

# Strategic Risk Register

Reported to Board  
25 July 2024

<b>Risk 1</b>	<p><b>Risk of:</b> Widening gap in healthy life expectancy of population of Wales  <b>Due to:</b> Cumulative effects of socio-economic, environmental and wider public health challenges                      Key Strategic Objectives contributing to mitigating the risk and agreed risk appetite level:                      1) Influencing the wider determinants of health [<b>Keen</b>]                      3) Promoting Healthy Behaviours [<b>Willing</b>]                      5) Delivering excellent public health services to protect the public and maximise population health outcomes. [<b>Accepting</b>]</p>
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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>	Jim McManus, National Directorate of Health and Well-Being Contributors: Sumina Azam, Director of Policy and International Health / WHOCC Meng Khaw, National Director Health Protection and Screening Services Huw George, Deputy Chief Executive and Exec Director of Operations and Finance
<b>Assurance Group</b>	Knowledge Research and Information Committee (remitted from QSIC Dec 2023)

<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	3	9	

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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, including consolidating the health equity solutions platform and delivering a well-being economy programme.	Director of Policy and International Health	KRIC minutes Annual return to WHO of delivery of workplan Performance monitoring of IMTP delivery through Leadership Team	X	X	X	X	
SR 1.3	Identifying and translating international learning on tackling health inequity, for example through International Horizon Scanning and strengthened international partnerships with WHO, IANPHI, EuroHealthNet	Director of Policy and International Health, National Director of Health Protection and Screening Services	Board minutes KRIC minutes Performance monitoring of IMTP delivery through Leadership Team	X	X	X	X	X
SR 1.4	Influencing policy to reduce health inequity through research and advocacy on the wider determinants of health and strengthening our policy advocacy role	National Director of Health and Well-being, Director of Policy and International Health	Performance monitoring of IMTP delivery through Leadership Team. KRIC minutes	X	X	X	X	
SR 1.5	Tackling the public health effects of climate change agreed as an organisational strategic priority	Deputy CEO/Director of Ops and Finance, National Director of Health Protection and Screening Services, Director of Policy and International Health	Climate Change Programme Board minutes		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		
SR 1.7	A cross-organisational group and work programme to embed a shared narrative on health inequalities and share with stakeholders to increase our coherence and impact	Director of Policy and International Health	Performance monitoring of IMTP delivery through Leadership Team	X	X	X		

Action plan No.	Gaps in controls	Action Plan	Exec Director	Due Date	Progress
AP 1.2	A comprehensive three year IMTP with action based on proportionate universalism and targets, where appropriate	Organisational Inclusion Health Group to develop an action plan, informed by behavioural insights, to guide all programmes delivered by Public Health Wales	National Director of Screening and Health Protection Services and Medical Director	March 2024	<p><b>January 2024</b> Resource has been identified in HPSS and HWB directorate to take forward a cross-organisational programme of work for inclusion health. However, development is at an early stage and objectives for 2024/25 and not likely to be defined for year 1 of the IMTP for 2024/25</p>
AP 1.3	A Framework for Healthcare Public Health to influence the NHS to shift systematically towards prevention and Early Intervention	Develop a framework to influence and facilitate the NHS to shift systematically towards prevention and early intervention	National Director of Health and Well-being	October 2024	<p><b>May 2024</b> Work continues to progress on this. The Prevention Based Health and Care Framework was launched on 20<sup>th</sup> May 2024 and the rest of the framework delivery will continue as set out in the IMTP.</p> <p><b>March 2024</b> Work is progressing well on this. Short-term resource to enable development of the priority has been obtained and the programme has been scoped and initiated with stakeholders including a collaborative</p>

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					<p>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>
AP 1.4	Systematic collection of equalities data across all protected characteristics for the NHS in Wales to enable monitoring of public health	Work with Welsh Government and DHCW to prioritise and implement better collection of equalities data	Director for Data, Knowledge and Research	July 2024	<p><b>May 2024</b> Discussions with DHCW continue.</p> <p><b>April 2024</b> Key solution is for all clinical staff to obtain ethnicity at the point of contact. Access to GP data as they routinely collect ethnicity data, however the type of data released is inconsistent. PHW needs access to non-aggregated PII from Primary Care. Possible NHS app can be used for self reporting but this needs to link from primary care data. However it remains unclear if Welsh Government will negotiate increased access to primary care data nor is it confirmed if DHCW will bring this data into the NDR. Engagement continues.</p> <p><b>December 2023</b> Engagement with DHCW continues but progress is taking longer than anticipated. Escalation in progress to reach a resolution.</p>

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<b>Risk 2</b>	<p><b>Risk of:</b> Worsening health outcomes for the population of Wales <b>Due to:</b> misaligned system-wide efforts and leadership and weaknesses in partnership working</p> <p>Key Strategic Objectives contributing to mitigating the risk and agreed risk appetite level:</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>The issue around the specialist public health system in Wales being impacted by the transfer of the Local Public Health Teams to the Health Boards is being addressed through a dedicated work programme which is being computed by PHW and Directors of Public Health. Identifying areas of shared priority and principles of working together has already started. There is dedicated capacity within the team to strengthen this joint working and agenda setting. Work is underway to co-produce a set of joint priorities and then develop a working together agreement which will then be widened to include Welsh Government, Public Health Wales, and Local Authorities to agree the principles and mechanisms of effective systems and an agreed system population health work plan.</p> <p>Ongoing work continues to strengthen 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 5</p>	

<b>Sponsor and Assurance Group</b>	
<b>Executive Sponsor</b>	<p>Jim McManus, National Director of Health and Well-Being Contributors: Claire Birchall, Interim Exec Dir Quality, Nursing and Allied Health Professionals Huw George, Deputy Chief Executive and Executive 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>	4	<b>Impact:</b>	4	<b>Score:</b>	16

<b>Risk Score</b>		<b>Risk Decision</b>	
<b>Current Risk</b>	<b>Target Risk</b>	<b>Treat</b>	

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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	<p><b>July 2024</b> Work on strategic partnerships through BET to establish key Exec relationship manager. Work with QNAHPS/Health and Well Being to establish firm WCVA partnership.</p> <p><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</p>
		Complete a base line assessment of which current third sector organisations are engaging regularly with Public Health Wales with a view to having a more joined up approach to third sector stakeholder engagement which is captured and can be evidenced to inform better planning and coordination.	Exec Dir Quality, Nursing and Allied Health Professionals	March 2024	<p><b>June 2024</b> No change – work ongoing</p> <p><b>March 2024</b> Stakeholder interviews completed by digital User Experience Team and analysis now progressing expected completion end of March 2024.</p> <p><b>December 2023</b> Digital User Experience Team are revising the approach using stakeholder interviews planned for January 2024.</p>



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AP 2.2	<p>Agreed system wide approach to maximise the effectiveness of the specialist public health system following the TUPE transfer of LPHTs to Health Boards</p>	<p>Development, approval and implementation of MOU2 for the specialist Public Health System in Wales</p> <p>Proposal to change this to “Development, approval and implementation of ways of working agreements for the specialist Public Health System in Wales”.</p>	National Director of Health and Well-being	October 2024	<p><b>May 2024</b> Directors of Public Health and key PHW Directors will be spending two days together in July 2024 developing joint priorities and ways of working. We are co-producing this, and work is progressing well. Out of this we have already refreshed which PHW Directors participate regularly in the Public Health Leadership Peer Group. Because we are co-producing this, we will develop shared plans and deliver this at the time the group needs. We are also currently reviewing MOU1 for inclusion in shared action plans going forward. A “ways of working” agreement will be part of this.</p> <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>
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					<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>
AP 2.3	System leadership skills of the public health workforce and partnerships.	Training and support for systems leadership for the specialist PH system, PSBs, and Public Health Wales staff	National Director of Health and Well-being/Director of People and Organisational Development	June 2024	<p><b>July 2024</b> Successful residential with local PH teams</p> <p><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.</p>

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AP 2.5	Strengthening systems leadership and engagement of Public Services Boards in the wider determinants of Health and Well-being	Shaping Healthy Places for Wales Programme part funded by PHW, and part funded by the Health Foundation for 3 year programme to enable Public Service Boards to address wider determinants	National Director of Health and Wellbeing	March 2024	<p><b>May 2024</b> This programme has now been launched, Public Service Boards have been engaged and recruited and the programme is underway, beginning with the onboarding and initial training in June 2024</p> <p><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.</p> <p>In addition to the work progressing in and of itself, this programme will directly contribute to AP2.2 above</p>
AP 2.6	See action plan for risk 5				

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

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using a proportionate universalism approach. Ongoing actions are being progressed across organisational programmes and strategic priority areas to understand the views of our population (including young people) and obtain feedback around factors that determine their health. Strategic opportunities to strengthen our response include the refresh of 'Our Approach to Engagement' which will be developed following evaluation of our current strategy and through consultation and engagement with staff, key stakeholders, and our communities; strengthening our Young Ambassadors Programme; and our organisational approach to strategic partnerships. Many of the actions to address gaps in our controls for 2023-24 have been incorporated into our strategic plan for 2024-27 and there is ongoing positive progress on our actions to progress this agenda. Of note, evaluation of 'Our Approach to Engagement' is underway and a delivery plan is due to be presented to Business Executive Team in September 2024.

## Sponsor and Assurance Group

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

## Inherent Risk

<b>Date</b>	10/05/23	<b>Likelihood:</b>	5	<b>Impact:</b>	4	<b>Score:</b>	20
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Risk Score					Risk Decision		
Current Risk			Target Risk		Treat		
Likelihood	Impact		Likelihood	Impact			
4	4	16	2	3	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 3.1	Evaluate Our Approach to Engagement to drive forward a consistent approach for equitable, effective public engagement	Director of Quality, Nursing and Allied Health Professionals		Our Approach to Engagement evaluation and future plan	X	X	X	X	
SR 3.2	Behavioural Science Unit to implement an agreed enabling plan to support the use of	Director of Policy and International Health		Performance monitoring of IMTP delivery through Leadership Team	X	X	X	X	

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	behavioural science across all strategic priority areas		KRIC meeting notes						
SR 3.3	Time to Talk Public Health Survey to enable regular public engagement to inform public health policy and practice	Director of Policy and International Health	Performance monitoring of IMTP delivery through Leadership Team	X	X	X			
SR 3.4	Behavioural insights integration into the work of population health programmes and public communications	National Director of Health and Well-being	Performance monitoring of IMTP delivery through Leadership Team	X	X	X			
SR 3.5	Robust communications plans underpinned by evidence-based methodologies in place for planned campaigns	Deputy Chief Executive and Director of Operations and Finance	Annual plan of communications campaigns Evaluation of public campaigns and sharing of learnings	X	X				
SR 3.6	Provision of timely, accurate and relevant risk communications in response to emerging public health issues.	Deputy Chief Executive and Director of Operations and Finance	Incident Management Team or Outbreak Control Team notes Significant issues are discussed with Executive and at Board	X		X			X
SR 3.7	The Public Health Young Ambassadors group as a conduit to enable conversations to take place with young people	Director of Quality, Nursing and Allied Health Professionals	YA evaluation to date and workplan for review 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	Director of Quality, Nursing and Allied Health Professionals	Best practice survey guide Bank of questions developed (training and events) Outline paper to strengthen survey governance						
3.10	A Service User Experience Framework developed	Director of Quality, Nursing and Allied Health Professionals	A National Peoples Experience Framework is expected to be						

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			published imminently which will inform our survey content					
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Action plan No.	Gaps in controls	Action Plan	Exec Director	Due Date	Progress
AP 3.1 (see AP1.2)	Co-ordination of activity to understand the needs of underserved populations	Establish an Inclusion Health programme in PHW	National Director of Health Protection and Screening Services; National Director of Health and Well-being	December 2024	<p><b>May 2024</b> Shared commitment in HPSS and HWB Directorates to ensure a joined-up approach on inclusion health work;</p> <p>Options paper in development to propose a PHW cross-organisational mechanism which can help set a strategic direction for inclusion health, and co-ordinate action to protect and promote health amongst vulnerable groups in Wales.</p>

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<b>Risk 4</b>	<p><b>Risk of:</b> Worsening organisational health</p> <p><b>Due to:</b> Lack of effective organisational leadership and governance, progress towards ideal culture, ability to engage employees.</p> <p><b>Impact:</b> Inability to recruit and retain high calibre staff, performance manage accountable officers in pursuit of strategic priorities, low staff morale and wellbeing.</p> <p>Key Strategic Objectives contributing to mitigating the risk and agreed risk appetite level: 3) Promoting healthy behaviours <b>[Willing]</b></p>
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## Risk Owner's Overview Assessment Status

Our work in relation to culture, values, behaviour, leadership, and engagement will take time to embed and we are not expecting any significant movement in this risk score before June 2025. Meantime consideration will be given to developing triggers that, when met, will result in a review of the risk score.

In July BET considered the results of the 2023 survey (organisational level) and assurance was provided to PODCOM.

POD have clear actions in the 2024-2025 IMTP which relate directly to this risk i.e. publishing an updated People Strategy, developing a strategic approach to employee engagement, and identifying measures to track progress against the actions agreed to close the gap between current and ideal culture and increase employee engagement. Workforce planning is also part of the IMTP deliverables and a critical component in addressing this risk. The programme of work targeted at transforming leadership and management will continue throughout 2024-2025 and is the subject of a 2025-2026 IMTP commitment. We will shortly let a contract for formal leadership and management development and begin the process of designing a bespoke provision for Public Health Wales.

This year investment funding will be utilised to put in place a provision to increase coaching capability and confidence for the Leadership Forum, which includes all direct reports to BET. We continue to embed Being our Best, our behavioural framework and launched a baseline evaluation of the framework in June.

## Sponsor and Assurance Group

<b>Executive Sponsor</b>	Neil Lewis, Director of People and OD Contributors: 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



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<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		
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 Strategy	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	<p><b>June 2024:</b> On target as per programme plan</p> <p><b>December 2023:</b> On target</p>
		Approved Records Management policies and procedures	Executive Director of Quality and Nursing	March 2024 Suggest close	<p><b>June 2024</b>  Complete</p> <p><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.</p>
AP 4.2	Standardised approach to Governance and Quality Management	Implement Quality as an Organisational Strategy	Executive Director of Quality and Nursing	August 2024	<p><b>June 2024:</b>  AQR complete and published. Presentation of QOS and QMS next steps to Leadership Forum July 2024 Recruitment to significant gaps in I&amp;I Hub transition.</p> <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</p>

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					<p>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 survey; support to the stage 2 project to iterate the PAD; and support from the I&amp;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 &amp; next steps is planned for February 2024.</p>
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			Implement year 2 of Integrated Governance implementation plan	Executive Director of Quality and Nursing	March 2024	<p><b>July 2024</b> On target as per IMTP and workplans</p> <p><b>March 2023</b> On target</p> <p><b>December 2023</b> On target</p>
4.3	Planned People and OD Committee Meetings to review progress v plan (including dashboard data on workforce trends) and consider emerging threats.		Establish a high-level plan which will deliver desired culture (to include communication and engagement aspects)	Neil Lewis -Director People and OD	March 2024	<p><b>May 2024</b> Complete. Assurance provided to PODCOM April 2024. Assurance on delivery of the high-level plan to be provided to PODCOM.</p> <p><b>March 2024</b> On target. Discussed at SBET in Jan, follow up scheduled for March.</p>
			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>May 2024</b> Complete. Regular assurance provided to PODCOM. New action added in row below to further address gap in control in 2024-25.</p> <p><b>March 2024</b> On target. Deep dive into HPSS at Feb PODCOM meeting.</p>
			Identify measures to track progress against the actions agreed to close the gap between current and ideal culture and increase employee	Neil Lewis -Director People and OD	March 2025	<p><b>June 2024</b> On target.</p> <p><b>May 2024</b></p>

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			engagement and create a dashboard to provide insight and assurance.			New action to further address gap in control for 2024-25
AP 4.5	People Strategy and IMTP		Development of a strategic and systemic approach to employee engagement	Neil Lewis -Director People and OD	March 2024	<p><b>June 2024</b> On target.</p> <p><b>May 2024</b> Work programmed for 2024-25 on culture, values and behaviour, leadership and management development and increasing engagement is complete. New action added below to further address gap in control in 2024-25.</p> <p><b>March 2024</b> On target. Includes proactive work to increase engagement with the staff survey.</p>
			Develop a strategic approach to employee engagement which responds to the results of the 2023 employee survey and an action plan for how this will be delivered.	Neil Lewis -Director People and OD	December 2024	<p><b>June 2024</b> On target.</p> <p><b>May 2024</b> New action added to address gap in control in 2024-25. Delivery date driven by successive delays to receipt of staff survey data. Meantime action is being taken at an organisational and directorate level in response to the culture survey.</p>
			Systematic reviews of Staff survey responses and delivery of action plans	Neil Lewis -Director People and OD	March 2024	<p><b>July 2024</b> In July the evaluation of PHW level data was shared</p>

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					<p>with BET and assurance provided to PODCOM.</p> <p><b>March 2024</b> Successive delays mean 2023 staff survey data which is a key input won't be available until late March. Delivery to be rolled into next year's IMTP commitments.</p>
		Publish a refreshed People Strategy	Neil Lewis -Director People and OD	March 2025	<p><b>June 2024</b> On target.</p> <p><b>May 2024</b> New action to address gap in control in 2024-25.</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>May 2024</b> Complete. New action added in row below to address gap in control in 2024-25.</p> <p><b>March 2024</b> On target (IMTP commitment IMTPM_209)</p>
AP 4.7		Establish a clear vision outlining the function of job families within PHW	Neil Lewis -Director People and OD	Sept 2024	<p><b>June 2024</b> On target.</p> <p><b>May 2024</b> New action to address gap in control in 2024-25.</p>
AP 4.8		Establish a workforce planning process and framework including clear roles and responsibilities	Neil Lewis -Director People and OD	March 2025	<p><b>June 2024</b> On target.</p>

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					<b>May 2024</b> New action to address gap in control in 2024-25.
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# Strategic Risk Register

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## Risk 5

**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

**Due to:** Weakness in systems and processes, specialist workforce capacity and capabilities and innovative practice.

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**)

**NB.** (Amalgamation of previously referenced SRR5 and SRR6)

## Risk Owner's Overview Assessment Status

The current risk score is at the inherent risk level.

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

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

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

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

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

Sponsor and Assurance Group

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<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 Iain Bell, Director of Knowledge and Research
<b>Assurance Group</b>	Quality, Safety, and Improvement Committee

Inherent Risk							
<b>Date</b>	15 May 2023	<b>Likelihood:</b>	3	<b>Impact:</b>	3	<b>Score:</b>	9

Risk Score					Risk Decision
Current Risk			Target Risk		Treat
Likelihood	Impact		Likelihood	Impact	
3	3	9	3	2	

EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided				
No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Subgroups	Committee / Subgroups	Board
SR 5.1	Development, implementation and maintenance of emergency and business continuity arrangements (including participation in EPRR training and exercising opportunities)	National Director of Health Protection and Screening Services	PHW Emergency Response Plan	X	X	X	X	X
			PHW Business Continuity Arrangements.	X	X	X	X	X
			24/7 Resilient EPRR On Call Service	X	X	X	X	X
			Communicable Disease Plan for Wales	X	X	X	X	X
			Multi-Agency Plans for Emergencies (Contributor)	X	X			
			Emergency Planning & Business Continuity Group Meetings (Quarterly)	X	X			
			Local Resilience Fora (LRF) Meetings	X	X	X		
			Wales Resilience Partnership Team Meetings (Quarterly)	X	X			

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EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided				
No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Subgroups	Committee / Subgroups	Board
			Wales Resilience 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			

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EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided				
No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Subgroups	Committee / Subgroups	Board
			Reports to Quality, Safety, and Improvement Committee		X	X	X	
			Action Plan and Reports – Divisional Senior Management Teams	X				
SR 5.3	Uphold high professional standards: Professional Regulation – Medical, Nursing and Multi-Professional Staff	Executive Medical Director Executive Director of Quality and Nursing and Allied Health Professionals	Medical, Nursing and Multi-Disciplinary Staff Revalidation - Annual Report to People and Organisational Development Committee / Quality, Safety, and Improvement Committee				X	
			Quality review visit by Medical and Multi-Disciplinary Revalidation support unit			X	X	
			Quality Indicators Performance Monitoring	X	X	X	X	
			Monitor Specialist Registration and Revalidation		X	X	X	X
			Medical, Nursing and Multi-Disciplinary Appraisal Process – Quality Indicator		X	X	X	X
			Medical Job Planning Process – Quality Indicator			X		
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				

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EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided				
No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Subgroups	Committee / Subgroups	Board
			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			

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EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided				
No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Subgroups	Committee / Subgroups	Board
			Health Protection Situational Awareness Reports – (monthly report to Executive)	X	X	X		X
<b>SR 5.7</b>	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 QSIC				X	
			IPC Risk Register			X		
			Annual Clinical Audit Plan				X	
<b>SR 5.8</b>	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 and annual Reporting of patient service user experience including incidents, complaints, claims and Duty of Candour				X	
			Quality Reviews of Incidents and associated action plans		X			
			Thematic reviews on areas of concern: <ul style="list-style-type: none"> <li>Annual Quality Report</li> <li>Annual Duty of Candour Report</li> <li>Annual Assessment for PTR/Welsh Risk Pool</li> </ul>				X	
<b>SR 5.9</b> (New Control)	Implementation of the Quality Oversight Group (QuOG), which will encompass adoption of the Clinical Governance Framework	Wayne Jepson and Paula Mitchell	QuOG by Sep 24 Functional CG Organisational Groups by Dec 24		X		X	
<b>SR 5.10</b>	Horizon Scanning		IHR reports	X	X			

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EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided				
No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Subgroups	Committee / Subgroups	Board
		National Director of Health Protection and Screening Services	UKHSA sources	X	X			
			PHW horizon scans ( <i>inc. EPRR work linked to the National Security Risk Assessment (NSRA)</i> )	X	X			
			Genomics	X	X			
			Links with APHA and other agencies	X	X			
			Weekly meetings with HPT	X	X			
			UKHSA daily emerging infections horizon scanning results	X	X			
			GEZI Wales horizon scans every 2 weeks	X	X			
SR 5.11	Forecasting and use of data/digital tools	National Director of Health Protection and Screening Services	Exceedance algorithms	X	X			
			Reports including exposures, climate and environmental determinants.	X	X			
			Short/medium term models working with academic partners.	X	X			

Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
AP 5.1	NHAIS is being decommissioned by England and we currently rely on NHAIS to select breast screening cohort. Reliant on one member of staff who has detailed knowledge of NHAIS.	SH	Implementation of BSS select for Breast Screening Programme to maintain cohort selection for breast screening. Working group with NHS England colleagues to progress this change.	Deputy Chief Executive / Executive Director of Finance and Operations National Director of Health Protection and	May 2024	<p><b>June 2024:</b> The DEWIS system went live on the 15/5/24. Work is ongoing in relation to post go live enhancements to the system. Likely to request closure September 24</p> <p><b>May 2024:</b> Cut over tasks currently in progress, Go live planned for w/c 13/5/24. The system will go live with</p>

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Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
				Screening Services		<p>known issues however mitigation has been put in place.</p> <p>The new cohorting tool, called Dewis ("choice" in Welsh), went into cutover and then live service. It has been running live for two weeks and continuous support is available.</p> <p><b>March 2024:</b> Cut over now planned for April 2024. UAT testing in progress. Final go live support arrangements are being put in place.</p>
<b>AP 5.2</b>	Recovery of the Breast Screening Programme is impacted by difficulty in recruiting specialist clinical staff to undertake reading of mammograms and assessment clinics.	<b>SH</b>	Recruitment processes underway for breast clinician role in North Wales. Planned recruitment in Southeast Wales for radiologist working closely with Health Boards. Planned retirement in 2023 will increase issue in North Wales and working with HB to explore potential ways forward.	National Director of Health Protection and Screening Services	May 2024  Date Change request to Sept 24	<p><b>June 2024:</b> Awaiting outcome of recent Consultant interviews for joint post with BCUHB. Job planning underway with BTW Consultant to cover service gaps. 2 locum Consultant in post. 1 Trainee Breast Clinician in post.</p> <p><b>May 2024:</b> Joint post with BCU progressing to interview. There will be increased pressure on existing staff after May when a further Radiologist leaves post. The programme continues to review job plans with staff working flexibly to cover the service.</p>
<b>AP 5.3</b>	Sustainable provision of clinical infection services	<b>RH / KW</b>	Continue to recruit to consultant posts.	National Director of Health Protection and	Ongoing	<b>June 2024:</b> Interviews planned for July for one Specialist Grade for West Wales and 2x Speciality



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Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
			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.	Screening Services		<p>Doctors and 1x Consultant for North Wales. Recruitment for 1 x ID for Consultant for Cardiff Service ongoing.</p> <p><b>May 2024:</b> Successful engagement of remote working Consultant for North Wales. Recruitment ongoing for 2 x Specialty doctors for North Wales and 1 x Specialist Grade for West Wales. Recruitment for 1 x ID Consultant for Cardiff service ongoing.</p>
<b>AP 5.4</b>	Resilient Out of Hours Acute Health Protection Service	<b>GS / EM</b>	Reviewing the model of service delivery to test resilience and sustainability.	National Director of Health Protection and Screening Services	<p>March 2024</p> <p>Date Change request to September 24</p>	<p><b>June 2024:</b> No further update to February 2024 update</p> <p><b>May 2024:</b> No further change to status as at February Update</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 of the current model with the rota populated until September 2024.</p>
<b>AP 5.5</b>	Surge Plan for Acute Health Protection	<b>GS / EM</b>	Agreed oversight and surge plan for Acute Health Protection	National Director of Health Protection and	March 2024	<b>June 2024:</b> feedback incorporated plan to submit to EPBC subgroup prior to directorate sign off.

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Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
				Screening Services	Date Change request to September 24	<b>May 2024:</b> Work remains in progress. Further feedback and recommendations sought from colleagues and are under consideration.
AP 5.6	Clinical Governance Framework	AC	Progress to approval and implementation of Career Framework for regulated health professionals (non-medical)	Executive Director of Quality and Nursing and Allied Health Professionals	May 2023 Proposal to close	<p><b>May 2024:</b> Framework now hosted on the POD Job Families page and circulated via communications. The use of this document will form part of the work of the Nurse retention post to influence wider organisational use.</p> <p><b>March 2024:</b> Translated and published on the intranet. Communication piece produced to socialise as part of wider job families work.</p>
		AC	Progress to approval and implementation of the organisational Clinical Supervision Framework	Executive Director of Quality and Nursing and Allied Health Professionals	May 2023 Proposal to close	<p><b>May 2024:</b> 12 Nursing staff qualified as Professional Nurse Advocates. Plans being progressed to implement this model for supervision as part of the Nurse Retention workstream to socialise and embed clinical supervision, monitor uptake with reporting to PHW and the CNO in line with national expectations.</p> <p><b>March 2024:</b> Recruited to a 2-year Nursing Retention post with the remit to embed clinical supervision across professional nursing and</p>

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Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
						AHPS groups. 12 staff commenced Professional Nurse Advocates training due to complete end of Q1 to support clinical supervision for Nursing workforce.
		<b>MK / CJ</b>	<p>SEPT 2023: Develop cross-organisational opportunities to bring together teams that are active in-service user experience and patient safety work in order to share best practice and learn lessons as part of the organisation's Clinical Governance arrangements.</p> <p><b>How we utilise service user engagement to inform delivery of excellent public health services</b></p>	National Director of Health Protection and Screening Services & Executive Director of Quality and Nursing and Allied Health Professionals	<p>March 2024</p> <p><b>Date Change request to October 24</b></p>	<p><b>June 2024:</b> QuOG exploratory meeting planned for 25/7/24.</p> <p><b>May 2024</b> The Quality Oversight Group first formal meeting will be Quarter 2 2024/25. As part of its subgroup structure a service user experience group will be formed this year. In addition, our approach to engagement framework will be refreshed and support this action.</p>
<b>AP 5.7</b>	Key lines of enquiry (KLOEs) from Welsh Government to support Quality Standards reporting.	<b>AC</b>	Obtain key lines of enquiry from Welsh Government, implement once published, and complete self - assessment.	Executive Director of Quality and Nursing and Allied Health Professionals	September 2023	<p><b>June 24:</b> PHW's KLOE presented in May at the QUOG implementation group with further amendments requested to certain domains. The document is due to be presented at first full meeting.</p> <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>
		<b>AC</b>	Identify improvement plan following self-assessment for 2024/25.	Executive Director of	March 24	<b>May 2024:</b> This will be dependent on the approval, socialisation, and

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Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
				Quality and Nursing and Allied Health Professionals		<p>implementation of the KLOEs. All areas will be required to undertake a baseline assessment and improvement plan to be developed from there. This will be used to inform the AQR for 24/25 and assist "Always On" reporting.</p> <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>
		<b>AC</b>	Complete first Annual Quality Report	Executive Director of Quality and Nursing and Allied Health Professionals	March 24 <b>Proposal to close</b>	<p><b>May 2024: Completed.</b> Presented to BET and QSIC in May and approval sought for publication from Board on 30<sup>th</sup> May.</p> <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>
<b>AP 5.8</b>	Unable to ensure consistent and effective operational systems and processes relating to delivery of excellent public health services.	<b>MB</b>	Develop a programmed approach to the assurance of excellent operations across the HPSS Directorate. The directorate aspires to be a beacon of efficiency, effectiveness, and innovation, setting the benchmark for excellence in public health operations. The programme will be based on a	National Director of Health Protection and Screening Services	July 2024	<p><b>June 2024:</b> Inaugural meeting of umbrella programme group and scope of programme in the final stages of agreement.</p> <p><b>May 2024:</b> Work continues while the scope of the umbrella</p>

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Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
			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.			programme is finalised. Review and / or improvement strands live in the domains of: <ul style="list-style-type: none"> <li>• Procurement</li> <li>• Internal Communication</li> <li>• People and OD</li> </ul>
<b>AP 5.9</b>	Developing an excellent case management facility.	<b>MK/IB</b>	Development of a quality process or system through which robust case management can be enacted and followed up.	National Director of Health Protection and Screening Services/Director of Knowledge and Research	September 2024	<p><b>June 2024:</b></p> <p>Funding has been secured for the alpha phase of developing the replacement and building the business case and we are in the process of procuring a partner for delivery.</p> <p><b>May 2024:</b> Discovery has been completed and funding is looking to be secured to deliver an alpha in 2024 and develop a full business case for delivery.</p>
<b>AP 5.10</b>	Management system for Breast and Bowel screening services.	<b>MK/IB</b>	Development of a quality process or system through which robust case management can be enacted and followed up.	National Director of Health Protection and Screening Services/Director of Knowledge and Research	September 2024	<p><b>June 2024:</b></p> <p>An internal discovery has been commenced.</p> <p><b>May 2024:</b> This has been planned into the Digital route map and next steps being assessed.</p>
<b>AP 5.11</b>	Enhancement of current genomics work required.	<b>CW/TC</b>	Expand the range of genomics horizon scanning.	National Director of Health Protection and	March 2024	<p><b>June 2024:</b> PHW has an operational horizon scanning group covering</p>

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Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
				Screening Services	<b>Proposal to close</b>	SARS-CoV-2 and Influenza, which reports into the Health Protection Forum and tracks variants and threats. The group has been monitoring a range of risks including avian influenza and SARS-CoV-2 variants. A set of processes to enable the identification and introduction of new genomic surveillance services (for other pathogens) is under development, which will enable further development of these services.  <b>November 2023:</b> Work in progress
		<b>HW</b>	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	<b>This is an ongoing action without end date.</b>	<b>June 2024:</b> Work ongoing to support in the development of local risk assessments and community risk registers.  <b>May 2024:</b> National approach to risk finalised. Work ongoing to support in the development of local risk assessments and community risk registers.
<b>AP 5.12</b>	Enhancement of exceedance algorithms required and exceedance of communicable diseases.	<b>CW</b>	<b>Develop and operationalise a weekly exceedance model based on past data to help with decision making and probability forecasting in relation to management on infections and outbreaks.</b>	National Director of Health Protection and Screening Services	March 2024 <b>Proposal to close</b>	<b>May 2024:</b> Weekly exceedance algorithm now running with signals investigated by field epi team and discussed at weekly health protection/ CDSC meeting and

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Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
						escalated as required. <b>Action Plan complete.</b>
<b>AP 5.13</b>	Work required to enhance planning activity. <i>(Links to SR 5.1)</i>	<b>HW</b>	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	<b>This is an ongoing action without end date.</b>	<p><b>June 2024:</b> Providing specialist advice and support to the development of the new Wales Gold V Training course and update of multi-agency COMAH plans in Swansea and Monmouth.</p> <p><b>May 2024:</b> Provided feedback to range of plan updates in the Gwent and Dyfed Powys LRF Areas.</p>
<b>AP 5.14</b>	Ensure PHW engages with and participates in all appropriate EPRR training & exercise opportunities. <i>(Links to SR 5.1)</i>	<b>HW</b>	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>Proposal to close</b>	<p><b>May 2024:</b> Exercise successfully held 19/03/24. <b>Action complete.</b></p> <p><b>March 2024:</b> Preparation ongoing, project on track. Exercise scheduled 19/03/24.</p>
<b>AP 5.15</b>	Ensure PHW has a sustainable mechanism for receipt of Major Incident notifications. <i>(Links to SR 5.1)</i> <b>NB. Converted to a control (See SR 5.1)</b>	<b>HW</b>	Identify and implement a sustainable mechanism for receipt of Major Incident notifications	National Director of Health Protection and Screening Services	March 2024 <b>Proposal to close</b>	<p><b>May 2024:</b> EPRR 24/7 Service went live on 31/3/24. <b>Action complete.</b></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>

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Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
AP 5.16	Ensure lessons are identified from incidents and outbreaks, including the COVID pandemic.  <i>(Links to SR 5.5)</i>	HW	Carry out debrief sessions to identify lessons from the COVID pandemic, including horizon scanning, surge response and implementation at scale.	National Director of Health Protection and Screening Services	March 2025	<b>June 2024:</b> Phase one (staff survey) complete. Work ongoing to deliver phase two of staff-wide facilitated learning events for Covid. Staff workshops under development.  <b>May 2024:</b> Multi-Directorate planning ongoing. Engagement with unions and networks successful. Project to move into delivery phase for completion by end of Q4; 24/25.
		HW	Maintain the EPRR Lessons Identified Register for Major Incidents & Exercises and monitor progress on identified learning from approved debrief/inquiry reports.  <b>NB. Converted to a control (See SR 5.5)</b>	National Director of Health Protection and Screening Services	<b>Proposal to close</b>	<b>May 2024</b> No update  <b>March 2024</b> Updated via EPBC Group membership.
		PV	Ensure the wider organisational learning (lessons identified) arising from the COVID-19 Inquiry are identified and distilled for BET at key points.  <b>NB. Likely to be when each set of interim findings are published.</b>	Covid 19 Public Inquiry Steering Group	March 2024	<b>June 2024</b> As per reports from modules  <b>December 2023</b> Process in development for the organization to receive, consider and respond to findings issued by the Covid-19 inquiry (and other inquiries)



# Strategic Risk Register

Reported to Board  
25 July 2024

Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
AP 5.17	Update prevalence of disease and projections of future disease levels in Wales	IB	To systematically analyse the prevalence of disease, project these levels into the future and assess our current interventions and what more needs to be done	Director of Knowledge and Research	December 2023  This is an ongoing activity reporting to BET and Board.	Close action as ongoing BAU work