in September 2024.</p>

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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	Sept 2024	<p><b>October 2024</b> 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><b>October 2024</b> 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> <p><b>September 2024</b> Paper presented detailing a revised approach and discussed at BET.</p>

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<b>Risk 4</b>	<p><b>Risk of:</b> Worsening organisational health</p> <p><b>Due to:</b> Lack of effective organisational leadership and governance, progress towards ideal culture, ability to engage employees.</p> <p><b>Impact:</b> 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 <b>[Willing]</b></p>
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<b>Risk Owner's Overview Assessment Status</b>
<p><b>Sept 2024</b></p> <p>All actions identified to address gaps in controls are progressing and on target for delivery by the due date.</p> <p>The action plan put in place to address the gap in control relating to a standardised approach to Governance and Quality Management is being taken forward through the new Quality Oversight Group which met for the first time in Sept (AP4.2)</p> <p>Subject to BET and Board approval, the existing action 4.7 has been marked complete following delivery of the associated IMTP commitment and will be updated for the next reporting cycle. A new action which targets effective governance has been added (AP4.8), subject to approval.</p> <p>The contract for the future provision of leadership and management development has been awarded and is in the design phase. The first cohort will commence in 2024-2025 with all leaders and managers targeted to attend over a 3-year period. Culture and employee engagement are key themes. This is part of a programme of work designed to increase leadership and management skills, capacity and confidence which is an IMTP commitment for 2025-2026.</p> <p>We remain confident in our wellbeing provision but will continue to monitor the needs of our workforce and respond.</p> <p>Our work in relation to culture, ways of working and leadership will take time to embed, we are not expecting any significant movement in this risk score before June 2025. In due course the results of the 2024 staff survey and the dashboard we are developing this year to measure progress with culture and engagement will enable us to understand progress and adjust controls and actions accordingly.</p>

<b>Sponsor and Assurance Group</b>	
<b>Executive Sponsor</b>	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
<b>Assurance Group</b>	People and Organisational Development Committee

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

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

EXISTING CONTROLS			Level at which the Assurance is provided to					
No.	Control	Exec Owner	SOURCES OF ASSURANCE	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><b>October 2024</b> 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> <p><b>July 2024:</b> Remains on target.</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 (August 2024)	<p><b>October 2024</b> 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> <p><b>September 2024</b> Quality Oversight Operational Group created, and inaugural meeting held this month. Terms of reference agreed to support quality governance and supporting infrastructures e.g. service user experience group. Engagement and co-production meetings held to socialise the Quality standards and develop a PHW Self-assessment tool. First baseline assessment completed by directorates for the Timely standard.</p>
		Implement year 2 of Integrated Governance implementation plan	Executive Director Quality and Nursing	March 2025	<p><b>October 2024</b> On target as per IMTP and workplans.</p> <p><b>July 2024</b> 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	Director People and OD	March 2025	<p><b>October 2024</b> Remains on target. Procurement approval is being progressed for spend to assess a sub-set of cultural styles using the</p>

## Strategic Risk Register

		to provide insight and assurance (2024-25 IMTP commitment).			<p>Organisation Culture Inventory (OCI) to enable an understanding of progress against priority areas.</p> <p><b>July 2024</b> On target.</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><b>October 2024</b> Remains on target.</p> <p><b>July 2024</b> On target. Full evaluation of staff survey data presented to BET 10.07.24 and assurance provided to PODCOM 09.07.24.</p>
AP4.5	A refreshed People Strategy	Publish a refreshed People Strategy (2024-25 IMTP commitment).	Director People and OD	March 2025	<p><b>October 2024</b> Remains on target. An update on the work underway is scheduled for BET and PODCOM in October.</p> <p><b>July 2024</b> On target.</p>
AP 4.6	Job Family vision	Establish a clear vision outlining the function of job families within PHW (2024-25 IMTP commitment).	Director People and OD	Sept 2024 – <b>Complete subject to final approval from BET and Board</b>	<p><b>October 2024</b> Complete. Subject to approval from BET and Board, from the next reporting cycle the action plan for 4.7 will be updated to reflect this 2025-2026 IMTP commitment: <i>Implement the vision for job families in PHW.</i></p> <p><b>July 2024</b> On target.</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><b>October 2024</b> Remains on target. The 2024 WFP cycle will commence shortly, as part of the integrated planning cycle. Targeted learning and development have taken place to enable quality outcomes.</p> <p><b>July 2024</b> On target</p>
AP4.8	Ensuring effective governance and compliance.	Development and pilot of the Governance Hub	Board Secretary/Head of BBU	April 2025	<p><b>October 2024</b> New action, subject to approval from BET and Board.</p> <p>The governance hub pilot is progressing well with draft template documents in place, the duties group reestablished and the hub nearing testing stage.</p>



## Strategic Risk Register

<b>Risk 5</b>	<p><b>Risk of:</b> 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><b>Due to:</b> 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 (<b>Willing</b>)</p> <p>5) Delivering excellent public health services to protect the public and maximise population health outcomes (<b>Accepting</b>)</p> <p><b>NB.</b> (Amalgamation of previously referenced SRR5 and SRR6)</p>
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### Risk Owner's Overview Assessment Status

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.

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

Sponsor and Assurance Group	
<b>Executive Sponsor</b>	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
<b>Assurance Group</b>	Quality, Safety, and Improvement Committee

Inherent Risk						
<b>Date</b>	15 May 2023	<b>Likelihood:</b>	3	<b>Impact:</b>	4	<b>Score:</b> 12

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

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
<b>SR 5.1</b>	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			
			Emergency Planning & Business Continuity Group Meetings (Quarterly)	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
			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	
			Quality Indicators Performance Monitoring	x	x	x	x	
			Monitor Specialist Registration and Revalidation		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
			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
SR 5.7	Compliance with Infection control policies, procedures, and related statutory and mandatory training	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		

## 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
	Compliance with National Guidelines and Standard Operating procedures in place for IPC		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"> <li>Annual Quality Report</li> <li>Annual Duty of Candour Report</li> <li>Annual Assessment for PTR/Welsh Risk Pool</li> </ul>				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			

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	SH	Implementation of BSS select for Breast Screening Programme to maintain cohort selection for breast screening. Working group with NHS	Deputy Chief Executive / Executive Director of	May 2024	<b>October 2024: Work ongoing with post go live enhancements, system has had stable running over last</b>

## Strategic Risk Register

Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
	screening cohort. Reliant on one member of staff who has detailed knowledge of NHAIS.		England colleagues to progress this change.	Finance and Operations National Director of Health Protection and Screening Services		<p>month. Project closure will be reviewed October 2024</p> <p><b>July 2024:</b> DEWIS system live and working as expected. Project team remains in place to manage post go live enhancements. Target date for completion is early September.</p>
<b>AP 5.2</b>	Recovery of the Breast Screening Programme is impacted by difficulty in recruiting specialist clinical staff to undertake reading of mammograms and assessment clinics.	<b>SH</b>	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 (Sept 24)	<p><b>October 2024:</b> 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> <p><b>July 2024:</b> Awaiting confirmation of acceptance from successful applicant for North Wales Radiologist post. New Radiologist appointed (BTW/ C&amp;V post) starts August 2024.</p>
<b>AP 5.3</b>	Sustainable provision of clinical infection services	<b>RH / KW</b>	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><b>October 2024:</b> 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 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.</p> <p><b>June 2024:</b> Interviews planned for July for one Specialist Grade for West Wales and 2x Speciality</p>

## Strategic Risk Register

Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
						Doctors and 1x Consultant for North Wales. Recruitment for 1 x ID for Consultant for Cardiff Service ongoing.
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	Jan 2025 (Sept 2024)	<p><b>October 2024:</b> Discussions on-going between MK and NL in relation to the review of arrangements and subsequent improvement and actions</p> <p><b>June 2024:</b> No further update to February 2024 update.</p>
AP 5.5	Surge Plan for Acute Health Protection	GS / EM	Agreed oversight and surge plan for Acute Health Protection	National Director of Health Protection and Screening Services	Dec 2024 (Sept 2024)	<p><b>October 2024:</b> Completed surge model and integration into wider EPRR surge mechanisms.</p> <p><b>June 2024:</b> feedback incorporated plan to submit to EPBC subgroup prior to directorate sign off.</p>
AP 5.6		MK / CJ	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	<p><b>October 2024</b> Inaugural People Experience Group (subgroup of QUOG) scheduled for 31<sup>st</sup> October with cross organisational representation. TOR drafted for this meeting and discussion on format of meeting to be agreed feedback to QUOG.</p> <p><b>September 2024</b> Inaugural Quality Oversight Group meeting held on 23/09/24. Focused discussions and shared learning on quality standards and quality reporting, both of which are key parts of the DoQ. Inaugural People's (Service User) Experience Learning Group will take place on the 30/10/24. Leading on embedding a robust organisational approach to capturing, learning and sharing from the experience and feedback, and implementation of the People's Experience framework.</p>
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><b>October 2024</b> 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</p>

## Strategic Risk Register

Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
						<p>to be a national template to complete. On track to deliver assessment by March 2025.</p> <p><b>September 2024</b> Initial self-assessment tool co-produced and testing commenced. Baseline self-assessment completed by directorates against the timely standards and discussed at the QUOG meeting this month. Roadmap for self-assessments against all standards created and shared/ Effective and efficient self-assessments planned for October.</p>
		<b>AC</b>	Identify improvement plan following self-assessment for 2024/25.	Executive Director Nursing, Quality and Integrated Governance	March 24	<p><b>October 2024</b> 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> <p><b>September 2024</b> Directorates self-assessments against the Timely standards completed and has identified areas for improvement. Completion of self-assessments for all quality standards anticipated to be complete to support next year's planning cycle.</p>
<b>AP 5.8</b>	Unable to ensure consistent and effective operational systems and processes relating to delivery of excellent public health services.	<b>MB</b>	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 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.	National Director of Health Protection and Screening Services	July 2024	<p><b>October 2024:</b> Established Excellent Operations Programme Group. Project Manager and Project Support Manager appointed and recruitment underway for 2 Programme Managers.</p> <p><b>June 2024:</b> Inaugural meeting of umbrella programme group and scope of programme in the final stages of agreement.</p>

## Strategic Risk Register

Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
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	September 2024	<p><b>October 2024</b> – 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> <p><b>September 2024</b> milestones met:</p> <ul style="list-style-type: none"> <li>• Digital Health Protection PID completed and accepted</li> <li>• Programme Board set up and first meeting held, TOR approved</li> <li>• Sprint 1 completed, desk-based review of candidate solutions is underway.</li> </ul>
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 of Research, Data and Digital	September 2024	<p><b>October 2024</b> 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> <p><b>September 2024:</b> Breast screening has been prioritised and now approaching the end of an internally-lead discovery on the next stages. In the short-term, action is underway to ensure continuity of system support for after a key digital team member retires at the end of 2024.</p>
AP 5.11	Enhancement of current genomics work required.	CW/TC	Expand the range of genomics horizon scanning.	National Director of Health Protection and Screening Services	March 2024	<p><b>October 2024: Proposal to close action.</b></p> <p><b>June 2024:</b> PHW has an operational horizon scanning group covering SARS-CoV-2 and Influenza, which reports into the Health Protection Forum and tracks variants and</p>



## Strategic Risk Register

Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
						threats. The group has been monitoring a range of risks including avian influenza and SARS-CoV-2 variants. A set of processes to enable the identification and introduction of new genomic surveillance services (for other pathogens) is under development, which will enable further development of these services.
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><b>October 2024:</b> DRAFT Wales Risk Register complete, awaiting sign-off by Welsh Government. Collaboration works ongoing in Dyfed Powys, Gwent &amp; 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> <p><b>August 2024:</b> Collaboration work ongoing in Dyfed Powys, Gwent &amp; North Wales LRF areas to produce individualised risk assessments for the areas. Work in South Wales delayed 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><b>October 2024:</b> Continue providing specialist advice and support to the development of the new Wales Gold V Training course. Collaborating to update the NLRF CBRN Plan, the Joint Major Incident Plan for Southern Wales Police Forces, and the provision multi-agency COMAH training in Pembrokeshire.</p> <p><b>August 2024:</b> PHW successfully completed two emergency and major incident communications assessments through Exercise WALES CONNECT and the Welsh Ambulance Biannual Test.</p>
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	<b>January 2025</b> Propose to extend deadline in line with most recent update.	<b>October 2024:</b> 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.

## Strategic Risk Register

Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
					(March 2024)	<b>August 2024:</b> Working to finalise the phase two workshops of staff-wide facilitated learning events for Covid taking place across Wales in August and September 2024.
		<b>PV</b>	Ensure the wider organisational learning (lessons identified) arising from the COVID-19 Inquiry are identified and distilled for BET at key points.  <b>NB.</b> Likely to be when each set of interim findings are published.	Covid 19 Public Inquiry Steering Group	<b>Ongoing as the Inquiry progresses</b>	<b>October 2024</b> 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.  <b>July2024</b> As per reports from modules.