

Strategic Risk Register

Risk 3	<p>Risk of: The organisation failing to effectively engage with the public in relation to their health and wellbeing.</p> <p>Due to: Failure to build relationships with stakeholders, communities and our service users; not having or utilising tools and resources to support engagement; a lack of workforce commitment, skills and capacity; and failure to monitor and evaluate the impact of engagement.</p> <p>Key Strategic Objectives contributing to mitigating the risk and agreed risk appetite level:</p> <ol style="list-style-type: none"> 1) Influencing the wider determinants of health (Keen) 2) Promoting mental and social well-being (Willing) 3) Promoting healthy behaviours (Willing) 4) Supporting the development of a sustainable health and care system focused on prevention and early intervention (Willing) 5) Delivering excellent public health services to protect the public and maximise population health outcomes (Accepting)
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Risk Owner's Overview Assessment Status	
<p>Engaging with our population is central to better understanding health needs and empowering people to co-design public health solutions and become partners in their health and well-being. However, with significant impacts on the conditions for health resulting from the pandemic and more recently, the cost of living crisis, empowering our population becomes even more challenging and there is a risk of widening health inequalities unless actions taken involve working with our communities and stakeholders and using a proportionate universalism approach.</p> <p>Actions are underway across organisational programmes, and all strategic priority areas, to understand the experiences of our population (including young people) around factors that determine their health and wellbeing and proactively seek and act on feedback from people we work with and for. Strategic opportunities to strengthen our response include the refresh of 'Our Approach to Engagement' which will be developed through consultation and engagement with staff, key stakeholders and our communities and includes strengthening our Young Ambassadors Programme; and our organisational approach to strategic partnerships.</p> <p>There is ongoing positive progress on our actions to progress this agenda. Many of the actions to address gaps in our controls for 2023-24 have been incorporated into our strategic plan for 2024-27.</p> <p>Cross reference to SRR 5</p>	

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

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

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

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 3.1	Evaluate Our Approach to Engagement to drive forward a consistent approach for equitable, effective public engagement	Director of Quality, Nursing and Allied Health Professionals	April 2024: Following the presentation of a BET paper in February, an SBET session was held in April. Exec support for full evaluation of Our Approach to Engagement – phase 1 (May to September) working group to be established to map current structures and review Our Approach to Engagement, with support and guidance from Leadership Forum. Detailed delivery plan will be presented to BET in July 2024.	X	X	X	X	
SR 3.2	Behavioural Science Unit to implement an agreed enabling plan to support the use of behavioural science across all strategic priority areas	Director of Policy and International Health	Performance monitoring of IMTP delivery through Leadership Team KRIC meeting notes	X	X	X	X	
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	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	X	X	X		

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SR 3.5	Robust communications plans underpinned by evidence-based methodologies in place for planned campaigns	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.	Deputy Chief Executive and Director of Operations and Finance	Incident Management Team or Outbreak Control Team notes Significant issues are discussed with Executive 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	Director of Quality, Nursing and Allied Health Professionals	<p>April 2024 Engagement Team have met with stakeholders in Wales and beyond to gather examples of good practice of engaging with young people, ranging from how they are involved in programme design to safeguarding and means of measuring impact.</p> <p>Theory of Change workshops are being held with PHW staff and external stakeholders to support the development of mechanism for young people's voices to be heard across PHW.</p> <p>Further touch point planned with Young Ambassadors to keep their interest and engage them in the further development of the process.</p> <p>Briefing notes following Residential Board minutes.</p>			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	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	X	X	X	X	

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	prevention, as part of our work to deliver excellent public health services.		Screening inequity strategy and associated reporting Screening engagement reports					
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	Director of Quality, Nursing and Allied Health Professionals	April 2024: Best practice survey guide in development to support staff. Phase 1 has enabled a bank of questions to be developed (training and events) to be shared at the Publication Principles Group in May. Following which a Task and Finish Group will be established as part of the Publication Principles Group to work on survey governance which will be tied to Civica.					

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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>May 2024 Shared commitment in HPSS and HWB Directorates to ensure a joined-up approach on inclusion health work;</p> <p>Options paper in development to propose a PHW cross-organisational mechanism which can help set a strategic direction for inclusion health, and co-ordinate action to protect and promote health amongst vulnerable groups in Wales.</p>

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

The current risk score is at the inherent risk level.

There are existing controls relating to: workforce planning and development; mitigation of impacts of unexpected health threats through the establishment of effective systems and processes; Emergency planning and learning from incidents and outbreaks, including the COVID pandemic; workforce planning and development for response; training and exercising; and horizon-scanning activities and strengthening governance arrangements to ensure excellent service delivery in HPSS through implementation of the long-term strategy.

Each of the three divisions in HPSS directorate's five functions which contribute to this strategic risk are likely to score differently if reviewed independently and this will be reflected in divisional and directorate risk registers. The number of ongoing health protection threats remain stable, enabling health protection services to focus on pro-active work, such as for Blood-borne viruses, sexually transmitted infections, and Tuberculosis.

Diagnostic testing for COVID continues to be reduced in intensity as a result of the changes to the testing strategy implemented in 2023. Work is ongoing to build excellent services for infection through workforce planning and development. Screening recovery is progressing well for Breast Test Wales, but the risk around the clinical workforce capacity remains. Confirmation from WG that funding for screening recovery is approved for the year 2024/25. A transformation programme has been agreed to improve the Diabetic Eye Screening programme. Although there are specific aspects where the risk is higher, such as for Diabetic eye screening, overall, across the Directorate, the current risk is at the inherent risk. There is an opportunity to review the inherent risk score as the context has changed since the Strategic risk was constructed.

Action is required to reduce the impact of external threats, through developing an understanding of roles and responsibilities of each component of the response architecture and the health protection competencies that need to be held in reserve for a surge response. The learning from COVID response is not yet complete and the Public Inquiry is still in progress. This will provide more information to improve response to external threats. Action is also required to join up the horizon-scanning efforts across the organisation. There will be a focus on addressing health inequalities through emergency planning and response.

Good progress has been made on clarifying roles and responsibilities for health protection in Wales, through the publication of the All-Wales Communicable Disease Outbreak Plan and in PHW, with the approval of the PHW Emergency Response Plan. Both have been tested recently through tabletop exercise, with good engagement from the system. PHW is preparing to identify lessons from the outcome of the COVID Inquiry on Emergency Planning (Module 1) and also from a series of Facilitated COVID-19 PHW Staff Learning Events arranged for Q2 and Q3 2024/25.

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Sponsor and Assurance Group

Executive Sponsor	Meng Khaw, National Director of Health Protection and Screening Services Contributors: Claire Birchall, Interim Exec Dir Quality, Nursing and Allied Health Professionals Iain Bell, Director of Knowledge and Research
Assurance Group	Quality, Safety and Improvement Committee

Inherent Risk

Date	15 May 2023	Likelihood:	3	Impact:	3	Score:	9
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Risk Score					Risk Decision	
Current Risk			Target Risk			Treat
Likelihood	Impact		Likelihood	Impact		
3	3	9	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
SR 5.1	Development, implementation and maintenance of emergency and business continuity arrangements (including participation in EPRR training and exercising opportunities)	National Director of Health Protection and Screening Services	PHW Emergency Response Plan	x	x	x	x	x
			PHW Business Continuity Arrangements.	x	x	x	x	x
			24/7 Resilient EPRR On Call Service	x	x	x	x	x
			Communicable Disease Plan for Wales	x	x	x	x	x
			Multi-Agency Plans for Emergencies (Contributor)	x	x			
			Emergency Planning & Business Continuity Group Meetings (Quarterly)	x	x			
			Local Resilience Fora (LRF) Meetings	x	x	x		

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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
			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	X	X			

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No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Subgroups	Committee / Subgroups	Board	
			development, review and approval)						
			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 of Quality and Nursing and Allied Health Professionals	Medical, Nursing and Multi-Disciplinary Staff Revalidation - Annual Report to People and Organisational Development Committee / Quality, Safety and Improvement Committee				x		
			Quality review visit by Medical and Multi-Disciplinary Revalidation support unit			x	x		
			Quality Indicators Performance Monitoring	x	x	x	x		
			Monitor Specialist Registration and Revalidation		x	x	x	x	
			Medical, Nursing and Multi-Disciplinary Appraisal Process – Quality Indicator		x	x	x	x	
			Medical Job Planning Process – Quality Indicator			x			x
SR 5.4	Operational application of established corporate systems and processes relating to finance and procurement	National Director of Health Protection and Screening Services	Directorate Finance reports to Directorate Management Team meeting (monthly). Supported by the Business Operations Meeting (BOM)	x	x				

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No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Subgroups	Committee / Subgroups	Board
			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 Major Incidents & Emergencies	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

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No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Subgroups	Committee / Subgroups	Board
SR 5.7	Compliance with Infection control policies, procedures, and related statutory and mandatory training	Executive Director of Quality and Nursing and Allied Health Professionals	IPC Audit plan and Environmental Audit Programme				X	
			IPC group assurance reports to QSIC				X	
	Compliance with National Guidelines and Standard Operating procedures in place for IPC		IPC Risk Register			X		
			Annual Clinical Audit Plan				X	
SR 5.8	Putting Things Right Policies and Procedures	Executive Director of Quality and Nursing and Allied Health Professionals	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	Quality Reviews of Incidents and associated action plans		X		
			Thematic reviews on areas of concern: <ul style="list-style-type: none"> Annual Quality Report Annual Duty of Candour Report Annual Assessment for PTR/Welsh Risk Pool 				X	
SR 5.9 (New Control)	Implementation of the Quality Oversight Group (QuOG), which will encompass adoption of the Clinical Governance Framework	Wayne Jepson and Paula Mitchell	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			

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No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Subgroups	Committee / Subgroups	Board
			PHW horizon scans (<i>inc. EPRR work linked to the National Security Risk Assessment (NSRA)</i>)	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 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	May 2024	<p>May 2024: Cut over tasks currently in progress, Go live planned for w/c 13/5/24. The system will go live with known issues however mitigation has been put in place.</p> <p>March 2024: Cut over now planned for April 2024. UAT testing in progress. Final go live support arrangements are being put in place.</p>

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Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
AP 5.2	Recovery of the Breast Screening Programme is impacted by difficulty in recruiting specialist clinical staff to undertake reading of mammograms and assessment clinics.	SH	Recruitment processes underway for breast clinician role in North Wales. Planned recruitment in Southeast Wales for radiologist working closely with Health Boards. Planned retirement in 2023 will increase issue in North Wales and working with HB to explore potential ways forward.	National Director of Health Protection and Screening Services	May 2024	<p>May 2024: Joint post with BCU progressing to interview. There will be increased pressure on existing staff after May when a further Radiologist leaves post. The programme continues to review job plans with staff working flexibly to cover the service.</p> <p>March 2024: Locum Consultant now in post in the North Wales region. BCU is in the process of moving the joint post to advert (date not yet confirmed). A full-time Radiologist has tendered their resignation, the Programme is currently working on mitigation which will include reviewing current job plans, the distribution of activity and ongoing recruitment.</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>May 2024: Successful engagement of remote working Consultant for North Wales. Recruitment ongoing for 2 x Specialty doctors for North Wales and 1 x Specialist Grade for West Wales. Recruitment for 1 x ID Consultant for Cardiff service ongoing.</p>
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	March 2024	<p>May 2024: No further change to status as at February Update</p> <p>February 2024: Investigation in relation to the 'Respect and Resolution' has not yet been concluded. However, the service has</p>

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Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
						systems in place to ensure continuity of the current model with the rota populated until September 2024.
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	March 2024	<p>May 2024: Work remains in progress. Further feedback and recommendations sought from colleagues and are under consideration.</p> <p>February 2024: work continues in collaboration with PHW EPRR, POD, and Estates/Facilities.</p> <p>December 2023: work in progress and status is as November update – Due date change requested to March 2024</p>
AP 5.6	Clinical Governance Framework	AC	Progress to approval and implementation of Career Framework for regulated health professionals (non-medical)	Executive Director of Quality and Nursing and Allied Health Professionals	May 2023 Proposal to close	<p>May 2024: Framework now hosted on the POD Job Families page and circulated via communications. The use of this document will form part of the work of the Nurse retention post to influence wider organisational use.</p> <p>March 2024: Translated and published on the intranet. Communication piece produced to</p>

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Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
						socialise as part of wider job families work.
		AC	Progress to approval and implementation of the organisational Clinical Supervision Framework	Executive Director of Quality and Nursing and Allied Health Professionals	May 2023 Proposal to close	<p>May 2024: 12 Nursing staff completed professional Nurse advocate training and awaiting results. Once qualified will be available for PHW staff. Work in progress by the Nurse retention lead to socialise and embed clinical supervision in PHW and monitor uptake with reporting to PHW and the CNO in line with national expectations.</p> <p>March 2024: Recruited to a 2-year Nursing retention post with the remit to embed clinical supervision across professional nursing and AHPS groups. 12 staff commenced Professional Nurse Advocates training due to complete end of Q1 to support clinical supervision for Nursing workforce.</p>
		MK / CJ	<p>SEPT 2023: Develop cross-organisational opportunities to bring together teams that are active in-service user experience and patient safety work in order to share best practice and learn lessons as part of the organisation's Clinical Governance arrangements.</p> <p>How we utilise service user engagement to inform delivery of excellent public health services</p>	National Director of Health Protection and Screening Services & Executive Director of Quality and Nursing and Allied Health Professionals	March 2024	<p>March 2024: Quality Oversight group commenced and subgroups under discussion focusing on learning opportunities. The first formal meeting will be Quarter 2 2024/25.</p> <p>December 2023: Clinical Governance/Quality Operational Group being discussed as part of the CG Governance and implementation which will support</p>

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Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
						cross organisational learning and improvement.
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 of Quality and Nursing and Allied Health Professionals	September 2023	<p>May 24: KLOE not presented in March due to requirement for AQR taking precedence. To be presented to QuOG in May for approval.</p> <p>March 2024: Key questions developed covering 12 quality standards and being presented at the Quality Oversight Group in March for approval and will be used to benchmark for the annual DOQ report.</p>
		AC	Identify improvement plan following self-assessment for 2024/25.	Executive Director of Quality and Nursing and Allied Health Professionals	March 24	<p>May 2024 : This will be dependent on the approval, socialisation, and implementation. All areas will be required to undertake a baseline assessment and improvement plan to be developed from there. This will be used to inform the AQR and assist "Always On" reporting.</p> <p>March 2024: Key questions developed covering 12 quality standards and being presented at the Quality Oversight Group in March. Methodology for benchmarking/self-assessment also created and to be implemented to inform DOQ annual report.</p>
		AC	Complete first Annual Quality Report	Executive Director of Quality and	March 24 Proposal to close	May 2024: Completed. Presented to BET, due to be presented to QSIC in May for final approval.

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Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
				Nursing and Allied Health Professionals		March 2024: Draft template and format created, self-assessment methodology created and paper will be presented at BET /QSIC in Q1 for approval and publication.
AP 5.8	Unable to ensure consistent and effective operational systems and processes relating to delivery of excellent public health services.	MB	Develop a programmed approach to the assurance of excellent operations across the HPSS Directorate. The directorate aspires to be a beacon of efficiency, effectiveness, and innovation, setting the benchmark for excellence in public health operations. The programme will be based on a 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>May 2024: Work continues while the scope of the umbrella programme is finalised. Review and / or improvement strands live in the domains of:</p> <ul style="list-style-type: none"> • Procurement • Internal Communication • People and OD <p>February 2024: Work continues while the scope of the umbrella programme is finalised. In February work commenced to review HPSS internal communication in partnership with Communications Division along with a deep dive into My Contribution Compliance shared at POD COM.</p>
AP 5.9	Developing an excellent case management facility.	MK/IB	Development of a quality process or system through which robust case management can be enacted and followed up.	National Director of Health Protection and Screening Services/Director of Knowledge and Research	September 2024	May 2024: Discovery has been completed and funding is looking to be secured to deliver an alpha in 2024 and develop a full business case for delivery.
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	September 2024	May 2024: This has been planned into the Digital route map and next steps being assessed.

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Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
				Services/Director of Knowledge and Research		
AP 5.11	Enhancement of current genomics work required. <i>(Links to SR 5.10 but also 5.6, 5.11)</i>	CW/TC	Expand the range of genomics horizon scanning.	National Director of Health Protection and Screening Services	March 2024	<p>May 2024:</p> <p>November 2023: Work in progress</p> <p>October 2023: collaborating with partners and exploring opportunities.</p>
		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>May 2024: National approach to risk finalised. Work ongoing to support in the development of local risk assessments and community risk registers.</p> <p>March 2024: EPRR represented PHW at Wales Risk Group developing national approach to risk. Work ongoing to support in the development of local risk assessments and community risk registers.</p>
AP 5.12	Enhancement of exceedance algorithms required and exceedance of communicable diseases.	CW	Develop and operationalise a weekly exceedance model based on past data to help with decision making and probability forecasting in relation to management on infections and outbreaks.	National Director of Health Protection and Screening Services	March 2024 Proposal to close	<p>May 2024: Weekly exceedance algorithm now running with signals investigated by field epi team and discussed at weekly health protection/ CDSC meeting and escalated as required. Action Plan complete.</p> <p>March 2024: Weekly exceedance algorithms and are part of the way on including climate risks in our reports and working with modellers.</p>

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Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
						December 2023: Work in progress to develop the enhancement of exceedance algorithms is on track.
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.	May 2024: Provided feedback to range of plan updates in the Gwent and Dyfed Powys LRF Areas. March 2024: Provided feedback to Dyfed Powys LRF on its Joint Major Incident Plan, Emergency Command Protocol and the Gwent and South Wales LRF CBRN Plan.
AP 5.14	Ensure PHW engages with and participates in all appropriate EPRR training & exercise opportunities. <i>(Links to SR 5.1)</i>	HW	Support the planning and delivery of an exercise for the updated Communicable Disease Plan for Wales.	National Director of Health Protection and Screening Services	March 2024 Proposal to close	May 2024: Exercise successfully held 19/03/24. Action complete. March 2024: Preparation ongoing, project on track. Exercise scheduled 19/03/24.
AP 5.15	Ensure PHW has a sustainable mechanism for receipt of Major Incident notifications. <i>(Links to SR 5.1)</i> NB. Converted to a control (See SR 5.1)	HW	Identify and implement a sustainable mechanism for receipt of Major Incident notifications	National Director of Health Protection and Screening Services	March 2024 Proposal to close	May 2024: EPRR 24/7 Service went live on 31/3/24. Action complete. March 2024 Preparation to implement ongoing, project on track. EPRR 24/7 Service 'go live' target of Q1; 24/25.
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	March 2025 Moved to delivery phase.	May 2024: Multi-Directorate planning ongoing. Engagement with unions and networks successful. Project to move into delivery phase for completion by end of Q4; 24/25.

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Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
					March 2024	March 2024 Multi-Directorate planning on track to begin phased delivery by end of Q4; 23/24.
		HW	Maintain the EPRR Lessons Identified Register for Major Incidents & Exercises and monitor progress on identified learning from approved debrief/inquiry reports.	National Director of Health Protection and Screening Services	This is an ongoing action without end date.	May 2024 No update March 2024 Updated via EPBC Group membership. December 2023 No update this is being monitored via EPBC Group which is scheduled for spring 24.
		TH	Ensure the wider organisational learning (lessons identified) arising from the COVID-19 Inquiry are identified and distilled for BET at key points. NB. Likely to be when each set of interim findings are published.	Covid 19 Public Inquiry Steering Group	March 2024	December 2023 Process in development for the organization to receive, consider and respond to findings issued by the Covid-19 inquiry (and other inquiries)
AP 5.17	Update prevalence of disease and projections of future disease levels in Wales	IB	To systematically analyse the prevalence of disease, project these levels into the future and assess our current interventions and what more needs to be done	Director of Knowledge and Research	December 2023 This is an ongoing activity reporting to BET and Board.	December 2023 analysis completed and considering publication path

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