



## Strategic Risk Register

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>January 2025- We are supporting development and implementation of the HIA regulations, which are currently being finalised by Welsh Government.</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	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 <b>January 2025 – programme underway to strengthen our organisational policy advocacy function, including a research project led by Director of Policy and International Health.</b> <b>February 2025 – we have completed work on food regulations now laid before Senedd and are supporting NHS Executive/Welsh Government setting up a Health Inequalities and a Prevention strategic advisory group.</b>	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 IMTP		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		

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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 <b>January 2025 – discussion at Executive Team on 22/1/25.</b>	X	X	X		
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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><b>January 2025</b> Cross organisational health inequalities group (as per SR 1.7) has inputted to IMTP guidance to strengthen focus on health inequalities.</p> <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 that is being established. A decision is needed to agree the governance and co-ordination of the work.</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	March 2025	<p><b>February 2025</b> Both the Prevention Based Health and Care Framework and our Healthcare Public Health Work will be completed in March and ready to process through publication.</p> <p>Several round of stakeholder engagement have been conducted across the system.</p> <p>To ensure healthcare public health work has maximum impact, we are reviewing all our strategic programmes to identify what further prevention gain we can achieve and how they can underpin the preventive efforts of clinicians and clinical systems. We continue to work on roll out and uptake of the All-Wales Diabetes Prevention Programme and are in the process of appointing a national dietetics lead. A proposal to enhance uptake and impact of tobacco control and the Help Me Quit programme was presented to DsPH in February 2025. A workplan for implementing prevention and early intervention on gambling is with Welsh Government awaiting decision on funding.</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 Tackling Diabetes Together Programme discovery work with newly diagnosed adults</p>

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					<p>with diabetes on what prevents engagements with services and how services can be more preventive is underway.</p> <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>
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><b>February 2025:</b> Phase 2 cancer inequalities work, including linking screening to outcomes, is being prepared with SAIL. Lead analyst to lead on inequalities data and monitoring started on 6 Jan. Data and analysis sub-group of the health inequalities work kicks off formally 6 Feb, this will lead on developing inequalities monitoring indicators and analysis for PHW and be a central focus for inequalities data and analysis across the organisation, reporting this into the Exec and Board.</p> <p><b>December 2024</b> Due to the strategic nature of this action, there has been no reported progress since the last reported update.</p>
AP 1.5	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><b>February 2025</b> Ongoing delivery of work packages as part of the MOU between Welsh Government and WHO. Policy dialogue is being organised jointly by WHO, Welsh government and PHW to agree policy level solutions.</p>
AP 1.6	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.	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.	Director for Policy and International Health	March 2025	<p><b>February 2025</b> Two priority areas identified – data and an inequalities framework. Discussion with the Executive Team on 22/1/25.</p>
AP 1.7	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	Affirm our role as a Policy and advocacy influencer and seek best practice in relation to research associated with organisational priorities.	Director for Policy and International Health	March 2025	<p><b>February 2024</b> Work is underway to build our organisational policy advocacy function. Research priorities for Priority 1 being progressed through workshop with Cardiff University. Commissioned research project underway to support delivery of this action.</p>

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	strengthening our policy advocacy role.				
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## Strategic Risk Register

<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:</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> </ol>
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<p><b>Risk Owner's Overview Assessment Status</b></p> <p><b>February 2025</b></p> <p>There is a risk that the specialist public health system in Wales does 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 continues 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. Welsh Government is now convening a Prevention Advisory Group to the CMO which mirrors the existing Health Protection Advisory Group. An NHS Health Inequalities Task and Finish Group is being convened. After agreement from the Cabinet Secretary, PHW, Iestyn, Welsh Government and Directors of Education have agreed to work more closely together on joining up approaches to a healthy whole school day, covering both physical and mental health and wellbeing. Work on improving attendance solutions has completed and will be aligning with work on mental health and wellbeing.</p> <p>Work is underway with Directors of Public Health, and some shared priorities and ways of working together have been agreed.</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 and shared work with the Diabetes sector is underway.</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	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			

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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		
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><b>February 2025</b> Internal meeting held by Executives in January 2025 to discuss refreshed approach to PHW engagement with voluntary organisations. An additional meeting scheduled with the CEO of WCVA in February 2025 to review current approach and ways of working together going forward.</p> <p><b>December 2024</b> No further update at present on the generic 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.	Director of Research Data & Digital	March 2025	<p><b>February 2025</b> -Action has been transferred to Director of Research, Data &amp; Digital Directorate. This work is ongoing.</p> <p><b>December 2024</b> 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>

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AP 2.2	Agreed system wide approach to maximise the effectiveness of the specialist public health system	Development, approval and implementation of ways of working agreements for the specialist Public Health System in Wales.	National Director of Health and Well-being	March 2025	<p><b>February 2025</b></p> <p>A way of working agreement has been revised and a list of shared priorities concluded. Progress is being made including on agenda setting. The Peer Group which now includes four PHW Strategic Directors (Health and Wellbeing, Policy and International, DKR and HPSS) meets both formally and informally monthly and we are working together on setting agendas. DPH reps have now been included in three Pan PHW working groups.</p> <p><b>October 2024</b></p> <p>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 continue 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><b>February 2025</b> The work on Shaping Places continues with every PSB engaged and with a programme of skills sessions underway. Additional sessions are being planned for Spring and Summer to help PSBs and PH staff working with them (whether from PHW or UHBs) make practical differences to local working on determinants of health through enabling them to practice and develop system leadership approaches.</p> <p>In addition, we have agreed with Welsh Local Government Association (WLGA) four shared areas where we believe working together can make a tangible difference to health outcomes. These are:</p> <ul style="list-style-type: none"> <li>• Poverty (all ages)</li> <li>• Climate change</li> <li>• Behavioral science</li> <li>• Wider determinants of health (building blocks for health).</li> </ul> <p>We have developed a short programme of capability development on each of these by joint sessions where PHW and LA partners can identify capabilities they can each bring to this work to make a measurable impact. The first of these, poverty, will be undertaken in May 2025.</p> <p>Two sessions for registrars across Wales on advocacy skills were undertaken in December 2024 and a first group skills development “co-learning”, focused on writing for impact, co-led by consultants, has initiated.</p> <p>The work on coaching and mentoring for consultants in public health in PHW continues, focusing on how to make impact in systems using system leadership styles and behaviours.</p> <p><b>December 2024</b> 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 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>
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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<b>Risk Owner's Overview Assessment Status</b>
<p><b>February 2025</b></p> <p>The controls for this risk are being progressed as planned. Of note, a National Peoples Experience Framework is due to be published in early 2025 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.</p> <p>Whilst key strategic work to develop Our Approach to Engagement are in development, the risk score will remain unchanged. The timeframes for this is Summer 2025, when there may be improved internal controls that will positively impact the residual/current risk score.</p>

<b>Sponsor and Assurance Group</b>	
<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

<b>Inherent Risk</b>							
<b>Date</b>	10/05/23	<b>Likelihood:</b>	5	<b>Impact:</b>	4	<b>Score:</b>	20
<b>Risk Score</b>			<b>Risk Decision</b>			<b>Trend</b>	
<b>Current Risk</b>		<b>Target Risk</b>		<b>Treat</b>			
<b>Likelihood</b>	<b>Impact</b>	<b>Likelihood</b>	<b>Impact</b>				
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. Joint "team to team" workshops between 1) Policy and International	X	X	X		

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			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. The plan is due to be presented to Executive Team in February 2025					
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	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	March 2025 (Dec 2024)	<p><b>February 2025</b> Informal network set up between Health and Wellbeing and HPSS to share learning. Discussion planned at cross-organisational Health Inequalities Group in February 2025</p> <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>
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>February 2025</b> Consistent standards, methodologies and evaluation procedures have been co-produced with experts from across the whole organisation. This is at final draft stage. Proposal will be taken BET in Q4 to ratify improved governance approach for assuring quality and sharing evaluation of all campaigns. This will include a proposal to bring Annual Campaigns Plan through appropriate scrutiny on an annual basis.</p> <p><b>December 2024</b> 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</p>

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					whole of PHW in September and October to include detail around standards, methodologies, governance, prioritisation, measurement, and reporting.
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	<p><b>February 2025</b> In depth engagement Interviews with Directorate leads arranged throughout January 2025. A briefing paper giving a progress update is due to be presented to BET in March 2025.</p> <p>In addition, baseline assessment of equalities activity &amp; the current organisational approach to equalities work is underway and a paper is due to be presented to BET in March 2025.</p> <p><b>December 2024</b> Socialisation of the baseline assessment of engagement continues across PHW services. Engagement Interviews with Directorate leads will be scheduled for January 2025.</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	<p><b>February 2025</b> Plan has been produced and will be discussed at Executive Team in February 2025 for approval.</p> <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>

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<p>AP 3.5 (in support of control SR 3.7)</p>	<p>Further strengthening of the approach to use the voice of young people as a conduit to enable conversations to take place with young people.</p>	<p>YA evaluation to date and continued evaluation and review alongside a redesign of the programme and workplan.</p>	<p>Executive Director Nursing, Quality and Integrated Governance</p>	<p>March 2025</p>	<p><b>February 2025</b>  A workshop arranged for 4th February with Youth Cymru, EYST (Ethnic Youth Support Team) and Children in Wales in CQ2 to explore how best to co-design a new PHW young people's outreach programme. A paper outlining findings to date and a recommended way forward is due at BET March 2025.</p> <p><b>December 2024</b>  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 activity to support the PHW careers fair scheduled early 2025.</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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Risk Owner's Overview Assessment Status
<p><b>February 2025</b></p> <p>Except for AP4.5, all actions identified to address gaps in controls are on target. Subject to BET and Board approval, AP4.4 has been marked complete following delivery of the associated IMTP commitment. It is recommended that AP4.5 (a refreshed People Strategy) is delayed until Q1 2025-26 to enable it to be launched with greater engagement from colleagues across the organisation. Action plans will be updated for the next cycle to reflect the IMTP commitments for 2025-2028 which will contribute to managing the strategic risk.</p> <p>The new Governance Hub commenced its active pilot phase on the 6th of January 2025 (AP4.8) and work to embed the Quality Oversight Group and embed the Duty of Quality is continuing in Q4, with directorates and divisions undertaking self-assessments against the STEEEP Standards (AP4.2). These actions address the gap in control in relation to Standardised Approaches to Governance and Quality Management.</p> <p>The first two cohorts commenced our formal leadership and development offering (the PHW Leadership and Management Academy) in January and February. A further cohort will commence in March, with all leaders and managers targeted to attend over a 3-year period. The academy is one element of a programme of work which will increase leadership and management skills, capacity and confidence.</p> <p>Actions to address organisational health will take time to embed, and we anticipate reviewing the risk score in June 2025. Meantime the results of the 2024 staff survey, which saw completion rates increase from 54.4% in 2023 to 60.6%, are scheduled to be available by the end of March 2025. When we have considered these, we will iterate our strategic approach to employee engagement and associated action plan and adjust the controls and actions in place to address SR4 accordingly.</p>

Sponsor and Assurance Group	
<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

Inherent Risk							
<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		Target Risk			Treat		Trend
Likelihood	Impact	Likelihood	Impact				
4	4	16	3	2	6		

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		IG performance report				X		
			Information Governance toolkit				X		

## Strategic Risk Register

		Executive Director Nursing, Quality and Integrated Governance	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 (including dashboard data on workforce trends) and consider emerging threats	Director of People & OD	PODCOM Minutes from meetings				X	
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>February 2025</b> The action remains on target and in line with previous update.</p> <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>
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><b>February 2025</b> Monthly Quality Oversight Group meetings and forward plan in place. Self-assessment against Duty of Quality Standards (STEEEP) being completed by divisions and due to complete and be reviewed March 2025. The formation of a patient safety /incident learning sub-group and Audit subgroup also being explored to complement the current infrastructure</p> <p><b>December 2024</b> Monthly meetings taking place along with the inaugural meeting of the Peoples Experience subgroup. Self-Assessment against the Duty of Quality Standards (STEEEP) being reviewed and divisions sharing their work to date and areas for improvement against these.</p>
		Implement year 2 of Integrated Governance implementation plan	Executive Director Quality and Nursing	March 2025	<p><b>February 2025</b> On target as per IMTP and workplans.</p> <p><b>October 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>February 2025</b> Remains on target. The approvals required to assess a sub-set of cultural styles using the Organisation Culture Inventory (OCI) to</p>

## Strategic Risk Register

		to provide insight and assurance (2024-25 IMTP commitment).			<p>enable understanding of progress against priority areas are being progressed.</p> <p><b>December 2024</b> 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>
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>February 2025</b> Complete. Recommend for closure.</p> <p><b>December 2024</b> 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>
AP4.5	A refreshed People Strategy	Publish a refreshed People Strategy (2024-25 IMTP commitment).	Director People and OD	<p>June 2025</p> <p><del>March 2025</del></p>	<p><b>February 2025</b> Following conversations with BET, the publication of the People Strategy has been delayed enabling it to be launched with greater engagement from colleagues across the organisation. Recommend change to due date.</p> <p><b>December 2024</b> 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 12<sup>th</sup> December 2024.</p>
AP 4.6	Job Family vision	Implement the vision for Job families in PHW.	Director People and OD	March 2026	<p><b>February 2025</b> On target. Proposals for the implementation of Job Families in PHW are scheduled to go to BET in Q1 2025-2026.</p> <p><b>December 2024</b> Action due Sept 2024 complete. Action plan updated to reflect the 2025-2026 IMTP commitment.</p>
AP 4.7	Workforce Planning process	Establish a workforce planning (WFP) process and framework including	Director People and OD	March 2025	<p><b>February 2025</b> On target. Proposed IMTP commitments for 2025-2026</p>

## Strategic Risk Register

		clear roles and responsibilities (2024-25 IMTP commitment).			<p>will further develop our WFP approaches to encompass Strategic Priorities and Job Families.</p> <p><b>December 2024</b> On target. A deep dive into this action is scheduled for PODCOM in February 2025.</p>
AP4.8	Ensuring effective governance and compliance.	Development and pilot of the Governance Hub	Board Secretary/Head of BBU	April 2025	<p><b>February 2025</b> On target. The Governance Hub commenced its active pilot phase from 6th January 2025 and is currently testing its processes on up to 5 new commissions before reviewing and expanding to further projects. Progress will be reported to BET in March 2025.</p> <p><b>December 2024</b> On target. The Governance Hub will operationalise its pilot from 6<sup>th</sup> January 2025. The work of the Hub will be supervised by the Board Secretary, who will report to BET on implementation and progress.</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><b>February 2025</b> On target.</p> <p><b>January 2025</b> Baseline assessment of equalities activity &amp; the current organisational approach to equalities work underway and due to complete by March 2025 with a paper presented to BET with findings.</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
<p><b>February 2025</b></p> <p>In January 2025 the directorate conducted a "deep dive" into the strategic risk. As in December update, the work continues 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 North Wales workforce for Breast Test Wales, remains an area of focus to ensure resilient capacity across clinical team. 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 reducing inequity. Optimisation and transformation of Diabetic Eye Screening continue to develop sustainable delivery model.</p> <p>Recommendation that several actions can be closed and several now feature as new or strengthened controls (AP 5.1, 5.6, 5.7, 5.8, 5.13, 5.16). A date extension requested for AP 5.4 to September 2025.</p> <p>We have a new action 5.17 which relates to the pandemic response.</p> <p>The assessment of the current risk score is unchanged, due to the variables described above.</p>

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>	<b>3</b>	<b>Impact:</b>	<b>4</b>	<b>Score:</b>	<b>12</b>

Risk Score			Risk Decision			Trend	
Current Risk		9	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			

## 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			
			Work with partners to continually review and update multi-agency plans for emergencies in response to any testing or activation of plans.	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,	Executive Medical Director Executive Director Nursing, Quality and Integrated Governance	Medical, Nursing and Multi-Disciplinary Staff Revalidation - Annual Report to People and Organisational Development				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
	Nursing and Multi-Professional Staff		Committee / Quality, Safety, and Improvement Committee					
			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
			Medical, Nursing and Multi-Disciplinary Appraisal Process – Quality Indicator		X	X	X	X
			Medical Job Planning Process – Quality Indicator			X		X
<b>SR 5.4</b>	Operational application of established corporate systems and processes relating to finance and procurement.  A HPSS programmatic approach to benchmarking, reviewing and improving corporate and business operational systems and processes	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
			Established “HPSS Excellent Operations Programme” which benchmarks, reviews and runs improvement projects where indicated	X	X	X	X	
<b>SR 5.5</b>	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	
<b>SR 5.6</b>		National Director of Health Protection and Screening Services	Communicable disease surveillance reports	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
	Surveillance of health threats to inform timely and effective response.		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	
	Compliance with National Guidelines and Standard Operating procedures in place for IPC		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	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	
	Regular monitoring of incidents to identify immediate action required and provide an early response to learning.		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						

## 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 5.11	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 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	<p><b>February 2025: Recommendation to close</b> - NHAIS has been decommissioned by England and programmes in Wales have alternative system in place.</p> <p><b>December 2024:</b> Post go live enhancements still under development. Project closure will be reviewed in December 2024.</p>
AP 5.2	Timely delivery of 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 Ongoing	<p><b>February 2025:</b> no change from December update - Recruitment remains challenging. Job plans being actively managed to deliver service. Recovery of the programme from impact of pandemic has been achieved.</p> <p>Recommend date change to ongoing</p> <p><b>December 2024:</b> Recruitment remains challenging. Job plans being actively managed to deliver service.</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><b>February 2025</b> No change to update reported in December. Fragility due to unexpected sickness remains.</p> <p><b>December 2024</b> Appointment of a Speciality doctor to provide an onsite service in Rhyl, starting on December 2<sup>nd</sup>. 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</p>

## Strategic Risk Register

Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
						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. Four Physician Associates have achieved their competencies to allow support of weekend working.
<b>AP 5.4</b>	Resilient Out of Hours Acute Health Protection Service	<b>GS / EM</b>	Reviewing the model of service delivery to test resilience and sustainability.	National Director of Health Protection and Screening Services	<b>Feb 2025</b> (Sept 2025)	<p><b>February 2025:</b> as update in December 2024. Discussions continue and being led by PHW Execs.</p> <p><b>Request to extend due date to SEPT 2025</b></p> <p><b>December 2024:</b> 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. – <b>request due date change.</b></p>
<b>AP 5.6</b>	Clinical Governance Framework	<b>MK / CB</b>	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 <b>Recommended closure</b>	<p><b>February 2025 Recommend closure</b></p> <p>The People's Experience Group was established in October 2024, with meetings taking place monthly. A standing agenda item is a section on 'You Said, We Did' - Offering teams an opportunity to showcase how they have used experience and feedback for improvements.</p> <p>A subgroup, of the People's Experience Group, met in December on the organisational People's Exp Framework self-assessment and will be meeting again during February 2025 to start the organisational self-assessment. The self-assessment will be used to help inform an organisational delivery plan for the People's Experience Framework and help meet Strategic Priority No. 5. A draft Delivery plan is expected to be shared with QuOG Q3 of 2025/26 and will set out actions for PHW corporate and divisions/teams.</p> <p>SMS (texting) pilot is due to go live February 2025 with DESW and will</p>

## Strategic Risk Register

Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
						<p>reporting findings back to the People's Experience learning group and QuOG in Q1 2025/26. It will then be rolled out to all public facing services and data collected will be analysed and shared with programmes, QUUG and QSIC.</p> <p><b>December 2024</b> 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.</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	<p><b>February 2025</b></p> <p><b>Recommend closure</b> WG/ NHS Exec are now not producing key lines of enquiry for submission. PHW has co-produced with Directorates/Divisions its own key lines of enquiry for the 6 Quality standards (STEEP) with baseline assessments to be completed by 31 Mar 25. Co-production of key lines of enquiry for the 6 Quality Enablers to commence in Mar 25, with expected baseline self-assessment to be complete by 31 Aug 25.</p> <p><b>December 2024</b> 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. <b>Request to revise deadline.</b></p>
		AC	Identify improvement plan following self-assessment for 2024/25.	Executive Director Nursing, Quality and Integrated Governance	March 2025 (March 24)	<p><b>February 2025</b> Delay in overall collation of self-identified areas for improvements using STEEP standards due to requested extensions by Directorates for the self-</p>

## Strategic Risk Register

Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
						<p>assessment cess completion date extended to 31.3.25.</p> <p><b>December 2024</b> From those self-completed assessment received to date against the timely standard and effective &amp; efficient 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>
<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	<b>Recommend Closure</b> (July 2024)	<p><b>February 2025:</b> Programme continues to establish and is a flexible approach to operational benchmarking and improvement across key corporate and business operations.</p> <p><b>Recommend closure – included as a new control description 5.4</b></p> <p><b>December 2024:</b> 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 business systems improvement programme to ensure cross learning and no duplication.</p>
<b>AP 5.9</b>	Developing an excellent case management facility.	<b>MK/IB</b>	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	<b>March 2025</b> (Sept 2024)	<p><b>February 2025</b> The Outline Business Case has been to BET and PHW Board and will now be submitted to Welsh Government. There will need to be a market engagement exercise and work on the governance and commercial case before FBC.</p> <p><b>December 2024</b> 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.</p>

## Strategic Risk Register

Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
						An agreement to extend the alpha phase to complete further work following the move away from Open Source has been completed.
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	March 2025	<p><b>February 2025</b></p> <p>Digital Services and Screening services are working on screening route map and understand how can be implemented and understand the sequencing.</p> <p><b>December 2024</b></p> <p>Discovery phase has completed..</p> <p><b>October 2024</b></p> <p>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><b>February 2025:</b> The Wales Risk Register is complete. UK Government have also released the <a href="#">2025 National Risk Register</a></p> <p>Work now beginning across all LRFs to produce individualised risk assessments for the areas to create risk registers for each geographical region.</p> <p><b>December 2024:</b> 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>
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>February 2025:</b> Proposal to convert to a control. <b>NB. Refer to 5.1 (control)</b></p> <p><b>December 2024:</b> PHW (Via EPRR) successfully responded to 15 emergency or major incident notifications (Q1&amp;Q2), providing specialist PH advice and support to the coordinated multi-agency response, PHW (EPRR) have hosted internal reviews where appropriate and</p>

## Strategic Risk Register

Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
						engaged directly with multi-agency debriefs to share experiences, identify lessons, and ensure that this work is used to enhance future planning activity.
<b>AP 5.16</b>	Ensure lessons are identified from incidents and outbreaks, including the COVID pandemic.  <i>(Links to SR 5.5)</i>	<b>HW</b>	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><b>February 2025:</b> Covid Facilitated Event Report complete, presented to SET (22.01.25), and shared across the organisation.</p> <p>The findings of the report, and subsequent recommendations will be added to the EPRR Lessons Identified Register and tracked for progress.</p> <p><b>NB.</b> Recommendations from this report and Module 01 of the Covid Inquiry will be incorporated in the PHW Pandemic Response Arrangements.</p> <p><b>Proposal to close.</b></p> <p><b>December 2024:</b> Work on track for completion as outlined in October 2024 update below.</p>
		<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	Ongoing as the Inquiry progresses	<p><b>February 2025</b> Month 1 learning has been captured and processes are in place in anticipation of the month 2 Board report, which is due in the autumn of 2025.</p> <p><b>December 2024</b> 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>
<b>AP 5.17</b>	PHW Pandemic Response Plan  <i>(Links to SR 5.1)</i>		Develop resilient, coordinated and effective response arrangements for a pandemic.	National Director of Health Protection and Screening Services	<b>Proposal to add</b>	<b>February 2025:</b> Work ongoing via the Internal Pandemic Preparedness subgroup. Terms of reference agreed, workstream leads identified and key actions for delivery agreed.