

## Strategic Risk Register – Risk 3

## Dashboard

### Risk 3

There is a risk that Public Health Wales will fail to deliver a sustainable, high quality and effective infection and screening services. This will be caused by a lack of sufficient workforce capacity; over-reliance on existing systems/procedures, lack of sufficient change capacity and an estate and infrastructure which is not fit for purpose.

### Sponsor and Assurance Group

#### Executive Sponsor

Dr Meng Khaw, National Director Health Protection and Screening Services, and Medical Director

#### Assuring Group

Quality, Safety and Improvement Committee  
Audit and Corporate Governance Committee

### Inherent Risk

#### Date

#### Likelihood:

5

#### Impact:

5

#### Score:

25

### Risk Score

### Risk Decision

#### Current Risk

#### Target risk

TREAT

#### Likelihood

#### Impact

20

#### Likelihood

#### Impact

15

4

5

3

5

### Applicable Strategic Priorities

Influencing the wider determinants of health



Improving mental well-being and building resilience



Promoting healthy behaviours



Securing a healthy future for the next generation through a focus on early years.



Protecting the public from infection and environmental threats to health



Supporting the development of a sustainable health and care system focused on prevention and early intervention



Building and mobilising knowledge and skills to improve health and well-being across Wales



Strategic Risk Register - Risk 3	Controls
----------------------------------	----------

Existing Control			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
3.1	Policies and Procedures * (document development, review and approval)  * including Standard Operating Procedures	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 – Standard Operating Procedures (document development, review and approval)	X				
3.2	UK Accreditation Service (UKAS) -Accreditation		Reports to Quality, Safety and Improvement Committee		X	X	X	
			Action Plan and Reports – Divisional Senior Management Teams	X				
3.3	Professional Regulation – Medical, Nursing and Multi-Disciplinary Staff	National Director Health Protection and Screening Services, and Medical Director Executive Director Quality, Nursing and Allied Health Professionals	Medical, Nursing and Multi-Disciplinary Staff Revalidation - Annual Report to People and Organisational Development Committee / Quality, Safety and Improvement Committee				X	
			Quality review visit by Medical and Multi-Disciplinary Revalidation support unit			X	X	
			Quality Indicators Performance Monitoring			X	X	X
			Monitor registered and revalidation		X			
			Medical, Nursing and Multi-Disciplinary Appraisal Process – Quality Indicator			X	X	X
			Medical Job Planning Process – Quality Indicator			X		X
3.4	Health and Safety Management System	Deputy Chief Executive and Executive Director Operations and Finance	Update Reports to Health and Safety Group	X	X	X	X	
			Health and Safety Action Plan		X	X	X	
			Microbiology Division Health and Safety Sub-Groups (reports to Divisional SMTs)	X	X			
			Update Reports to People and Organisational Development Committee		X	X	X	
3.5	Business Continuity Arrangements (for Public Health Services)	National Director Health Protection and Screening Services, and Medical Director	Business Continuity Action Plans (Public Health Services)	X	X	X		
			Emergency Planning and Business Continuity Group Meeting minutes		X			
			Learning and Development Prospectus for Business – Training and Exercise reports to Emergency Planning and Business Continuity Group		X			
			Emergency Planning and Business Continuity Annual Work Plan		X			
			Emergency Planning and Business Continuity Documentation (regular review and update)	X	X			
			Emergency Planning and Business Continuity Report - Audit and Corporate Governance Committee	X			X	
3.6	National Health Protection Service (NHPS) Transformation Programme (including Microbiology Stabilisation)	National Director Health Protection and Screening Services, and Medical Director	National Health Protection Service Transformation (Programme) Board - Meeting Minutes and Papers	X	X	X		
			National Health Protection Service Transformation Programme Plan(s)	X	X	X		
			Microbiology Stabilisation Plan	X	X	X		
			Stabilisation/Transformation Reports to QSI Committee and Board			X	X	X
			Divisional Assurance Reports to DLT (inform Executive Director Reports – see 3.7)	X	X			

Strategic Risk Register - Risk 3	Controls
----------------------------------	----------

Existing Control			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
3.7	Directorate Business and Financial Management Systems and Processes	National Director Health Protection and Screening Services, and Medical Director	Reports provided to SMTs and DLT	X	X			
			Public Health Services Directorate Leadership Team (DLT) meeting minutes and papers (bi-monthly)	X	X			
			Senior Management Team (SMT) Meeting minutes and papers (monthly)	X				
			Directorate Leadership Team Finance Sub-Group meeting minutes and papers (monthly)		X			
			Divisional Assurance Reports to DLT (inform Executive Director Reports)	X	X	X		
			Executive Director Reports (to Executive and Board)			X		X
			Mid and End of Year Review Reports (Executive scrutiny)		X	X		
3.8	Quality Management Systems (including informatics and information managements systems)	National Director Health Protection and Screening Services, and Medical Director Executive Director Quality, Nursing and Allied Health Professionals	Health and Care Standards Reporting		X	X	X	X
			Reporting on Quality Impact Framework Implementation Plan		X	X	X	
			Local Audits	X	X	X	X	
			Vertical and Horizontal Audits of Microbiology Laboratory Services	X				
			Quality and Clinical Audit Plan – Annual Report		X	X	X	
			Quality and Clinical Audit Plan – Bi-annual report to Quality, Safety and Improvement Committee		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		
3.9	Incident Reporting Management System	National Director Health Protection and Screening Services, and Medical Director Executive Director Quality, Nursing and Allied Health Professionals	Putting Things Right - Annual Report			X	X	
			Putting Things Right - Quarterly Alert Exception Report (Quality, Safety and Improvement Committee)			X	X	
			Serious Incident Reporting (Quarterly) to Quality, Safety and Improvement Committee			X	X	
3.10	Failsafe Systems	National Director Health Protection and Screening Services, and Medical Director	Defined failsafe task and finish groups to review screening programmes against policy	X	X	X	X	
			Review of serious incidents to determine if further failsafe required (Microbiology and Screening)	X	X	X		
			Screening Division – Standard Operating Procedures (document development, review and approval)	X	X			
			Microbiology Division – Standard Operating Procedures (document development, review and approval)	X	X			
			Health Protection Division – Standard Operating Procedures (document development, review and approval)	X	X			
3.11	Infection, Prevention and Control Systems	National Director Health Protection and Screening Services, and Medical Director	Infection Reporting Dashboard	X	X	X		
			Health Protection Situational Awareness Reports – (monthly report to Executive)	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		

Strategic Risk Register - Risk 3	Controls
----------------------------------	----------

		Executive Director Quality, Nursing and Allied Health Professionals						
Existing Control			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
3.12	Workforce/Recruitment Planning	National Director Health Protection and Screening Services, and Medical Director	Reports of progress against Workforce Plans	X	X	X		
			Reports to the People and Organisational Development Committee (part of annual Integrated Medium Term Plan planning cycle)			X	X	
			Health Protection and Microbiology Workforce subcommittees minutes and papers (report to Senior Managements Teams)	X				
3.13	DESW Optimisation and Transformation Programme		Monitoring progress against plans (reports)	X	X	X		
			Divisional Assurance Reports to DLT (inform Executive Director Reports – see 3.7)	X	X			
			Optimisation/Transformation Reports to Quality, Safety and Improvement Committee and Board			X	X	

## Strategic Risk Register - Risk 3

## Action Plan

Control No.	Gaps in controls	Gaps in assurance		Action Plan	Exec Lead	Due Date	Progress
3.4			1	Delivery of Estates Action Plan and Health / Safety Action Plan	Deputy Chief Executive / Executive Director of Finance and Operations	--	Ongoing delivery of estate / Health and Safety action plan in relation to Microbiology Laboratory estate. All actions in relation to HSE Improvement notices are complete and notices removed.
3.5	Approval of Business Continuity Plans	Assurance reporting to Audit and Corporate Governance Committee	2	Strengthen arrangements for approval of Business Continuity Plans and assurance reporting	National Director Health Protection and Screening Services, and Medical Director	To be determined	<p><b>December Update:</b> Business Continuity risk assessment in context of EU Exit completed in November and reported to BET and Board in December. Active weekly review of Screening service business continuity plans in context of Covid-19 new variant and NHS pressures and reported to BET.</p> <p><b>Previous updates:</b>  <b>October Update:</b> Business Continuity risk assessment in the context of EU exit is planned to take place during November 2020, with a report to the Business Executive Team in December 2020.            No further progress has been made on this action plan due to the organisation's ongoing "enhanced response" to the COVID-19 pandemic. The Business Continuity Arrangements for all areas of the organisation have been enacted. A recent assessment of Business Continuity Plans and the resources needed to maintain critical services has been undertaken in March 2020, the outcome of which was presented to the Gold Group to inform decision-making concerning resource allocation. Business Continuity considerations are regularly considered by the Executive Team and Gold Group, as part of the ongoing strategic management of the organisation.</p>
3.7	Resilience of business management systems and processes	Assurance reporting – general (strengthening required)	3	Public Health Services Directorate Governance Review: Action Plan		To be determined	<p><b>December Update:</b> No further update. This action is suspended due to the organisation's ongoing "enhanced response" to the COVID-19 pandemic.</p> <p><b>October Update:</b> No further update. This action is suspended due to the organisation's ongoing "enhanced response" to the COVID-19 pandemic.  <b>Previous update:</b> Public Health Wales' ongoing "enhanced response" to the COVID-19 pandemic is the priority for the organisation and currently involves the deployment of the majority of resource within the Public Health Services Directorate. As a consequence no further progress has been made with regard to this action plan.</p>
3.6			4	Delivery of the National Health Protection Service Transformation Programme		April 2021	<p><b>December Update:</b>            Recruitment to posts approved in the Welsh Government funded plan are ongoing (with some success at recruitment to senior posts in December). A further business case for additional investment in specialist Health Protection services was submitted to Welsh Government on 13 November 2020.</p> <p><b>October Update:</b> Attempts to recruit to posts approved in the Welsh Government funded plan are ongoing. A further business plan for additional investment in Health Protection is being developed.</p>



## Strategic Risk Register - Risk 3

## Action Plan

							<b>Previous update:</b> No further progress has been made on this action plan due to the organisation's ongoing "enhanced response" to the COVID-19 pandemic.
3.8		Additional source of assurance for Quality Management Systems, in relation to screening information management systems	5	Implementation of Cervical Screening Information Management System (CSIMS)	National Director Health Protection and Screening Services, and Medical Director Deputy Chief Executive / Executive Director of Finance and Operations	To be determined	<p><b>June 2021 Update.</b> The key development work has been completed for CSIMS as planned by March 2021. The current stage the programme is at is full testing the system with close working with programme and IT team. The steps for go live have been scoped and agreed and the team are working to full go live at end of September 2021. Progress is being kept under close review by the programme team and board.</p> <p>England have indicated their go live for their new system is in October 2021 and work is underway to ensure that processes are in place for women who move between countries to transfer their screening information.</p> <p>Work is underway on system to replace the CANISC information which is key to cervical screening and colposcopy which is also planned to go live in Autumn 2021.</p> <p><b>Previous update:</b>  <b>December Update:</b> Work has been refocused and prioritised by the team with the aim for development aspect of CSIMS and key testing aim to be completed by end of March 2021 with planning for dates for go live underway. There is more clarity that medical devices regulations are not going to be applicable and paper been drafted for approval of approach by organisation. Discussions underway with England on their IT development to ensure pathways safe for women moving between countries.</p> <p><b>October Update:</b> The timescales of December 2020 will not be met due to disruption of work to support coronavirus pandemic. NHAIS will continue to be available after December 2020. Impact of medical devices regulations on the timescales of the development need to be fully understood. Additional members identified for Project Board to take work forward. QSIC approved change of date to be determined. Work is progressing within current capacity that is not directed to COVID-19 response, recognising risk to disruption of work with competing urgent priorities to support the "enhanced response" to the coronavirus pandemic. Testing planned to continue in April 2020 as information that NHS England progressing with system so NHAIS may not be available from December 2020.</p>
3.10 & 3.13		Gap in assurance relating to failsafe systems in Diabetic Eye Screening Wales	6	Implementation of risk-based diabetic eye screening	National Director Health Protection and Screening Services, and Medical Director	April 2021	<b>December Update:</b> This is part of the delivery of the DESW optimisation and transformation programme as detailed below. <b>October Update:</b> This is part of the delivery of the DESW optimisation and transformation programme as detailed below.
			7	Delivery of the DESW Optimisation and Transformation Programme		To be determined	<p><b>June 2021.</b> When the service was restarted the participants were categorised in terms of risk of sight threatening retinopathy and those with highest risk and new referrals offered screening as first priority. We have now progressed to offer participants who had previously been identified with background retinopathy and all who identified as type 1 diabetic.</p> <p>Due to the changes in pathway fewer participants are able to be screened per clinic and much fewer locations are available compared to pre-Covid. We are exploring with partners how we can increase clinic locations which will aid our</p>

## Strategic Risk Register - Risk 3

## Action Plan

						<p>recovery. Planning our recovery and funding for additional screening capacity is our current focus. In March a successful upgrade of the IT system optimise was undertaken which was a key action to be able to continue the improvement of the programme. This will be the most challenging programme to recover backlog as it is annual screening; high DNA in those invited currently and large population. Work to implement risk based screening is key to transformational plan.</p> <p><b>December Update:</b> December: Programme continue to offer screening and currently offering participants to those identified at higher risk which includes pregnant and post-partum diabetic women, newly referred participants, surveillance participants and participants with previously identified retinopathy at defined level. Due to the changes in pathway fewer participants are able to be screened per clinic and much fewer locations are available compared to pre-Covid. We are working to increase clinic locations and have secured fixed sites to use at several stadiums across Wales and we are working with Arts Council to explore sites that may be available. The informatics system upgrade which is key to necessary improvements is now planned for March 2021 due to constraints in IT resource to support.</p> <p><b>October Update:</b> The Diabetic Eye Screening Programme was temporarily paused on 16 March 2020 in line with Welsh Government, Chief Medical Officer and Executive Team approval. Optimisation work has been undertaken during the pause especially around quality assurance of grading, training for screeners and photographers and the appointment of regional nurses. The screening programme restarted in September 2020. DESW transformation work has been taken forward with new project lead and team appointed. Key work has been undertaken to support the reinstatement of the programmes. Main current task is to lead informatics system upgrade which is planned for January 2020 and necessary step for optimisation and transformational work.</p>
			8	Review to ensure that our Screening and Microbiology operating systems are all 'failsafe'	June 2021	<p><b>June 2021.</b> Failsafe work continues for two remaining screening programmes – Cervical Screening Wales and Wales Abdominal Aortic Aneurysm Screening Programme and QSIC has been updated on the comprehensive work undertaken. This has been slower to complete that had hoped for due to the time taken to generate lists and review due to the competing high priority work for both IT team and programme.</p> <p><b>December Update:</b> Failsafe work is progressing well and continues for two remaining screening programmes –Cervical Screening Wales and Wales Abdominal Aortic Aneurysm Screening Programme and QSIC has been updated on the comprehensive work undertaken in November(QSIC change of date to June 2021)</p> <p><b>October Update:</b> Progress has been made on this action plan although this has been slower due to the organisation's ongoing "enhanced response" to the COVID-19 pandemic. Update on failsafe work taken to QSIC in November.</p>

June 2021

Strategic Risk Register - Risk 3	Action Plan
----------------------------------	-------------