

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>December 2024</p> <p>The controls for this risk are being progressed as planned. Of note, a National Peoples Experience Framework is due to be published which will inform our approach to population experience and gathering of feedback.</p> <p>The identified actions are being progressed. Key areas of change include the development of an informal network for Inclusion Health to enable shared learning. The baseline assessment for the evaluation of Our Approach to Engagement is being socialised across PHW. The Behavioural Science Strategic Plan has been produced and will be presented to the Executive Team for adoption. Engagement activity with organisations advocating for young people continues, with other wider opportunities to engage with young people being explored.</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>

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

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

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

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

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

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

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

December 2024

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

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

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

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

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

Risk Score			Risk Decision			Trend
Current Risk			Target Risk			
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	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

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No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Subgroups	Committee / Subgroups	Board
	training and exercising opportunities)		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		
			Wales Resilience Partnership Team Meetings (Quarterly)	X	X			
			Wales Resilience Forum Meetings (Quarterly)	X	X			
			4 Nations Public Health (PH) Emergency Preparedness, Resilience & Response (EPRR) Meetings (Quarterly)	X	X			
			PHW EPRR Training Prospectus	X	X			
			LRF Training Prospectus	X	X			
			Wales Learning & Development Group (Exercises)	X	X			
			PHW Annual Assurance Return to Welsh Government on EPRR	X	X	X	X	X
			Ability to sustain response to health threats	X	X			
SR 5.2	Utilisation and development of Policies and Procedures to enable effective and efficient service delivery, including Standard Operating Procedures and Protocols.	National Director of Health Protection and Screening Services	Corporate Policy and Control Document Reviews – corporate register update reports	X	X	X	X	X
			Health Protection Division – Standard Operating Procedures (document development, review, and approval)	X	X			
			Infection Division – Standard Operating Procedures (document development, review, and approval), alignment to UKAS accreditation requirements.	X	X	X	X	
			Screening Division –For each of the screening programmes - Standard Operating Procedures (document development, review, and approval)	X	X			
			Reports to Quality, Safety, and Improvement Committee		X	X	X	
			Action Plan and Reports – Divisional Senior Management Teams	X				
SR 5.3	Uphold high professional standards: Professional Regulation – Medical, Nursing and Multi-Professional Staff	Executive Medical Director Executive Director Nursing, Quality and Integrated Governance	Medical, Nursing and Multi-Disciplinary Staff Revalidation - Annual Report to People and Organisational Development Committee / Quality, Safety, and Improvement Committee				X	
			Quality review visit by Medical and Multi-Disciplinary Revalidation support unit			X	X	
			Quality Indicators Performance Monitoring	X	X	X	X	

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No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Subgroups	Committee / Subgroups	Board
			Monitor Specialist Registration and Revalidation		X	X	X	X
			Medical, Nursing and Multi-Disciplinary Appraisal Process – Quality Indicator		X	X	X	X
			Medical Job Planning Process – Quality Indicator			X		X
SR 5.4	Operational application of established corporate systems and processes relating to finance and procurement	National Director of Health Protection and Screening Services	Directorate Finance reports to Directorate Management Team meeting (monthly). Supported by the Business Operations Meeting (BOM)	X	X			
			Divisional Finance reports to SMT	X				
			Executive Director Reports (to Executive and Board)			X		X
			Mid and End of Year Review Reports (Executive scrutiny)			X		X
SR 5.5	Debrief and implementation of lessons identified from incidents and outbreaks.	National Director of Health Protection and Screening Services	Datix reporting at programme and divisional level	X	X	X		
			Putting Things Right - Quarterly Alert Exception Report (Quality, Safety, and Improvement Committee)				X	
			National Reportable Incident Reporting (Quarterly) to Quality, Safety and Improvement Committee			X	X	
			Organisational debrief and learning from the response to the COVID pandemic and other incidents and outbreaks	X	X			
			Covid 19 Public Inquiry Steering Group	X	X	X		
			EPRR Lessons Identified Register for Emergencies, Enhanced & Major Incidents.	X	X	X	X	
SR 5.6	Surveillance of health threats to inform timely and effective response.	National Director of Health Protection and Screening Services	Communicable disease surveillance reports	X	X			
			Exceedance reports and protocols for escalation and response	X	X	X	X	
			Agreed criteria for escalation (reviewed on an annual basis)	X	X			
			Health Protection Situational Awareness Reports – (monthly report to Executive)	X	X	X		X
SR 5.7	Compliance with Infection control policies, procedures, and related statutory and mandatory training	Executive Director Nursing, Quality and Integrated Governance	IPC Audit plan and Environmental Audit Programme				X	
			IPC group assurance reports to QSIC				X	
			IPC Risk Register			X		

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No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Subgroups	Committee / Subgroups	Board
	Compliance with National Guidelines and Standard Operating procedures in place for IPC		Annual Clinical Audit Plan				X	
SR 5.8	Putting Things Right Policies and Procedures Regular monitoring of incidents to identify immediate action required and provide an early response to learning.	Executive Director Nursing, Quality and Integrated Governance	Monthly and annual Reporting of patient service user experience including incidents, complaints, claims and Duty of Candour				X	
			Quality Reviews of Incidents and associated action plans		X			
			Thematic reviews on areas of concern: <ul style="list-style-type: none"> Annual Quality Report Annual Duty of Candour Report Annual Assessment for PTR/Welsh Risk Pool 				X	
SR 5.9	Implementation of the Quality Oversight Group (QuOG), which will encompass adoption of the Clinical Governance Framework and the delivery of excellent Public Health services.	Executive Director Nursing, Quality and Integrated Governance	QuOG by Sep 24 Functional CG Organisational Groups by Dec 24		X		X	
SR 5.10	Horizon Scanning	National Director of Health Protection and Screening Services	IHR reports	X	X			
			UKHSA sources	X	X			
			PHW horizon scans (inc. EPRR work linked to the National Security Risk Assessment (NSRA))	X	X			
			Genomics	X	X			
			Links with APHA and other agencies	X	X			
			Weekly meetings with HPT	X	X			
			UKHSA daily emerging infections horizon scanning results	X	X			
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	SH	Implementation of BSS select for Breast Screening Programme to maintain cohort selection for breast screening. Working	Deputy Chief Executive / Executive Director	Jan 2025 (May 2024)	December 2024: Post go live enhancements still under development. Project closure will be reviewed in December 2024.

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

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Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
						Appointed 2 consecutive 6-month clinical fellow posts for Cardiff Microbiology. Across network medical staffing remains under establishment, recruitment of substantive Consultant medical or Clinical Scientists challenging and establishments below ideal level for optimal sustainable clinical service provision. This has been mitigated by increased trainee medical numbers and support to clinical services from Clinical Liaison BMS, Physicians Associates and Advance Nurse Practitioners.
AP 5.4	Resilient Out of Hours Acute Health Protection Service	GS / EM	Reviewing the model of service delivery to test resilience and sustainability.	National Director of Health Protection and Screening Services	Feb 2025 (Sept 2024)	<p>December 2024: Discussions continue and being led by PHW Execs. Refreshed collective group in relation to the review of arrangements and identification of any subsequent improvement and actions. – request due date change.</p> <p>October 2024: Discussions on-going between MK and NL in relation to the review of arrangements and subsequent improvement and actions</p>
AP 5.6	Clinical Governance Framework	MK / CB	Develop cross-organisational opportunities to bring together teams that are active in-service user experience and patient safety work to share best practice and learn lessons as part of the organisation’s Clinical Governance arrangements. Agreement on how we utilise service user engagement to inform delivery of excellent public health services.	National Director of Health Protection and Screening Services & Executive Director Nursing, Quality and Integrated Governance	Oct 2024 Recommend closure	<p>December 2024 People’s Experience Group formed, and first meeting held with good cross organisational representation. Feedback received on the group’s discussion at QUOG. Opportunities to identify areas for improvement in engagement identified. Patient Safety Learning Group being scoped. Recommend Closing as complete.</p> <p>October 2024 Inaugural People Experience Group (subgroup of QUOG) scheduled for 31st October with cross organisational representation. TOR drafted for this meeting and discussion on format of meeting to be agreed feedback to QUOG.</p>
AP 5.7	Key lines of enquiry (KLOEs) from Welsh Government to support Quality Standards reporting.	AC	Obtain key lines of enquiry from Welsh Government, implement once published, and complete self -assessment.	Executive Director Nursing, Quality and Integrated Governance	March 2025 (Sept 2023)	<p>December 2024 Timely Self-assessment discussed and shared by directorate teams at the QUOG November 2024 meeting. Delays experienced by some divisions in fully</p>

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Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
						<p>completing this assessment. Effective and Efficient standards being progressed and co production of key questions in development. Request to revise deadline.</p> <p>October 2024 Timely self-assessment completed and due to be evaluated this month. Effective and Efficient underway. PHW attending national NHS Exec Quality Standards group and discussion with CNO as now unlikely to be a national template to complete. On track to deliver assessment by March 2025.</p>
		AC	Identify improvement plan following self-assessment for 2024/25.	Executive Director Nursing, Quality and Integrated Governance	<p>March 2025 (March 24)</p>	<p>December 2024 From those self-completed assessment received to date against the timely standard and effective & 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> <p>October 2024 Review initial self-assessments completed by PHW directorates for the 'Timely' Quality Standard, using insights to support the annual planning cycle. The DOQ standards self-assessment timeframes to be reviewed following initial experiences and feedback against the current self-assessment suggested timeframes.</p>
AP 5.8	Unable to ensure consistent and effective operational systems and processes relating to delivery of excellent public health services.	MB	Develop a programmed approach to the assurance of excellent operations across the HPSS Directorate. The directorate aspires to be a beacon of efficiency, effectiveness, and innovation, setting the benchmark for excellence in public health operations. The programme will be based on a 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	<p>Ongoing (July 2024)</p>	<p>December 2024: Programme developing and continues to establish and identify new improvement projects. Internal Audit engaged in reviewing the impact of one component of the programme (procurement project) Links made with organisation business systems improvement programme to ensure cross learning and no duplication. Recommend date change to ongoing to monitor progress.</p> <p>October 2024:</p>

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

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Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
						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.
AP 5.12	Horizon Scanning <i>(Links to SR 5.10)</i>	HW	Assess risk, vulnerability, capacity, exposure, hazard characteristics and their possible sequential effects on PHW. Consider the organisations capability and capacity to respond to, and mitigate, identified risks detailed within the NSRA. PHW will continue to engage and work with the Wales Risk Group and contribute to the development of LRF Community Risk Registers.	National Director of Health Protection and Screening Services	This is an ongoing action without end date.	<p>December 2024: Still awaiting confirmation of sign-off for the Wales Risk Register via Welsh Government. Working at pace across Wales with all LRF areas to produce individualised risk assessments for the areas.</p> <p>October 2024: DRAFT Wales Risk Register complete, awaiting sign-off by Welsh Government. Collaboration works ongoing in Dyfed Powys, Gwent & North Wales LRF areas to produce individualised risk assessments for the areas. Work in South Wales remains on hold until LRF governance review is concluded.</p>
AP 5.13	Work required to enhance planning activity. <i>(Links to SR 5.1)</i>	HW	Work with partners to continually review and update multi-agency plans for emergencies in response to any testing or activation of plans.	National Director of Health Protection and Screening Services	This is an ongoing action without end date.	<p>December 2024: PHW (Via EPRR) successfully responded to 15 emergency or major incident notifications (Q1&Q2), providing specialist PH advice and support to the coordinated multi-agency response, PHW (EPRR) have hosted internal reviews where appropriate and engaged directly with multi-agency debriefs to share experiences, identify lessons, and ensure that this work is used to enhance future planning activity.</p> <p>October 2024: Continue providing specialist advice and support to the development of the new Wales Gold V Training course. Collaborating to update the NLRf CBRN Plan, the Joint Major Incident Plan for Southern Wales Police Forces, and the provision multi-agency COMAH training in Pembrokeshire.</p>
AP 5.16	Ensure lessons are identified from incidents and outbreaks, including the COVID pandemic. <i>(Links to SR 5.5)</i>	HW	Carry out debrief sessions to identify lessons from the COVID pandemic, including horizon scanning, surge response and implementation at scale.	National Director of Health Protection and Screening Services	January 2025	<p>December 2024: Work on track for completion as outlined in October 2024 update below.</p> <p>October 2024: All six phase two workshops for the staff-wide facilitated</p>

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Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
						learning events for Covid taking place across Wales successfully completed, with reporting due by the end of December 2024, for communication to BET in January 2025.
		PV	<p>Ensure the wider organisational learning (lessons identified) arising from the COVID-19 Inquiry are identified and distilled for BET at key points.</p> <p>NB. Likely to be when each set of interim findings are published.</p>	Covid 19 Public Inquiry Steering Group	Ongoing as the Inquiry progresses	<p>December 2024 In partnership with Welsh Government colleagues, work continues in response to recommendations made in the Module 1 Report. BET continues to oversee implementation / organisational learning.</p> <p>October 2024 Ownership of the actions and learning arising from the Module 1 report has been allocated to HPSS where Deputy Medical Director is leading on the actions and is providing frequent updates to both BET and Board.</p>