

# Strategic Risk Register (Board - 26 May 2022)

## 5.1 - (Appendix 2)

<b>Risk 1</b>	There is a risk that Public Health Wales will not be sufficiently focused, agile and responsive in discharging our functions, caused by the unpredictable and changing nature of the current and emerging geopolitical, socio-economic and health threats, resulting in an inability to tackle the population health challenges in a sustainable way.
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Sponsor and Assurance Group	
<b>Executive Sponsor</b>	Chief Executive Officer
<b>Assuring Group</b>	Quality, Safety and Improvement Committee

Inherent Risk							
<b>Date</b>	10.05.2022	<b>Likelihood:</b>	<b>4</b>	<b>Impact:</b>	<b>4</b>	<b>Score:</b>	<b>16</b>

Risk Score			Risk Decision	Delivery Confidence Assessment	
<b>Current Risk</b>		<b>Target risk</b>		<b>Treat</b>	<b>Amber</b>
<b>Likelihood</b>	<b>Impact</b>	<b>Likelihood</b>	<b>Impact</b>		
4	4	3	4		

**Risk Owner's Overview Assessment Status**

The organisation has a Board approved IMTP submitted to Welsh Government which aims to focus the organisation to discharge it's Public Health functions effectively through the delivery of key objectives and milestones. This has taken account of the current known threats. We will continue to monitor the impact of the IMTP to respond to potential emerging geopolitical, socio-economic and health threats. The development of a key data dash board to monitor the health of the nation will provide information to inform any new or additional interventions to respond to emerging health and wellbeing needs. Regular meetings with Minister's and officials continue and we are actively engaged with the World Health Organisation (WHO) and International Association of National Public Health Institutes (IANPHI) in order to help identify, assess and support current and emerging threats.

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

# Strategic Risk Register (Board - 26 May 2022)

## 5.1 - (Appendix 2)

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 1.1	Regular Business Executive Team Meetings to review implementation of IMTP and emerging threats	Chief Executive/All Execs	Business Executive Team Minutes			X	X	X
SR 1.2	Embedded management of health protection response for COVID-19 within Health Protection and Screening Services Directorate Leadership Team	National Director of Screening and Health Protection Services and Medical Director	Health Protection and Screening Services Directorate Leadership Team meeting minutes, and COVID-Executive meeting minutes		X	X		
			COVID-Executive meeting minutes		X			
SR 1.3	Incident Management Teams in place for Ukraine conflict in PHW and in UK Health Security Agency for UK	National Director of Screening and Health Protection Services and Medical Director	Minutes of Incident Management Team and summary		X			
			Minutes of UK Health Security Agency Incident Management Team and summary		X	X		
SR 1.4	Regular meetings with Welsh Government Minister(s) and officials which include discussions in relation to existing and emerging health and socio-economic threats in Wales	Chief Executive	Actions arising following meetings as appropriate		X	X		
SR 1.5	Formalised meetings with WHO Collaborating Centre and WHO	Director of Policy, Research and International Development	Minutes of WHO Collaborating Centre and WHO meetings					
SR 1.6	Weekly meetings with a number of International Association of National Public Health Institutes (IANPHI) European Institutes and Ukraine Public Health Institute	Chief Executive / Director of Policy, Research and International Development	Notes of meetings at Executive Lead/ Business Executive Team level as appropriate					

# Strategic Risk Register

Action Plan No.	Gaps in controls	Action Plan	Exec Director	Due Date	Progress
AP 1.1	Longer term planning for new and emerging threats incorporated into a revised Long Term Strategy to develop a coherent and synergistic approach to multi-shocks.	Development and approval of new Long Term Strategy	Deputy Chief Executive, Executive Director Operations and Finance	Timescales in development	
AP 1.2	More formalised series of collective public health 'threat' assessment to include health, environmental, socio-economic and geopolitical threats, to be incorporated into Strategic Business Executive Team business.	To be considered by Business Executive Team with the view of identifying a lead (s) Exec to coordinate a regularised approach to multi-shock public health threat assessment – including domestic and global population health threats.	Chief Executive		
		Develop a rapid re-prioritisation planning process if required that is triggered by significant threats that require substantial in-year focus/resource	Deputy Chief Executive, Executive Director Operations and Finance		
		Joint meetings with Welsh Government colleagues to consider this with inclusion of international partners as appropriate	National Director Health Protection and Screening Services, Executive Medical Director		
		International Horizon Scanning reports to consider new and emerging global public health threats no less than twice a year	Executive Director of Policy and International Health/Director of the WHO Collaborating Centre		

# Strategic Risk Register

<b>Risk 2</b>	There is a risk that Public Health Wales will not deliver its plans for delivering excellent services for population screening, health protection and infection caused by uncertainty of the impact of current and future health threats and lack of specialist workforce, resulting in inability to prioritise service delivery and transform models of care.
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Sponsor and Assurance Group	
Executive Sponsor	National Director Health Protection and Screening Services / Executive Medical Director
Assuring Group	Quality, Safety and Improvement Committee

Inherent Risk							
Date	11.05.2022	Likelihood:	<b>3</b>	Impact:	<b>3</b>	Score:	<b>9</b>

Risk Score			Risk Decision			Delivery Confidence Assessment					
<b>Current Risk</b>			<b>Target risk</b>			<b>Treat</b>			<b>Amber</b>		
Likelihood	Impact	12	Likelihood	Impact	6						
4	3		3	2							

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

## Risk Owner's Overview Assessment Status

Each of the three divisions in Health Protection and Screening Services directorate are likely score differently if looked at independently and will be reflecting this in their divisional and the directorate risk registers.

This is a known dynamic risk and as such will be actively monitored and managed in Health Protection and Screening Services at both division and directorate levels, feeding into this strategic risk register.

The risk score is currently sitting above the already significant inherent risk level. This is largely due to a range of enhanced public health incidents and the recovery and transition activity relating to transition from pandemic to endemic COVID- 19 management.

There are existing controls relating to workforce and a lesser degree health threats and management plans detailed at divisional level which are monitored and reported through the Directorate Leadership Team construct and on to PHW governance routes where appropriate – e.g. Screening Programme Recovery Plan.

# 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	Clear Governance arrangement with Senior Management Team meetings for divisions escalating up to Directorate meetings for overview and scrutiny of workforce	National Director Health Protection and Screening Services, and Medical Director	Senior Management Team meeting and minutes for divisions	X	X			
			Directorate meetings and minutes for directorate		X			
			Escalation to Business Executive Team, with meetings and minutes for Business Executive Team		X	X		
			Risk Registers actively updated and risks escalated as appropriate	X	X	X	X	X
SR 2.2	Business Continuity Arrangements	National Director Health Protection and Screening Services, and Medical Director	Business Continuity Action Plans for Health Protection and Screening Services 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	
SR 2.3	Policies and Procedures *(document development, review and approval) * including Standard Operating Procedures which support the delivery of high quality services,  UK Accreditation Service (UKAS) - Accreditation,	National Director Health Protection and Screening Services, and 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 –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				
			UK Accreditation Service (UKAS) accreditation achieved and maintained via UKAS process		X	X	x	
SR 2.4	Professional Regulation – Medical, Nursing and Multi-Disciplinary Staff	National Director Health Protection and Screening Services, and Medical Director	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 registered 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

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EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided to				
No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board
SR 2.5	Directorate Financial Management Systems and Processes	National Director Health Protection and Screening Services, Executive Medical Director	Directorate Finance reports to Directorate Management Team meeting (monthly)	X	X			
			Divisional Finance reports to Senior Management Team	X				
			Executive Director Reports (to Executive and Board)			X		X
			Mid and End of Year Review Reports (Executive scrutiny)			X		X
SR 2.6	Quality Management Systems – monitoring and early warning (including informatics and information managements systems)	National Director Health Protection and Screening Services, Executive Medical Director	Health and Care Standards Reporting		x	x	X	X
			Local Audits	X	X	X	X	
			Vertical and Horizontal Audits of Microbiology Laboratory Services	X				
			Quality and Clinical Audit Plan		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		
SR 2.7	Incident Reporting Management System	National Director Health Protection and Screening Services, Executive Medical Director; Executive Director Quality, Nursing and Allied Health Professionals	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 2.8	Infection, Prevention and Control Systems – monitoring and early warning	National Director Health Protection and Screening Services, Executive Medical Director; Executive Director Quality, Nursing and Allied Health Professionals	Infection Reporting Dashboard	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		
			Health Protection Situational Awareness Reports – (monthly report to Executive)	X	X	X		
SR 2.9	Workforce/Recruitment Planning	National Director Health Protection and Screening Services, Executive Medical Director	Reports of progress against developed Workforce Plans	X	X			
			Reports to the People and Organisational Development Committee				X	

# Strategic Risk Register

Action Plan No.	Gaps in controls	Action Plan	Exec Director	Due Date	Progress
AP 2.1	Divisional review of existing controls	Work across Health Protection and Screening Services 3 service divisions to review existing controls and identify gaps, informing the developing action plan to be signed off at Directorate level	National Director Health Protection and Screening Services, Medical Director	July 2022	
AP 2.2	Implementation of Cervical Screening Information Management System (CSIMS) due to NHAIS being decommissioned	Programme Board and Project Team established – specification agreed and near completion with end to end testing and go/no go decision date set 24 May 2022	Deputy Chief Executive / Executive Director of Finance and Operations National Director Health Protection and Screening Services, Executive Medical Director	June 2022	
AP 2.3	Implementation of BSS select for Breast Screening Programme to maintain cohort selection for breast screening due to NHAIS being decommissioned	Working group with NHS England colleagues to progress this change	Deputy Chief Executive / Executive Director of Finance and Operations National Director Health Protection and Screening Services, Executive Medical Director	March 2023	
AP 2.4	Recovery of the delay in timeliness of Breast Screening, Diabetic Eye Screening and Aneurysm Screening due to impact of pandemic	Implementation of agreed recovery plan for the remaining three screening programmes.	National Director Health Protection and Screening Services, Executive Medical Director	March 2024	
AP 2.5	Optimisation and Transformation of the Diabetic Eye Screening Programme	Programme is optimised to enable timely and quality programme. Transformational project taken forward to identify sustainable service model. Discovery undertaken with service users, stakeholders and staff to inform model.	National Director Health Protection and Screening Services, Executive Medical Director	TBC	
AP 2.6	Replacement of the Breast Screening Equipment	Implementation of the replacement of breast screening equipment in line with timelines – mammography equipment and mobile replacement	National Director Health Protection and Screening Services, Executive Medical Director	March 2024	
AP 2.7	Implementation of the re-procurement for the HPV testing equipment for Cervical Screening Programme	Implementation of the replacement of laboratory equipment	National Director Health Protection and Screening Services, Executive Medical Director	TBC	
AP 2.8	Integrated scrutiny and action planning at directorate level of available management information relating to finance, people, quality, and risk	Review of current meeting cadence and information flows to identify gaps and opportunities	National Director Health Protection and Screening Services, Executive Medical Director	July 2022	
		Strengthen existing system including reintroducing a directorate and business partner subgroup		July 2022	

# Strategic Risk Register

<b>Risk 3</b>	There is a risk that we will not manage organisational change well, caused by multiple change programmes being implemented simultaneously, but in isolation, and insufficient time to effectively engage an exhausted workforce, resulting in high levels of sickness absence, vacancies, staff turnover and stress.
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Sponsor and Assurance Group	
<b>Executive Sponsor</b>	Director of People and Organisational Development
<b>Assuring Group</b>	People and Organisational Development Committee

Inherent Risk							
<b>Date</b>	11/05/2022	<b>Likelihood:</b>	<b>5</b>	<b>Impact:</b>	<b>5</b>	<b>Score:</b>	<b>25</b>

Risk Score			Risk Decision			Delivery Confidence Assessment			
<b>Current Risk</b>			<b>Target risk</b>			<b>Treat</b>	<b>AMBER/RED</b>		
<b>Likelihood</b>	<b>Impact</b>		<b>Likelihood</b>	<b>Impact</b>					
3	5	15	3	3	9				

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

## Risk Owner's Overview Assessment Status

It is acknowledged that there are a large number of change programmes currently planned and already underway within the organisation.

Although there are many measures already in place in relation to managing sickness, staff well-being, as well as the Organisational Change process, it is recognised that until we move to a more controlled system for the commissioning and monitoring of change programmes, there will continue to be some risk that we will not be able to manage organisational change as well as we would like, due to over commitment.

People and Organisational Development as well as other enablers are currently working with Strategy and Planning to review the portfolio of change across the organisation as part of a rapid feasibility assessment, commissioned by Strategic Business Executive Team on 12 April 2022. This task and finish group has been asked to provide an assessment of the resource impact upon them as an enabler to support each of the change programmes. This rapid piece of work will conclude with a Feasibility Report giving recommendations to Strategic Business Executive Team on the 23 May 2022.

# 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	Partnership working with Trade Union's to engage at informal and formal stages of change and working with change leads to support initiatives	Director of People and Organisational Development	Appointment of 2 dedicated change Trade Union representatives to support change initiatives	X				
			Organisational Change Policy provides a framework to undertake change including staff engagement	X	X			
			Papers and Minutes to demonstrate the provision of updates to Local Partnership Forum, Joint Medical & Dental Negotiating Committee, Business Executive Team and People and Organisational Development Committee			X	X	
SR 3.2	Strategic Priorities in relation to planned change have been identified in the Integrated Medium Term Plan	All Executives	Papers and Minutes to demonstrate regular review via Project Boards to monitor progress and impact on workforce	X	X	X	X	
		Deputy Chief Executive and Director of Operations & Finance	Minutes of monthly meetings to review IMTP progress		X			
SR 3.3	A People & Organisational Development Organisational Change Policy change tracker in place to identify changes as they are initially discussed in order to identify planning and resourcing implications	Director of People and Organisational Development	Minutes to demonstrate change initiatives discussed and monitored regularly with Partners and Trade Union change leads		X			
			Local Partnership Forum quarterly					
SR 3.4	Provision of change master classes to managers by external provider	All Executives	Provision of change master classes to managers	X	X			
			Change toolkit available to support managers	X	X			
SR 3.5	Managing Attendance at Work proactively supported by People & Organisational Development Advisor team	All Executives	Managing Attendance at Work Policy provides framework to support sickness absence management	X	X			
			Mandated manager training delivered locally	X	X			
			Directorate and Divisional Assurance Dashboards provide key insights to be acted upon by line managers with advice and support from People and Organisational Development.	X	X	X		
SR 3.6	Wellbeing provision in support of staff experiencing anxiety of change	Director of People and Organisational Development	Employee Assistance Programme	X	X			
			Occupational Health Provision	X	X			
			Minutes demonstrating directorate action plans monitored at Health and Safety Group Meetings	X	X			
			Staff wellbeing survey	X	X	X	X	

## Strategic Risk Register

Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
AP 3.1	Further resources developed to support managers in managing change effectively that encompasses people as well as process aspects		Work being undertaken by Strategic Planning and Performance teams will allow greater understanding of planned changes and its impact.	Deputy Chief Executive, Executive Director of Operations and Finance	23/05/2022	
AP 3.2	Directorate and Divisional Workforce Plans – integrating change management		Development and delivery of a ‘Managing Change Effectively’ programme. (Targeting People Managers)	Director of People and Organisational Development	30 / 9/2022	

# Strategic Risk Register

<b>Risk 4</b>	There is a risk that we are unable to attract and retain the required professional workforce caused by skill shortages and increased pressures on staff, which has been exacerbated by the COVID-19 pandemic, resulting in there being insufficient capability and capacity to deliver our plans
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## Risk Owner's Overview Assessment Status

The implementation of our People Strategy as well as our Strategic Equality Plan remain crucial to our ability to manage this strategic risk. With data insights taken from recruiting, leavers (exiting), movers (internal) and promotions, etc. there will be a continuous view of the current position.

Our divisional / directorate workforce plans must be robust ensuring we understand our current talent, i.e. those in place to deliver now and what our future internal talent looks like. Where future talent does not exist within the organisation, there will need to be strategies to ensure gaps do not open up and leave the organisation vulnerable to failing to deliver.

Sponsor and Assurance Group	
<b>Executive Sponsor</b>	Director of People and Organisational Development
<b>Assuring Group</b>	People and Organisational Development Committee

Inherent Risk							
<b>Date</b>	11/05/22	<b>Likelihood:</b>	5	<b>Impact:</b>	5	<b>Score:</b>	25

Risk Score			Risk Decision			Delivery Confidence Assessment	
<b>Current Risk</b>			<b>Target risk</b>			<b>Treat</b>	<b>Amber</b>
<b>Likelihood</b>	<b>Impact</b>	15	<b>Likelihood</b>	<b>Impact</b>	9		
3	5		3	3			

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

# 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 Business Executive Team and People and Organisational Development Committee			X	X	
SR 4.2	Directorate and Divisional Workforce Plans supported by P&OD BPs	All Executives	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 Senior Management Team / Directorate Leadership Team / directorate performance reviews	X	X			
			Annual update via IMTP cycle			X	X	
SR 4.3	My Contribution/ Career development and Performance Check-ins	All Executives	Quarterly and monthly organisational and directorate level reporting and Performance Assurance Dashboard		X	X	X	
SR 4.4	Directorate and Divisional Assurance Dashboards providing key insights to be acted upon linked to workforce plans	All Executives	Directorate performance reviews	X	X			
			Active use of recruitment data	X	X			
			Analysis of Starter and Leaver data	X	X			

# Strategic Risk Register

Action Plan No.	Gaps in controls	Action Plan	Exec Director	Due Date	Progress
AP 1.1	Develop robust workforce plans	Establish succession plans throughout the organisation for key roles	Director of People and OD	Q3	
		Establish more 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	Director of People and OD	Q3	
		Develop clear plans for addressing scarce and emerging skills in line with local and national shortage specialities and forecast gaps between skills supply and demand	Director of People and OD	Q3	
		Work with our partners to raise awareness of and widen access to careers in Public Health, e.g. through advanced apprenticeships or other non-graduate routes (to expand our supply of suitably experienced candidates and increase participation and progression from under-represented groups).	Director of People and OD	Q4	
		Increase the number of placements, secondments, honorary contracts and joint posts spanning organisation boundaries, increasing skills transfer in both directions	Director of People and OD	2023/24 - TBD24	
AP 1.4	Ensure PHW's employment offer helps retain top performers and attract the best external talent.	Develop a compelling employee value proposition and employer brand for social media and recruitment advertising whilst ensuring the lived experience matches the promise.	Director of People and OD	Q4	

# Strategic Risk Register

<b>Risk 5</b>	There is a risk that we will fail to exploit data to inform and direct public health action and interventions. This will be caused by data being held in silos, difficulty accessing the data and inability to access to provide the impact on public health. This will result in worse public health outcomes in Wales and increased information governance risk within Public Health Wales.
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Sponsor and Assurance Group	
<b>Executive Sponsor</b>	National Director Public Health Knowledge and Research
<b>Assuring Group</b>	Knowledge, Research and Information Committee

Inherent Risk							
<b>Date</b>	25/11/2021	<b>Likelihood:</b>	<b>5</b>	<b>Impact:</b>	<b>4</b>	<b>Score:</b>	<b>20</b>

Risk Score			Risk Decision			Delivery Confidence Assessment					
<b>Current Risk</b>			<b>Target risk</b>			<b>Treat</b>					
<b>Likelihood</b>	<b>Impact</b>	20	<b>Likelihood</b>	<b>Impact</b>	12				<b>Amber</b>		
5	4		3	4							

## Risk Owner's Overview Assessment Status

The directorate has gone through a period of change following the standing down from the COVID response, return of staff to substantive roles and returning to a steady state. Successful delivery against the objective appears feasible, however, there are significant dependencies/actions, including:

- recruitment and onboarding of key hires,
- acquiring of new skills and ways of working,
- building of relationships to establish robust and ongoing collaboration within the directorate, across the organisation and wider partners to ensure we maximise the benefit across all data sources including surveillance, screening, non-communicable disease and wider determinants of health

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

# Strategic Risk Register

KEY 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	Development of research & evaluation and digital & data strategies for Public Health Wales to take drive forward our needs on this area.	National Director Public Health Knowledge and Research	Knowledge, Research and Information Committee on behalf of the Board			x	x	x
SR 5.2	Developing our data storage, access and linking as part of the Local Dara Resource and contributing/interacting with DHCW for other data needs in Health Care.	National Director Public Health Knowledge and Research	Internal audit in Quarter 3	x	x			
SR 5.3	Recruitment into new investment posts progressing quickly to bring in additional skills	National Director Public Health Knowledge and Research	Management control	x	x	x		
SR 5.4	Developing our data storage, access and linking as part of the Local Dara Resource and contributing/interacting with DHCW for other data needs in Health Care.	National Director Public Health Knowledge and Research	Spell out exemplars and timelines	x	x	x		
			5 data science projects to be agreed by July 2022	x	x	x		

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Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
AP 5.1			To have all our data accessible through one place	National Director Public Health Knowledge and Research	November 2022	
AP 5.2			Develop a Public Health overview dashboard	National Director Public Health Knowledge and Research	November 2022	
AP 5.3			Recruitment of key personal to fill gaps in skills and knowledge	National Director Public Health Knowledge and Research	November 2022	
AP 5.4			Develop and agree a research and evaluation strategy and a digital and data strategy	National Director Public Health Knowledge and Research	November 2022	
AP 5.5			Move from discovery phase into alpha phase for diabetic eye screening and begin to implement service improvements	National Director Public Health Knowledge and Research	November 2022	