Strategic Risk Register - Risk 1 | Dashboard

Risk 1	There is a risk that Public Health Wales will be unable to fulfil its strategic objectives because it does not have the correct numbers of people with the right skills, attitudes and behaviours. .

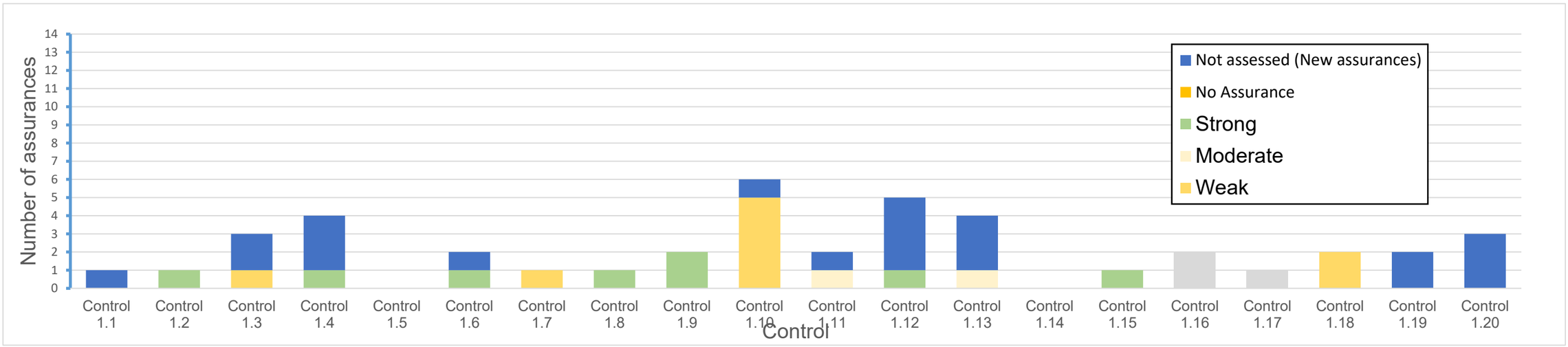
Sponsor and Assurance Group	
Executive Sponsor	Neil Lewis, Acting Director of People and Organisational Development
Assuring Group	People and Organisational Development Committee *(Currently the Board)*

Inherent Risk							
Date		**Likelihood:**	**4**	**Impact:**	**4**	**Score:**	**16**

Applicable Strategic Priorities	
Influencing the wider determinants of health	☒
Improving mental well-being and building resilience	☒
Promoting healthy behaviours	☒
Securing a healthy future for the next generation through a focus on early years.	☒
Protecting the public from infection and environmental threats to health	☒
Supporting the development of a sustainable health and care system focused on prevention and early intervention	☒
Building and mobilising knowledge and skills to improve health and well-being across Wales	☒

Risk Score						**Risk Decision**
Current Risk			**Target risk**			
Likelihood	**Impact**	16	**Likelihood**	**Impact**	8	**TREAT**
	4		2	4		

Control Summary			
Assurance Summary	**No. of Controls**		**20**
	No. of Assurances		**43**
	Breakdown of Total Assurance Rating	**Weak Assurances**	**9**
		Moderate Assurances	**2**
		Strong Assurances	**8**
		No Assurance	**3**
		Not assessed	**21**



Strategic Risk Register - Risk 1 | Controls

EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided to					Assessment of each Assurance
No.	Control	Exec Owner		Team / Division / Project /Programme	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board	
1.1	People Strategy	Acting Director – People and Organisational Development	Bi Annual Reports to PODC / Board on achievement of actions			X	X	X	Not Assessed
1.2	Organisational Workforce plan to support IMTP and first three years of People Strategy		Updates provided alongside People Strategy reports to the Executive Team and Board			X	X	X	Strong
1.3	Corporate succession plan to outline (initially) succession into the top three tiers		Talent and succession map	X	X	X	X		Weak
			People Strategy (1)	X	X	X	X		Not assessed
			Organisational workforce plan updates (2)	X	X	X	X		Not assessed
1.4	Recruitment plan and tracker		Corporate recruitment plan (approved by Board Jan 2020)			X	X		Strong
			Recruitment plans being managed through the workstreams within the Response Plan.		X	X			Not assessed
			COVID Recruitment Plan (to GOLD)		X	X			Not assessed
			Weekly workforce subgroup meeting minutes, actions and reports. (Sitrep Gold)	X	X	X			Not assessed
1.5	Structured approach to funding learning and development - deferred until 2021/2022 budgets								
1.6	Directorate level plans focussing on change, development and recruitment. These will include areas of focus such as Microbiology and radiology	All	Directorate workforce plans (focus on BAU);	X	X	X			Strong
			Recruitment plans directly linked to COVID managed via the routes noted in 4.						Not assessed
1.7	Job families	Acting Director – People and Organisational Development	Papers and minutes from the Job Families group and one to one meetings	X	X				Weak
1.8	Professional appraisal and revalidation processes in place, linked through relevant bodies.	Executive Director of Quality, Nursing and Allied Health Professionals / Executive Director of Public Health Services/Medical Director	Integrated Performance Report		X	X	X		Strong
1.9	Training and succession plan in conjunction with Deanery/ HEIW	Acting Director – People and Organisational Development/ Executive Director of Quality, Nursing and Allied Health Professionals / Executive Director of Public Health Services/Medical Director	Training and succession plan		X		X		Strong
			Stats through Integrated Performance Report		X	X	X		Strong
1.10	Learning and Development	Acting Director – People and Organisational Development	Programme content	X	X				Weak
			Manager's Induction	X	X				Weak
			Attendance registers	X	X	X			Weak
			ESR reports	X	X				Weak

Strategic Risk Register - Risk 1 | Controls

EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided to					Assessment of each Assurance
No.	Control	Exec Owner		Team / Division / Project /Programme	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board	
			Staff survey reports	X	X				Weak
			NCC training packages and records (COVID)	X	X				Not Assessed
1.11	PDRs both My Contribution and Job Plans	All	IPR and compliance reports	X	X	X	X	X	Moderate
			My Contribution Action Plan						Not assessed
1.12	Staff Engagement Surveys	Acting Director – People and Organisational Development / All	NHS Staff Survey Results (scheduled late 2020 subject to Ministerial approval)	X	X	X	X	X	Strong
			PHW Wellbeing and Engagement Survey Results (during COVID)	X	X	X		X	Not assessed
			Workforce Reports	X	X	X	X		Not assessed
			Meeting papers from Wellbeing and Engagement Group (est. July 2020)	X	X	X	X		Not assessed
			Published results and documented actions plans	X	X	X	X		Not assessed
1.13	Wellbeing	Acting Director – People and Organisational Development	Staff survey results (as per 12)	X	X	X	X		Moderate
			Absence data reporting via IPR	X	X	X	X		Not assessed
			Resources available to staff via the Information Page and social media	x					Not assessed
			COVID Absence Dashboard	x	x	x			Not assessed
1.14	Establish Approach to widening access for potential (often younger) employees								
1.15	Integrated Performance Report		Exception reporting on key measures that have not been reached such as turnover and absence with plans of action attached		X	X	X	X	Strong
1.16	Welcome, Engage, Network and Develop days (on hold due to COVID)		Induction content (on hold due to COVID)	X	X				No Assurance
			Attendance registers (on hold due to COVID)	X	X				No Assurance
1.17	Behaviours framework		Values-aligned behaviours framework piloted, approved and launched (on hold to COVID)		X	X			No Assurance
1.18	Public Health Practitioner Registration Scheme	Acting Director – People and Organisational Development / Executive Director of Health and Wellbeing	Take up reports	X	X				Weak
			Number of staff registered	X	X				Weak
1.19	Trade Unions; Staff Networks; Equality, Diversity & Inclusion (COVID)	Acting Director – People and Organisational Development	Weekly informal meetings with Trade Unions		X				Not assessed
			Local Partnership Forum meeting minutes and reports			X			Not assessed
1.20	Workforce Mobilisation (COVID)	Transitional Director - Knowledge	Mobilisation status dashboard		X	X			Not assessed
			Skills surveys		X	X			Not assessed
			Reverse mobilisation process		X	X			Not assessed

Strategic Risk Register – Risk 1 | Action Plan

Control Number	Gaps in controls	Gaps in assurance		Action Plan		Due Date	Progress
1.1	People Strategy to support the PHW long term strategy	Project Plan relating to transformation of People and OD Directorate with appropriate time-scales and outcomes	1	Consultation with key stakeholders. People Strategy linked to IMTP.	Acting Director of People and Organisational Development	October 2020	People Strategy has been completed and approved at Board in January 2020. This has been sent for final production (**COMPLETE**) and a launch plan is being developed. Interim report on implementation within COVID context being prepared for Board
			2	Deliverables incorporated into People and OD departmental plan and linked to team objectives			
			3	New People and OD team structure to be developed in consultation with the organisation to ensure alignment with people strategy		November 2020	Interim team structure in place to support implementation of the People Strategy - **COMPLETE**. Skills assessment undertaken August and Senior Team reviewing options for structure herein (delayed owing to Director leaving)
1.2	Organisational workforce plan	Quality assurance of plan Gaps in returns from Directorates	4	Consultation with key stakeholders and workforce planning sessions facilitated.		November 2020	All actions listed have been completed with a working draft plan in place. This was delayed due to COVID. An interim report is being prepared and approach for 2020 being determined.
			5	Workforce plans returned to People and OD to review Trends and themes identified.			
			6	Draft to be quality assured by Skills for Health to ensure a coherent narrative.			
			7	Draft to be submitted to Execs on 27 November.			
1.3	An implemented corporate approach to succession planning and talent management	Quality assurance of plan	8	Establish a regular process going forward into 2021/22		October 2020	Broader work on hold due to COVID, however recommendation with Director/CEO for HEIW programme commencing Oct 2020
			9	In the process of finding a date for these wider/ moderation discussions.			
			10	Linking to wider work and timescale with HEIW.			
			11	Finalised talent and succession map to be completed.			
1.4	No tracking tool against corporate recruitment plan	Gaps in data provided	12	Continue work as part of business process improvement activity in this area.		November 2020	The People and OD Directorate maintain a Recruitment spreadsheet which is populated with information on planned recruitment obtained from Directorates. As well as information on posts to be advertised, this spreadsheet includes information on location of posts. This information is shared with Ops and Finance, allowing IT and Estates to also plan for this recruitment. P&OD are working closely with Ops and Finance on this 'growth plan'. As part of the business process improvement work, an investment bid may be considered in order to purchase a Corporate Recruitment Tracker which would enable all Directorates to directly input their recruitment plans

Strategic Risk Register – Risk 1 | Action Plan

Control Number	Gaps in controls	Gaps in assurance		Action Plan		Due Date	Progress
							A recruitment plan is in in place linked to COVID, and we are seeking additional resources to manage the delivery of plan.
1.5			13	Development of a structured approach to funding learning and development -	Acting Director of People and Organisational Development	April 2021	Executive Team presented with recommendation for how learning and development is funded across the organisation. Discussion and decisions on hold due to HP response.
1.10	Management Induction	Lack of assurance around knowledge and skills to deliver within a management role	14	Pilot management induction following consultation with key stakeholders		November 2020	Second induction cohort underway with final action learning sets from the pilot group scheduled for June 2020 (evaluation to follow). Summary of pilot findings so far presented to SLT in December 2019. Reviewing available learning platforms, awaiting confirmation of non-pay budget to provide managing mental health training
1.11			15	Undertake Quality audits (planned)		Q4 2020/2021	On track.
			16	Revise My Contributions Policy		October 2020	On track.
1.14	Approach to young people	Gaps in plan for delivery and join up with Well-being of Future Generations Act	17	Draft approach to be developed making links to Well-being of Future Generations Act by improving social, economic, environmental and cultural wellbeing		April 2021	Our approach to young people and engaging the future workforce is being developed by our graduate who is currently on placement with the People and OD team. Approach and options mapped and paper presented to Executive Team including younger persons strategy (held during COVID) Apprenticeship providers already warning programmes may not pick up until 2021.
			18	Joined up approach to collaboration with schools, colleges and universities;			
			19	Young Ambassador Programme; Careers Networks; Work-placements scheme; Internships; Apprentices; Graduate Schemes			
			20	Discussions to be taken forward by Deputy Director of People and OD with directorates			
			21	Determine appropriate way forward with collaborative partners with clear outcomes and evaluation			
			22	Deliver regular management induction sessions Evaluation			

Strategic Risk Register – Risk 2 | Dashboard

Risk 2	There is a risk that Public Health Wales will cause significant harm to patients, service users or staff members. This will be caused by misdiagnosis or incorrect identification of serious health conditions, timeliness of service provision, the provision of inappropriate clinical advice or the failure of staff to follow correct procedures.

Sponsor and Assurance Group	
Executive Sponsor	Rhiannon Beaumont-Wood, Executive Director Quality, Nursing and Allied Health Professionals
Assuring Group	Quality, Safety and Improvement Committee (patient and service user) People and Organisational Development Committee (staff) *(temporarily being reported directly to Board)*

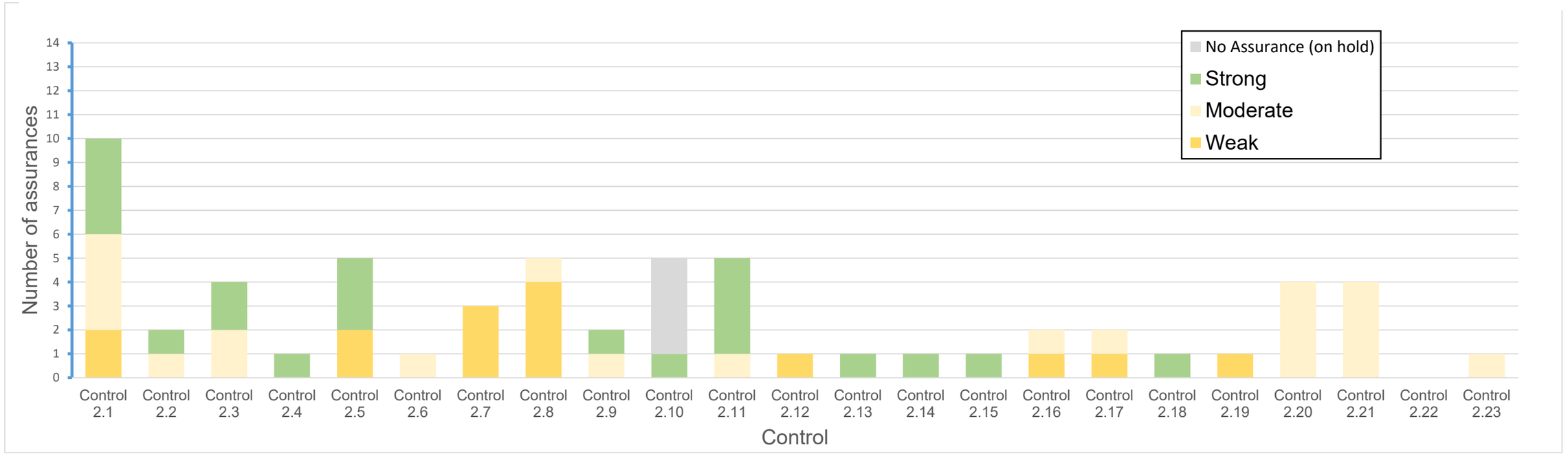
Applicable Strategic Priorities	
Influencing the wider determinants of health	☒
Improving mental well-being and building resilience	☒
Promoting healthy behaviours	☐
Securing a healthy future for the next generation through a focus on early years.	☐
Protecting the public from infection and environmental threats to health	☐
Supporting the development of a sustainable health and care system focused on prevention and early intervention	☒
Building and mobilising knowledge and skills to improve health and well-being across Wales	☐

Inherent Risk							
Date		**Likelihood:**	**5**	**Impact:**	**5**	**Score:**	**25**

Risk Score						**Risk Decision**
Current Risk			**Target risk**			
Likelihood	**Impact**	20	**Likelihood**	**Impact**	15	**Treat**
4	**5**		**3**	**5**		

Control Summary	**No. of Controls**	**23**	
	No. of Assurances	**62**	
Assurance Summary	**Breakdown of Total Assurance Rating**	**Weak Assurances**	**15**
		Moderate Assurances	**22**
		Strong Assurances	**21**
		No assurance	**4**

Assurance Breakdown per Control



Strategic Risk Register – Risk 2 | Controls

Existing Control			Sources of Assurance	Level at which the Assurance is provided to					Assessment of each Assurance
No.	Control	Exec Owner		Team / Division / Project	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board	
2.1	Corporate Quality Management systems	Executive Director Quality, Nursing and Allied Health	Quality Indicators Performance Monitoring as reported in the Integrated Performance Report	X	X	X		X	Moderate
			Health and Care Standards regular Monitoring at Board - IPR – ongoing monitoring of implementation		X	X		X	Moderate
			Health and Care Standards - Arrangements / system in place.	X	X	X	X		Strong
			Corporate Safeguarding Annual Report			X	X		Weak
			Infection Control Annual Report			X	X		Weak
			PTR Quarterly Report (IPR Monthly)			X	X	X	Strong
			PTR Annual Report			X	X		Moderate
			Quarterly Alert exception Report			X	X	X	Moderate
			Annual Quality Statement		X	X	X	X	Strong
			Quality and Clinic Audit Plan - Annual Report and update reports			X	X		Strong
2.2	Professional Regulation		Annual report to People and OD Committee /QSIC		X	X	X		Strong
			Quality Review Visit by medical revalidation support unit	X	X	X	X		Moderate
2.3	Incident Reporting Management System		Putting Thing Right - Report			X	X		Moderate
			Putting Thing Right - Annual			X	X		Strong
			Organisational Annual Report – (Reported to WG)			X	X		Strong
			SI reporting as occurs			X	X	X	Moderate
2.4	Directorates Mid & end year review process		Directorates Mid and year end reports		X	X		X	Strong
2.5	External Reviews		HIW Inspections			X	X	X	Strong
			HSC			X	X		Strong
			JAG accreditation	X	X	X			Weak
			UKAS Accreditation	X	X	X	X		Weak
			Audit Wales Structured Assessment	X	X	X	X	X	Strong
2.6	Health Care Support worker programme		Update reports (PODCOM) (Annual)		X	X	X		Moderate
2.7	Medicines Management System	Executive Director of Public Health Services/Medical Director / Executive Director Quality, Nursing and Allied Health	Medicines Management Policy			X	X		Weak
			Medicines Management Procedure			X	X		Weak
			Pharmaceutical SLA with Cardiff & Vale University Health Board			X			Weak
2.8	Medical Devices Arrangements		Medical Devices Policy			X	X		Weak
			Medical Devices Procedure			X	X		Weak
			Medical Devices Registers (Microbiology Laboratories)	X					Weak
			Medical Devices Screening Division Register	X					Weak
			Medical Devices Register (Corporate)	X					Moderate
2.9	Public Health Services QMS	Exec Director of Public Health Services/Medical Director	Local Audit	X					Moderate
			Vertical & Horizontal Audits of Microbiology Laboratory Services	X					Strong
2.10	Failsafe systems	Executive Director of Public Health Services/Medical Director	Defined failsafe task and finish groups (papers and notes) to review screening programmes against policy	X					Weak
			SI reporting as occurs to Board and quarterly to QS&I Committee			X	X	X	Moderate
			Screening Division – Standard Operating Procedures (document development, review and approval)	X					Moderate

2.11	Microbiology Stabilisation Programme	Executive Director of Public Health Services/Medical Director	Microbiology Division – Standard Operating Procedures (document development, review and approval)	X					***Strong***
			Stabilisation Action Plan process Update on hold due to Covid	X	X	X			***No Assurance***
			Stabilisation Action Plan: Progress Update Reports to QSIC on hold due to Covid			X	X		***No Assurance***
			Reports to Board (AD HOC) on hold due to Covid			X		X	***No Assurance***
			Microbiology Programme Board Reports on hold due to Covid			X			***No Assurance***
2.12	Recruitment Procedures and Checks policy	Acting Director of People & Organisational Development	Appropriate job descriptions	X					**Weak**
2.13	Statutory & Mandatory training Competency and role based training and Regulatory standards		Included in Integrated Performance Report			X		X	**Strong**
2.14	People & OD Performance Information and Reports (Including Detailed recruitment MI)		Included in Integrated Performance Report			X		X	**Strong**
2.15	Personal Development Reviews 'My Contribution'		Included in Integrated Performance Report			X		X	**Strong**
2.16	Workforce Plan		Reports to People & OD Committee (as part of the IMPT process)				X		**Moderate**
			Directorate workforce plans		X	X			**Weak**
2.17	Staff Survey		Staff Survey results			X	X	X	**Moderate**
			Engagement Reporting			X	X		**Weak**
2.18	Leadership and Management development Programme		Performance Data Report		X	X		X	**Strong**
2.19	Occupational Health provision		Reports to QS&I Committee and POD Committee				X		**Weak**
2.20	Policies	Board Secretary & Head of Board Business Unit	Policy, Procedures and other written control documents Policy			X	X	X	**Moderate**
			Policy, procedures and other written control documents Procedure		X	X			**Moderate**
			Policy register report to Audit and Corporate Governance Committee on compliance with Policies		X	X	X	X	**Moderate**
			Policy register report of relevant policies to each Board Committee			X	X		**Moderate**
2.21	Internal Audit Programme		Internal audit plan			X	X		**Moderate**
			Audit reports as a result of the annual programme		X	X	X		**Moderate**
			Annual head of internal audit report			X	X	X	**Moderate**
			Internal audit action log (and follow up of actions)		X		X		**Moderate**
2.22	Department Standard Operating Procedures	Exec Team (report via Board Secretary)							
2.23	Health & Safety plan	Deputy Chief Exec/ Exec Director of Operations & Finance	Health and safety action plan and associated reports	X	X		X		**Moderate**

Strategic Risk Register – Risk 2 | Action Plan

Control Number	Gaps in controls	Gaps in assurance		Action Plan	Exec Lead	Due Date	Progress
NEW	Absence of existing coherent and comprehensive Integrated Governance Framework	Lack of assurance mechanism in relation to effectiveness of an Integrated Governance Framework	*1*	Complete a gap analysis on current integrated governance arrangements.	Executive Director Quality, Nursing and Allied Health Professionals	December 2020	Due to the emergency response to Covid-19 this work has been unable to progress, as all available people resources have been mobilised to work on the response. Within the current context, this action, the scope of this work needs to be revised to focus on COVID, resource issues, and Governance 'Hotspots' to target and focus the analysis. A revised date of December 2020 has been added for completion for this work.
			2	Develop a Quality assurance dashboard .		To be determined	The draft Quality assurance dashboard in conjunction with a revised format for the PTR report, has been developed and will be presented to the Quality, Safety and Improvement Committee on 11 February 2020 for consideration. The management dashboard component of this action was completed and further work is ongoing to further improve the dashboard and PTR report. .This work has been superseded by the development of the Performance and Assurance Dashboard.
			3	Ensure the Quality Assurance Dashboard includes measures / indicators to include the IPC and safeguarding indicators		December 2020	On track.
			4	Develop an Integrated Governance Model and Implementation Plan		April 2021	Integrated Governance models and implementation plan will be agreed and commenced. This work has been impacted by the Covid-19 response.
			5	Complete a Governance Stakeholder mapping exercise		December 2020	Work has commenced to identify organisational integrated governance stakeholders. This work has been impacted the Covid-19 response but will recommence within the available resource constraints.
2.1		Gaps in consistently applied, monitored and reported quality and improvement measures aligned to strategic priority outcomes and integrated performance report	6	Develop and approve Quality and Improvement Strategy		November 2020	Work is ongoing to engage key stakeholders on the Quality and Improvement Strategy and Executive Directors have been asked to identify Quality and Improvement champions and the role profile has been developed. This work has been paused due to the Quality Improvement team having been redeployed to other duties to support the Covid-19 emergency response. A meeting was held in August to agree the content of the strategy, and the first draft will be shared and engage with directorates. This will be reported to BET in October, and QSIC in November 2020.
			7	QNHAPS working in conjunction with planning team, to develop quality indicators with the Stage 2 workstreams in order to be able to measure and monitor outcomes and improvements.		To be determined	Draft indicators presented to Gold. Further work to be undertaken to refine the quality indicates by working with Stage 2 workstreams, in order that they can be incorporated into the performance and assurance dashboard.
		Gaps in ownership of improvement actions at	8	Support ownership in Directorates and Divisions in identifying		February 2021	Self-assessment template has been amended to ensure a responsible owner for each improvement action is identified. This was further explained during a workshop in October 2019, and again

Control Number	Gaps in controls	Gaps in assurance		Action Plan	Exec Lead	Due Date	Progress
		Directorate for the Health Care Standards Self-Assessment.		improvements and enacting action plans			at the Peer Review session in January 2020. Improvement actions will continue to be monitored on a quarterly basis via the Integrated Performance Report. A report to close the 2019/20 Health and Care Standards report was received by the Quality, Safety and Improvement Committee on 7 September 2020. A revised process for 2020/21 will be re-issued and adapted to reflect the current COVID context. This will be reported to BET in February 2021, and QSIC thereafter.
		Gaps in consistently applied KPIs for IPC and Safeguarding	9	Develop Quality Management Dashboard to include assurance for IPC and Safeguarding to provide regular reporting to QSIC		November 2020	Work is progressing to identify KPIs in both safeguarding and IPC and these will be included in the Quality Management and Assurance Dashboard when finalised. This work has been paused as the safeguarding lead has been redeployed to support the Covid-19 emergency response. A draft of the IPC and Safeguarding indicators will be presented to the Quality, Safety and Improvement Committee in November for discussion.
		Development of Quality and Clinical Audit Plan was not fully aligned with adherence to SOPs and improvement activity.	10	Further develop Quality and Clinical Audit Plan to ensure alignment with adherence to SOPs and improvement activity for next audit planning cycle	Executive Director Quality, Nursing and Allied Health Professionals	May 2021	The Quality and Clinical Audit Plan for 2020/21 was approved by the Quality, Safety and Improvement Committee at its meeting in September 2020. The plan will be updated and reviewed during 2020/21, and a 6 monthly report will be provided to QSIC. The 2021/22 Quality and Clinical Audit Plan will be received at QSIC in May 2021.
2.3	Lack of systematic and embedded approach to reflecting and learning from raising concerns (Whistleblowing)	Lack of assurance mechanism for 'raising concerns' (Whistleblowing)	11	Implement an organisational approach to disseminating and raising awareness of the 'Raising Concerns' (whistleblowing) policy	Board Secretary and Head of Board Business Unit	March 2021	This work has been temporarily paused due to the Covid-19 response but will be resumed in the coming weeks. The All Wales policy, dedicated intranet page and advice remains in place.
2.7	Absence of up to date and accurate medical devices register		12	See action plan for 2.8 (Actions 14,15,16)			
2.8	Lack of systematic assurance mechanism in relation to management of medical devices		*13*	Strengthen organisational governance of medical devices (including registers)	Executive Director of Public Health Services/Medical Director Executive Director Quality, Nursing and Allied Health Professionals	November 2020	Work has completed to review the reviewing medical asset register. The next step is to review within Public Health Services. This work has not proceeded since the beginning of the year because of competing demands in key staff to the COVID response. Externally commissioned support will be required to complete these actions. The date provided refers to the intent to commission this work.
			14	Review the Medical Devices Policy and Procedure (due to Medical Devices and IVD Regulations)		March 2021	This work has been temporarily paused due to the Covid-19 response but will be resumed in the coming weeks. A revised date of March 2021 has been added for completion of this work.

Strategic Risk Register – Risk 2 | Action Plan

Control Number	Gaps in controls	Gaps in assurance		Action Plan	Exec Lead	Due Date	Progress
			15	Scope non-clinical areas to ensure that no devices remain unaccounted for in the governance arrangements		November 2020	Work has completed to review the reviewing medical asset register. The next step is to review within Public Health Services. This work has not proceeded since the beginning of the year because of competing demands in key staff to the COVID response. Externally commissioned support will be required to complete these actions. The date provided refers to the intent to commission this work.
2.10	Delivery of the National Health Protection Service Transformation Programme		16	See Action in Risk 3			
2.20	Process inconsistently applied for updating and disseminating new/ updated policies		17	Development of existing procedure to ensure a consistent approach to policy development, approval and communication that is timely and effective.	Board Secretary and Head of Board Business Unit	January 2021	This is in progress. The Policy for policies, and procedures and other written control documents has been revised and approved by the Board. The procedure will be consulted on during the Autumn. Work will then commence on improving communication and compliance.
2.21	Clear picture of all audit related activity across the organisation (corporate & clinical)		18	Develop a comprehensive overview that collates and summarises all audit activity planned for April 2021 onwards – repeat on an annual basis	Board Secretary and Head of Board Business Unit / Executive Director Quality, Nursing and Allied Health Professionals	April 2021	
2.22	Confirmation of appropriate processes being in place within each directorate for updating and disseminating new/updated standard operating procedures	Gap in assessment of adherence with SOPs and testing using Quality and Clinical Audit.	19	Conduct Audit of what Standard Operating Procedures (SOPs) processes are in place in each directorate that meets a required standard.	Executive team members (reported via Board Secretary and Head of Board Business Unit)	February 2021	This work commenced prior to COVID within Public Health Services, and will now be resumed.
			21	Test compliance and adherence with SOPs		April 2021	
new			22	Compliance with minimum standards for IPC (for reactivation of Screening Services)	Executive Director Quality, Nursing and Allied Health Professionals	October 2020	
new			*23*	Once for Wales Datix system to be implemented by March 2021		March 2021	The implementation of the entire system has been brought forward to March 2021 subject to Public Health Wales agreed the WG timeline. Public Health Wales are considering the resource implications.

Strategic Risk Register – Risk 3 | Dashboard

Risk 3	There is a risk that Public Health Wales will fail to deliver a sustainable, high quality and effective infection and screening services. This will be caused by a lack of sufficient workforce capacity; over-reliance on existing systems/procedures, lack of sufficient change capacity and an estate and infrastructure which is not fit for purpose.

Sponsor and Assurance Group	
Executive Sponsor	Dr Quentin Sandifer, Executive Director Public Health Services / Medical Director
Assuring Group	Quality, Safety and Improvement Committee Audit and Corporate Governance Committee

Inherent Risk							
Date		**Likelihood:**	**5**	**Impact:**	**5**	**Score:**	**25**

Risk Score						**Risk Decision**
Current Risk			**Target risk**			
Likelihood	**Impact**	20	**Likelihood**	**Impact**	15	**TREAT**
4	5		3	5		

Applicable Strategic Priorities	
Influencing the wider determinants of health	☐
Improving mental well-being and building resilience	☐
Promoting healthy behaviours	☐
Securing a healthy future for the next generation through a focus on early years.	☐
Protecting the public from infection and environmental threats to health	☒
Supporting the development of a sustainable health and care system focused on prevention and early intervention	☒
Building and mobilising knowledge and skills to improve health and well-being across Wales	☐

Strategic Risk Register - Risk 3 | Controls

Existing Control			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
3.1	Policies and Procedures * (document development, review and approval) * including Standard Operating Procedures	Executive Director Public Health Services / Medical Director	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			
			Microbiology Division – Standard Operating Procedures (document development, review and approval)	X	X			
			Screening Division – Standard Operating Procedures (document development, review and approval)	X				
3.2	UK Accreditation Service (UKAS) -Accreditation		Reports to Quality, Safety and Improvement Committee		X	X	X	
			Action Plan and Reports – Divisional Senior Management Teams	X				
3.3	Professional Regulation – Medical, Nursing and Multi-Disciplinary Staff	Executive Director Public Health Services / Medical Director Executive Director Quality, 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
			Monitor registered and revalidation		X			
			Medical, Nursing and Multi-Disciplinary Appraisal Process – Quality Indicator			X	X	X
			Medical Job Planning Process – Quality Indicator			X		X
3.4	Health and Safety Management System	Deputy Chief Executive and Executive Director Operations and Finance	Update Reports to Health and Safety Group	X	X	X	X	
			Health and Safety Action Plan		X	X	X	
			Microbiology Division Health and Safety Sub-Groups (reports to Divisional SMTs)	X	X			
			Update Reports to People and Organisational Development Committee		X	X	X	
3.5	Business Continuity Arrangements (for Public Health Services)	Executive Director Public Health Services / Medical Director	Business Continuity Action Plans (Public Health Services)	X	X	X		
			Emergency Planning and Business Continuity Group Meeting minutes		X			
			Learning and Development Prospectus for Business – Training and Exercise reports to Emergency Planning and Business Continuity Group		X			
			Emergency Planning and Business Continuity Annual Work Plan		X			
			Emergency Planning and Business Continuity Documentation (regular review and update)	X	X			
			Emergency Planning and Business Continuity Report - Audit and Corporate Governance Committee	X			X	
3.6	National Health Protection Service (NHPS) Transformation Programme (including Microbiology Stabilisation)	Executive Director Public Health Services / Medical Director	National Health Protection Service Transformation (Programme) Board - Meeting Minutes and Papers	X	X	X		
			National Health Protection Service Transformation Programme Plan(s)	X	X	X		
			Microbiology Stabilisation Plan	X	X	X		
			Stabilisation/Transformation Reports to QSI Committee and Board			X	X	X
			Divisional Assurance Reports to DLT (inform Executive Director Reports – see 3.7)	X	X			

Strategic Risk Register - Risk 3 | Controls

Existing Control			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
3.7	Directorate Business and Financial Management Systems and Processes	Executive Director Public Health Services / Medical Director	Reports provided to SMTs and DLT	X	X			
			Public Health Services Directorate Leadership Team (DLT) meeting minutes and papers (bi-monthly)	X	X			
			Senior Management Team (SMT) Meeting minutes and papers (monthly)	X				
			Directorate Leadership Team Finance Sub-Group meeting minutes and papers (monthly)		X			
			Divisional Assurance Reports to DLT (inform Executive Director Reports)	X	X	X		
			Executive Director Reports (to Executive and Board)			X		X
			Mid and End of Year Review Reports (Executive scrutiny)		X	X		
3.8	Quality Management Systems (including informatics and information managements systems)	Executive Director Public Health Services / Medical Director Executive Director Quality, Nursing and Allied Health Professionals	Health and Care Standards Reporting		X	X	X	X
			Reporting on Quality Impact Framework Implementation Plan		X	X	X	
			Local Audits	X	X	X	X	
			Vertical and Horizontal Audits of Microbiology Laboratory Services	X				
			Quality and Clinical Audit Plan – Annual Report		X	X	X	
			Quality and Clinical Audit Plan – Bi-annual report to Quality, Safety and Improvement Committee		X	X	X	
			Mid and End of Year Review Reports (Executive scrutiny)		X	X		
			Informatics Programmes/Project Board Reports (minutes, papers and reports via Annual Plan)	X	X	X		
3.9	Incident Reporting Management System	Executive Director Public Health Services / Medical Director Executive Director Quality, Nursing and Allied Health Professionals	Putting Things Right - Annual Report			X	X	
			Putting Things Right - Quarterly Alert Exception Report (Quality, Safety and Improvement Committee)			X	X	
			Serious Incident Reporting (Quarterly) to Quality, Safety and Improvement Committee			X	X	
3.10	Failsafe Systems	Executive Director Public Health Services / Medical Director	Defined failsafe task and finish groups to review screening programmes against policy	X	X	X	X	
			Review of serious incidents to determine if further failsafe required (Microbiology and Screening)	X	X	X		
			Screening Division – Standard Operating Procedures (document development, review and approval)	X	X			
			Microbiology Division – Standard Operating Procedures (document development, review and approval)	X	X			
			Health Protection Division – Standard Operating Procedures (document development, review and approval)	X	X			
3.11	Infection, Prevention and Control Systems	Executive Director Public Health Services / Medical Director Executive Director Quality, Nursing and Allied Health Professionals	Infection Reporting Dashboard	X	X	X		
			Health Protection Situational Awareness Reports – (monthly report to Executive)	X	X	X		
			Public Health Wales Infection, Prevention Control Group – minutes and papers (minutes received by Quality, Safety and Improvement Committee)	X	X	X	X	
			Agreed criteria for escalation (reviewed on an annual basis)	X	X	X		

Strategic Risk Register - Risk 3 | Controls

Existing Control			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
3.12	Workforce/Recruitment Planning	Executive Director Public Health Services / Medical Director	Reports of progress against Workforce Plans	X	X	X		
			Reports to the People and Organisational Development Committee (part of annual Integrated Medium Term Plan planning cycle)			X	X	
			Health Protection and Microbiology Workforce subcommittees minutes and papers (report to Senior Managements Teams)	X				
3.13	DESW Optimisation and Transformation Programme		Monitoring progress against plans (reports)	X	X	X		
			Divisional Assurance Reports to DLT (inform Executive Director Reports – see 3.7)	X	X			
			Optimisation/Transformation Reports to Quality, Safety and Improvement Committee and Board			X	X	

Strategic Risk Register - Risk 3 | Action Plan

Control No.	Gaps in controls	Gaps in assurance		Action Plan	Exec Lead	Due Date	Progress
3.4			1	Delivery of Estates Action Plan and Health / Safety Action Plan	Deputy Chief Executive / Executive Director of Finance and Operations	--	Ongoing delivery of estate / Health and Safety action plan in relation to Microbiology Laboratory estate. All actions in relation to HSE Improvement notices are complete and notices removed.
3.5	Approval of Business Continuity Plans	Assurance reporting to Audit and Corporate Governance Committee	2	Strengthen arrangements for approval of Business Continuity Plans and assurance reporting	Executive Director Public Health Services / Medical Director	To be determined	No further progress has been made on this action plan due to the organisation's ongoing "enhanced response" to the COVID-19 pandemic. The Business Continuity Arrangements for all areas of the organisation have been enacted. A recent assessment of Business Continuity Plans and the resources needed to maintain critical services has been undertaken in March 2020, the outcome of which was presented to the Gold Group to inform decision-making concerning resource allocation. Business Continuity considerations are regularly considered by the Executive Team and Gold Group, as part of the ongoing strategic management of the organisation.
3.7	Resilience of business management systems and processes	Assurance reporting – general (strengthening required)	3	Public Health Services Directorate Governance Review: Action Plan		To be determined	Public Health Wales' ongoing "enhanced response" to the COVID-19 pandemic is the priority for the organisation and currently involves the deployment of the majority of resource within the Public Health Services Directorate. As a consequence no further progress has been made with regard to this action plan.
3.6			4	Delivery of the National Health Protection Service Transformation Programme		April 2021	No further progress has been made on this action plan due to the organisation's ongoing "enhanced response" to the COVID-19 pandemic.
3.8		Additional source of assurance for Quality Management Systems, in relation to screening information management systems	5	Implementation of Cervical Screening Information Management System (CSIMS)	Executive Director Public Health Services / Medical Director Deputy Chief Executive / Executive Director of Finance and Operations	December 2020	Work is progressing within current capacity that is not directed to COVID-19 response, recognising risk to disruption of work with competing urgent priorities to support the "enhanced response" to the coronavirus pandemic. Testing planned to continue in April 2020 as information that NHS England progressing with system so NHAIS may not be available from December 2020.

Strategic Risk Register - Risk 3 | Action Plan

Control No.	Gaps in controls	Gaps in assurance		Action Plan	Exec Lead	Due Date	Progress
3.10 & 3.13		Gap in assurance relating to failsafe systems in Diabetic Eye Screening Wales	6	Implementation of risk-based diabetic eye screening	Executive Director Public Health Services / Medical Director	April 2021	This is part of the delivery of the DESW optimisation and transformation programme as detailed below.
			7	Delivery of the DESW Optimisation and Transformation Programme		To be determined	No further progress has been made on this action plan due to the organisation's ongoing "enhanced response" to the COVID-19 pandemic. The Diabetic Eye Screening Programme was temporarily paused on 16 March 2020 in line with Welsh Government, Chief Medical Officer and Executive Team approval. DESW optimisation and transformation will be addressed as part of the DESW restart planning.
			8	Review to ensure that our Screening and Microbiology operating systems are all 'failsafe'		December 2020	Limited progress has been made on this action plan due to the organisation's ongoing "enhanced response" to the COVID-19 pandemic.

Strategic Risk Register – Risk 5 | Dashboard

Risk 5	There is an increased risk as a result of COVID-19 that Public Health Wales will fail to provide the level of system leadership needed to deliver the population health gains articulated in the long term strategy. This insufficient capacity/ resources within the organisation, policy and prioritisation decisions of external agencies and wider social, economic and environmental factors.

Sponsor and Assurance Group

Executive Sponsor	Jyoti Atri, Interim Executive Director Health and Wellbeing
Assuring Group	Business Executive Team and Board

Inherent Risk							
Date		**Likelihood:**	**5**	**Impact:**	**5**	**Score:**	**25**

Risk Score						**Risk Decision**
Current Risk			**Target risk**			
Likelihood	**Impact**	25	**Likelihood**	**Impact**	15	**TREAT**
5	5		3	5		

Applicable Strategic Priorities

Influencing the wider determinants of health	☒
Improving mental well-being and building resilience	☒
Promoting healthy behaviours	☒
Securing a healthy future for the next generation through a focus on early years.	☒
Protecting the public from infection and environmental threats to health	☒
Supporting the development of a sustainable health and care system focused on prevention and early intervention	☒
Building and mobilising knowledge and skills to improve health and well-being across Wales	☒

Strategic Risk Register – Risk 5 | Controls

EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided to				
No.	Control	Exec Owner	Assurance	Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board
5.1	Building a Healthier Wales programme	Executive Director – Health and Wellbeing	BaHW agreed priorities document	X	X	X		X
			Building a Healthier Wales to receive spending plans against £7.2m allocations to Health Boards as part of their oversight role	X	X	X		
			BaHW Co-ordinating Group TOR and minutes	X	X	X		X
			BaHW Project Group TOR and minutes	X	X	X		X
5.2	Development of behaviour change capacity and skills		Update reports	X	X	X		X
5.3	Dialogue with Boards across Wales to support shift towards prevention and scale up of evidence based interventions		Biannual joint accountability meetings paperwork	X	X	X		X
			Framework for Board to Boards	X	X	X		X
			Notes from Board to Boards	X	X	X		X
			IMTP	X	X	X		X

Due to Covid-19, all of the above controls and assurances are currently on hold. The assurance level will evaluated when decisions are made about future activities.

Strategic Risk Register – Risk 5 | Action Plan

Control Number	Gaps in controls	Gaps in assurance		Action Plan	Exec Lead	Due Date	Progress
5.3	Ensuring there is increasing investment in prevention across the public sector		1	Establish baseline spend on prevention	Executive Director – Health and Wellbeing	To be determined	The actions identified are intended to be advanced at a future point as Building a Healthier Wales is currently on hold due to COVID-19.
			2	Develop a mechanism to track the spend on prevention			
5.3	Ensuring that additional investment in prevention is spent in line with the evidence and results in improved outcomes		3	Commission evaluation once for Wales			
			4	Building a Healthier Wales to establish mechanisms for oversight			
5.3	Galvanising voluntary sector resources for evidence based preventative interventions		5	Revised Terms of reference and work plan for CWW			
5.2	Development of behaviour change capacity and skills		6	Successful recruitment to Programme Director Post			
			7	Grants/contracts awarded			
5.1	Strengthen governance arrangements with DPHS		8	Update MOUs with Health Boards	Deputy Chief Executive/ Executive Director of Operations Finance Board Secretary and Head of Board Business Unit		
			9	Update honorary contracts with DPHS	Executive Director – Health and Wellbeing Acting Director – People and Organisational Development		
New control identified relating to policy			10	Utilise the WHO CC to act as a policy think tank for WG and other Public Health stakeholders. Deliver the work plan of the WHO CC.	Director of Policy, Research and International Development	Ongoing	The WHO CC is progressing its agreed joint work plan with WHO and has already submitted its first annual report (2018/19) to WHO and our Board; and about to submit its second one in April (2019/20). The WHO CC has also been through scrutiny (Deep Dive, 2019 and Progress Update, 2020) at the KRIC. The WHO CC benefits to Wales, supporting Public Health Wales system leadership role and working closely with Welsh Government, are apparent. We are enabling and strengthening Wales' international 'influencer' role and our organisational national and global leadership role through developing an emergent agreements (MoU) between Wales and the WHO going forward. As part of this, we are

Strategic Risk Register – Risk 5 | Action Plan

Control Number	Gaps in controls	Gaps in assurance		Action Plan	Exec Lead	Due Date	Progress
							applying and developing further state of the art public health tools and approaches first in Wales. The Health Equity Status Report initiative is a key example of this (together with our work on Evidencing Value/SROI and ACEs). However, currently risk remains as much core funding for some key elements of this work ends in April 2020. Further funding is being considered as part of the annual investment processes. In addition, our policy work is being used to support and inform the work of Welsh Government and public health stakeholders. Examples include a Health Impact Assessment of Brexit, a report making the public health case for investment in housing, and a report providing a framework for a preventative approach to improving winter health and wellbeing and reducing winter pressures in Wales. Our current workplan include products that we anticipate will be impactful, such as a Health Impact Assessment on climate change.
New control identified relating to policy			11	Continue the periodic meetings with Cabinet Secretaries, Ministers and their officials across Government as appropriate in order to inform them on the work of Public Health Wales and support the application of health in all polices in their respective areas.	Chief Executive / Chair	Ongoing	During 2020 the following meeting with Ministers have taken place: Meeting with Deputy Minister for Economy and Transport on 13th January. Meeting with Minister for International Relations and the Welsh Language on 20th January. Planned scheduled of meetings on hold due to COVID-19.

Strategic Risk Register – Risk 6 | Dashboard

Risk 6	There is a risk that Public Health Wales will fail to secure and align resources to deliver its statutory functions including its response to the COVID-19 pandemic. This will be caused by funding cuts or inability to make required savings, secure funding (replaced generate income) or move resources within the organisation

Applicable Strategic Priorities	
Influencing the wider determinants of health	☒
Improving mental well-being and building resilience	☒
Promoting healthy behaviours	☒
Securing a healthy future for the next generation through a focus on early years.	☒
Protecting the public from infection and environmental threats to health	☒
Supporting the development of a sustainable health and care system focused on prevention and early intervention	☒
Building and mobilising knowledge and skills to improve health and well-being across Wales	☒

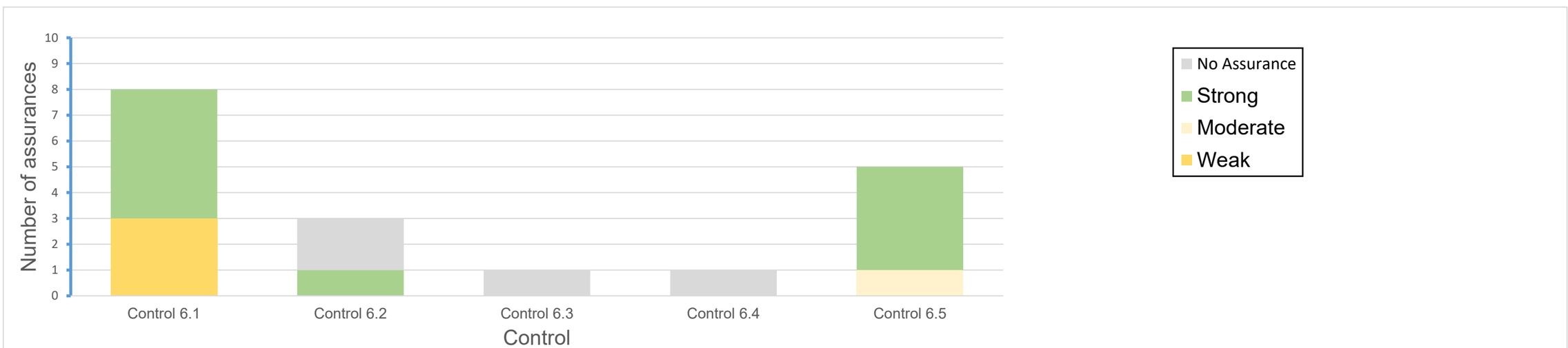
Sponsor and Assurance Group	
Executive Sponsor	Huw George, Deputy Chief Executive / Director of Finance and Operations
Assuring Group	Audit and Corporate Governance Committee

Inherent Risk							
Date		**Likelihood:**	**3**	**Impact:**	**5**	**Score:**	**15**

Risk Score						Risk Decision
Current Risk			Target risk			
Likelihood	**Impact**	15	**Likelihood**	**Impact**	10	**TREAT**
3	5		2	5		

Risk Score						Risk Decision
Current Risk			Target risk			
Likelihood	**Impact**	16	**Likelihood**	**Impact**	8	**TREAT**
	4		2	4		

Control Summary	No. of Controls	5
Assurance Summary	No. of Assurances	18
	Breakdown of Total Assurance Rating	Weak Assurances: 3
		Moderate Assurances: 1
		Strong Assurances: 10
		No Assurances: 4



Strategic Risk Register - Risk 6 | Controls

Existing Control			Sources of Assurance	Level at which the Assurance is provided to					
No.	Control	Exec Owner		Team / Division / Project	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board	Assessment of each assurance
6.1	Public Health Wales Financial plan	Deputy Chief Executive/Executive Director of Operations and Finance	Welsh Government and Board approved Strategic Plan (IMTP)			X		X	Strong Assurance
			Board approved Annual Plan			X		X	Strong Assurance
			Integrated Performance Report (Service/Finance/Quality/ People)			X	X	X	Strong Assurance
			Monthly Finance Reports	X	X	X			Weak Assurance
			Monthly monitoring returns		X				Weak Assurance
			Directorate finance reports		X				Weak Assurance
			Annual accounts			X	X	X	Strong Assurance
			Audits of financial systems and audit management			X	X		Strong Assurance
6.2	Joint Executive Team meetings (currently paused due to Covid-19)	Executive Team	Integrated Performance Report (Service/Finance/Quality/ People)			X	X	X	Strong Assurance
			Mid and end of year Review Papers	X	X	X			No Assurance
			Joint Executive Team Report			X		X	No Assurance
6.3	Quality and Delivery Meetings (currently paused due to Covid-19)	Deputy Chief Executive/Executive Director of Operations and Finance	Integrated Performance Report (Service/Finance/Quality/ People)			X		X	No Assurance
6.4	Mid and End of Year Reviews (currently paused due to Covid-19)	Executive Directors	Mid and End of year Review Reports		X	X		X	No Assurance
6.5	Strategic Priority Coordination Group	Deputy Chief Executive/Executive Director of Operations and Finance	Long Term Strategy - Working to achieve a healthier future for Wales			X		X	Strong Assurance
			Welsh Government and Board approved Strategic Plan (IMTP)			X		X	Strong Assurance
			Board approved Annual Plan			X		X	Strong Assurance
			Change control summary report			X		X	Moderate Assurance
			Integrated Performance Report (Service/Finance/Quality/ People)			X	X	X	Strong Assurance

Strategic Risk Register – Risk 6 | Action Plan

Control Number	Gaps in controls	Gaps in assurance		Action Plan	Exec Lead	Due Date	Progress
6.2, 6.4, 6.5	Outcome measures and performance metrics		**1**	Finalise outcome measures for our strategic priorities and organisation	Deputy Chief Executive/Executive Director of Operations and Finance	March 2021	On hold due to COVID-19. Draft outcome measures have been developed through the Strategic Priority Groups and workshops held with the Executive Team and Board. Due to COVID-19 this work has been paused and will be finalised when we stand down our COVID-19 response. A revised deadline of 31 March 2021 has been included however this may need to be reviewed as the pandemic response continues.
6.1	Evidence of efficiency across the organisation		**2**	Monitor savings from organisational efficiency work streams		Ongoing	Continues to be in progress. The Finance Team continues to monitor progress against our Savings plans which includes organisational efficiency workstreams.
6.1	Model for monitoring savings and investments		**3**	Review organisational plans to enable resources to be redirected as required		March 2021	Initial exercise undertaken to identify potential resources to support phase 2 and 3 of plans. Exercise will be repeated alongside development of 12-18 month Operating Plan.
6.2, 6.3, 6.4, 6.5	Revised Performance Management Framework aligned to new Strategy and governance arrangements		**4**	Incorporate wider approach to value and impact into the organisations 12 month operating Plan		March 2022	Through development of the organisations 12 month operating plan, value and impact is a key element that will be incorporated into our work going forward.
6.1	Covid-19 costs not included in 2020/2021 budget allocation		**5**	Secure funding from WG for COVID costs		December 2021	In progress. £10m non-pay and £1.3m pay to cover COVID-19 costs incurred to date. Confirmation of further funding allocation expected from Welsh Government in September. Reported as part of Integrated Performance Report/ Response Dashboard to Executive Team and Board
6.1	Additional requirements not included in PHW IMTP 2020-23		**6**	Work up and submit BC's for new developments as a result of COVID (eg 24/7 working)		January 2021	Business case for TAT approved. IP5 Lab 2 specification is currently being finalised and should be operation by 01 January 2021.
6.1	Operational Plan 2020-21 did not include response to COVID-19		**7**	Development of a resourced organisational delivery plan for next 12 months		October 2020	On track

Strategic Risk Register – Risk 7 | Dashboard

Risk 8	There is a risk that Public Health Wales will fail to deliver and effectively present accurate, relevant data/ statistics and/ or evidence based research/ evaluation to dynamically and actively inform and maximise the impact of public health action especially relating to our response to COVDI-19. This will be caused by a lack of workforce capacity with the relevant skills and knowledge to rapidly respond to changing and increasing demands of COVID-19 and technological advances in data science; staff having an over-reliance on existing systems/procedures and a lack of sufficient change capacity.

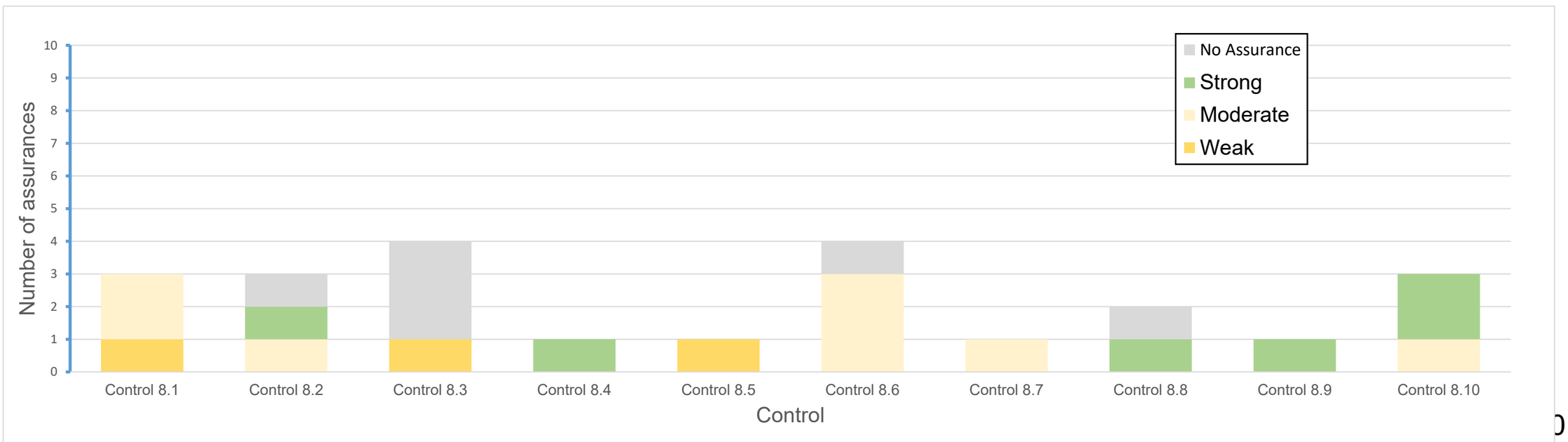
Applicable Strategic Priorities	
Influencing the wider determinants of health	☒
Improving mental well-being and building resilience	☒
Promoting healthy behaviours	☒
Securing a healthy future for the next generation through a focus on early years.	☒
Protecting the public from infection and environmental threats to health	☒
Supporting the development of a sustainable health and care system focused on prevention and early intervention	☒
Building and mobilising knowledge and skills to improve health and well-being across Wales	☒

Sponsor and Assurance Group	
Executive Sponsor	Sian Bolton (Transition Director – Knowledge)
Assuring Group	Knowledge Research and Information Committee

Inherent Risk							
Date		**Likelihood:**	**3**	**Impact:**	**4**	**Score:**	**12**

Risk Score						Risk Decision
Current Risk			Target risk			
Likelihood	Impact	16	Likelihood	Impact	8	Treat
4	4		2	4		

Control Summary	No. of Controls	10	
Assurance Summary	No. of Assurances	23	
	Breakdown of Total Assurance Rating	Weak Assurances	3
		Moderate Assurances	8
		Strong Assurances	6
		No Assurance	6



Strategic Risk Register - Risk 7 | Controls

Existing Control			Sources of Assurance	Level at which the Assurance is provided to					Assessment of each Assurance
No	Control	Exec Owner		Team / Division / Project	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board	
8.1	**Policies and procedures (including Standing Operating Procedures)**	Board Secretary & Head of Board Business Unit	Corporate Policy and Control Document Reviews – Corporate Register update reports to Committees	x	x	x	x	x	**Moderate**
		Transition Director - Knowledge	Health Intelligence Division – Standard Operating Procedures (document development, review and approval) approved by the Director	x	x	x			**Weak**
			Research and Evaluation Division – Standard Operating Procedures (document development, review and approval) approved by the Director	x	x	x			**Moderate**
8.2	**Official Statistics National requirements**	Transition Director - Knowledge	Report to Committee on adherence to the Code of Practice for Statistics (UK Statistics Authority)	x	x	x	x		**Moderate**
			Independent Regulation (UK Statistics Authority) (reported to KRI Committee – currently not meeting due to COVID-19)	x	x	x	x		**No assurance**
			External scrutiny (including UK Statistics Authority and Welsh Government) ensuring that correct process is followed. The Office of Statistics Regulation undertakes assessments, systematic reviews and compliance checks	x	x	x	x		**Strong**
8.3	**Quality Assurance processes**		Report of Data Quality Management Task and Finish Group to KRIC – (Work suspended due to COVID)	x	x	x	x		**No assurance**
			Minutes and actions - Population Health Intelligence Network Steering Group (not currently meeting due to COVID-19)	x	x	x			**No assurance**
			Written assurances from external data owners eg NWIS/ ONS re their quality assurance processes	x	x	x			**Weak**
			Evaluation of projects and programmes which are reported annually to the KRI Committee (Evaluations relating to COVID-19 currently reported to GOLD and/or BET)	x	x	x	x		**No assurance**
8.4	**Corporate induction relating to confidentiality, Information Governance etc**	Acting Director – People & Organisational Development	Knowledge Directorate compliance reported through the integrated performance report to Board	x	x	x	x	x	**Strong**
8.5	**Skills and development training for specialist roles (e.g. analysts/ evidence reviewers)**	Transition Director - Knowledge	Attendance at specialised training Specialist qualifications	x	x				**Weak**
8.6	**Directorate business systems & processes**		Notes/ Actions of monthly SMT meetings	x	x				**Moderate**
			Minutes/ Actions of Wider SMT meetings	x	x				**Moderate**
			Executive bi-monthly paper to the Business Executive Team on Knowledge Directorate alignment to Strategic Priorities (Currently suspended due to COVID-19)	x	x	x			**No assurance**
			Mid and End of Year reviews (to Chief Executive)	x	x	x			**Moderate**
8.7	**Incident reporting system (data or research)**		Information Governance Report detailing any data breaches	x	x	x	x		**Moderate**
8.8	**Workforce Plan**		Reports of progress against workforce plans (replaced with COVID-19 workforce plans at present)	x	x	x	x		**Strong**

Strategic Risk Register - Risk 7 | Controls

Existing Control			Sources of Assurance	Level at which the Assurance is provided to					Assessment of each Assurance
No	Control	Exec Owner		Team / Division / Project	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board	
			Report to the People and OD Committee (as part of annual Integrated Medium Term Plan planning cycle) (POD Committee suspended at present due to COVID-19)	x	x	x	x		No assurance
8.9	**Business Continuity arrangements**		Business Continuity Action Plan (Knowledge Directorate)	x	x	x			Strong
8.10	**Quality Management Systems**		Health and Care Standards reporting	x	x	x	x		Strong
			Clinical and Quality Audit Plan detailing local audits – bi-annual report to QSIC	x	x	x	x		Strong
			Mid and End of Year reviews (to Chief Executive)	x	x	x			Moderate

Strategic Risk Register – Risk 7 | Action Plan

Control Number	Gaps in controls	Gaps in assurance	Action Plan	Exec Lead	Due Date	*Progress*
8.1	Policies and procedures	Lack of Standard Operating Procedures (SOPs) for all processes within the Knowledge Directorate	Undertake base line of current SOPs in place within the Knowledge Directorate	Transition Director/ Knowledge	To be determined	The actions identified are intended to be advanced at a future point as this is currently on hold due to COVID-19.
			Identify gaps in relation to SOPs			
			Develop SOPs that are required and a consistent approach for approval/ logging			
			Disseminate to all Knowledge Directorate staff			
			Review SOPs annual (ensure process in place to undertake review and log review)			
8.2	Official Statistics	Lack of audit (undertaken internally) to provide assurance that the process is adhered to	Undertake an audit of a sample of Official Statistics produced, across the organization to confirm adherence to Official Statistics Processes		To be determined	The actions identified are intended to be advanced at a future point as this is currently on hold due to COVID-19.
8.3	Quality Assurance Processes	Lack of formal Standard Operating Procedures for Data Quality Management across all Directorates	Collate baseline information and present data quality management report to KRI Committee.		To be determined	The actions identified are intended to be advanced at a future point as this is currently on hold due to COVID-19.
			Identify gaps in relation to SOPs across the organisation relation to Data Quality Management			
		Lack of central register of assurances from external data owners eg NWIS etc	Work with the relevant Directorates to ensure required SOPs are developed and disseminated as appropriate			
			Create central register of assurances from external data owners			
8.5	Skills and development training	Lack of dedicated data science team with appropriate skills, knowledge and experience	Skills requirement for Data Science Team determined		To be determined	The actions identified are intended to be advanced at a future point as this is currently on hold due to COVID-19.
			Recruitment of data scientists with identified skills			
			Data Science Strategy developed			
			Capturing of minimal skills required at each level within the directorate for specialist roles (e.g. analysts and evidence reviewers)			
8.8	Workforce Plans	Lack of Data Analyst/ Scientist capacity to undertake surveillance on COVID-19	Implement recruitment plan identified by Workforce Work stream in Phase 2 Implementation Plan		October 2020	On Track.
8.10	Quality Management Systems	Lack of year on year plan for scheduled local audits within the Knowledge Directorate	Identify a rolling programme of audit to be completed internally for the Knowledge Directorate. This will then inform the organisational Clinical and Quality Audit Plan		To be determined	The actions identified are intended to be advanced at a future point as this is currently on hold due to COVID-19.

Strategic Risk Register – Risk 8 (COVID-19) | Dashboard

Risk 8 (COVID)	There is a risk that Public Health Wales will fail to effectively discharge its statutory responsibilities in protecting the public during the COVID-19 pandemic and ensure the organisation has an effective plan for recovery as the pandemic recedes This will be caused by: 1. Failure to ensure that our role and responsibilities are clearly laid out, effectively communicated to partners and the public and that we frame our response and actions in accordance with these. This will require us to not accept activities that fall outside of our role that result in us vicariously accepting responsibility and accountability for actions that we do not have the authority to enact. 2. Failure to sufficiently scale up our core response activities during the recovery phase of the pandemic in order to effectively support the system in Wales to protect the public, optimise outcomes for individuals and the population, facilitate the functioning of essential services and support the Welsh Government in the reviewing of social restrictions. 3. Failure to effectively balance the dynamics between responding to the ongoing pandemic- which remains the key priority of the organisation, fulfilling our broader statutory functions in relation to the population health (including the safe reactivation of services and functions), whilst preparing and responding to any resurgence in the transmission of coronavirus. 4. Failure to effectively support the health and wellbeing of our staff within the current working environment and the challenges to remote working. 5. Failure to sufficiently influence policy and public health interventions.

Applicable Strategic Priorities	
Influencing the wider determinants of health	☒
Improving mental well-being and building resilience	☒
Promoting healthy behaviours	☒
Securing a healthy future for the next generation through a focus on early years.	☒
Protecting the public from infection and environmental threats to health	☒
Supporting the development of a sustainable health and care system focused on prevention and early intervention	☒
Building and mobilising knowledge and skills to improve health and well-being across Wales	☒

Sponsor and Assurance Group	
Executive Sponsor	Tracey Cooper, Chief Executive
Assuring Group	Board through the Business Executive Team

Inherent Risk							
Date	10/08/2020	**Likelihood:**	**4**	**Impact:**	**5**	**Score:**	**20**

Risk Score						Risk Decision
Current Risk			Target risk			
Likelihood	**Impact**	20	**Likelihood**	**Impact**	10	**Treat**
4	**5**		**2**	**5**		

Existing Control			Sources of Assurance	Level at which the Assurance is provided to				
No.	**Control**	**Exec Owner**		**Team / Division / Project**	**Directorate Team / Exec Lead**	**Business Exec Team / Sub Groups**	**Committee / Sub group**	**Board**
1.1	Organisational Governance Structure *(Business Executive team, Board, Quality and Safety Committee, Audit and Corporate Governance Committee)*	Executive Director Public Health Services / Medical Director	COVID-19 assurance reports and updates – formal reports (written or verbal) provided to all relevant meetings		X	X	X	X
		Deputy Chief Executive, Executive Director Operations and Finance	Integrated performance report / performance and assurance dashboard		X	X	X	X
1.2	Incident response governance arrangements *(Gold Group and Incident Management team)*	Executive Director Public Health Services / Medical Director	Gold Terms of Reference			X		
			Gold Minutes of meetings		X	X		
			Gold meeting papers		X	X		
			Programme Delivery Confidence Assessment (weekly)			X		X
			Surveillance report (weekly)		X	X		
			IMT papers	X	X			
			Daily sit rep reports		X	X		
			Daily surveillance data		X	X		
			PHE IMT minutes, papers and guidance		X			
			Minutes, reports and Sitreps from respective cells / components of the governance structure	X	X			
			Test, Trace, Protect Plan	X	X	X	X	X
1.3	Emergency response plan	Chef Executive / Executive Director Public Health Services / Medical Director	Emergency Planning Framework			X	X	X
1.4	Business continuity plans • PHW business continuity framework • Critical service continuity plans (screening, health protection, informatics)	Deputy Chief Executive, Executive Director Operations and Finance / Executive Director Public Health Services / Medical Director	Business Continuity Framework			X	X	X
			PHW organisational recovery plan			X		X
			Critical service level continuity plans			X		
		Acting Director of People and Organisational Development	People Strategy / Workforce reports			X		X
1.5	Management of Welsh Government requests for advice	Transitional Director - Knowledge	Decision and Advice log	X	X		X	
1.6	WG strategic oversight Group for Test, Trace and Track (Programme Board)	Executive Director Public Health Services / Medical Director / Chief Executive	Minutes of meetings and papers		X			
1.7	Learning and research	Director of Policy and International Health, WHO Collaborating Centre on Investment for Health and Well-being	International evidence reviews		X	X		X
			Population 'How are we Doing' reports		X	X		X
		Strategic Responsible Officers (SRO) of workstream	Evaluations commissioned of key work-streams		X	X		
		Transitional Director - Knowledge	Research team work programme for COVID-19		X	X		
		Executive Director Public Health Services / Medical Director	Consultation on key documents/operational models		X	X		
1.8	Communication plans and activity	Deputy Chief Executive, Executive Director Operations and Finance	Analysis of communications performance external and internal		X			

			Quality assurance arrangements in place to provide accessible information for different communication needs	X	X			
			Programme workstream updates / Sitreps		X			
			Daily surveillance data published	X	X	X		X
			Weekly staff communications (often daily communication)	X	X			
1.9	Health and Safety and Infection Prevention assessments and control plan for workforce	Deputy Chief Executive, Executive Director Operations and Finance / Executive Director Quality, Nursing and Allied Health Professionals	Standard Operating Procedures			X	X	
			Monitoring of social distancing measures and process for PPE equipment		X			
			Assessment undertaken of IPC needs re; COVID advice given from the HARP team		X			
			PPE stock control process implemented		X			
1.10	Implementation of guidance and policies to protect workforce (e.g. 2 metre working guidance, remote working policies, HR policy variations) move to above	Deputy Chief Executive, Executive Director Operations and Finance / Executive Director Quality, Nursing and Allied Health Professionals	Health and Safety Risk Assessments			X	X	
			Staff Risk assessments			X		X
			Workforce related COVID-19 policies updates			X		X
			Assurance reports			X		X
1.11	Monitoring of conditions to identify and reactivate statutory services not currently active	Executive Director Public Health Services / Medical Director / Transitional Director - Knowledge	Screening services reactivation – assurance and update papers		X	X	X	X
			UK and WG screening committee advice	X	X	X		
			UK Joint Committee on vaccination and immunisation	X	X			
			WG immunisation committee advice	X	X			
			Welsh Health Circulars		X	X	X	
			Standard Operating Procedures – screening and health protection	X	X			
			Accreditation reports	X	X	X	X	
			Public Health Wales Health Intelligence Surveillance	X	X	X		
			Public Health Wales Health Protection Surveillance	X	X	X		
1.12	Supply chain and procurement reports (sampling and testing)	Deputy Chief Executive, Executive Director Operations and Finance	Weekly monitor and tracking status report			X		X
1.13	Workforce and resilience	Acting Director of People and Organisational Development	People Strategy	X	X	X		X
			Staff risk assessments	X	X	X		X
			Staff communication (daily)	X	X	X		
			Recruitment Plans and delivery of new staffing posts	X	X	X		X

Board Assurance Framework – Risk 8 (COVID) | Action Plan

Control Number	Gaps in controls	Gaps in assurance		Action Plan	Exec Lead	Due Date	Progress
1.1			1	Regular review of Board and Committee arrangements – reinstating key governance arrangements proportionate to the demands of the response	Chief Executive / Board Secretary and Head of Board Business Unit	Monthly review	
1.2			2	Periodically review the Gold group terms of reference to ensure relevance to the changing environment.	Executive Director Public Health Services / Medical Director / Board Secretary and Head of Board Business Unit	End October	
1.2		*Oversight of Incident Management Team and supporting assurance reports*	3	Review the terms of reference and operating arrangements for the Incident Management Team	Executive Director Public Health Services / Medical Director / Board Secretary and Head of Board Business Unit	End Nov	
1.2	*Key measures of performance*		4	Incorporate key measures to monitor the effectiveness of our work across the workstreams in the Implementation Plan for Test Trace Protect	Executive Director Public Health Services / Medical Director / workstream SROs		
1.4	*Revised Operating Plan (organisational)*		5	Develop and approve a revised Operating Plan	Executive Director Public Health Services / Medical Director / workstream SROs	End Oct	
1.6		*Evidence based decision making*	6	Undertake serial evaluation of the effectiveness of our communications	Deputy Chief Executive, Executive Director Operations and Finance	Ongoing	
1.6	Workforce capacity and capability		7	Source additional capacity to support the Communications Team including additional media management and strategic communications expertise	Deputy Chief Executive, Executive Director Operations and Finance	End October	
1.7		*Evidence based decision making*	8	Ensure that key operational aspects of the work are evaluated through the pandemic and learning applied	Transitional Director - Knowledge	Ongoing	
1.7		*Evidence based decision making*	9	Ensure that we use best available evidence to inform public health interventions through surveillance activity and international learning	Executive Director Public Health Services / Medical Director	Ongoing	
New	England led activities		10	Develop and agree action plan to ensure PHE led activities that impact on Wales can continue to be delivered.	Executive Director Public Health Services / Medical Director	End October	

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