 <p> GIG CYMRU NHS WALES </p> <p> Iechyd Cyhoeddus Cymru Public Health Wales </p>	<p> Name of Meeting Quality, Safety and Improvement Committee Date of Meeting 12 October 2023 Agenda item: 3.3 </p>
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Public Health Wales Strategic Risk Register	
Iain Bell	SR 1
	SR 2
Sumina Azam	SR 3
Neil Lewis	SR 4
Meng Khaw	SR 5
	SR 6
Huw George	SR 7
Executive lead:	Angela Cook, Acting Executive Director of Quality, Nursing and Allied Health Professionals
Author:	Eleanor Higgins, Integrated Governance Manager

Approval/Scrutiny route:	Angela Cook, Acting Executive Director of Quality, Nursing and Allied Health Professionals Stuart Silcox, Assistant Director, Integrated Governance
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Purpose
Receive the Strategic Risk Register for the purpose of scrutiny and challenge

Recommendation:				
APPROVE <input type="checkbox"/>	CONSIDER <input checked="" type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
The Quality, Safety and Improvement Committee is asked to: <ul style="list-style-type: none"> • Consider the Strategic Risk Register's relevant to the Committee's remit • Take assurance that the organisation's Strategic 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 and well-being objectives.

This report contributes to the following:

Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives
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Summary impact analysis

Equality and Health Impact Assessment	No decision is required.
Risk and Assurance	This submission is the Strategic Risk Register.
Health and Care Standards	<p>This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes</p> <p>Governance, Leadership and Accountability</p>
Financial implications	The financial implications of failing to manage 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 summarises the organisations Strategic Risk Registers’, highlighting any areas of concern that may require further discussion. This paper must be read in conjunction with the Strategic Risk Registers’.

The Strategic Risk Register (SRR) 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. In addition, it provides assurance that any necessary actions required to mitigate those risks have been identified and are being suitably managed. A Delivery Confidence Assessment is allocated to each risk, along with an overview assessment from the risk owner.




The Strategic Risk Register details the seven current Strategic Risks that were approved by the Board in March 2023. These are the highest-level risks that could prevent the organisation from delivering on its strategic priorities.

The Executive Team has delegated oversight of the Corporate Risk Register to the Leadership Team. The current Corporate Risk Register details the six highest-level operational risks that are being managed on a day-to-day basis by Executive Directors. The Leadership Team is currently reviewing these risks and will present an updated version to the Business Executive Team once the review has concluded.

This paper presents the refreshed Strategic Risk Register with relevance to the Committee’s remit.

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
1	Influencing the wider determinants of health	Keen
2	Promoting Mental and Social Wellbeing	Willing
3	Promoting Healthy Behaviours	Willing
4	Supporting the development of a sustainable health and care system focused on prevention and early intervention	Willing
5	Delivering excellent public health services to protect the public and maximise population health outcomes	Accepting
6	Tackling the public health effects of climate change	Keen

4. Strategic Risks

Five risks from the Refreshed Strategic Risk Register sit within the remit of this Committee. A full copy of the risk is provided at Appendix 1.

4.1. Risk 1

Current risk remains unchanged – progress satisfactory across all actions.

Risk Description						
There is a risk of worsening health in the population of Wales, particularly among vulnerable populations, caused by the cumulative effects of current socio-economic, environmental and wider public health challenges and failure to influence the embedding of health in all policies, resulting in a widening gap in healthy life expectancy						
Risk Owner	Iain Bell, National Director of Knowledge and Research (in interim Health and Well-Being capacity)					
Exec Contributors	Sumina Azam, National Director Policy and International Health Meng Khaw, National Director Health Protection and Screening Services Huw George, Deputy Chief Executive and Exec Director of Operations and Finance					
Risk Appetite						
Risk Scoring	Score at last Board			Present score		
Inherent	5	5	25	5	5	25
Current	4	5	20	4	5	20
Target	3	3	9	3	3	9

Link to other risk	N/A
DCA at last BET	Present Live DCA
Amber	Amber
Executive Sponsor Insight	
<p>In Wales, average life expectancy and healthy life expectancy have plateaued over the last decade, and we continue to see stark and persistent health inequalities. A combination of factors such as economic austerity, the Covid-19 pandemic, climate change, Brexit and the current cost of living crisis have all contributed to this. NHS Wales remains under severe pressure in primary and secondary care. Ultimately, favourable macro-economic, environmental and social trends over a sustained period at a Wales and wider UK level will be required to arrest the continuing decline in population health and health inequalities.</p> <p>Our approach, as PHW, to controlling and mitigating this risk is through a continuing focus in our Long Term Strategy and IMTP on the wider determinants of health, mental well-being, healthy behaviours and healthcare public health, as well as leadership in cross-cutting areas such as health in all policies, establishment of a health equity solutions platform.</p>	
Overview of changes to controls/actions (text marked in red in full risk which can be found in Appendix 1)	
Controls	Unchanged
Actions	Updates to AP 1.1; 1.2; 1.5
Opportunities	None identified

4.2. Risk 2

Current risk remains unchanged – progress satisfactory across all actions.

Risk Description	
<p>There is a risk of ineffective system-wide efforts to improve health and wellbeing by organisations across public, private and third sectors, caused by misaligned system-wide efforts and leadership, and weaknesses in partnership working, resulting in worsening health outcomes and suboptimal use of limited public resources</p>	
Risk Owner	Iain Bell, National Director of Knowledge and Research (in interim Health and Well-Being capacity)
Exec Contributors	Sumina Azam, National Director Policy and International Health Angela Cook, Acting Exec Dir Quality, Nursing and Allied Health Professionals

<p>Huw George, Deputy Chief Executive and Executive Director of Operations and Finance John Boulton, Director for NHS Quality Improvement and Patient Safety</p>						
Risk Appetite						
Risk Scoring	Score at last Board			Present score		
Inherent	4	4	16	4	4	16
Current	4	4	16	4	4	16
Target	3	2	6	3	2	6
Link to other risk			Risk 6			
DCA at last BET			Present Live DCA			
Amber			Amber			
Executive Sponsor Insight						
<p>This risk is being managed through a number of existing system working mechanisms between Welsh Government, Public Health Wales and Local Public Health Teams within Health Boards. At an operational level, there are multiple examples of system working, such as through topic-specific networks (e.g. tobacco, health promoting schools) and communities of interest. However, a more fundamental strengthening of the specialist and wider public health system will be required to optimise system working and realise the target risk score, which require a National Health and Well-Being Director to be in post to be progressed fully.</p>						
Overview of changes to controls/actions (text marked in red in full risk which can be found in Appendix 1)						
Controls	Unchanged					
Actions	Updates to AP 2.1					
Opportunities	None identified					

4.3. Risk 3

Current risk remains unchanged – progress satisfactory across all actions.

Risk Description	
<p>There is a risk that people in Wales are insufficiently engaged and enabled on action they can take to improve their health and wellbeing, caused by failure to provide people with sufficient information, choice and access to timely advice and services, resulting in people feeling they are limited in exercising control over their health and wellbeing and avoidable poor health outcomes</p>	
Risk Owner	Sumina Azam, National Director Policy and International Health

Exec Contributors						
<p>Iain Bell, Director of Knowledge and Research Meng Khaw, National Director of Health Protection and Screening Services Angela Cook, Acting Exec Dir Quality, Nursing and Allied Health Professionals Huw George, Deputy Chief Executive and Executive Director of Operations and Finance</p>						
Risk Appetite						
Risk Scoring	Score at last Board			Present score		
Inherent	4	5	20	4	5	20
Current	3	4	12	3	4	12
Target	2	3	6	2	3	6
Link to other risk			Risk 6			
DCA at last BET			Present Live DCA			
Amber			Amber			
Executive Sponsor Insight						
<p>Engaging and involving our population continues to be an ongoing cross-organisational area of focus. Control actions are progressing, for example Young Ambassadors recently participated in a Board meeting, a Time to Talk Public Health survey report was published in July.</p> <p>Actions to address gaps in controls are progressing, for example with significant public and service user engagement by the Health Improvement Division, using a range of approaches, and across the breadth of the Division's work.</p> <p>Engagement and involvement with the public and service users is likely to become increasingly important to support a sustainable response to wider challenges faced by the health system.</p>						
Overview of changes to controls/actions (text marked in red in full risk which can be found in Appendix 1)						
Controls	<p>No change in controls. SR 3.1 - The Behavioural Science Unit is establishing an advisory group to support the development of a long-term workplan, enabling the delivery of the long term strategy. SR 3.2 - Time to Talk Public Health Survey findings were published 31/7/23, covering NHS waiting lists, housing, witnessing violence, mental wellbeing, primary care. SR 3.6 - Young Ambassadors attended the Board meeting on 27 July, providing their views on priorities for young people.</p>					
Actions	<p>AP 3.1 - Actions are progressing relating to the use of Civica to engage with our public and service users, focusing on quality assurance processes and improving data capture. AP</p>					

	3.3 - Considerable activity has been undertaken by the Health Improvement Division to engage with the public and service users through a range of approaches, such as the development of personas, focus groups, qualitative research and user testing across the breadth of the work of the Division.
Opportunities	No new opportunities identified.

4.4. Risk 5

Current risk remains unchanged – progress satisfactory across all actions.

Risk Description						
There is a risk that we insufficiently prevent, plan for and respond to emerging external threats to public health, caused by insufficient horizon scanning, forecasting, use of data/digital tools and planning/training/exercising for response, resulting in suboptimal responses to near-term incidents (including but not limited to infectious disease) and longer-term emerging risks to public health.						
Risk Owner	Meng Khaw, National Director of Health Protection and Screening Services					
Exec Contributors	Sumina Azam, National Director Policy and International Health					
Risk Appetite						
Risk Scoring	Score at last Board			Present score		
Inherent	3	4	12	3	4	12
Current	3	4	12	3	4	12
Target	3	2	6	3	2	6
Link to other risk			N/A			
DCA at last BET			Present Live DCA			
AMBER			AMBER			
Executive Sponsor Insight						
The current risk score is at the inherent risk level.						
There are existing controls relating to: Emergency planning and learning from incidents and outbreaks, including the COVID pandemic; workforce planning and development for response; training and exercising; and horizon-scanning activities.						
Additional action is still required to reduce the impact of external threats, through developing an understanding the demands on and the roles and responsibilities of each component of the response architecture and the health protection competencies that need to be held in reserve for surge response. Further Learning Events for the Early Phases of COVID-19 Response are being arranged and						

evidence from the Public Inquiry continues to emerge. There will be a focus on addressing health inequalities through emergency planning and response.

Action is also required to join up the horizon-scanning efforts across the organisation.

Overview of changes to controls/actions

(text marked in red in full risk which can be found in Appendix 1)

Controls	No changes to the controls
Actions	No changes to the actions they remain under monthly review and are progressing as planned
Opportunities	No new identified

4.5. Risk 6

The current risk score is at the inherent risk level and remains unchanged.

Risk Description						
There is a risk that we fail to deliver excellent public health services, including on screening, infection and health protection, caused by weakness in clinical and health protection processes, specialist workforce capacity and capabilities, innovation and/or capital investment, resulting in inadequate provision, responsiveness or uptake of services, poor individual patient and population outcomes and failure to meet quality standards.						
Risk Owner	Meng Khaw, National Director of Health Protection and Screening Services					
Exec Contributors	Angela Cook, Acting Exec Dir Quality, Nursing and Allied Health Professionals					
Risk Appetite						
Risk Scoring	Score at last Board			Present score		
Inherent	3	3	9	3	3	9
Current	3	3	9	3	3	9
Target	3	2	6	3	2	6
Link to other risk				N/A		
DCA at last BET				Present Live DCA		
Green			Green			
Executive Sponsor Insight						
There are existing controls relating to: workforce planning and development; mitigation of impacts of unexpected health threats through the establishment of effective systems and processes; and strengthening governance arrangements to						

ensure excellent service delivery in HPSS through implementation of the long-term strategy.

The number of ongoing health protection threats remain stable, enabling health protection services to return to focus on pro-active work.

Diagnostic testing for COVID continues to be reduced in intensity due to the testing strategy changes. The development of a workforce plan to configure the delivery of microbiology services across Wales continues, deploying new developments for rapid testing to improve clinical outcomes.

Screening recovery is progressing well for Breast Test Wales, but the risk around the clinical workforce capacity remains as well as funding for additional recovery activity.

Diabetic Eye Screening is implementing a low-risk pathway that will reduce demand and increase capacity for screening those at greatest risk of retinopathy. Options for future service delivery have been developed and are being refined.

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

Overview of changes to controls/actions

(text marked in red in full risk which can be found in Appendix 1)

Controls	No changes to the controls
Actions	New action added under AP 6.6 in relation to service user experience and patient safety.
Opportunities	No new identified

5. Additional Considerations

The following section details any additional considerations for this Committee. New Risks

No new risks have been identified since BET last received the Strategic Risk Register.

5.1. Risks proposed to the escalated or de-escalated*



No risks have been identified for escalation of de-escalation.

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

No decision required.

Recommendation

The Quality, Safety and Improvement Committee is asked to:

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