

# Strategic Risk Register

<b>Risk 1</b>	<p><b>Risk of:</b> Widening gap in healthy life expectancy of population of Wales</p> <p><b>Due to:</b> Cumulative effects of socio-economic, environmental and wider public health challenges</p> <p>Key Strategic Objectives contributing to mitigating the risk and agreed risk appetite level:</p> <ol style="list-style-type: none"> <li>1) Influencing the wider determinants of health <b>[Keen]</b></li> <li>3) Promoting Healthy Behaviours <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>Prior to the pandemic the gap in healthy life expectancy between the most and least deprived populations of Wales was widening. The consequences of the pandemic in terms of access to preventative and healthcare services and the impact on mental and emotional well-being is likely to have exacerbated this. Together with the health impacts of the ongoing Cost of Living Crisis there is a high risk that the health of the population will worsen, particularly for vulnerable populations. This is likely to increase the gap in healthy life expectancy among our vulnerable, more deprived populations compared to more affluent populations in Wales.</p> <p>This will need long and short term actions, as well as cross-organisational and cross system actions to achieve change. A substantial number of programmes are underway on this programme of work, but an overarching assessment of where we are on healthy life expectancy is needed. A key starting point will be a clear, shared and owned assessment of what the organisation's role in reducing health inequalities is, and how we work with other systems. The current IMTP refresh is an opportunity to conduct that assessment in part.</p>

<b>Sponsor and Assurance Group</b>	
<b>Executive Sponsor</b>	<p>Jim McManus, National Directorate of Health and Well-Being</p> <p>Contributors: Sumina Azam, Director of Policy and International Health / WHOCC</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>
<b>Assurance Group</b>	<p>Knowledge Research and Information Committee (remitted from QSIC Dec 2023)</p>

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

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

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No.	EXISTING CONTROLS		SOURCES OF ASSURANCE	Level at which the Assurance is provided to				
	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board
SR 1.1	Providing leadership for health in all policies through maximising opportunities through Welsh legislation including Public Health Act (Health Impact Assessment), the Well-being of Future Generations Act and the Socio-economic Duty	Director of Policy and International Health	Performance monitoring of IMTP delivery through Leadership Team	X	X	X		
SR 1.2	Implementing the WHO Collaborating Centre on Investment for Health and Wellbeing workplan, such as establishing a health equity solutions platform, to identify causes and solutions for tackling the health gap in Wales	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	X	X	X	X	X
SR 1.4	Influencing and informing policy to reduce health inequity through research and advocacy on the wider determinants of health such as fair work, housing, spatial planning	National Director of Health and Well-being, Director of Policy and International Health	Performance monitoring of IMTP delivery through Leadership Team	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		X	X		

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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		X	X		
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Action plan No.	Gaps in controls	Action Plan	Exec Director	Due Date	Progress
AP 1.1	No agreed organisational narrative of tackling health inequalities	Workshop planned with Executive Team to explore organisational understanding and agree next steps	National Director of Health and Well-being/ National Director of Policy	March 2024	<p><b>March 2024</b></p> <p>We have been developing a shared understanding of what our approach and role is as an organisation on health inequalities through a collaborative approach. At the same time we have also been developing our narrative on what a public health approach is and how we make clear the timescales of action and outcome. A Board Development Session was held on 29/2/24 and we will complete our draft narrative for review across the organisation by 31 March 2024.</p> <p>Linked to this our work on Strategic Priority 4 and our work on wider determinants is progressing in parallel so that these programmes inform each other.</p>
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 2024	<p><b>January 2024</b></p> <p>Resource has been identified in HPSS and HWB directorate to take forward a cross-organisational programme of work for inclusion health. However, development is at an early stage and objectives for 2024/25 and not likely to be defined for year 1 of the IMTP for 2024/25</p>
AP 1.3	A Framework for Healthcare Public Health to influence the NHS to shift systematically towards	Develop a framework to influence and facilitate the NHS to shift systematically	National Director of Health and Well-being	March 2024	<p><b>March 2024</b></p> <p>Work is progressing well on this. Short-term resource to enable development of the priority</p>

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	prevention and Early Intervention	towards prevention and early intervention			<p>has been obtained and the programme has been scoped and initiated with stakeholders including a collaborative workshop and this has produced an initial draft for the IMTP and milestones, and the initial work programme on this. Work has also started with Directors of Public Health to jointly shape our approach and framework.</p> <p>In parallel, the developing national diabetes programme as one programme designed to deliver a shift to prevention has now established the priority workstreams and has achieved sign off from NHS Leadership Board.</p> <p>As yet longer-term resource is subject to budget and finance discussions when we know our allocations.</p> <p><b>January 2024</b> Work is progressing well on this. Short-term resource to enable development of the priority has been obtained but as yet longer-term resource is subject to budget and finance discussions when we know our allocations. A collaborative workshop was convened and this has produced an initial draft for the IMTP and milestones, and the initial work programme on this. In parallel, the developing national diabetes programme as one programme designed to deliver a shift to prevention has now established the priority workstreams and has achieved sign off from NHS Leadership Board.</p>
AP 1.4	Systematic collection of equalities data across all protected characteristics for	Work with Welsh Government and DHCW to prioritise and	Director for Data, Knowledge and Research	April 2024	<b>December 2023</b>

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	the NHS in Wales to enable monitoring of public health	implement better collection of equalities data			Engagement with DHCW continues but progress is taking longer than anticipated. Escalation in progress to reach a resolution.
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<b>Risk 2</b>	<p><b>Risk of:</b> Worsening health outcomes for the population of Wales</p> <p><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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<b>Risk Owner's Overview Assessment Status</b>
<p>There is a risk that the specialist public health system in Wales will fragment further following the transfer of the Local Public Health Teams to the Health Boards. Work is underway to develop a Memorandum of Understanding with Welsh Government, Public Health Wales, Health Boards and Local Authorities to agree the principles and mechanisms of effective systems and an agreed system population health work plan.</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 MOU to reflect the intention of better alignment and partnership working.</p> <p>Cross reference with risk 6</p>

<b>Sponsor and Assurance Group</b>	
<b>Executive Sponsor</b>	<p>Jim McManus, National Director of Health and Well-Being</p> <p>Contributors: Claire Birchall, Interim Exec Dir Quality, Nursing and Allied Health Professionals</p> <p>Huw George, Deputy Chief Executive and Executive Director of Operations and Finance</p> <p>John Boulton, Director for NHS Quality Improvement and Patient Safety</p>
<b>Assurance Group</b>	<p>Knowledge Research and Information Committee (remitted from QSIC Dec 2023)</p>

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

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

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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 the Public Health Leadership Group and Directors of Public Protection for Wales	National Director of Health and Well-being	Minutes presented in the Forum		X			
SR 2.2	Monthly meeting with the Public Health Leadership Group and bi-weekly informal 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 Quality, Nursing and Allied Health Professionals	March 2024	<b>December 2023</b> No further dates received following contact. Progression requires input from WCVA so propose to close and review next steps. Contact made with Llais and arrangements for future engagement with the Board Business Unit
		Complete a base line assessment of which current third sector organisations are engaging regularly with Public Health Wales with a view to having a more joined up approach to third sector stakeholder engagement which is captured and can be evidenced to inform better planning and coordination.	Exec Dir Quality, Nursing and Allied Health Professionals	March 2024	<b>March 2024</b> Stakeholder interviews completed by digital User Experience Team and analysis now progressing expected completion end of March 2024. <b>December 2023:</b> Digital User Experience Team are revising the approach using stakeholder interviews planned for January 2024.



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AP 2.2	Agreed system wide approach to maximise the effectiveness of the specialist public health system following the TUPE transfer of LPHTs to Health Boards	Development, approval and implementation of MOU2 for the specialist Public Health System in Wales	National Director of Health and Well-being	March 2024	<p><b>March 2024</b> A joint programme of work with the Directors of Public Health has been commenced. The work will focus on identifying mutual and respective shared priorities, identifying strengths and development areas in joint relationships and building consensus on how we work together. This work is being co-produced with Directors of Public Health and a recently retired DPH has been recruited on a temporary basis to lead this on our behalf. As part of this a determination of what is needed for the MOU2 process will be co-produced with DsPH.</p> <p>We have an agreement to co-produce any future framework, joint arrangements and working plan for shared work between us.</p> <p>In addition we are engaging DsPH at the earliest possible stage of new programmes. We are doing this currently on Shaping Healthy Places, Healthcare Public Health Framework and Tackling Diabetes Together programmes.</p> <p>We have agreed we will invest time together on shaping the elements of a new approach including shared values.</p> <p><b>January 2024</b> The discussion with DsPH has been held. An agreement to work together on shared system issues has been reached, which will be undertaken collaboratively with DsPH. The National Director is meeting every DPH</p>
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					individually to discuss ways of working together and we have agreed we will invest time together on shaping the elements of a new approach including shared values.
AP 2.3	System leadership skills of the public health workforce and partnerships.	Training and support for systems leadership for the specialist PH system, PSBs, and Public Health Wales staff	National Director of Health and Well-being/Director of People and Organisational Development	June 2024	<b>December 2023</b> <b>On track.</b> Linked to revised approach in update for AP 2.2. Gap analysis required to identify skills and training requirements.
AP 2.5	Strengthening systems leadership and engagement of Public Services Boards in the wider determinants of Health and Well-being	Health Foundation bid for 3 year support to strengthen the system with PSBs	National Director of Health and Wellbeing	March 2024	<b>March 2024</b> The Health Foundation funding has been awarded to Public Health Wales and the agreements signed. The programme has been initiated, every Director of Public Health and Public Services Board has agreed to participate and the work is underway.  In addition to the work progressing in and of itself, this programme will directly contribute to AP2.2 above  <b>January 2024</b> The Health Foundation funding has been awarded to Public Health Wales and the agreements signed. The programme has been initiated, every Director of Public Health and Public Services Board has agreed to participate.
AP 2.6	See action plan for risk 6				

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<b>Risk 3</b>	<p><b>Risk of:</b> The organisation failing to effectively engage with the public in relation to their health and wellbeing.</p> <p><b>Due to:</b> Failure to build relationships with stakeholders, communities and our service users; not having or utilising tools and resources to support engagement; a lack of workforce commitment, skills and capacity; and failure to monitor and evaluate the impact of engagement.</p> <p>Key Strategic Objectives contributing to mitigating the risk and agreed risk appetite level:</p> <ol style="list-style-type: none"> <li>1) Influencing the wider determinants of health (<b>Keen</b>)</li> <li>2) Promoting mental and social well-being (<b>Willing</b>)</li> <li>3) Promoting healthy behaviours (<b>Willing</b>)</li> <li>4) Supporting the development of a sustainable health and care system focused on prevention and early intervention (<b>willing</b>)</li> <li>5) Delivering excellent public health services to protect the public and maximise population health outcomes (<b>accepting</b>)</li> </ol>
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## Risk Owner's Overview Assessment Status

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 involves working with our communities and using a proportionate universalism approach.

Actions are underway across organisational programmes, and all organisational 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.

Following the Board meeting in January 2024, the risk score has been reviewed and calibrated with other strategic risks. The risk descriptor has also changed, and actions will need to be reviewed for 2024-25 to reflect this.

Whilst existing controls are progressing and further actions are being taken to enable PHW to better engage with our population, the scale of change required is significant, with specific focus required on capacity and the measurement of impact.

Strategic opportunities to strengthen our response include ensuring this risk informs our IMTP planning for 2024-27; 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 (discussed at Board on 29/2/24).

There is ongoing positive progress on our actions to progress this agenda.

Cross reference to Risk 6

## Sponsor and Assurance Group

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

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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	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 3.1	Behavioural Science Unit to provide specialist expertise on behavioural insights integration into the programmes of work, and develop the application of it, to improve and protect health & wellbeing in Wales	Director of Policy and International Health	Performance monitoring of IMTP delivery through Leadership Team KRIC meeting notes	X	X	X	X	
SR 3.2	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 3.3	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		
SR 3.4	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 3.5	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 3.6	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	Briefing notes following Residential Board minutes			X		X

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SR 3.7	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	
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Action plan No.	Gaps in controls	Action Plan	Exec Director	Due Date	Progress
AP 3.1	Ongoing engagement with the public, our service users and stakeholders to ensure we understand needs and priorities, and obtain feedback on the impact of our work	Further development of public and service user engagement through Civica system	Director of Quality, Nursing and Allied Health Professionals	March 2024	<p><b>March 2024</b> Our approach to engagement paper presented at BET and QSIC in February outlining a refreshed approach to the use of Civica platform which was endorsed. Work with now progress on this. Survey improvement work has started and nearing completion.</p> <p><b>December 2023:</b> - Briefing paper due to be presented at BET in Q4 outlining a refreshed approach. In addition we are working with Procurement, with survey specification out on Multiquote project ( for approved bank of questions)</p>
AP 3.2 (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	December 2023	<p><b>January 2024</b> Resource has been identified in HPSS and HWB directorate to take forward a cross-organisational programme of work for inclusion health. However, development is at an early stage and objectives for 2024/25 and not likely to be defined for year 1 of the IMTP for 2024/25</p> <p><b>December 2023</b> Ongoing discussion with Director of Health and</p>

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					Wellbeing on establishing a cross-organisational programme of work for inclusion health. Resource identified in HPSS and HWB directorate to take forward.
AP 3.3	Engagement of our population to actively manage our own health and well-being and associated risks	Work with Welsh Government and Health Boards to engage the population and subsets of the population to fully engage in and control risks to their own health and well-being, including understanding resources required to achieve this.	Director of Policy and International Health, National Director of Health and Well-being, National Director of Health Protection and Screening Services	March 2024	<p><b>March 2024</b> The Behavioural Science Unit is working towards having a draft strategic plan by end Q4.</p> <p><b>December 2023</b> The Behavioural Science Unit is developing its strategic plan so that behavioural science is embedded across the organisation and the wider public health system.</p> <p>HPSS identified members of the health protection and screening teams to become Behavioural Science champions as part of the Behavioural Science Unit.</p>
AP 3.4	See actions for risk 6				

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<b>Risk 4</b>	<p><b>Risk of :</b> Worsening organisational health, and an inability to recruit and retain high calibre staff, performance manage accountable officers in pursuit of strategic priorities, low staff morale and wellbeing.</p> <p><b>Due to:</b> Lack of organisational leadership and governance, progress towards ideal culture, ability to engage employees</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

The organisation is implementing QOS incorporating governance system mapping and controls and has actions in place to mitigate the risk and close the gaps in assurance.

POD have clear actions in the 2023-2024 IMTP which relate directly to this risk, i.e. work to understand current v desired culture and close the gap between the two, embed our behavioural framework, 'Being Our Best', and increase employee engagement. Workforce planning is also part of the IMTP deliverables and a critical component in addressing this risk. IMTP actions have been developed which will take this work forward in 2024-25.

Collaborative working between Planning, POD and Communication functions will contribute to improved methods to launch, land and embed related products/messaging. A Leadership Forum has been established and met for the first time in January 2024. Meetings will be held quarterly in future. A quarterly update on Organisation and People Development and Engagement has been scheduled at Leadership Team.

Two cohorts have now completed the a (pilot) Leadership and Management Development Academy and Leading with Impact workshops are taking place , which together with other actions outlined in this plan, will support improved leadership, management and engagement.

Our Board and Committees are constituted in accordance with our Standing Orders and Scheme of Delegations. The functions of the Board are delivered in line with the Board Etiquette Protocol with external assurance from Audit Wales on performance. There is a robust and dynamic wellbeing provision in place designed to respond to the needs of all staff including those impacted by the Covid-19 Public Inquiry.

## Sponsor and Assurance Group

<b>Executive Sponsor</b>	Neil Lewis, Director of People and OD Contributors: John Boulton, Director for NHS Quality Improvement and Patient Safety Claire Birchall, Interim Exec Dir Quality, Nursing and Allied Health Professionals 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
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Risk Score					Risk Decision		
Current Risk			Target Risk		Treat		
Likelihood	Impact		Likelihood	Impact			



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4	4	16	3	2	6		
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EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided to				
No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board
SR 4.1	Compliance with Information Governance policy and supporting procedures	Executive Director of Quality and Nursing	IG performance report			X		
			Information Governance toolkit			X		
			Information Governance Group assurance to Audit and Corporate Governance Committee			X		
			Information Asset Register			X		
SR 4.2	Compliance with Risk Management policy, procedure and other written control documents (protocol)	Executive Director of Quality and Nursing	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	Neil Lewis, Director of People & OD	PODCOM Minutes from meetings				X	
SR 4.4	Refreshed Long Term	Deputy Chief Executive and Exec Dir Ops and Finance	IMTP Reporting process			X		
SR 4.5	People Strategy and IMTP	Neil Lewis, Director of People & OD	Reporting against IMTP Milestones			X		
SR 4.6	Compliance with Standing Orders, Scheme of Delegation and Board Etiquette Protocol	Paul Veysey, 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

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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 of Quality and Nursing	March 2025	<b>December 2023:</b> On target
		Approved Records Management policies and procedures	Executive Director of Quality and Nursing	March 2024	<b>December 2023:</b> Consultation process has concluded and policy and procedure are progressing through the approval process. Amend due date to 30/03/24.
AP 4.2	Standardised approach to Governance and Quality Management	Implement Quality as an Organisational Strategy	Director for NHS Quality Improvement and Patient Safety	August 2024	<p><b>February 2024:</b> On target. Joint ET/LT meeting on 5 February reviewed progress to date and used QMS to review 2 case studies. Agreed that ET would take the QMS methodology forward and discuss opportunities to utilise in BET meetings/review of the IMTP.</p> <p><b>December 2023:</b> On target. Work is progressing to integrate the principles of QOS into work already underway in PHW following a review of the implementation approach in the Summer. Examples include integration into the IMTP planning process; integration with the work on organisational design principles; alignment with work following the culture</p>

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					survey; support to the stage 2 project to iterate the PAD; and support from the I&I hub to tier 1-3 projects as required. A workshop to further develop our macro and meso system maps has progressed this work and a series of further support sessions will be rolled out in January. The workshop also provided an opportunity to bring together all the QOS leadership activities we have been working on to begin viewing as a Quality Management System. A joint BET/LT SBET to share progress & next steps is planned for February 2024.
		Implement year 2 of Integrated Governance implementation plan	Executive Director of Quality and Nursing	March 2024	<b>March 2023</b> On target <b>December 2023</b> On target
AP 4.3	A co designed / developed high- level plan which will deliver desired culture	Establish a high-level plan which will deliver desired culture (to include communication and engagement aspects)	Neil Lewis -Director People and OD	March 2024	<b>March 2024</b> On target. Discussed at SBET in Jan, follow up scheduled for March.  <b>December 2023</b> Work is ongoing across directorates to close the culture gap, organisation and directorate levers are being worked through and the Executive Team are meeting on 24 January 2024 to agree next steps. Engagement plan

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					for 2024/25 and the cycle of activity is being discussed at the newly formed Leadership Forum on 18 January 2024 and the plan will be further refined. Culture advocates are also being trained across the organisation to support this work.
		Develop KPIs to measure how well Managers are engaging their direct reports and use these as part of regular 1-1 reviews	Neil Lewis -Director People and OD	March 2024	<p><b>March 2024</b> On target. Deep dive into HPSS at Feb PODCOM meeting.</p> <p><b>December 2023</b> Work ongoing in this area and KPI's development progressing.</p>
AP 4.5	A strategic and systemic approach to employee engagement	Development of a strategic and systemic approach to employee engagement	Neil Lewis -Director People and OD	March 2024	<p><b>March 2024</b> On target. Includes proactive work to increase engagement with the staff survey</p> <p><b>December 2023</b> Linked to AP4.3 and employee engagement is aligned to our culture work.</p>
		Systematic reviews of Staff survey responses and delivery of action plans	Neil Lewis -Director People and OD	March 2024	<p><b>March 2024</b> Successive delays mean 2023 staff survey data which is a key input won't be available until late</p>

# Strategic Risk Register

					<p>March. Delivery to be rolled into next year's IMTP commitments.</p> <p><b>December 2023</b> NHS Wales Staff Survey outputs are due 31 January 2024, the results will complement the Culture Survey by giving greater detail on specific actions we can take against some of the causal factors (both organisationally and at directorate level).</p>
AP 4.6	Ownership of organisation wide Workforce Planning process to ensure delivery of capacity and capability risks addresses	Directorates to commit to Workforce Planning process and take action to close workforce risks	Neil Lewis -Director People and OD	March 2024	<p><b>March 2024</b> On target (IMTP commitment IMTPM_209)</p> <p><b>December 2023</b> On Target to meet 31/3/24 deadline</p>

# Strategic Risk Register

## Risk 5

**Risk of:** A sub-optimal organisational response to a public health emergency or incident and longer-term risks to public health  
**Due to:** insufficient horizon scanning, forecasting, use of data/digital tools and planning/training/exercising for response  
 Key Strategic Objectives contributing to mitigating the risk and agreed risk appetite level:

- 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**)

### Risk Owner's Overview Assessment Status

The current risk score is at the inherent risk level.

There are existing controls relating to: 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.

However, there is more action 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 surge response. The learning from COVID response is not yet complete and the Public Inquiry is underway. These will provide more information to improve response to external threats. Action is also required to join up the horizon-scanning efforts across the organisation.

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. In conjunction with the learning from the COVID Inquiry on Emergency Planning and the planned conclusion of the PHW debrief on operational readiness, the impact is very likely to reduce over the coming months. Additional action is still required to reduce the impact of external threats, through developing an understanding the demands on and the roles and responsibilities of each component of the response architecture and the health protection competencies that need to be held in reserve for surge response. Further Learning Events for the Early Phases of COVID-19 Response are being arranged and evidence from the Public Inquiry continues to emerge. More specific actions will be determined as recommendations emerge from the COVID Public Inquiry. There will be a focus on addressing health inequalities through emergency planning and response.

Action is also required to join up the horizon-scanning efforts across the organisation.

**There is ongoing work to consider the incorporation of SR5 in SR6 to build a framework of excellence for EPRR as the controls and actions align to the strategic priority for excellent public health services.**

### Sponsor and Assurance Group

#### Executive Sponsor

Meng Khaw, National Director of Health Protection and Screening Services  
 Contributors: Iain Bell, Director of Knowledge and Research  
 Sumina Azam, Director of Policy and International Health / WHOCC

#### Assurance Group

Quality, Safety and Improvement Committee

### Inherent Risk

# Strategic Risk Register

Date	15 May 2023	Likelihood:	3	Impact:	4	Score:	12
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Risk Score					Risk Decision	
Current Risk			Target Risk		Treat	
Likelihood	Impact		Likelihood	Impact		
3	4	12	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 5.1	Horizon Scanning	National Director of Health Protection and Screening Services	IHR reports	X	X			
			UKHSA sources	X	X			
			PHW horizon scans ( <i>incl EPRR Work with 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 5.2	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			
SR 5.3	Planning/training/exercising for response	National Director of Health Protection and Screening Services	PHW Emergency Response Plan	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		
			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						



# Strategic Risk Register

			Wales Learning & Development Group (Exercises)	X	X			
			PHW Annual Assurance Return to Welsh Government on EPRR	X	X	X	X	X
SR 5.4	Debrief and learning from incidents and outbreaks	National Director of Health Protection and Screening Services	Organisational debrief and learning from the response to the COVID pandemic and other incidents and outbreaks	x	x			
			EPRR Lessons Identified Register for Major Incidents & Emergencies	x	x			
			Covid 19 Public Inquiry Steering Group	x	x	x		
SR 5.5	Health Impact Assessments to understand potential threats and opportunities to health from policies and programmes, as well as external events.	Director of Policy and International Health	Performance monitoring of IMTP delivery through Leadership Team		X	X		
SR 5.6	Development of tools and products to implement Futures approaches	Director of Policy and International Health	Performance monitoring of IMTP delivery through Leadership Team		X	X		

# Strategic Risk Register

Action plan No.	Gaps in controls	Action Plan	Exec Director	Due Date	Progress
AP 5.1	Enhancement of current genomics work required	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	March 2024	<p><b>December 2023</b> EPRR represented PHW at Wales Resilience Partnership Team, Wales Resilience Forum, provided formal feedback on Wales Risk Management Framework, Pan Wales Response Plan, Wales Resilience Outlook and Wales Resilience Framework</p> <p><b>March 2024</b> 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 5.2	Enhancement of exceedance algorithms required	CW  Further development and Operationalisation.	National Director of Health Protection and Screening Services	March 2024	<p><b>December 2023</b> Work in progress to develop the enhancement of exceedance algorithms is on track</p> <p><b>March 2024</b> weekly exceedance algorithms and are part of the way on including climate risks in our reports and working with modellers.</p>

# Strategic Risk Register

AP 5.3	Work required to enhance planning activity	HW	Review and update supporting documentation for the PHW Emergency Response Plan (V.3)	National Director of Health Protection and Screening Services	March 2024 <b>Complete</b>	<p><b>December 2023</b> Work progressing on update of Emergency Telephone Contacts Directory. On track.</p> <p><b>March 2024</b> Document uploaded to EPRR SharePoint and shared with Strategic Response Directors. <b>Action Complete.</b></p>
		HW	Work with partners to review and update multi-agency plans for emergencies.	National Director of Health Protection and Screening Services	March 2024	<p><b>December 2023</b> Providing feedback to Dwr Cymru on Water Distribution Plans for Wales, Gwent LRF on Reservoir Inundation Plans, 3no. LRFs on Pandemic Plans respectively.</p> <p><b>March 2024</b> Provided feedback to Dyfed Powys LRF on its Joint Major Incident Plan, Emergency Command Protocol and the Gwent and South Wales LRF CBRN Plan.</p>
AP 5.4	Ensure PHW engages with and participates in all appropriate EPRR training & exercise opportunities		Review and update PHW EPRR Training Prospectus to reflect the updated PHW Emergency Response Plan (V.3).	National Director of Health Protection and Screening Services	February 2024 <b>Complete</b>	<p><b>December 2023</b> Completing priorities/revision to 'Due Date' to February 2024.</p> <p><b>March 2024</b></p>

# Strategic Risk Register

						Document uploaded to EPRR SharePoint and shared organisationally via EPBC Group. <b>Action Complete.</b>
			Plan and deliver an exercise for the updated PHW Emergency Response Plan (V.3)	National Director of Health Protection and Screening Services	March 2024 <b>Complete</b>	<b>December 2023</b> Exercise rescheduled at request of Exec Director until 06/03/24.  <b>March 2024</b> Exercise successfully held 30/01/24. <b>Action complete.</b>
		HW AJ	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	<b>December 2023</b> Submission approved by Welsh Government HPAG. (05/12/23). Process recognised as 'best practice example'. PROVISIONAL Exercise date set as 19/03/24, initial planning group meeting to be scheduled for 12/23. Project on track.  <b>March 2024</b> Preparation ongoing, project on track. Exercise scheduled 19/03/24.

# Strategic Risk Register

AP 5.5	Ensure PHW has a sustainable mechanism for receipt of Major Incident notifications.	HW AJ	Identify and implement a sustainable mechanism for receipt of Major Incident notifications	National Director of Health Protection and Screening Services	March 2024	<p><b>December 2023</b> Report with recommendations complete for submission to HPSS DMT.</p> <p><b>March 2024</b> Preparation to implement ongoing, project on track. EPRR 24/7 Service 'go live' target of Q1; 24/25.</p>
AP 5.6	Ensure lessons are identified from incidents and outbreaks, including the COVID pandemic	HW AJ	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 2024	<p><b>December 2023</b> Multi-Directorate Planning Group meeting scheduled for December to scope delivery. Due date change to March 2024 requested.</p> <p><b>March 2024</b> Multi-Directorate planning on track to begin phased delivery by end of Q4; 23/24.</p>
		HW AJ	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	March 2024	<p><b>December 2023</b> No update this is being monitored via EPBC Group which is scheduled for spring 24</p> <p><b>March 2024</b> Updated via EPBC Group membership.</p>
		TH	Ensure the wider organisational learning (lessons identified) arising from the COVID-19 Inquiry are identified and distilled for BET at key points.	Covid 19 Public Inquiry Steering Group	March 2024	<p><b>December 2023</b> Process in development for the organization to receive, consider and respond to findings issued by the Covid-</p>

# Strategic Risk Register

			NB. Likely to be when each set of interim findings are published.			19 inquiry (and other Inquiries)
AP 5.7	Systematic organisational approach to embedding Horizon Scanning		Strategic BET development session to explore mechanisms and processes for embedding horizon scanning	Director of Policy and International Health	July 2023	<p><b>March 2024</b> Work underway with SOIF in Q4 to support staff to develop skills and knowledge to embed Futures/ Horizon Scanning in key strategic planning</p> <p><b>December 2023</b> Further external support being procured to develop an organisational systematic approach to horizon scanning / use of Futures tools.</p>
AP 5.8	Update prevalence of disease and projections of future disease levels in Wales		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	<p><b>December 2023</b> analysis completed and considering publication path</p>

# Strategic Risk Register

**Risk 6** **Risk of:** Failure to deliver excellent public health services on screening, infection and health protection and compliance with the Duty of Quality  
**Due to:** Weakness in systems and processes, specialist workforce capacity and capabilities, and lack of innovation.

Key Strategic Objectives contributing to mitigating the risk and agreed risk appetite level:  
 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**)

## 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; 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 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 return 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 2023/24. 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 and Breast 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 conceived.

**There is ongoing work to consider the incorporation of SR5 in SR6 to build a framework of excellence for EPRR as the controls and actions align to the strategic priority for excellent public health services.**

## Sponsor and Assurance Group

<b>Executive Sponsor</b>	Meng Khaw, National Director of Health Protection and Screening Services Contributors: Claire Birchall, Interim Exec Dir Quality, Nursing and Allied Health Professionals
<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>3</b>	<b>Score:</b>	<b>9</b>
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Risk Score			Risk Decision		
Current Risk			Target Risk		Treat
Likelihood	Impact		Likelihood	Impact	
3	3	9	3	2	6

# Strategic Risk Register

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 6.1	Overview and scrutiny of workforce capacity and capability is provided through clear governance arrangements with divisional SMTs and DLT	National Director of Health Protection and Screening Services	Divisional SMT meeting and minutes	X	X			
			DLT meetings and minutes		X			
			Escalation to BET with meetings and minutes		X	X		
			Divisional, Directorate and Corporate Risk Registers actively updated and risks escalated as appropriate	X	X	X	X	X
SR 6.2	Implementation of Business Continuity Arrangements where required and where appropriate	National Director of Health Protection and Screening Services	Business Continuity Action Plans for HPSS divisions	X	X	X		
			Emergency Planning and Business Continuity Group Meeting minutes		X			
			Training and Exercise reports to Emergency Planning and Business Continuity Group	X	X			
			Emergency Planning and Business Continuity Documentation (regular review and update)	X	X		X	
			Ability to sustain response to health threats		X			
SR 6.3	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	



# Strategic Risk Register

			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 6.4	Uphold high professional standards: Professional Regulation – Medical, Nursing and Multi-Disciplinary 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 6.5	Established Directorate Financial Management 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

# Strategic Risk Register

SR 6.6	Implementation of learning from incidents	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	
SR 6.7	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 6.8	Development of Workforce Plans for each Division and established processes to enable effective Recruitment	National Director of Health Protection and Screening Services	Reports of progress against developed Workforce Plans	X	X			
			Reports to the People and Organisational Development Committee				X	
			Directorate and Divisional-level workforce plans		X			
SR 6.9	Compliance with Infection control policies, procedures and related statutory and mandatory training  Compliance with National Guidelines and Standard Operating procedures in place for IPC	Executive Director of Quality and Nursing and Allied Health Professionals	IPC Audit plan and Environmental Audit Programme				X	
			IPC group assurance reports to QSIIC				X	
			IPC Risk Register			X		
			Annual Clinical Audit Plan				X	
SR 6.10	Putting Things Right Policies and Procedures  Regular monitoring of incidents to identify immediate action required	Executive Director of Quality and Nursing and Allied Health Professionals	Monthly Reporting of patient service user experience including incidents, complaints and claims				X	
			Quality Reviews of Incidents and associated action plans		X			
			Thematic reviews on areas of concern				X	

# Strategic Risk Register

SR 6.11	Operational application of corporate systems and policies relating to procurement and financial planning	National Director of Health Protection and Screening Services	Monthly financial reporting	X	X	X		
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# Strategic Risk Register

Action plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
AP 6.1	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	March 2024	<p><b>February 2024:</b> End to end testing started 8th February. All indications in this early stage are positive, planning for cutover and go live in March 24. Detailed project plan to ensure all actions are monitored and progressed.</p> <p><b>December 2023:</b> Work continues to progress to plan. Minimal Viable product work should be completed in Jan 2024. Dates for UAT to be agreed early Q4. No new risks identified.</p>
AP 6.2	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	March 2024	<p><b>February 2024:</b> Radiologist post appointed, commences post 04 March 2024. Joint posts being explored with C&amp;V, BCU and SBUHB 5 session substantive Radiology post in development with BCU. The advert is with the Royal College for approval</p> <p><b>December 2023:</b> A Locum Consultant Radiologist has been employed, takes up post in Feb 2024: A further joint post with BCU will go out to advert in February 2024. A possible candidate for this post has been identified.</p>
AP 6.3	Sustainable provision of clinical infection services	RH DH	Continue to recruit to consultant posts; Deliver changes that will make the service more attractive including recruitment of Specialty and	National Director of Health Protection and Screening Services	Ongoing	<p><b>December 2023:</b> Six Physician Associates have started to work for PHW, two each for BCUHB, HDUHB and SBUHB services.</p> <p><b>February 2024</b></p>

# Strategic Risk Register

			Specialist Doctors as well as Physician Associates, Clinical Scientists and Specialist Nurses.			Recruitment of SAS and other clinical posts subject to ongoing efforts as opportunity arises.
			Set out service requirements in a business case and single establishment control submission as contribution towards the Directorate budget realignment work.	National Director of Health Protection and Screening Services	March 2024	<p><b>December 2023:</b> Paper relating to Excellent Infection Services has been submitted and executive discussions relating to resource have been held. Part of the funding request to support implementation has been agreed and the division has prioritised accordingly.</p> <p>There is an ECP submission in preparation for role re-evaluations. A review of hot lab model and WSVC service model initiated.</p> <p><b>February 2024</b> Phase 1 has been approved by the EPC.</p> <p>Review of EIS with Executive Director – request for additional work on equipment and estates and to be brought into a single summary with the three strands.</p>
			Complete training competencies for all staff who are able/required to deliver OOH services	National Director of Health Protection and Screening Services	March 2024	<p><b>December 2023:</b> Ongoing maintenance of OOH competencies of trainees. Quarterly oversight on Specialist Diplomas reporting at trainee level to Infection SMT to maintain momentum. Is now normal business activity now baseline has been established. COMPLETED</p>

# Strategic Risk Register

			<p>Complete Syndromic Molecular Procurement project to include:</p> <ul style="list-style-type: none"> <li>• Respiratory</li> <li>• GI</li> <li>• AMR</li> <li>• Bone and joints</li> <li>• BBV</li> <li>• Sexual Health</li> </ul>	National Director of Health Protection and Screening Services	March 2024	<p><b>December 2023:</b> Ongoing delays with procurement processes. Escalated to dDoF and Head of Procurement to expedite.</p> <p><b>February 2024:</b> Contract will be going to Trust Board for sign off in April 2024. Interim procurement arrangements agreed and in place for prioritised tests.</p>
AP 6.4	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><b>December 2023:</b> work in progress and status is as August to November update: OCP concluded in March 23 with a delayed implementation date to August 2023 to facilitate collaborative implementation planning. POD colleagues currently overseeing formal process relating to the PHW respect and resolution process. Service is closely monitoring all operational aspects of the out of hours service delivery.</p> <p><b>February 2024:</b> Investigation in relation to the 'Respect and Resolution' has not yet been concluded. However the service has systems in place to ensure continuity</p>

# Strategic Risk Register

						of the current model with the rota populated until September 2024.
AP 6.5	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><b>December 2023:</b> work in progress and status is as November update – Due date change requested to March 2024</p> <p><b>February 2024:</b> work continues in collaboration with PHW EPRR, POD, and Estates/Facilities.</p>
AP 6.6	Clinical Governance Framework		Approved and published Clinical Governance Framework	Executive Director of Quality and Nursing and Allied Health Professionals	July 2023	<p><b>March 2023:</b> Quality Oversight Group formed in January and Draft TOR created to operationalise and embed the CG Framework. Further meeting arranged for March.</p> <p><b>December 2023</b> Framework approved and Steering group created to operationalise the framework for clinical services in PHW.</p>
			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	<p><b>March 2024:</b> Translated and published on the intranet. Communication piece produced to socialise as part of wider job families work.</p> <p><b>December 2023:</b> Approved and awaiting Welsh Translation of Graphics. Communications piece with POD in place to launch once document ready</p>
			Progress to approval and implementation of the	Executive Director of Quality and Nursing and	May 2023	<p><b>March 2024:</b> Recruited to a 2 year Nursing retention post with the remit to embed</p>

# Strategic Risk Register

			organisational Clinical Supervision Framework	Allied Health Professionals		<p>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> <p><b>December 2023</b> Implementation plan created by T&amp;F group. Retention post out to internal advert and postholder will take this work forward. Funding secured for Supervisor training /Professional Nurse Advocate. 11 applicants to start the programme in January 2024</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.	National Director of Health Protection and Screening Services & Executive Director of Quality and Nursing and Allied Health Professionals	March 24	<p><b>March 2024</b> Quality Oversight group commenced and subgroups under discussion focusing on learning opportunities</p> <p><b>December 2023</b> Clinical Governance/Quality Operational Group being discussed as part of the CG Governance and implementation which will support cross organisational learning and improvement.</p>
AP 6.7	Key lines of enquiry (KLOEs) from Welsh Government to support Quality Standards reporting		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	Sept 23	<p><b>March 2024:</b> 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> <p><b>December 2023</b> Key questions being developed by the CG steering group as no further</p>



# Strategic Risk Register

						guidance from NHS Executive at present.
			Identify improvement plan following self-assessment for 2024/25.	Executive Director of Quality and Nursing and Allied Health Professionals	March 24	<p><b>March 2024</b> 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> <p><b>December 2023</b> No further self-assessment guidance received and no further updates as to if this will be supplied. Internal Key line of enquiry being developed to support the quality standards self-assessment for 24/25.</p>
			Complete first Annual Quality Report	Executive Director of Quality and Nursing and Allied Health Professionals	March 24	<p><b>March 2024</b> Draft template and format created, self-assessment methodology created and paper will be presented at BET /QSIC in Q1 for approval and publication</p> <p><b>December 2023</b> Draft Template expected from Improvement Cymru on behalf of the NHS Executive in January 2024.</p>
AP 6.8	Relates to control 6.11 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. This aspires to be a beacon of efficiency, effectiveness, and innovation, setting the benchmark for excellence in	National Director of Health Protection and Screening Services	Jul 2024	<p><b>December 2023</b> New action reflected here. This programme is in its formative stages with an initial test area of focus being the approach to procurement across HPSS.</p>

# Strategic Risk Register

			<p>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.</p>		<p>The review phase of this area has concluded and presented to QSIC. Numerous recommendations are in the process of being implemented.</p> <p><b>February 2024</b> 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>
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