Public Health Wales Strategic and Corporate Risk Registers

Executive lead:	Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals
Author:	Beth Osborne, Risk Manager

Approval/Scrutiny route:	Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals

Purpose
Receive strategic and corporate risks for the purpose of scrutiny and challenge and approve any changes within the Committee's remit.

Recommendation:				
APPROVE ☐	CONSIDER ☒	RECOMMEND ☐	ADOPT ☐	ASSURANCE ☒

Recommendation
The Quality, Safety and Improvement Committee is asked to: • **Consider** the Strategic and Corporate Risk Register that have relevance to the Committee's remit • **Take assurance** that the organisation's Strategic and Corporate risks are being managed appropriately

Link to Public Health Wales Strategic Plan	
Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities. This report contributes to all Strategic Priorities	
Strategic Priority	Choose an item.
Strategic Priority	Choose an item.

Summary impact analysis	
Equality and Health Impact Assessment	No decision is required.
Risk and Assurance	This submission is the relevant strategic and corporate risks.
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Governance, Leadership and Accountability
Financial implications	The financial implications of failing to manage corporate risk effectively are significant, both in terms of the potential for loss and also the failure to capitalise on opportunities.
People implications	No people implications.

1. Purpose / situation

This paper presents any strategic and corporate risks that have relevance to the remit of the Quality, Safety and Improvement Committee.

The paper highlights any changes since the Committee last reviewed the risk(s) and seeks approval from the Committee for any changes and confirmation that the Committee is assured that the risk(s) are being managed appropriately.

The Strategic Risk Register details the highest level risks that could prevent the organisation from delivering on its strategic priorities.

The Corporate Risk Register details the highest level operational risks that are being managed on a day-to-day basis by Executive Directors.

2. Delivery Confidence Assessment

All strategic risks carry a delivery confidence assessment assigned by the Executive Sponsor. The table below demonstrates the RAG status.

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

3. Risk Appetite

The strategic themes have been assessed with a risk appetite being approved for each. All strategic and corporate risks have been assessed against the risk appetite. The table below demonstrates the risk appetite by strategic theme.

Strategic Theme	Appetite Descriptor
Enabling better population health and reducing health inequalities through preventative and sustainable measures	Willing
Delivering excellent services for population screening programmes, health protection and infection	Cautious
Supporting improvements in the quality and safety of health and care services	Keen
Maximising the use of digital, data and evidence to improve population health	Willing
Enabling the successful delivery of the plan	Willing

4. Strategic Risks

The Strategic Risk Register is the vehicle through which the Board takes assurance that it has a clear understanding of the strategic risks facing the organisation in the delivery of its strategic objectives, together with the severity and the impacts if the risks are realised.

Public Health Wales has six strategic risks with two risks sitting within the remit of this Committee. An overview of any changes since they were last reviewed by the Committee is provided below, with the full risks provided in Appendix 1.

4.1. Risk 1

The controls in place relate to teams or meetings that discuss the topic of the risk. One control is assured at the highest level of assurance, the remaining at a BET level or are currently not indicated. A number of actions have been identified and completed during this reporting period. Assurance can be taken in the robust process in place to monitor and respond to potential emerging geopolitical, socio-economic and health threats.

Risk Description					
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.					
Risk Appetite			**Proposal for de-escalation or removal***		
Willing			Not Applicable		
Risk Scoring	**Score at last Committee**			**Present Score**	
Inherent	4	4	16	4	4	16
Current	4	4	16	4	4	16
Target	3	4	12	3	4	12
DCA at last Committee			**Present Live DCA**		
Amber			Amber		
Executive Sponsor Insight					
The organisation has an approved IMTP and we continue to monitor the impact of the IMTP to respond to potential emerging geopolitical, socio-economic and health threats. The current and emerging threats are being incorporated into the refresh of our Long Term Strategy. The population health dashboard is now being used to consider the state of key health determinants and system resilience measures in Wales. Considerable work is in train in relation to the cost of living crisis including active engagement with the Welsh Government, the WHO and the WHOCC has produced and published a cost of living crisis in Wales: a public health lens. We continue to have regular					

meetings with Ministers and officials and we are actively engaged with the WHO and IANPHI in order to help identify, assess and support current and emerging threats.

Overview of changes to controls/actions (text marked in red in full risk which can be found in Appendix 1.	
Controls	The control in relation to meetings with a number of International Association of National Public Health Institutes (IANPHI) European Institutes and Ukraine Public Health Institute have now ceased and are incorporated into a more general engagement.
Actions	Updates have been provided for all actions with two being completed since the register was last submitted to the Board. These actions address a gap in control relating to a requirement for a 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.
Opportunities	None identified

4.2. Risk 2

Risk 2 is the only risk in which the DCA is indicated to be green rather than amber. This is due to the delivery of excellent services continuing to be an overarching priority. The controls have been fully refreshed and cover a wide range of topics, many of which are assured at the higher levels of Committee(s) and Board. The actions identified relate to internal changes to screening, health protection, microbiology and clinical infection services to address the external environment creating the risk and are actively progressing, providing the assurance that the risk is being managed.

Risk Description						
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.						
Risk Appetite			**Proposal for de-escalation or removal***			
Willing			Not Applicable			
Risk Scoring	**Score at last Committee**			**Present Score**		
Inherent	3	3	9	3	3	9
Current	4	3	12	3	3	9
Target	3	2	6	3	2	6

DCA at last Committee	Present Live DCA
Green	Green

Executive Sponsor Insight

The current DCA remains stable, and the directorate continues to hold the delivery of excellent services as the overarching priority. Both incremental continuous improvement and some service transformation continue against a backdrop of significant strategic and operational demands. The Directorate have thoroughly reviewed and sharpened the focus of the actions during the month of October resulting in a number of new actions being noted.

Overview of changes to controls/actions
(text marked in red in full risk which can be found in Appendix 1.

Controls	No changes.
Actions	Review of actions in October resulting in the removal of some which were pointing more towards core delivery activity. A number of new actions have been identified.
Opportunities	In addition to utilising the forecast underspend in the Directorate to expedite elements of service transformation; the Directorate is leveraging the opportunity presented by the refresh of the LTS to strengthen and articulate a compelling narrative and agreed understanding of excellent services for population screening, health protection and infection.

5.   Corporate Risk Register

The Corporate Risk Register was fully refreshed in September 2022 and now has six corporate risks which were approved at Business Executive Team. There are three risks have relevance to the remit of the Quality, Safety and Improvement Committee. An assessment of each of the risks by the respective risk owner is shown below The full risks have been provided in Appendix 2.

5.1.   Risk 203

The risk has a number of controls in place however the risk score currently remains the same. There is one action identified which has progressed over the last 12 months i.e. working with partners to increase the number of clinic locations. The new clinic pilot project is progressing well and as this work continues, the risk should be appropriately addressed.

Risk Description

DESW is unable to provide an accurate and quality-assured programme to the diabetic population of Wales, and to transform the service to provide quality-assured programme for the increasing diabetic population.

Risk Appetite			Proposal for de-escalation or removal*		
Cautious			Not applicable		
Risk Scoring	Score at last Committee		Present Score		
Inherent	5	4	20	5	4	20
Current	5	4	20	5	4	20
Target	3	4	12	3	4	12
Overview of changes to controls/actions (text marked in red in full risk which can be found in Appendix 2.					
Controls	No changes.				
Actions	Utilising directorate underspend to allocate £200K resource to support service transformation managed through the Programme Transformation Board. Currently out to the digital market place to procure specialist capacity to support the alpha phase of the transformation.				
Opportunities	Exploiting the opportunity provided by the directorate underspend.				

5.2. Risk 207

The risk has been refreshed since it was last presented to the Committee. A number of preparatory scoping activities have been completed however further progress on the remaining actions has been impacted by the delays associated with the publication of the Duty of Quality and Duty of Candour guidance which is currently out to consultation and the timeline is outside the control of the organisation.

Risk Description					
There is a risk that Public Health Wales will fail to meet the requirements of The Health and Social Care (Quality and Engagement) (Wales) Act (2020)					
Risk Appetite			Proposal for de-escalation or removal*		
Willing			Not applicable		
Risk Scoring	Score at last Committee		Present Score		
Inherent	5	4	20	5	4	20
Current	4	4	16	5	4	20
Target	3	4	12	3	4	12
Overview of changes to controls/actions (text marked in red in full risk, which can be found in Appendix 2.					
Controls	All controls have been refreshed including an external provider being commissioned and is now in place to support				

	PHW in implementation of the Quality as an Organisational Strategy methodology.
Actions	All actions have been fully refreshed.
Opportunities	Joint communications pending sign off and will start the communication process to support engagement of the wider organisation with Quality as an organisational Strategy and ensuring close alignment with the implementation of Duty of Candour, and there will be representative from the Duty of Candour on the Duty of Quality SRO group.

5.3.   Risk 208

The risk has a number of controls in place however they do not appear to be reducing the risk (score). Many of the actions have been progressing for over a year with one action paused (single on-call for Microbiology). The action relating to the provision of funding for Agency Consultants has been resolved for the next financial year but beyond this period funding remains uncertain and therefore the impact on the risk is unknown.

Risk Description						
There is a risk that Health Protection and Screening Services will not be able to deliver high quality services in North Wales Infection division as they are struggling to recruit and retain sufficient medical and clinical staff.						
Risk Appetite			**Proposal for de-escalation or removal***			
Cautious			Not applicable			
Risk Scoring	**Score at last Committee**			**Present Score**		
Inherent	4	4	16	4	4	16
Current	4	4	16	4	4	16
Target	2	2	4	2	2	4
Overview of changes to controls/actions (text marked in red in full risk which can be found in Appendix 2.						
Controls	No change in controls					
Actions	Progress against action plan continues with some filled recruitment noted. Strategy paper has been developed and is currently working through divisional and directorate governance for scrutiny, discussion and decision.					
Opportunities	Taking the opportunity to revisit approach and agree the strategic direction. Re-look at role re-design/role substitution options.					

6. Additional Considerations

The following section details any additional considerations for this Committee.

6.1. New Risks
There have been no new risks identified since the last Committee that are proposed to fall under the remit of the Committee.

6.2. Risks proposed to the escalated or de-escalated*
There have been no new risks identified since the last Committee for consideration to be escalated or de-escalated between the Directorate or Organisational wide registers to the Strategic or Corporate Risk Register that are proposed to fall under the remit of the Committee.

7. Well-being of Future Generations (Wales) Act 2015

No decision required.

Recommendation

The Committee is asked to:

- **Consider** the Strategic and Corporate Risk Register that have relevance to the Committee's remit
- **Take assurance** that the organisation's Strategic and Corporate risks are being managed appropriately

*For any risks proposed to be escalated or de-escalated, the completed form with rationale is provided in Appendix 3.

Risk 1	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.

Sponsor and Assurance Group	
Executive Sponsor	Tracey Cooper
Assuring Group	Quality, Safety and Improvement Committee

Inherent Risk							
Date	10.05.2022	**Likelihood:**	4	**Impact:**	4	**Score:**	16

Risk Score						**Risk Decision**	**Delivery Confidence Assessment**
Current Risk			**Target risk**				
Likelihood	**Impact**	16	**Likelihood**	**Impact**	12	**Treat**	**Amber**
4	4		3	4			

Risk Owner's Overview Assessment Status

The organisation has an approved IMTP and we continue to monitor the impact of the IMTP to respond to potential emerging geopolitical, socio-economic and health threats. The current and emerging threats are being incorporated into the refresh of our Long Term Strategy. The population health dashboard is now being used to consider the state of key health determinants and system resilience measures in Wales. Considerable work is in train in relation to the cost of living crisis including active engagement with the Welsh Government, the WHO and the WHOCC has produced and published a cost of living crisis in Wales: a public health lens. We continue to have regular meetings with Ministers and officials and we are actively engaged with the WHO and IANPHI in order to help identify, assess and support current and emerging threats.

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.

		Strategic Risk Register		(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 within HPSS 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 Development, 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. *THESE HAVE NOW CEASED AND ARE INCORPORATED INTO A MORE GENERAL ENGAGEMENT*					

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	April 2023	Ongoing development of the Long Term Strategy and engagement with staff and partners. Co-chaired workshop on the cost of living crisis with the WHO Regions for Health Network took place in September which enables learning into the development of the strategy
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 BET 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	Completed	This is being incorporated into the regular agenda of the Strategic executive Team meeting. The cost of living crisis is a key item with mobilised action and considerable progress: weekly meeting across the organisation, workshop with the WHO, meetings have taken place with Government officials across policy areas, WHOCC has produced and published the 'Cost of living crisis in Wales: A public health lens on the 15 November, Sumina Azam attended a Cabinet Sub Committee on the reports' findings on the 7 November and did media interviews on the report.
			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	Completed	This will be informed by the population health dashboard which is now being incorporated into Executive and Board discussions. The strategic Executive Team provides for the escalation of any threats that need to be considered. The need for re-prioritisation is discussed through this mechanism
			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 and Director of Policy Research and Development, Policy, Research and International Development	Actioned according to the threat and timing. Cost of living complete.	See comments above in relation to the cost of living crisis update. In relation to the conflict in Ukraine, the weekly IANPHI meetings have now ceased. Meng Khaw attended a sirt visit to Poland with other IANPHI colleagues

					for the purpose of learning and sharing and this learning to be brought back into Wales. Ongoing discussions in relation to the conflict in Ukraine are taking place as part of the general IANPHI meetings.
			International Horizon Scanning reports to consider new and emerging global public health threats no less than twice a year	Director of Policy Research and Development, Policy, Research and International Development	Ongoing horizon scanning. Focus on emerging threats to be confirmed.	Cost of living horizon scanning report completed in August 2022. This is an ongoing and proactive series as issues and concerns arise.

Strategic Risk Register

Risk 2	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.

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

Inherent Risk							
Date	11.05.2022	Likelihood:	3	Impact:	3	Score:	9

Risk Score						Risk Decision	Delivery Confidence Assessment
Current Risk			**Target risk**				
Likelihood	Impact	9	Likelihood	Impact	6	**Treat**	**Green**
3	3		3	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

The current risk score is at the inherent risk level. However, in recent months, this had the potential to be higher resulting from a number of significant health protection incidents had increased (such as monkeypox and exceedance of STEC), 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.

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, all informing the strategic RR.

Reviewed November 2022

Strategic Risk Register

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 2.1	Overview and scrutiny of workforce capacity and capability is provided through clear governance arrangements with divisional SMTs and DLT	National Director Health Protection and Screening Services, and Medical Director	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 2.2	Implementation of Business Continuity Arrangements where required and where appropriate	National Director Health Protection and Screening Services, and Medical Director	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 2.3	Utilisation and development of Policies and Procedures to enable effective and efficient service delivery, including Standard Operating Procedures and Protocols.	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			
			Infection Division – Standard Operating Procedures (document development, review and approval), alignment to UKAS accreditation requirements.	X	X	X	X	
			Screening Division –For each of the screening programmes - Standard Operating Procedures (document development, review and approval)	X	X			
			Reports to Quality, Safety and Improvement Committee		X	X	X	
			Action Plan and Reports – Divisional Senior Management Teams	X				
SR 2.4	Uphold high professional standards: 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 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

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 2.5	Established Directorate Financial Management Systems and Processes	National Director Health Protection and Screening Services, and Medical Director	Directorate Finance reports to Directorate Management Team meeting (monthly). Supported by the Business Operations Meeting (BOM)	x	x			
			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 2.6	Implementation of learning from incidents	National Director Health Protection and Screening Services and Medical Director	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 2.7	Surveillance of health threats to inform timely and effective response	National Director Health Protection and Screening Services and Medical Director	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 2.8	Development of Workforce Plans for each Division and established processes to enable effective Recruitment	National Director Health Protection and Screening Services and Medical Director	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			

Strategic Risk Register

Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
AP 2.1	Divisional review of existing controls	MB	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, and Medical Director	July 2022	Complete – will continue to review
AP 2.2	Integrated scrutiny and action planning at directorate level of available management information relating to finance, people, quality, and risk	MB	Review of current meeting cadence and information flows to identify gaps and opportunities	National Director Health Protection and Screening Services, and Medical Director	July 2022	Meeting cadence and information flow rapid review in progress. Recommendations being considered in July by HPSS DLT. August update – Complete
		MB	Strengthen existing system including reintroducing a directorate and business partner subgroup		July 2022	Initial subgroup meeting convened drawn from past participants in April 2022 to discuss purpose and scope. Stand up of new system planned July 2022 and is on track August update – Complete
AP 2.3	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 Health Protection and Screening Services, and Medical Director	March 2023	Steady progress is being made. MOU has been agreed and signed and work form has been raised. Working to undertake work this financial year.
AP 2.4	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 Health Protection and Screening Services, and Medical Director	March 2024	Screening activity is progressing, but timeliness of the reading and assessment is challenging due to workforce challenges to recruit to current establishment
AP 2.5	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 Associates, Clinical Scientists and Specialist Nurses.	National Director Health Protection and Screening Services, and Medical Director	Ongoing	In Progress and developing a divisional workforce plan to support progress. Workforce plan to be presented to Divisional SMT and Directorate Management Team November 22
			Proposal to convert non-pay Transformation funds to pay to increase number of clinical staff (Scientists and Specialist Nursing)		December 2022	November 2022 Update – Draft Workforce Plan and Vision for Excellent Services that incorporate / provide context to the non-pay conversion proposal near complete. For submission to Directorate Leadership Team in December meeting.

AP 2.6	Sustainable provision of laboratory diagnostics including Out of Hours and workforce design	RH/ DH	Review network model to optimise skill mix across multiple sites for Out of Hours working	National Director Health Protection and Screening Services, and Medical Director	December 2022	On track – baseline assessment near completion. Audit of OOH competencies complete.
			Change skill mix to include greater numbers of Associate Practitioners (Band 4s) and reduce numbers of Biomedical Support Worker (Band 2/3) to secure higher-level competencies		March 2023	In Progress and on schedule
			Complete molecular testing tenders for provision of Respiratory and Central Nervous System syndromes to support workforce redesign.		March 2023	November 2022 update. The CNS tender is on track. The Respiratory requirements are going to be amalgamated into a larger, syndromic molecular tender which is due to be completed by July 2023. Interim procurement arrangements i.e. contract extension is for current respiratory testing is being completed with support of NWSSP Procurement.
			Centralisation of Roche testing platforms at IP5 to provide i. centralised respiratory testing including COVID and ii. centralised sexual health infection testing including postal service. Enable redesign of virology / serology workforce		i. November 2022 ii. April 2023	November 2022 update The relocation programme is on schedule and progressing well. Separate from this, there is an issue with the Roche Flu test which means it will not be available for use this Winter season. Alternative arrangements consistent with the Welsh Government strategy are being stood up.
AP 2.7	Resilient Out of Hours Acute Health Protection Service	GS/ EM	Design, cost, procure and Implement new central contact process to support 24/7 operations	National Director Health Protection and Screening Services, and Medical Director	September 2022	Complete – will continue to review
			Reviewing the model of service delivery to test resilience and sustainability		March 2023	New action – taking forward agreed direction of travel following BET discussions. Project team convened and currently hosting engagement discussions with staff. Engagement sessions completed in October and currently finalising consultation documents
AP 2.8	Surge Plan for Acute Health Protection	GS/ EM	Agreed oversight and surge plan for Acute Health Protection	National Director Health Protection and Screening Services, and Medical Director	December 2022	New action - Bank pool development under way Surge model is in under review and following appropriate organisation procedure for final sign off

							Inherent Risk			Current Risk										Target Risk		
Risk ID	Domain	Date	Lead Executive	Directorate (if applicable)	Risk Description (There is a risk that...)	Cause (This will be caused by...)	Effect (The impact will be...)	Key Controls	Likelihood	Impact	Risk level	Likelihood	Impact	Risk level	Trend	Risk Decision	Action Plan	Due date	Status of Action	Likelihood	Impact	Risk level	Progress

Row 203 — Domain: Organisational Objectives — Date: 02/11/2018 — Lead Executive: Executive Director for Health Protection and Screening Services — Directorate: Health Protection and Screening Services

Risk Description: DESW is unable to provide an accurate and quality-assured programme to the diabetic population of Wales, and to transform the service to provide a quality-assured programme for the increasing diabetic population.

Cause: There are inadequate processing in place to proved assurance of consistent and quality assured grading practice. There is a lack of effective measures and monitoring and feedback from ophthalmology services for referred population. There is a mismatch between service demand and capacity to provide quality and timely service. There is a projected increase in diabetic population (current referral level = 1000 new patients per month). There is lack of service capacity to achieve service standards. There is a lack of clinical governance to support quality delivery.

Effect: Patients will have extended waits for eye screening, potentially leading to delayed referral and which may increase risk of irreversible sight loss due to retinopathy. Due to lack of quality assurance of grading, screening participants may receive inaccurate screening results which may result in patients incorrectly being put on routine recall and not being referred to ophthalmology as appropriate. Service model is unsustainable, resulting in increased errors/incidents. Reputational damage for PHW. Loss of confidence in service leads to detrimental impact on uptake. Increase in complaints, claims and staff grievance. Loss of staff members, resulting in further service instability.

Inherent Risk: Likelihood 5, Impact 4, Risk level 20
Current Risk: Likelihood 5, Impact 4, Risk level 20, Trend →
Risk Decision: Treat
Target Risk: Likelihood 3, Impact 4, Risk level 12

Action Plan: Work with partners to increase the number of clinic locations and increase capacity for screening. Implement IT systems upgrade to improve efficiency — Due date 31/03/2022

Row 207 — Domain: Quality — Date: 04/10/2021 — Lead Executive: Executive Director Quality, Nursing and Allied Health Professionals and Director for NHS Quality Improvement and Patient Safety, Improvement Cymru — Directorate: Corporate

Risk Description: There is a risk that Public Health Wales will fail to meet the requirements of The Health and Social Care (Quality and Engagement) (Wales) Act (2020)

Cause: This will be caused by competing priorities, a lack of organisational capacity and capability to support timely implementation

Effect: The impact will be noncompliance with the legislative requirements, and a lack of progress in strengthening quality improvement and governance in the delivery of safe services, programmes and functions.

Key Controls:
Duty of Candour (Rhiannon Beaumont Wood)
1. Quality Improvement Strategy Implementation Plan
2. Approval of the Integrated Governance model and Implementation Plan
3. PTR Reporting Management Framework
4. Medical Devices Group and clear governance arrangements
5. Health Protection & Screening Service Quality Management Systems
6. Statutory & Mandatory training relevant to Quality
7. Competency and role based training for clinical & public health roles
8. Regulatory standards adherence monitored
9. Performance Management System (Performance & Assurance Dashboard) regularly reviewed at strategic and operational levels
10. Policies & SOP's
11. Established Experience and Engagement Network

Duty of Quality (John Boulton)
1. Now established Innovation and Improvement Hub creating a culture of improving and innovating for quality within the organisation
2. Commissioned an external provider to support PHW in implementation of the Quality as an Organisational Strategy methodology
3. Establishment of SRO Group for the Duty of Quality to prepare for and support the implementation of the Duty across PHW

Action Plan items (Status / Due date):
- Duty of Candour (Rhiannon Beaumont Wood) Continue to be part of the WG work streams to ensure we can contribute to iterations of the guidance — 31/10/2022
- Duty of Candour (Rhiannon Beaumont Wood) Develop an approach to include in the Quality and Clinical Governance plans, a programme of audit in relation to Policies and SOP's, linking with Internal Audit. — 31/12/2022
- Duty of Candour (Rhiannon Beaumont Wood) Specific training on the requirements of Duty of Candour — On hold
- Duty of Candour (Rhiannon Beaumont Wood) Development of a draft Clinical Governance Framework and set of standards — 30/11/2022
- Duty of Candour (Rhiannon Beaumont Wood) Undertaking a gap analysis on organisational effectiveness of clinical governance arrangements — 31/10/2022
- Duty of Candour (Rhiannon Beaumont Wood) Understanding and preparing any requirements as a result of the Duty of Candour e.g. new Policies. — 31/10/2022
- Duty of Candour (Rhiannon Beaumont Wood) Socialising of the Duty of Candour requirements — 31/10/2022
- Duty of Candour (Rhiannon Beaumont Wood) Establish a scoping meeting in relation to the requirements of the Duty of Candour on PHW — Completed
- Duty of Candour (Rhiannon Beaumont Wood) Review content and risk ownership allocation of the various elements of this corporate risk, in light of the change of leadership responsibilities re implementation of the duty of quality and duty of candour between Improvement Cymru and QNAHPs. — Completed
- Duty of Quality (John Boulton) Organisational agreement on next steps for implementing Quality as an Organisational Strategy — Completed

Risk Register

Duty of Quality entries (John Boulton)

Action / Detail	Date	Status	Update
Duty of Quality (John Boulton) Coordinate the organisation wide response to the Duty for Quality guidance		31/01/2023	Update 17/11/22 - Executive Team and LT have been contacted to coordinate directorate wide responses to the guidance. Process estalished to combine responses into one report for BET in January.

Risk scores: 5 4 20 → 5 4 20 → Treat → 3 4 12

| **Duty of Quality (John Boulton)** Group to be established once draft guidance is available for consultation | 01/10/2022 | | Update: 17/11/22 - Group to meet in January 2023 once membership is finalised; establishment delayed due to delay in release of the guidance for consultation by Welsh Government
Update 31/10/22 - An SRO group for Duty of Quality is being convened to oversee workstreams supporting the Duty including QOS, I&I Hub, Reporting, Education and Comms. Awaiting nominations for Workstream Leads. Draft ToR in place for discussion at first meeting.
Update 27/04/22 - Risk updated in relation to Duty of Quality & likelihood of risk with controls in place has reduced from a 5 to a 4.
Update 07/04/22 - RBW & JB meeting to discuss ownership, controls and action plans to update risk and re-submit to QSIC.
Update 29/11/21 - Risk re-articulated and controls confirmed . Further discussion now required at BET to agree the target score and the actions required
Update: 03/11/2021 - Meeting to be arranged with key internal stakeholders to consider assessment on innovation, quality and improvement. |

| **Duty of Quality (John Boulton)** Training dates to be identified with Board Secretary and diarised for Board and Executive Team once training materials are available in January 2023; Board Development sessions on Quality Improvement prioritised within I&I hub work plan for Q1 & Q3 | 31/01/2023 | | Update 17/11/22 - Training likely to be delayed due to the delayed release of the guidance for consultation
Update 31/10/22 - Awaiting availability of training materials.
Update 1/8/22 - Work with Board secretary to identify dates and schedule |

| **Duty of Quality (John Boulton)** Complete Welsh Government report in March 2024 in accordance with PHW governance process | 31/05/2022 | | Update 31/10/22 - An SRO group for Duty of Quality is being convened to oversee workstreams supporting the Duty - awaiting nomination for Reporting Workstream Lead. |

| **Duty of Quality (John Boulton)** Secure commitment and resources to develop the appropriate Governance structure to deliver and embed Quality as an Organisational Strategy within PHW. | | Completed | Update 15/07/22 - Investment funding agreed. |

| **Duty of Quality (John Boulton)** Identify process which will actively monitor progress on the improvement of quality services and outcomes, and routinely share information on this progress through clear governance and reporting, using established procedures where possible. | 01/04/2023 | | Update 17/11/22 - Process for monitoring progress will be part of the reporting process as per the guidance and will be developed with oversight by the Duty of Quality SRO group.
Update 31/10/22 - I&I Hub Lead comes into post in December and will ensure relevant reporting arrangements are in place.
Update 01/08/2022 - As part of the on-going development of the Improvement and Innovation hub to develop reporting arrangements regarding progress of improvement work. Report quarterly to QSIC |

| **Duty of Quality (John Boulton)** Secure approval of approach to the I&I hub from Board, BET and QSIC and recruit resource to take forward agreed implementation plan for 2022/23. | | Completed | Update 15/07/22 – The I&I Hub is now launched. |

Risk 208

ID	Date	Role	Category			
208	16/01/2017	Executive Director for Health Protection and Screening Services	Health Protection and Screening Services (Microbiology)	There is a risk that Health Protection and Screening Services will not be able to deliver high quality services in North Wales Infection division as they are struggling to recruit and retain sufficient medical and clinical staff.	Long term changes to the specialty training of medical microbiology / Infectious disease medics; UK wide competition with more attraction at larger, metropolitan centres. There is a further challenge in North Wales linked to ongoing health challenges of both substantive and non-substantive workforce. This leaves the North Wales service particularly vulnerable.	The impact will be potential avoidable infection prevention / control failures and suboptimal antimicrobial stewardship and treatment due to the absence of consistent clinical oversight and input, service delivery would have to be severely restricted. The effects would include i. increased potential risk of harm to patients, ii. loss of confidence in PHW services and reputational damage to PHW, iii. potential derailment of strategic ambitions for an All Wales service and increased revenue spend to bolster the service through agency staff

Controls / actions for Risk 208:

High priority area N Wales: Agreed actions to maintain minimum level (as per agreed stabilisation plan) of consultant medical microbiologists using agency and locum staffing. Monitoring competency of locum and agency medical microbiologists to ensure appropriate service provision.
In discussion with current non-substantive post holders to determine potential packages to make posts substantive
Working with recruitment and Workforce and OD to redevelop the workforce plan and undertake proactive recruitment to improve the attractiveness of the roles to potential new employees
Trust agreement to utilise agency locum staff Monthly submission to Welsh Government to monitor spend on Medical Locums
Development of a blended clinical workforce across the Microbiology network (including specific support to North Wales) this includes new clinical BMS and physician associate roles.
Action plan to address the local and agency spend issues was submitted by deadline and subsequently a progress report went to Welsh Government by deadline set.
Oversight provided by Health Protection and Screening Directorate Leadership Team

Risk scores: 4 4 16 → 4 4 16 → Treat → 2 2 4

Action / Detail	Date	Status	Update
Approval is awarded annually but currently posts were approved for 2020 and 2021. Funding to continue the two Agency Consultants in North Wales has also been provided for 2022/23	31/10/2024		Update October 22 on boarding remains in progress
Update 4/11/21 - Successful establishment of SPR training posts. Successful recruitment to new trainees in Swansea. Three recruitment rounds still to be progressed with specific focus on developing training places in North Wales - this is likely to continue to take a number of years.
Update - 24/01/22: No change in relation to Specialist trainee recruitment, this will continue to take a number of years. Considerable effort continues in relation to recruitment and retention including seeking additional agency consultant resource for remainder of financial year.
Update 25/2/22 - Considerable effort continues in relation to recruitment and retention, including securing additional agency locum support for the remainder of finance year and beyond. Update
21/4/22 Considerable effort continues in relation to recruitment and retention, including securing additional agency locum support. Additional agency support secured in NWales but stayed for only a few weeks before leaving. New adverts for consultant and other clinical posts commencing in April/May.
Update 17/5/22 Applications closed for 1x Specialty Doctor in Swansea - 5 applicants. Adverts out for 1x consultant + 1x Specialty Doctor in N Wales, 1x consultant + 1xSpecialty Doctor in West Wales, 1x consultant in Swansea, and 2x consultants in Cardiff. Appointment of 3x Physician Associates through a Streamlining process in train.
Update 13/6/22: 2 Specialist Grade posts offered in Swansea following interview. 2 x Specialist Grade applicants for HDUHB and 2x applicants for N Wales shortlisted. 1 applicant shortlisted for each of the consultant posts in HDUHB (ID/Micro), Cardiff (ID/Viral), Cardiff (ID/Micro)
Update 05/07/22 - Interviews for consultants 11/07/22.
Update 09/08/22: Outcome of Interviews - 1 Microbiology Consultant appointed to Cardiff, 1 Virology/Infectious Diseases Consultant appointed to Cardiff, 1 Microbiology Consultant appointed (proleptically) to West Wales, 1 Specialist Grade in Microbiology appointed to West Wales, 2 Specialist Grades in Microbiology appointed in N Wales (1 conversion of NHS locum to substantive).
Profiling of workforce. i.e. develop novel (Public Health Microbiology) Consultant Clinical Scientist and other novel roles, including clinical BMS and physician associate		Completed	Update 4/11/21 - Development of consultant clinical scientists complete, new roles being developed as part of developing Excellent Services. Recruitment process commenced with appointments expected Nov/Dec 21, with positive impact by April 22.
Update - 24/01/22. Successful recruitment to Physician Associates roles, positive impact still expected by April 2022.
Update 25/02/22 - No further update
Update 21/4/22. Directorate Task and Finish Group established to take forward work on new operating model
Update 05/07/22 - Specialist and Specialty doctors appointed to North Wales services. HSST post also proposed for North Wales (Decision expected by end of July 2022).
Update 09/08/22: HSST unsuccessful - to re-apply next round. Planned adverts for further PA and Specialty Doctor posts.
Further develop network clinical management (e.g. single on-call for Microbiology)	01/09/2022	Paused	Update November 2022 - Authorisation and on-call arrangements to be revisited as part of developing Excellent Services. Update 7/5/21 - This issue will be reviewed later in the year as the Department moves back into recovery, when the impact of out of hours requests from Health Boards can be reviewed.
Update 23/08/21 - Further discussion at Directorate Leadership Team on 25 August to review progress. Being reviewed as part of the revised HP operating model for COVID.
Update 4/11/21 - Ongoing consideration as part of recovery but delayed by current focus on Covid response.
Update 24/01/22 - Ongoing consideration as part of recovery but delayed by current focus on Covid response.
Update 25/02/22 - No further update
Update 21/4/22. Directorate Task and Finish Group established to take forward work on new operating model.
Redesign the service i.e. describe and plan for a National Infection Service. Approval of the Business Case submitted to Welsh Government remains key to addressing this risk.	01/09/2022		Update November 22 - Progress made with near compelte - workforce baseline, workforce plan, draft 'Excellent Service' and financial plan including proposal to convert non-pay to pay. Update October 22 - Draft paper describing an 'Excellent Infection Service' produced which ties in the proposal to convert non-pay to pay for additional workforce. Currently progressing through Divisional and Directorate tiers for finalising. Remote consultant oversight proposal being pursued but challenges with Fire Wall (Individual based in Abu Dhabi). Clinical service in North Wales being maintained through local medical staff, local Physician Associates and a Clinical Liaison BMS. National support from Narrative Authorisation Team, Clinical Liaison BMS as well as medical shifts from National Clinical Director for Infection. No material changes to influence risk score.
Update 4/11/21 - Continued focus on development of workforce plan for Microbiology, subsumed within the new focus of future operating model for Directorate of Health Protection and Screening Services
Update 24/01/22 - No further update
Update 25/02/22 - No further update
Update 21/4/22 - Update 21/4/22. Directorate Task and Finish Group established to take forward work on new operating model
Update 05/07/22 - Draft paper for conversion of non-pay to pay to enable the continued transformation of services going to SMT 21 July 2022