

Strategic Risk Register

Risk 1	<p>There is a risk of worsening health in the population of Wales, particularly among vulnerable populations</p> <p><i>Caused by</i> the cumulative effects of current socio-economic, environmental and wider public health challenges and failure to influence the embedding of health in all policies <i>Resulting in</i> a widening gap in healthy life expectancy</p>
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Risk Owner's Overview Assessment Status	
<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>	

Sponsor and Assurance Group	
Executive Sponsor	<p>Angela Jones, Exec Director of Health and Wellbeing 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</p>
Assurance Group	Quality, Safety and Improvement Committee

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

Risk Score					Risk Decision	Delivery Confidence Assessment	
Current Risk			Target Risk			Treat	AMBER
Likelihood	Impact		Likelihood	Impact			
4	4	20	3	3	9		

Strategic Risk Register

EXISTING CONTROLS					Level at which the Assurance is provided to				
No.	Control	Exec Owner	SOURCES OF ASSURANCE	Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board	
SR 1.1	Providing leadership for health in all policies through maximising opportunities through Welsh legislation including Public Health Act (Health Impact Assessment), the Well-being of Future Generations Act and the Socio-economic Duty	Director of Policy and International Health	Performance monitoring of IMTP delivery through Leadership Team	X	X	X			
SR 1.2	Implementing the WHO Collaborating Centre on Investment for Health and Wellbeing workplan, such as establishing a health equity solutions platform, to identify causes and solutions for tackling the health gap in Wales	Director of Policy and International Health	KRIC minutes Annual return to WHO of delivery of workplan Performance monitoring of IMTP delivery through Leadership Team	X	X	X	X		
SR 1.3	Identifying and translating international learning on tackling health inequity, for example through International Horizon Scanning and strengthened international partnerships with WHO, IANPHI, EuroHealthNet	Director of Policy and International Health, National Director of Health Protection and Screening Services	Board minutes KRIC minutes Performance monitoring of IMTP delivery through Leadership Team	X	X	X	X	X	
SR 1.4	Influencing and informing policy to reduce health inequity through research and advocacy on the wider determinants of health such as fair work, housing, spatial planning	National Director of Health and Well-being, Director of Policy and International Health	Performance monitoring of IMTP delivery through Leadership Team	X	X	X			
SR 1.5	Tackling the public health effects of climate change agreed as an organisational strategic priority	Deputy CEO/Director of Ops and Finance, National Director of Health Protection and Screening Services,	Climate Change Programme Board minutes		X	X			

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		Director of Policy and International Health						
SR 1.6	Systems leadership and partial delivery of improvement programmes for primary and secondary prevention	National Director of Health and Well-being National Director of Health Protection and Screening Services	Performance monitoring of IMTP delivery through Leadership Team		X	X		

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Action plan No.	Gaps in controls	Action Plan	Exec Director	Due Date	Progress
AP 1.1	No agreed organisational narrative of tackling health inequalities	Workshop planned with Executive Team to explore organisational understanding and agree next steps	National Director of Health and Well-being, Director of Policy and International Health	June 2023	
AP 1.2	A comprehensive three year IMTP with action based on proportionate universalism and targets, where appropriate	Development and monitoring of a comprehensive three year IMTP with action based on proportionate universalism and targets, where appropriate	All Execs	March 2024	
		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	
		Prioritisation based on evidence of effectiveness, Return on Investment and Social Return on Investment	National Director of Health and Well-being/ National Director of Policy and International Health	March 2024	
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	December 2023	
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	April 2024	
AP 1.5	Co-ordination of activity to address the needs of underserved populations	Establish an inclusion health programme in PHW	National Director of Health Protection and Screening Services	December 2023	

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Risk 2	<p>There is a risk of ineffective system-wide efforts to improve health and wellbeing by organisations across public, private and third sectors.</p> <p><i>Caused by</i> misaligned system-wide efforts and leadership, and weaknesses in partnership working.</p> <p><i>Resulting in</i> worsening health outcomes and suboptimal use of limited public resources.</p>
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Risk Owner's Overview Assessment Status

There is a risk that the specialist public health system in Wales will fragment further following the transfer of the Local Public Health Teams to the Health Boards. Work is underway to develop a Memorandum of Understanding with Welsh Government, Public Health Wales, Health Boards and Local Authorities to agree the principles and mechanisms of effective systems and an agreed system population health work plan.

There is not yet sufficient strategic agreement to align collective efforts between the third sector and Public Health Wales. Discussion has commenced with WCVA which needs to translate into a meaningful collaboration with an underpinning MOU to reflect the intention of better alignment and partnership working.

Cross reference with risk 6

Sponsor and Assurance Group

Executive Sponsor	<p>Angela Jones, Exec Dir of Health and Wellbeing</p> <p>Contributors: Rhiannon Beaumont-Wood, Exec Dir Quality, Nursing and Allied Health Professionals</p> <p>Huw George, Deputy Chief Executive and Executive Director of Operations and Finance</p> <p>John Boulton, Director for NHS Quality Improvement and Patient Safety</p>
Assurance Group	Quality, Safety and Improvement Committee

Inherent Risk

Date	11/05/23	Likelihood:	4	Impact:	4	Score:	16
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Risk Score			Risk Decision			Delivery Confidence Assessment
Current Risk			Target Risk			AMBER
Likelihood	Impact		Likelihood	Impact		
4	4	16	3	2	6	

Strategic Risk Register

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

Strategic Risk Register

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.	Rhiannon Beaumont-Wood, Exec Dir Quality, Nursing and Allied Health Professionals	Sept 2023	
		Complete stakeholder mapping exercise to identify strategic partnerships	Rhiannon Beaumont-Wood, Exec Dir Quality, Nursing and Allied Health Professionals	Sept 2023	
		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.	Rhiannon Beaumont-Wood, Exec Dir Quality, Nursing and Allied Health Professionals	October 2023	
AP 2.2	Agreed system wide approach to maximise the effectiveness of the specialist public health system following the TUPE transfer of LPHTs to Health Boards	Development, approval and implementation of MOU2 for the specialist Public Health System in Wales	National Director of Health and Well-being	October 2023	
		Development and approval of a specialist public health system action plan	National Director of Health and Well-being	October 2023	

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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	March 2024	
AP 2.4	Monitoring and evaluation of reach, take up and impact of Health and Healthcare Improvement Programmes	Development of outcome, improvement and impact measures, including inclusion	National Director of Health and Wellbeing	March 2024	
AP 2.5	Strengthening systems leadership and engagement of Public Services Boards in the wider determinants of Health and Well-being	Health Foundation funded feasibility study to engage PSBs	National Director of Health and Wellbeing	September 2023	
		Health Foundation bid for 3 year support to strengthen the system with PSBs	National Director of Health and Wellbeing	March 2024	
AP 2.6	See action plan for risk 6				

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Risk 3 There is a risk that people in Wales are insufficiently engaged and enabled on action they can take to improve their health and wellbeing.
Caused by failure to provide people with sufficient quality information, motivation, choice and access to timely advice and services. *Resulting in* people feeling they are limited in exercising control over their health and wellbeing and avoidable poor health outcomes.

Risk Owner's Overview Assessment Status

Engaging with our population is central to better understanding health needs and empowering people to co-design public health solutions and become partners in their health and well-being. However, with significant impacts on the conditions for health resulting from the pandemic and more recently, the cost of living crisis, empowering our population becomes even more challenging and there is a risk of widening health inequalities unless actions taken involves working with our communities and using a proportionate universalism approach. Actions are underway across organisational programmes, and all organisational strategic priority areas, to understand the views of our population (including young people) around factors that determine their health, and obtain proactive feedback from people we work with and for.

Cross reference to Risk 6

Sponsor and Assurance Group

Executive Sponsor	Sumina Azam, Director of Policy and International Health / WHOCC Contributors: Angela Jones, Exec 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 Rhiannon Beaumont-Wood, Exec Director of Quality, Nursing and Allied Health Professionals
Assurance Group	Quality, Safety and Improvement Committee

Inherent Risk

Date	10/05/23	Likelihood:	4	Impact:	5	Score:	20
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Risk Score					Risk Decision	Delivery Confidence Assessment
Current Risk			Target Risk		Treat	AMBER
Likelihood	Impact		Likelihood	Impact		
3	4	12	2	3		

Strategic Risk Register

EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided to				
No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board
SR 3.1	Behavioural Science Unit to provide specialist expertise on behavioural insights integration into the programmes of work, and develop the application of it, to improve and protect health & wellbeing in Wales	Director of Policy and International Health	Performance monitoring of IMTP delivery through Leadership Team KRIC meeting notes	X	X	X	X	
SR 3.2	Time to Talk Public Health Survey to enable regular public engagement to inform public health policy and practice	Director of Policy and International Health	Performance monitoring of IMTP delivery through Leadership Team	X	X	X		
SR 3.3	Behavioural insights integration into the work of population health programmes and public communications	National Director of Health and Well-being	Performance monitoring of IMTP delivery through Leadership Team	X	X	X		
SR 3.4	Robust communications plans underpinned by evidence-based methodologies in place for planned campaigns	Deputy Chief Executive and Director of Operations and Finance	Annual plan of communications campaigns Evaluation of public campaigns and sharing of learnings	X	X			
SR 3.5	Provision of timely, accurate and relevant risk communications in response to emerging public health issues.	Deputy Chief Executive and Director of Operations and Finance	Incident Management Team or Outbreak Control Team notes Significant issues are discussed with Executive and at Board	X		X		X
SR 3.6	The Public Health Young Ambassadors group as a conduit to enable conversations to take place with young people	Director of Quality, Nursing and Allied Health Professionals	Briefing notes following Residential Board minutes			X		X

Strategic Risk Register

Action plan No.	Gaps in controls	Action Plan	Exec Director	Due Date	Progress
AP 3.1	Ongoing engagement with the public, our service users and stakeholders to ensure we understand needs and priorities, and obtain feedback on the impact of our work	Further development of public and service user engagement through Civica system	Director of Quality, Nursing and Allied Health Professionals	March 2024	
AP 3.2 (see AP1.5)	Co-ordination of activity to understand the needs of underserved populations	Establish an Inclusion Health programme in PHW	National Director of Health Protection and Screening Services	December 2023	
AP 3.3	Engagement of our population to actively manage our own health and well-being and associated risks	Work with Welsh Government and Health Boards to engage the population and subsets of the population to fully engage in and control risks to their own health and well-being, including understanding resources required to achieve this.	Director of Policy and International Health, National Director of Health and Well-being, National Director of Health Protection and Screening Services	March 2024	
AP 3.4	See actions for risk 6				

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Risk 4	There is a risk of weakness in our organisational health, including our culture, capacity, capabilities and governance. <i>Caused by</i> sub-optimal leadership, management and engagement. <i>Resulting in</i> low staff wellbeing and morale, failure to recruit and retain our staff and ineffective performance across one or more of our strategic priorities.
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Risk Owner's Overview Assessment Status

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

POD have clear actions in the IMTP which relate directly to this risk, i.e., Work to understand current v desired culture, launching and embedding our 'Being Our Best' framework and a road map to deliver the people promise. Workforce planning is also part of the IMTP deliverables and a critical component in addressing this risk.

Collaborative working between Planning, POD and Communication functions will contribute to improved methods to launch, land and embed related products/messaging. A Leadership and Management Development Academy has also been launched, which together with the actions outlined in this plan, will support improved leadership, Management and engagement.

Our Board and Committees are constituted in accordance with our Standing Orders and Scheme of Delegations. The functions of the Board are delivered in line with the Board Etiquette Protocol with external assurance from Audit Wales on performance.

Sponsor and Assurance Group

Executive Sponsor	Neil Lewis, Director of People and OD Contributors: John Boulton, Director for NHS Quality Improvement and Patient Safety Rhiannon Beaumont-Wood, 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
Assurance Group	People and Organisational Development Committee

Inherent Risk

Date	16/5/23	Likelihood:	5	Impact:	5	Score:	25
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Risk Score			Risk Decision			Delivery Confidence Assessment	
Current Risk		16	Target Risk		6	Treat	AMBER
Likelihood	Impact		Likelihood	Impact			
4	4	3	2				

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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	Rhiannon Beaumont-Wood, 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)	Rhiannon Beaumont-Wood, Executive Director of Quality and Nursing	Assurance reports on Strategic Risks					X
			Strategic Risk Register and Corporate Risk Register reports to Board				X	X
SR 4.3	Planned People and OD Committee Meetings to review progress v plan (including dashboard data on workforce trends) and consider emerging threats	Neil Lewis, Director of People & OD	PODCOM Minutes from meetings				X	
SR 4.4	Refreshed Long Term	Deputy Chief Executive and Exec Dir Ops and Finance	IMTP Reporting process			X		
SR 4.5	People Strategy and IMTP	Neil Lewis, Director of People & OD	Reporting against IMTP Milestones			X		
SR 4.6	Compliance with Standing Orders, Scheme of Delegation and Board Etiquette Protocol	Paul Veysey, Board Secretary and Head of the Board Business Unit	Internal Audit Audit Wales Annual Accountability Reporting to Welsh Government					X X X

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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	Rhiannon Beaumont-Wood, Executive Director of Quality and Nursing	30/03/24	
		Approved Records Management policies and procedures	Rhiannon Beaumont-Wood, Executive Director of Quality and Nursing	30/09/23	
AP 4.2	Standardised approach to Governance and Quality Management	Implement Quality as an Organisational Strategy	John Boulton		
		Implement year 2 of Integrated Governance implementation plan	Rhiannon Beaumont-Wood, Executive Director of Quality and Nursing	30/03/24	
AP 4.3	A co designed / developed high- level plan which will deliver desired culture	Establish a high-level plan which will deliver desired culture (to include communication and engagement aspects)	Neil Lewis -Director People and OD	30/6/23	
		Develop KPI's 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	28/9/23	
AP 4.4	Protected time at Exec level to review culture and effectiveness of associated plan/actions.	Dedicate an agreed number of Strategic BET Meetings to review progress v plan and impact of culture plan.	Neil Lewis -Director People and OD	30/6/23	
AP 4.5	A strategic and systemic approach to employee engagement	Development of a strategic and systemic approach to employee engagement	Neil Lewis -Director People and OD	31/12/23	
		Systematic reviews of Staff survey responses and delivery of action plans	Neil Lewis -Director People and OD	31/12/23	

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AP 4.6	Ownership of organisation wide WFP process to ensure delivery of capacity and capability risks addresses	Directorates to commit to WFP process and take action to close workforce risks	TBD	Ongoing	
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Strategic Risk Register

Risk 5 There is a risk that we insufficiently prevent, plan for and respond to emerging external threats to public health.
Caused by insufficient horizon scanning, forecasting, use of data/digital tools and planning/training/exercising for response.
Resulting in suboptimal responses to near-term incidents (including but not limited to infectious disease) and longer-term emerging risks to public health.

Risk Owner's Overview Assessment Status

The current risk score is at the inherent risk level.
 There are existing controls relating to: Emergency planning and learning from incidents and outbreaks, including the COVID pandemic; workforce planning and development for response; training and exercising; and horizon-scanning activities.
 However, there is more action required to reduce the impact of external threats, through developing an understanding of roles and responsibilities of each component of the response architecture and the health protection competencies that need to be held in reserve for surge response. The learning from COVID response is not yet complete and the Public Inquiry is underway. These will provide more information to improve response to external threats. Action is also required to join up the horizon-scanning efforts across the organisation.

Sponsor and Assurance Group

Executive Sponsor	Meng Khaw, National Director of Health Protection and Screening Services Contributors: Iain Bell, Director of Knowledge and Research Sumina Azam, Director of Policy and International Health / WHOCC
Assurance Group	Quality, Safety and Improvement Committee

Inherent Risk

Date	15 May 2023	Likelihood:	3	Impact:	4	Score:	12
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Risk Score						Risk Decision	Delivery Confidence Assessment
Current Risk			Target Risk			Treat	AMBER
Likelihood	Impact		Likelihood	Impact			
3	4	12	3	2	6		

Strategic Risk Register

EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided to				
No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board
SR 5.1	Horizon Scanning	National Director of Health Protection and Screening Services	IHR reports	X	X			
			UKHSA sources	X	X			
			PHW horizon scans (<i>incl EPRR Work with National Security Risk Assessment (NSRA)</i>)	X	X			
			Genomics	X	X			
			Links with APHA and other agencies	X	X			
			Weekly meetings with HPT	X	X			
			UKHSA daily emerging infections horizon scanning results	X	X			
			GEZI Wales horizon scans every 2 weeks	X	X			
SR 5.2	Forecasting and use of data/digital tools	National Director of Health Protection and Screening Services	Exceedance algorithms	X	X			
			Reports including exposures, climate and environmental determinants.	X	X			
			Short/medium term models working with academic partners.	X	X			
SR 5.3	Planning/training /exercising for response	National Director of Health Protection and Screening Services	PHW Emergency Response Plan	X	X	X	X	X
			Communicable Disease Plan for Wales	X	X	X	X	X
			Multi-Agency Plans for Emergencies (Contributor)	X	X			
			Emergency Planning & Business Continuity Group Meetings (Quarterly)	X	X			
			Local Resilience Fora (LRF) Meetings	X	X	X		
			Wales Resilience Partnership Team Meetings (Quarterly)	X	X			
			Wales Resilience Forum Meetings (Quarterly)	X	X			
			4 Nations Public Health (PH) Emergency Preparedness, Resilience & Response (EPRR) Meetings (Quarterly)	X	X			
			PHW EPRR Training Prospectus	X	X			
			LRF Training Prospectus	X	X			
			Wales Learning & Development Group (Exercises)	X	X			
			PHW Annual Assurance Return to Welsh Government on EPRR	X	X	X	X	X

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SR 5.4	Debrief and learning from incidents and outbreaks	National Director of Health Protection and Screening Services	Organisational debrief and learning from the response to the COVID pandemic and other incidents and outbreaks	x	x			
SR 5.5	Health Impact Assessments to understand potential threats and opportunities to health from policies and programmes, as well as external events.	Director of Policy and International Health	Performance monitoring of IMTP delivery through Leadership Team		x	x		
SR 5.6	Development of tools and products to implement Futures approaches	Director of Policy and International Health	Performance monitoring of IMTP delivery through Leadership Team		x	x		

Strategic Risk Register

Action plan No.	Gaps in controls	Action Plan	Exec Director	Due Date	Progress
AP 5.1	Enhancement of current genomics work required	CW Expand the range of genomics horizon scanning.	National Director of Health Protection and Screening Services	March 2024	
		HW Assess risk, vulnerability, capacity, exposure, hazard characteristics and their possible sequential effects on PHW. Consider the organisations capability and capacity to respond to, and mitigate, identified risks detailed within the NSRA. PHW will continue to engage and work with the Wales Risk Group and contribute to the development of LRF Community Risk Registers.	National Director of Health Protection and Screening Services	March 2024	
AP 5.2	Enhancement of exceedance algorithms required	CW Further development and Operationalisation.	National Director of Health Protection and Screening Services	March 2024	
AP 5.3	Work required to enhance planning activity	HW Obtain Board approval for PHW Emergency Response Plan (V.3)	National Director of Health Protection and Screening Services	May 2023	
		HW Review and update supporting documentation for the PHW Emergency Response Plan (V.3)	National Director of Health Protection and Screening Services	October 2023	
		AJ Review and update the Communicable Disease Plan for Wales	National Director of Health Protection and Screening Services	November 2023	

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		HW	Work with partners to review and update multi-agency plans for emergencies.	National Director of Health Protection and Screening Services	March 2024	
AP 5.4	Ensure PHW engages with and participates in all appropriate EPRR training & exercise opportunities	HW	Identify opportunities to participate in Exercise Doll House & Exercise Astral Bend. (<i>Exercising PHW staff in multi-agency command and control environment</i>)	National Director of Health Protection and Screening Services	July 2023 & September 2023	
			Review and update PHW EPRR Training Prospectus to reflect the updated PHW Emergency Response Plan (V.3).	National Director of Health Protection and Screening Services	October 2023	
			Ensure strategic attendance at 5no. Wales Gold IV Courses.	National Director of Health Protection and Screening Services	October 2023	
			Plan and deliver an exercise for the updated PHW Emergency Response Plan (V.3)	National Director of Health Protection and Screening Services	November 2023	
		HW AJ	Support the planning and delivery of an exercise for the updated Communicable Disease Plan for Wales.	National Director of Health Protection and Screening Services	March 2024	
AP 5.5	Ensure PHW has a sustainable mechanism for receipt of Major Incident notifications.	HW AJ	Identify and implement a sustainable mechanism for receipt of Major Incident notifications	National Director of Health Protection and Screening Services	July 2023	11/05/23: Changes to alerting processes utilised by Welsh Ambulance Service NHS Trust (WAST) and other partners mean that the current arrangements to receipt these messages will fail.
AP 5.6	Ensure lessons are identified from incidents	HW AJ	Carry out debrief sessions to identify lessons from the COVID	National Director of Health Protection	December 2023	

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	and outbreaks, including the COVID pandemic		pandemic, including horizon scanning, surge response and implementation at scale.	and Screening Services		
AP 5.7	Systematic organisational approach to embedding Horizon Scanning		Strategic BET development session to explore mechanisms and processes for embedding horizon scanning	Director of Policy and International Health	July 2023	
AP 5.8	Update prevalence of disease and projections of future disease levels in Wales		To systematically analyse the prevalence of disease, project these levels into the future and assess our current interventions and what more needs to be done	Director of Knowledge and Research	Dec 2023	

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Risk 6 There is a risk that we fail to deliver excellent public health services, including on screening, infection and health protection. *Caused by* weakness in clinical and health protection processes, specialist workforce capacity and capabilities, innovation and/or capital investment. *Resulting in* inadequate provision, responsiveness or uptake of services, poor individual patient and population outcomes and failure to meet quality standards.

Risk Owner's Overview Assessment Status

The current risk score is at the inherent risk level. However, over the past year, this had the potential to be higher resulting from a number of significant health protection incidents had increased (such as monkeypox, the exceedance of STEC and group A streptococcal infections), but those threats have now stabilised.

There are existing controls relating to: workforce planning and development; mitigation of impacts of unexpected health threats through the establishment of effective systems and processes; and strengthening governance arrangements to ensure excellent service delivery in HPSS through implementation of the long-term strategy.

Each of the three divisions in HPSS directorate are likely to score differently if reviewed independently and this will be reflected in divisional and directorate risk registers.

This is a known dynamic risk and as such will be actively monitored and managed in HPSS at both division and directorate levels. As we look to the 2023 / 24 planning cycle this risk is likely to endure and the action plans during this months review reflect dates into next year.

Sponsor and Assurance Group

Executive Sponsor	Meng Khaw, National Director of Health Protection and Screening Services Contributors: Rhiannon Beaumont-Wood, Exec Dir Quality, Nursing and Allied Health Professionals
Assurance Group	Quality, Safety and Improvement Committee

Inherent Risk

Date	15 May 2023	Likelihood:	3	Impact:	3	Score:	9
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Risk Score					Risk Decision	Delivery Confidence Assessment	
Current Risk			Target Risk			Treat	GREEN
Likelihood	Impact		Likelihood	Impact			
3	3	9	3	2	6		

Strategic Risk Register

EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided to				
No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board
SR 6.1	Overview and scrutiny of workforce capacity and capability is provided through clear governance arrangements with divisional SMTs and DLT	National Director of Health Protection and Screening Services	Divisional SMT meeting and minutes	X	X			
			DLT meetings and minutes		X			
			Escalation to BET with meetings and minutes		X	X		
			Divisional, Directorate and Corporate Risk Registers actively updated and risks escalated as appropriate	X	X	X	X	X
SR 6.2	Implementation of Business Continuity Arrangements where required and where appropriate	National Director of Health Protection and Screening Services	Business Continuity Action Plans for HPSS divisions	X	X	X		
			Emergency Planning and Business Continuity Group Meeting minutes		X			
			Training and Exercise reports to Emergency Planning and Business Continuity Group	X	X			
			Emergency Planning and Business Continuity Documentation (regular review and update)	X	X		X	
			Ability to sustain response to health threats		X			
SR 6.3	Utilisation and development of Policies and Procedures to enable effective and efficient service delivery, including Standard Operating Procedures and Protocols.	National Director of Health Protection and Screening Services	Corporate Policy and Control Document Reviews – corporate register update reports	X	X	X	X	X
			Health Protection Division – Standard Operating Procedures (document development, review and approval)	X	X			
			Infection Division – Standard Operating Procedures (document	X	X	X	X	

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			development, review and approval), alignment to UKAS accreditation requirements.						
			Screening Division –For each of the screening programmes - Standard Operating Procedures (document development, review and approval)	X	X				
			Reports to Quality, Safety and Improvement Committee		X	X	X		
			Action Plan and Reports – Divisional Senior Management Teams	X					
SR 6.4	Uphold high professional standards: Professional Regulation – Medical, Nursing and Multi-Disciplinary Staff	Executive Medical Director Executive Director of Quality and Nursing and Allied Health Professionals	Medical, Nursing and Multi-Disciplinary Staff Revalidation - Annual Report to People and Organisational Development Committee / Quality, Safety and Improvement Committee					X	
			Quality review visit by Medical and Multi-Disciplinary Revalidation support unit			X	X		
			Quality Indicators Performance Monitoring	X	X	X	X		
			Monitor Specialist Registration and Revalidation		X	X	X	X	
			Medical, Nursing and Multi-Disciplinary Appraisal Process – Quality Indicator		X	X	X	X	
			Medical Job Planning Process – Quality Indicator			X			X
SR 6.5	Established Directorate Financial Management Systems and Processes	National Director of Health Protection and Screening Services	Directorate Finance reports to Directorate Management Team meeting (monthly). Supported by	x	x				

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			the Business Operations Meeting (BOM)					
			Divisional Finance reports to SMT	X				
			Executive Director Reports (to Executive and Board)			X		X
			Mid and End of Year Review Reports (Executive scrutiny)			X		X
SR 6.6	Implementation of learning from incidents	National Director of Health Protection and Screening Services	Datix reporting at programme and divisional level	X	X	X		
			Putting Things Right - Quarterly Alert Exception Report (Quality, Safety and Improvement Committee)				X	
			National Reportable Incident Reporting (Quarterly) to Quality, Safety and Improvement Committee			X	X	
SR 6.7	Surveillance of health threats to inform timely and effective response	National Director of Health Protection and Screening Services	Communicable disease surveillance reports	X	X			
			Exceedance reports and protocols for escalation and response	X	X	X	X	
			Agreed criteria for escalation (reviewed on an annual basis)	X	X			
			Health Protection Situational Awareness Reports - (monthly report to Executive)	X	X	X		X
SR 6.8	Development of Workforce Plans for each Division and established processes to enable effective Recruitment	National Director of Health Protection and Screening Services	Reports of progress against developed Workforce Plans	X	X			
			Reports to the People and Organisational Development Committee				X	
			Directorate and Divisional-level workforce plans		X			

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SR 6.9	Compliance with Infection control policies, procedures and related statutory and mandatory training	Executive Director of Quality and Nursing and Allied Health Professionals	IPC Audit plan and Environmental Audit Programme				X	
	Compliance with National Guidelines and Standard Operating procedures in place for IPC		IPC group assurance reports to QSIC				X	
			IPC Risk Register			X		
			Annual clinical Audit Plan				X	
SR 6.10	Putting Things Right Policies and Procedures Regular monitoring of incidents to identify immediate action required	Executive Director of Quality and Nursing and Allied Health Professionals	Monthly Reporting of patient service user experience including incidents, complaints and claims				X	
			Quality Reviews of Incidents and associated action plans		X			
			Thematic reviews on areas of concern				X	

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Action plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
AP 6.1	NHAIS is being decommissioned by England and we currently rely on NHAIS to select breast screening cohort. Reliant on one member of staff who has detailed knowledge of NHAIS.	SH	Implementation of BSS select for Breast Screening Programme to maintain cohort selection for breast screening. Working group with NHS England colleagues to progress this change	Deputy Chief Executive / Executive Director of Finance and Operations National Director of Health Protection and Screening Services	March 2024	11/05/23- Confirmation that NHAIS being decommissioned from March 2024 which confirms timelines. Meetings progressing with NHS England colleagues and working with Digital Directorate to scope and progress internal solution.
AP 6.2	Recovery of the Breast Screening Programme is impacted by difficulty in recruiting specialist clinical staff to undertake reading of mammograms and assessment clinics.	SH	Recruitment processes underway for breast clinician role in North Wales. Planned recruitment in Southeast Wales for radiologist working closely with Health Boards. Planned retirement in 2023 will increase issue in North Wales and working with HB to explore potential ways forward.	National Director of Health Protection and Screening Services	March 2024	11/5/23 no further update 19/04/23 - Trainee breast clinician role is being progressed, business case approved and now on TRAC for North Wales. Exploring other opportunities with BCU on other potential sessions with joint roles. New substantive consultant appointed in Southeast started role in April 2023. March 23 - all actions are being taken forward and solutions explored.
AP 6.3	Sustainable provision of clinical infection services	RH DH	Continue to recruit to consultant posts; Deliver changes that will make the service more attractive including recruitment of Specialty and Specialist Doctors as well as Physician	National Director of Health Protection and Screening Services	Ongoing	Remote consultant support is being trialled and has proven to be beneficial and extended to end of financial year. Service continues to search for additional workforce opportunities.

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			Associates, Clinical Scientists and Specialist Nurses.			
			Set out service requirements in a business case and single establishment control submission as contribution towards the Directorate budget realignment work.	National Director of Health Protection and Screening Services	May 2023	May 23 – Revised Business Case prepared following feedback. Sign off by Infection SMT by 25 May 2023. 12/04/23 - Establishment baseline to be signed off 20 April 2023. Change points to be confirmed and submitted in proposal subsequently.
			Complete training competencies for all staff who are able/required to deliver OOH services	National Director of Health Protection and Screening Services	September 2023	Feb 23 - Recorded OOH competencies via iPassport for all staff required for OOH shift and on-call May 23 -
			Complete Syndromic Molecular Procurement project to include: <ul style="list-style-type: none"> • Respiratory • GI • AMR • Bone and joints • BBV • Sexual Health 	National Director of Health Protection and Screening Services	October 2023	11/5/23 12/04/23 - Market engagement and pass/fail requirements completed. ITT to be issued. On schedule Mar 23 – Market dialogue underway. On schedule.
AP 6.4	Resilient Out of Hours Acute Health Protection Service	GS EM	Reviewing the model of service delivery to test resilience and sustainability	National Director of Health Protection and Screening Services	July 2023	April 23 – Outcome letters issued to all staff, further staff side feedback being considered. In preparation, division standing up an Implementation group to oversee and report progress into existing governance. Mar 23 – Consultation closed on 17 Feb 2023. Feedback and

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						comments reviewed and outcome document including recommendations and next steps concluded and shared with consultees and staff side.
AP 6.5	Surge Plan for Acute Health Protection	GS EM	Agreed oversight and surge plan for Acute Health Protection	National Director of Health Protection and Screening Services	September 2023	11/5/23 AJ/HW/GS met in February and AJ updated GS that review of the PHW EP is underway and that with the completion date of May 2023. Work will commence to review and align HP divisional surge plan subsequently with a view to completing it by Sept 2023.
AP 6.6	Clinical Governance Framework		Approved and published Clinical Governance Framework	Executive Director of Quality and Nursing and Allied Health Professionals	July 2023	
			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	
			Progress to approval and implementation of the organisational Clinical Supervision Framework	Executive Director of Quality and Nursing and Allied Health Professionals	May 2023	
AP 6.7	Key lines of enquiry from Welsh Government to support Quality Standards reporting		Obtain key lines of enquiry from Welsh Government, implement once published, and complete self assessment.	Executive Director of Quality and Nursing and Allied Health Professionals	Sept 23	

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			Identify improvement plan following self-assessment for 2024/25.	Executive Director of Quality and Nursing and Allied Health Professionals	March 24	
			Complete first Annual Quality Report	Executive Director of Quality and Nursing and Allied Health Professionals	March 24	