Risk 1	There is a risk that Public Health Wales will be unable to sustain the Health Protection response (for COVID 19 and other infectious disease / environmental hazards) for the ongoing progression of the pandemic. This will be caused by an inability to mobilise sufficient numbers of trained staff resulting in harm.

Sponsor and Assurance Group

Executive Sponsor	Executive Director, Health Protection and Screening Services
Assuring Group	Quality, Safety and Improvement Committee

Inherent Risk

Date		Likelihood:	5	Impact:	5	Score:	25

Risk Score						Risk Decision	Delivery Confidence Assessment
Current Risk			**Target risk**				
Likelihood	Impact	20	Likelihood	Impact	8	**TREAT**	**Amber**
5	4		4	2			

DCA RAG	DCA Description
Green	High degree of confidence exists that the controls and actions identified will mitigate the risk to the required level.
Amber	It is feasible that the controls and actions identified will mitigate the risk to the required level but issues remain outstanding that require addressing.
Red	There is little confidence that the controls and actions identified will mitigate the risk to the required level.

Risk Owner's Overview Assessment Status

There now exists a greater understanding of the response requirements for the pandemic than was previously held. Public Health Wales is engaged in regular strategic discussions with Welsh Government. Twice weekly meetings of Covid Co-ordination Group (CCG) and a regular rhythm of Directorate Leadership Team meetings, led by National Director. There is currently a major health protection recruitment campaign underway and as a result, recruitment to newly created vacancies is ongoing. There remain workforce challenges in the medical microbiology workforce. Additionally, regular horizon scanning exercises and public health surveillance are now incorporating Covid 19. Internally, there is also comprehensive staff sickness monitoring to maintain an overview of resources available. Omicron variant has increased UK alert level from 3 to 4. Additional UK, WG and PHW IMTs in place to oversee response which includes increased Health Protection action to delay transmission. WG currently reviewing policy including use of Non Pharmaceutical Interventions. Potential increased risk of staff absenteeism (from SARS CoV2 infection and mental well-being). Business Continuity plans being reviewed

No.	Control	Exec Owner	SOURCES OF ASSURANCE	Team / Division / Project /Programme	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board
			EXISTING CONTROLS ←	**Level at which the Assurance is provided to**				
SR 1.1	Policies and Procedures * (document development, review and approval) * including Standard Operating Procedures	Executive Director, 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			
			Microbiology Division – Standard Operating Procedures (document development, review and approval)	X	X			
SR 1.2	UK Accreditation Service (UKAS) - Accreditation	Executive Director, Health Protection and Screening Services	Reports to Quality, Safety and Improvement Committee		X	X	X	
			Action Plan and Reports – Divisional Senior Management Teams	X				
SR 1.3	Professional Regulation – Medical, Nursing and Multi-Disciplinary Staff	Executive Director, Health Protection and Screening Services & 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	
			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
SR 1.4	Business Continuity Arrangements (for Public Health Services)	Executive Director, Health Protection and Screening Services	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 Report - Audit and Corporate Governance Committee	X			X	
SR 1.5	National Health Protection Service (NHPS) Transformation Programme (including Microbiology Stabilisation)	Executive Director, Health Protection and Screening Services	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
			Health Protection Business Case SRO Group, meetings and minutes	X	X	X		
			Divisional Assurance Reports to DLT (inform Executive Director Reports – see 3.7)	X	X			
SR 1.6	Directorate Business and Financial Management Systems and Processes	Executive Director, Health Protection and Screening Services	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				

	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
				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		
SR 1.7	Incident Reporting Management System	Executive Director, Health Protection and Screening Services & 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	
SR 1.8	Failsafe Systems	Executive Director, Health Protection and Screening Services		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		
				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			
SR 1.9	Infection, Prevention and Control Systems	Executive Director, Health Protection and Screening Services		Health Protection Situational Awareness Reports – (monthly report to Executive)	X	X	X		
				Agreed criteria for escalation (reviewed on an annual basis)	X	X	X		
SR1.10	Workforce/Recruitment Planning	Executive Director, Health Protection and Screening Services		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				
				SRO Group/DLT focus on business case and wider workforce recruitment	X	X	X		

Strategic Risk Register

Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
AP 1.1	Staff vacancies		Recruit to all new posts created by the Health Protection Business case phase 1 funding	Executive Director, Health Protection and Screening Services	Completed	Closure report completed 16/12/2021
			Recruitment to substantive health protection and microbiology posts including active workforce capacity management, business continuity planning including use of non-recurrent funding for fixed term/ agency recruitment	Executive Director, Health Protection and Screening Services	31/3/2022	Ongoing active advertisement for vacancies in Health Protection. Review of recruitment programme commenced. BET approval of use of underspend and recruitment for interim positions until 31 March 2022 being undertaken.
			Recruit to position of Assistant Director of Operations	Executive Director, Health Protection and Screening Services	31/02/2022	Recruitment process commenced with further review underway. Part time interim support secured via agency until 31 March 2022
AP 1.2	Business Continuity including workforce mobilisation plan		Covid-19 response surge plan approved by CCG, DLT and BET	Executive Director, Health Protection and Screening Services	Completed	Completed – Covid HP Operating Model / Surge plan approved by BET 7/12/21
			Strengthen arrangements for approval of Business Continuity Plans and assurance reporting	Executive Director, Health Protection and Screening Services	31/12/2021	No further progress has been made on this action plan due to the health protection and microbiology ongoing response to the COVID-19 pandemic.
			Delivery of Estates Action Plan and Health / Safety Action Plan	Deputy Chief Executive / Executive Director of Finance and Operations	TBC	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.
			Develop and agree action plan to ensure PHE led activities that impact on Wales can continue to be delivered.	Executive Director, Health Protection and Screening Services	31/03/2022	Ongoing engagement with PHE/UK HSA
AP 1.3	Policy and wider workforce planning		Workshop and subsequent establishment of Task and Finish Group with Local Authorities for building resilience for health protection response	Executive Director, Health Protection and Screening Services	31/03/2022	Workshop held on 24th August. Summary report circulated w/c 29 November 2021. Task and Finish group to be established shortly.
			Phase 2 of Health Protection expansion plan to be delivered	Executive Director, Health Protection and Screening Services	31/03/2022	Discussion with Chief Medical Officer commenced and ongoing.
			Incorporate key measures to monitor the effectiveness of our work across the work streams in the Implementation Plan for Test, Trace and Protect.	Executive Director, Health Protection and Screening Services	31/03/2022	Attendance at relevant TTP Programme Boards
AP 1.4	Gap in policy		Participation in Welsh Government Winter Planning meetings and events	Executive Director, Health Protection and Screening Services	Completed	Complete - Business continuity plans (notably staffing) being reviewed w/c 20/12
			Review (with partners) of current COVID response model (5 July 2021)	Executive Director, Health Protection and Screening Services	30/10/2021	Complete. Review commenced week commencing 20th Sept and ongoing, combined with implementation of revised

						response model. Series of regional meetings DPPW/DPH put in place during November. New Standard Operating procedure for Care Homes response agreed and implemented.
			PHW to be represented at UK wide pandemic summit	Executive Director, Health Protection and Screening Services	31/03/2021	Awaiting date from UK partners – Change to target date requested
			Workforce programme objective included in 4 Nation Health protection committee priorities. Task and Finish Group to be established	Executive Director, Health Protection and Screening Services	31/03/2022	On agenda inaugural Health protection committee for 12/10/2021 and approved a part of 4 Nation work programme.
			Periodic review of the CCG Terms of Reference	Executive Director, Health Protection and Screening Services	31/12/2021	CCG ToR approved in September 2021. Ongoing review.
AP 1.5	Resilience of business management systems and processes		Public Health Services Directorate Governance Review: Action Plan	Executive Director, Health Protection and Screening Services	TBC	Response to the COVID-19 pandemic is the priority for the Directorate. As a consequence no further progress has been made with regard to this action plan.

Strategic Risk Register

Risk 2	There is a risk that Public Health Wales will fail to mobilise sufficiently qualified staff, deliver effective and timely system leadership and manage expectations relating to delivering our roles in tackling broader population health harms in Wales. This will be caused by insufficient investment and resources dedicated to improving population health and reducing avoidable population harm.

Sponsor and Assurance Group

Executive Sponsor	Director of Policy and International Health, WHO CC
Assuring Group	TBC

Inherent Risk

Date		Likelihood:	5	Impact:	5	Score:	25

Risk Score					Risk Decision	Delivery Confidence Assessment
Current Risk			**Target risk**			
Likelihood	Impact	20	Likelihood	Impact	10	TREAT	GREEN/AMBER
5	4		5	2			

DCA RAG	DCA Description
Green	High degree of confidence exists that the controls and actions identified will mitigate the risk to the required level.
Amber	It is feasible that the controls and actions identified will mitigate the risk to the required level but issues remain outstanding that require addressing.
Red	There is little confidence that the controls and actions identified will mitigate the risk to the required level.

Risk Owner's Overview Assessment Status

In terms of improving population health, the Operational Plan for 2021-22 was developed in line with our priorities using a tiered model to factor in resourcing requirements, skills required and the return of staff from the pandemic response to support the plan.   To deliver the plan we have:
A Population Health Strategic Group which meets on monthly basis to evaluate the work and provide assurances and controls to improve Population Health in Wales;
Continually reviewed the availability of staff mobilised to support the pandemic response;
Re-evaluated workplans as staff have returned to substantive roles;
Moved resources from other parts of the wider organisation to fund contracts and temporary staff and
Used commissioning models in areas with low levels of staff during the pandemic to enable delivery of the population health workplans.
We will continue to:
Utilise funding opportunities using International and UK partnerships to maximise the evidence base and investments of any work we undertake;
Review carefully recruitment plans for specialist posts;
Assess the impact on plans of the need to respond to the on-going pandemic and
Take account of the internal organisational changes processes which were announced in April 2021.

Strategic Risk Register

No.	EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided to				
	Control	Exec Owner			Team / Division / Project /Programme	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board
SR 2.1	Approval process in place for allocating and prioritising investment funding for the Population Health Work plan	Director of Policy and International Health, WHO CC		COVID-19 Population Health Group	X	X	X		
SR 2.2	Policies and procedures (including Standing Operating Procedures)	Director of Policy and International Health, WHO CC		Corporate Policy and Control Document Reviews – Corporate Register update reports to Committees	X	X	X		
SR 2.3	Skills and development training for specialist roles (e.g. analysts/ evidence reviewers)	Director of Policy and International Health, WHO CC		Attendance at specialised training Specialist qualifications	X	X			
SR 2.4	Operational Plan	Director of Policy and International Health, WHO CC		Progress reports and monitoring against operational plans	X	X	X		X
SR 2.5	Quality Assurance Processes	Director of Policy and International Health, WHO CC		Minutes and actions - Population Health Group	X	X	X		
				Evaluation of specific projects and programmes	X	X	X		X
SR 2.6	Directorates business systems & processes	Director of Policy and International Health, WHO CC		Notes/ Actions of monthly SMT meetings	X	X			
				Minutes/ Actions of Business meetings	X	X	X		
SR 2.7	Quality Management Systems	Director of Policy and International Health, WHO CC		Health and Care Standards reporting	X	X	X	X	
SR 2.8	Availability of specialists	Transition Director, Health and Wellbeing		Health and Wellbeing Directorate recruitment Plan	x	x			
SR 2.9	Organisational change control	Director of Policy and International Health, WHO CC and Transition Director, health and Wellbeing		Organisational Redesign Programme	x	x	x		x

Strategic Risk Register

Action Plan No.	Gap		Action Plan	Exec Owner	Due Date	Progress
AP 2.1	Clarity on strategic direction and IMTP planning cycle and arrangements		Development and publication of the three year IMTP	Deputy Chief Executive/Director of Operations and Finance	31 March 2022	IMTP plan development in progress and first draft has been submitted. Further work is required to streamline and refine the plan further.
AP 2.2	Expertise and Skills (Lack of pan organisational expertise on the Population Health Group with appropriate skills, knowledge and experience)		Amalgamation of the WHO CC and Health and Wellbeing Directorate	Director of Policy and International Health, WHO CC Director of People and OD	April 2022	The organisation re-design group was established and a blueprint and project plan was developed. However, due to organisational pressures, it has been concluded that now is not the optimum time to embark on the engagement and implementation phase of the programme so this is currently on hold.
			Establish a Broader Harms pan organisation group	Director of Policy and International Health, WHO CC	April 2022	This will be considered later in the year once plans are clearer on the future direction of the LTS
			Develop recruitment plan for specialist or consultant posts	Director of Policy and International Health, WHO CC and Transition director	March 2022	Increase in staff turnover in WHO CC in some teams and 20% vacancy rate in Health and Wellbeing – Both Directorates are reviewing recruitment processes to attract candidates in very difficult UK-wide market
AP 2.3	No Assistant Director of Health & Wellbeing in post		Recruit to position of Director of Health & Wellbeing	Director of Policy and International Health, WHO CC	April 2022	Transition Director appointed in July2021
AP 2.4	Clarity on remobilisation of staff into pandemic response		Mobilisation arrangements developed	Director of People and OD	December 2021	Under development
AP 2.5	Impact of agreed organisational change		Organisational Redesign programme plans developed, including transfer of Local Public Health Teams (LPHT) to Health Boards	Transition Director, health and Wellbeing	31 May 2022	Bringing together the directorates involved in population health has been put on hold until 2022. Transferring staff to LPHT is planned for 31 May 2022, subject to agreement with Health Boards

Strategic Risk Register	

Strategic Risk 3
This risk relates to Cyber Security and will therefore be considered in the Private Board Session.

Strategic Risk Register

Risk 4	There is a risk that Public Health Wales will fail to sufficiently and effectively support and protect the health, wellbeing, welfare and resilience of our staff. This will be caused by constant need to balance the needs of the staff against the needs of the population, resulting in an inability to recruit and retain staff to deliver strategic and operational objectives.

Sponsor and Assurance Group

Executive Sponsor	Director, People and Organisational Development
Assuring Group	People and Organisational Development Committee

Inherent Risk

Date		Likelihood:	5	Impact:	5	Score:	25

Risk Score				Risk Decision	Delivery Confidence Assessment
Current Risk		**Target risk**			
Likelihood	Impact	Likelihood	Impact	**TREAT**	AMBER
5	4	20	3	3	9		

DCA RAG	DCA Description
Green	High degree of confidence exists that the controls and actions identified will mitigate the risk to the required level.
Amber	It is feasible that the controls and actions identified will mitigate the risk to the required level but issues remain outstanding that require addressing.
Red	There is little confidence that the controls and actions identified will mitigate the risk to the required level.

Risk Owner's Overview Assessment Status

We are in the process of developing our IMTP and contributing to the refresh of our Long Term Strategy. Whilst plans will be ambitious in order to attend to the population health needs in Wales, as well as continuing to lead the Health Protection response to the ongoing pandemic, we must ensure ambition, stretch and challenge is manageable and does not create, enable nor exacerbate fatigue nor contribute to poor wellbeing and disengagement amongst staff. A Strategy Cohesion Group and the standing back up of the (senior) Leadership Team add further layers of delegated authority, decision making and bridge the gap between the most senior leaders and our people. We continue to connect corporate/organisation wellbeing and engagement activity through the Wellbeing and Engagement Partnership Group, but acknowledge the need to revisit purpose and add structure, governance and process to it. Resilience is being developed within Health Protection through significant WG investment, and an approved Surge Plan will be the vehicle in which we can mobilise additional support to the response where needed. The implementation of our People Strategy as well as our Strategic Equality Plan remain crucial to our ability to manage this strategic risk.

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 4.1	People Strategy	Director of People and Organisational Development	Bi annual progress reports to BET and PODCOM			X	X	
SR 4.2	Health Protection Business Case/Resilience Posts	Director of People and Organisational Development / Senior Responsible Officer-Health Protection Business Case	Health Protection Business Case recruitment plan	X		X		
SR 4.3	Directorate Workforce Plans	All	Workforce challenges and related workforce plans to address workforce issues are set out in IMTP narrative and workforce planning returns	X	X	X		
			Regular reporting and review, e.g. quarterly, is encouraged via SMT/ DLT	X	X			
			Annual update via IMTP cycle			X	X	
SR 4.4	Wellbeing and Engagement Surveys and Action Plans	All	NHS Wales Staff Survey Results and action plans	X	X	X	X	X
			PHW Wellbeing and Engagement Survey Results and action plans	X	X	X	X	X
			Medical Engagement Survey and action plans		X	X	X	
			Attendance, agendas, actions and outputs from WEPG	X	X	X	X	
SR 4.5	Sickness Absence Monitoring	Director of People and Organisational Development	Performance Assurance Dashboard (including Directorate and Divisional Dashboards)	X	X	X	X	
			Sickness absence deep-dives and audits	X	X	X	X	
			Managing Attendance at Work participation/compliance		X			
			Ongoing wellbeing resources	X	X			
SR 4.6	Effective partnership working	Director of People and Organisational Development	Local Partnership Forum, JMDNC, Weekly LNC meetings			X	X	X
SR 4.7	Health protection workforce mobilisation plan	Executive Director of Health Protection and Screening Services	Surge Plan	X		X		
SR 4.8	My Contribution/Wellbeing and Performance Check Ins	All	Quarterly and monthly organisational and directorate level reporting and Performance Assurance Dashboard		X	X	X	

Strategic Risk Register

Action Plan No.	Gap	Action Plan	Exec Owner	Due Date	Progress
AP 4.1	Develop robust directorate workforce plans	Develop skills training and support to build the skills of managers in planning, predicting and identifying workforce supply and demand. Establish detail of the workforce required to deliver our refreshed long-term strategic plan, including role mix, grade mix, skill mix, and placement of roles in the wider Public Health system. Organisational overview to be developed when all returns received Review requirement for strategic organisation-level workforce plan following long term strategy refresh	All NL	31/12/21 31/3/22 30/6/22	**December update** Business partners working closely with directorate leadership teams to ensure robust workforce plans are in place in line with emerging IMTP narrative.
AP 4.2	Culture Assessment	Determine our current and desired cultures to determine if norms are contributing to poor staff wellbeing/welfare and to agree actions to change	NL/Exec	30/06/22	**December update:** start of culture conversation happening with the Executive Team, will be seeking to agree method and timeline for culture assessment by the end of June 2022
AP 4.3	Flexible, innovative and effective working patterns and conditions	Future Ways of Working – including work how it works best pilot, estates and digital strategies aimed at supporting colleagues to shape work around life, increased flexibility and choice which support and enable better wellbeing outcomes	NL, HG	01/04/22 (ongoing)	**December update:** Principles to support pilot of 'work how it works best' approved by Leadership Team and endorsed at BET, full toolkit to be developed in Q4 in line with WG Autumn/Winter COVID plan timescales. Do not anticipate 'go live' before March 2022.
AP 4.4	Established Strategic Equality Plan	Implementation of longer-term objectives within Strategic Equality plan (includes recruitment, training, development, retention of under-represented staff groups)	NL	01/04/22	**December update** Strategic Equality Plan objectives continue to be progressed and reviewed in line with Long Term Strategy and People Strategy review.
AP 4.5	Design a system for commissioning and management of change programmes	Integrated approach to the commissioning and management of change programmes throughout the organisation	NL and HG	01/04/22	**December update** Work ongoing in this area between People and Organisational Development and the Project Management Office to determine next steps. Further discussions planned for Q4 to discuss options moving into the new financial year.
AP 4.6	Combined Enabler Priority and Strategy Cohesion Group/Leadership Team	Work with all enabling priorities at cohesion groups and Leadership Team level to ensure procedures are in place to avoid duplication of work, maximise collaboration and regularly review and adapt work plans (including reviewing availability of resources)	NL, HG and RBW	01/04/22 (ongoing)	**December Update:** Leadership Team developing map of business initiatives and staff availability to be shared with BET later in the month
AP 4.7	Understanding Staff Wellbeing	Following the outputs of and analysis of the staff wellbeing survey (and MES), a plan will be developed to explore a meaningful conversation with staff about their wellbeing and the potential impact of work – this is likely to align to the broader work noted under AP 4.2	NL/ALL	01/04/22	**December update:** plan to be developed by the end of March 2022 following survey close and analysis
AP 4.8	Wellbeing and Engagement Group	The current Wellbeing and Engagement Partnership Group meets monthly, and each directorate/division has a representative or deputy who attends. We plan to revisit this early in 2022 to ensure the membership is appropriate and ensure the purpose of the group is being met.	NL/ALL	01/03/2022	**December update:** meetings scheduled for Q1 2022 and discussions on review underway within People and OD
AP 4.9	Succession Planning at tiers 1 & 2	Discuss, understand and identify the current successors at organisational tiers 1 & 2. Create a clear map of what successors	NL	31/03/2022	**December Update:** Paper agreed at BET in October and meetings scheduled throughout December with Directors to map succession planning and talent management at senior

Strategic Risk Register

Action Plan No.	Gap	Action Plan	Exec Owner	Due Date	Progress
		exist and gaps known for critical roles. From the work develop plans to develop talent over the 12 months from January 2022.			level. Moderation discussions scheduled for January 2022 and work to completed in quarter 4 as planned.