 GIG CYMRU NHS WALES Iechyd Cyhoeddus Cymru Public Health Wales	Name of Meeting Quality, Safety and Improvement Committee Date of Meeting 15 th February 2023 Agenda item: 4.3.1
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Managing Risk	
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, Stuart Silcox, Assistant Director, Integrated Governance.

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

Recommendation:				
APPROVE <input type="checkbox"/>	CONSIDER <input checked="" type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>

Recommendation The Quality, Safety and Improvement Committee is asked to: <ul style="list-style-type: none"> • 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.
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Strategic Priority	Choose an item.
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Summary impact analysis

Equality and Health Impact Assessment	No decision is required.
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Risk and Assurance	This submission is the relevant strategic and corporate risks.
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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
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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.
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People implications	No people implications.
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1. Purpose / situation

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


The paper seeks approval of any changes since the Committee last reviewed the risk(s) 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 changes made since they were last reviewed by the Committee is provided below, with the full risks detailed at Appendix 1.

4.1. Risk 1

Following the revisions to the Long Term Strategy, the Executive Sponsor is confident that the current and emerging threats have been duly considered and mitigating actions incorporated into the Long Term Strategy. Therefore the current risk has seen a reduction in its risk scoring to achieve the target score. The risk should continue to be monitored in order to ensure that the controls remain in place and any changes to current or new emerging threats continue to be identified and responded to accordingly.

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	3	4	12
Target	3	4	12	3	4	12
DCA at last Committee			Present Live DCA			
Amber			Amber			
Executive Sponsor Insight						
None provided.						
Overview of changes to controls/actions (text marked in red in full risk which can be found in Appendix 1.						
Controls	No changes.					
Actions	Actions remain on track and have been updated to reflect the development of the Long Term Strategy and senior					

	PHW representation on the Expert Panel reporting to Cabinet and IANPHI on the conflict in Ukraine.
Opportunities	None identified
Committee consideration of this risk / links to the workplan	<p>The Committee last considered this risk in December 2022.</p> <ul style="list-style-type: none"> • The Committee were advised that the assurance statement on Strategic Risk 1 remained accurate and were provided with an update on relevant meetings with a focus on climate change and health inequalities. • The Committee noted the period of transition following a refresh of the Long Term Strategy and the consideration of the continued need of this strategic risk. <p>Other recent consideration at Board / Committee level relevant to this risk:</p> <ul style="list-style-type: none"> • The Board considered a presentation and summary of the Public Health Dashboard at its meeting on 26 January 2023, which included information about the cost of living crisis relevant to SRR 1. • The Long Term Strategy is scheduled to be considered for approval at the Board meeting in March 2023, and the Board considered emerging themes from the Long Term Strategy at a Board development session on the 15 December. • At the Board meeting in January, the Medical Director provided the Board with a summary of support provided to Ukraine, and the inclusion of a specific event at the International Association of National Public Health Institutes (IANPHI) meeting, ie, to specify and co-ordinate the combined offer of support to the Ukraine Public Health Centre.

4.2. Risk 2

The Delivery Confidence Assessment for this risk remains green with the delivery of excellent services continuing to be an overarching priority. The controls cover a wide range of areas, many of which are regularly and frequently presented to Committee(s) and Board for assessment and assurance. Actions are continuing to progress although a number of due dates have been extended.

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 focus upon the delivery of excellent services as the overarching priority, in line with the development of the refreshed Long Term Strategy for the organisation. Both incremental continuous improvement and some service transformation initiatives continue against a backdrop of significant strategic and operational demands. The development of new screening programmes will place further demand on the specialist workforce.						
Overview of changes to controls/actions						
(text marked in red in full risk which can be found in Appendix 1.						
Controls	No changes.					
Actions	Actions are continuing to be progressed and a number of due dates have now been extended.					
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 Long Term Strategy to strengthen and articulate a compelling narrative and agreed understanding of excellent services for population screening, health protection and infection.					
Committee consideration of this risk / links to the workplan	The Committee last considered this Risk in detail in December 2022. Issues raised at this meeting included: <ul style="list-style-type: none">Discussion on the change of approach to the model in Strategic Risk 2: advised that the Executive Leads were liaising with the People and Organisational					

	<p>Development Directorate on this matter, and that a paper on options to mitigate continued difficulties to recruit in North Wales would be considered at a January 2023 Business Executive Team meeting. This paper has also been included for the QSIC meeting as an appendix to this report for further information.</p> <p>Other recent consideration at Board / Committee level relevant to this risk:</p> <ul style="list-style-type: none"> • In December, the Committee considered an in depth exploration of BTW, DESW and AAA; noting the expected recovery of the AAA programme within the next two months. • Committee on-site visit to Magden Park in December 2022, to meet with screening teams and to hear from the Director of Screening, Sharon Hillier. • Detailed discussion on Screening as part of the Integrated Performance Report at Board in January, referencing the need for transformation, of the kind underway currently across the DESW programme and current challenges facing different screening programmes.
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4.3. Corporate Risk Register

The Corporate Risk Register has six corporate risks which were approved at Business Executive Team. During this reporting period one risk has been removed and one new risk has been identified. There are now four risks that 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 detailed at Appendix 2.

4.4. Risk 203

The risk remains the same with only one action identified. A number of significant changes to the actions are planned including an IT upgrade, outsourcing of letter printing and funding for specialist expertise, all of which are likely to have a positive impact on the status of the risk. These activities have been postponed until early 2023 and an update will be provided at the next Committee meeting.

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.

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	Progress has been made for some elements of the actions but delays have been incurred due to time needed to resolve issues with an IT upgrade.					
Opportunities	Exploiting the opportunity provided by the Directorate underspend.					
Committee consideration of this risk / links to the workplan	<p>Other recent consideration at Board / Committee level relevant to this risk:</p> <ul style="list-style-type: none"> Detailed discussion on Screening as part of the Integrated Performance Report at Board in January, referencing the need for transformation, of the kind underway currently across the DESW programme. This included an outlined basis of the transformational programme, with the move in year through the Discovery phase to the Alpha phase of the programme methodology. The Medical Director summarised the debate in the Knowledge, Research and Information Committee (KRIC) and advised that a deep dive into excess with regard to mortality figures was underway. Given the interest in diabetes and the wider impact on Diabetic Eye Screening Wales, KRIC would also look at a wider analysis of trends in diabetes and report back on findings by the time of the March 2023 Board meeting. 					

4.5. Risk 207

Progress on a number of actions has continued but remains dependant on activities associated with the publication of the Duty of Quality and Duty of Candour which is outside the control of the organisation.

Monthly preparedness highlight reports are being provided to the all Wales Duty of Quality and Candour Implementation Board, showing everything is currently on track for Public Health Wales.

Quality as an Organisational Strategy implementation is in progress.

It is noted that the Clinical Governance Framework under development is due to be presented at QSIC in May 2023 for consideration, if deemed ready to be approved this has the potential to provide an additional control which can form part of the assurance arrangements.

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	No changes.					
Actions	A number of actions relating to the Duty of Candour have been progressed during this period. With the implementation date of the Duties being 1 st April, it is likely that significant progress will be made by the next Committee.					
Opportunities	Contribution to Welsh Risk Pool Network and Subgroups and influencing the materials produced.					
Committee consideration of this risk / links to the workplan	<p>The Committee has regular updates for assurance programmed into the work plan on Health and Social Care (Quality and Engagement) (Wales) Act (2020).</p> <p>The Public Health Wales Board in the public Board meeting on the 26th of January, received a presentation from Welsh Government on the Act and respective duties.</p> <p>The last update for the Committee was in October 2022, where the Committee took assurance from the update and progress of implementation of the Duty of Quality within Public Health Wales.</p> <p>A further update is scheduled for the February meeting.</p>					

	Other recent consideration at Board / Committee level relevant to this risk:
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4.6. Risk 208

The risk has a number of controls in place however they do not appear to having a significant impact on the risk score. Different workforce models are being considered which needs to be reflected in the actions.

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 changes.					
Actions	Actions are scheduled to be revisited to help improve the impact on the risk and scoring.					
Opportunities	None identified.					
Committee consideration of this risk / links to the workplan	<p>Refer to Committee discussion in December summarised under SSR 2.</p> <p>A paper on options to mitigate continued difficulties to recruit in North Wales would be considered at a January 2023 Business Executive Team meeting. This paper has also been included for the QSIC meeting as an appendix to this report for further information.</p>					

4.7. Risk 303

This risk is new and was approved for inclusion on the Corporate Risk Register in January by Business Executive Team. It was previously managed on the Health Protection and Screening Services Directorate Risk Register.

Risk Description						
There is a risk that the replacement for the Intersystems LIMS system will not be delivered on time or be fit for purpose to enable Microbiology and Screening to maintain and improve their services.						
Risk Appetite				Proposal for de-escalation or removal*		
Cautious				Not applicable		
Risk Scoring	Score at last Committee			Present Score		
Inherent				3	4	12
Current				5	4	20
Target				3	2	6
Overview of changes to controls/actions (text marked in red in full risk which can be found in Appendix 2.						
Controls	In development					
Actions	In development					
Opportunities	In development					
Committee consideration of this risk / links to the workplan	Refer to updates relating to screening in SRR2.					

5. Additional Considerations

The following section details any additional considerations for this Committee.

5.1. New Risks

One new risk has been identified and is proposed to fall under the remit of the Committee.

- Risk 303 - There is a risk that the replacement for the Intersystems LIMS system will not be delivered on time or be fit for purpose to enable Microbiology and Screening to maintain and improve their services.

5.2. Risks proposed to the escalated or de-escalated

As detailed in the section above, Risk 303 has been escalated from the Health Protection and Screening Services Directorate Risk Register onto the Corporate Risk Register.

6. 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

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.
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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			Treat	Amber
Likelihood	Impact	12	Likelihood	Impact	12		
3	4		3	4			

Risk Owner’s Overview Assessment Status

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 (LTS) and reflected in the strategic priorities. Considerable work is in train in relation to the cost of living crisis including active engagement with the Welsh Government, the WHO. The WHOCC has produced and published a cost of living crisis in Wales: a public health lens. Sumina Azam has presented this to a Cabinet Sub-Committee and has now joined an Expert Group reporting to Cabinet on this. We continue to engage and support Ukraine through IANPHI. We are in a stronger position in relation to this risk going into next year with a new LTS that embeds our approach to public health threats. My current assessment is that the likelihood level has reduced to a 3 and that this strategic risk should be reviewed as part of the new LTS in relation to whether it is still required.

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. <i>THESE HAVE NOW CEASED AND ARE INCORPORATED INTO A MORE GENERAL ENGAGEMENT</i>					

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	Update Jan 2023 - Engagement with around 500 staff as part of the staff conference events to help shape the emerging priorities in November 2022. A LTS was considered at a Board development session on the 15 December and new strategic priorities agreed. LTS now being developed alongside a new IMTP.
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 has been invited to join an Expert Panel reporting to Cabinet (Update Jan 2023)
			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	Update Jan 2023 - The new LTS strategic priorities have been produced from a prioritised process.
			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.	Update Jan 2023 - In relation to the conflict in Ukraine, Meng Khaw and Tracey Cooper attended a meeting with Ukraine colleagues, ECDC, WHO and other NPHI colleagues in the IANPHI meeting in Stockholm in December 2022. As a result, Meng Khaw is now coordinating tailored support by us as

Strategic Risk Register

						part of a further IANPHI coordinated package of support for Ukraine.
AP 1.3			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.	

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.
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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			Treat	Green
Likelihood	Impact	9	Likelihood	Impact	6		
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
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Reviewed January 2022</p>

Strategic Risk Register

EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided to				
No.	Control	Exec Owner		Team / Division / Project /Programme	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board
SR 2.1	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

<h1 style="margin: 0;">Strategic Risk Register</h1>	
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EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided to				
No.	Control	Exec Owner		Team / Division / Project /Programme	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board
SR 2.5	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		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		Review of current meeting cadence and information flows to identify gaps and opportunities	National Director Health Protection and Screening Services, and Medical Director	Complete	August update – Complete
			Strengthen existing system including reintroducing a directorate and business partner subgroup		Complete	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.		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	Jan 23 update -Meetings have been established – both joint project team with NHS Digital and board meetings with NHS Digital and NHS England. Project outline received 31/01/23 from NHS D but there is uncertainty around timescales that NHS D are able to deliver to and the governance process timescales around the change. Queries have been shared with NHS D around granularity of how the system works to ensure processes can be adapted to deliver the solution for BTW. Meetings to be set up in Feb to discuss the detail. Timescales have low confidence to achieve. NHAIS is not being decommissioned in England until Dec 2024.
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.		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	Jan 23 update - Recruitment for breast clinician role in North Wales not successful as no suitable application. Exploring working with England to train breast clinician in North Wales on established training scheme. Exploring with HEIW to establish funding stream to training as potentially sustainable model and key across breast services in Wales. This will not support service in short term and still have considerable challenge when current radiologist retires. HB is out to advert for radiologist which if recruited will support BTW in North Wales but low confidence that will recruit. Planned recruitment in South East Wales progressing and expect improvement in substantive staffing levels from Spring 2023 which will support timeliness.
AP 2.5	Sustainable provision of clinical infection services		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	National Director Health Protection and Screening Services, and Medical Director	Ongoing	Remote consultant support is being trialled and has proven to be beneficial and extended to end of financial year. Service continues to search for additional workforce opportunities.

Strategic Risk Register

			Physician Associates, Clinical Scientists and Specialist Nurses.			
			Proposal to convert non-pay Transformation funds to pay to increase number of clinical staff (Scientists and Specialist Nursing)		February 2023	Jan 23 – Draft shared and formal submission for February 2023 DMT Dec 22 - Delayed due to operational pressures and proposal to go to January SMT and DMT. Completion date amended.
AP 2.6	Sustainable provision of laboratory diagnostics including Out of Hours and workforce design		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	February 2023	Jan 23 – Competencies agreed and signed off by SMT. Work plan to sign off all staff in development Dec 22 - Focus from January 2023 on BMS5 trainees to complete OOH competencies and join OOH rotas.
			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	Jan 2023 – To be closed as specific action completed. Dec 22 Number of Band 4 AP posts has quadrupled since July 2017.
			Complete molecular testing tenders for provision of Respiratory and Central Nervous System syndromes to support workforce redesign.		March 2023	Jan 23 – Following procurement advice, respiratory targets to be moved to the syndromic molecular testing tender. The centralised CNS tender is on schedule. December 2022 - CNS tender process near completion. Evaluation in January 2023. Syndromic testing PIN to be issued w.c 9 January 2023
			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	Jan 23 – i. completed and ii. On schedule December 2022 update The relocation programme is on schedule and progressing well. Alternative respiratory testing process using the COBAS and an in-house assay now operational.
AP 2.7	Resilient Out of Hours Acute Health Protection Service		Design, cost, procure and Implement new central contact process to support 24/7 operations	National Director Health Protection and Screening Services, and Medical Director	Completed	Complete – will continue to review
			Reviewing the model of service delivery to test resilience and sustainability		March 2023	
AP 2.8	Surge Plan for Acute Health Protection		Agreed oversight and surge plan for Acute Health Protection	National Director Health Protection and Screening Services, and Medical Director	February 2023	Jan 23 – Formal consultation commenced on 10/01/2023. December 22 – completion date amended from Dec to Feb

Risk Identifier					Risk Description			Risk Scoring				Current Risk				Risk Action Plan																														
Risk ID	Domain	Date	Lead Executive	Responsible Committee	Directorate (if applicable)	Risk Description (There is a risk that...)	Cause (This will be caused by...)	Effect (The impact will be...)	Inherent Risk Likelihood	Impact	Risk level	Key Controls	Current Risk Likelihood	Impact	Risk level	Trend	Risk Decision	Action Plan	Due date	Status of Action	Target Risk Likelihood	Impact	Risk level	Progress																						
283	Organisational Objectives	02/11/2018	Executive Director for Health Protection and Screening Services	Quality, Safety and Improvement Committee	Health Protection and Screening Services	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.	There are inadequate processing in place to provide 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.	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.	5	4	20	Optimising the service: Standards in place and being monitored to support service transparency. First stage management restructure following staff consultation within budget agreed to improve line management structure to enable support to staff which was completed Nov 19 with all staff now in post. Further to issues identified around lack of robust regional clinical governance in the programme and quality assurance this has resulted in additional investment by PHW into the service. This has included the support to establish three regional co-ordinators, a senior quality lead and additional project support to upgrade the current IT system. This additional investment brings the service in line with other screening division structure in terms of clinical governance and oversight. Recruitment to posts is underway and expected to be completed with all staff in post by end Feb 2020. Appointment of senior manager with responsibility for development and maintenance of appropriate quality framework. Implement workflow model in grading team to provide capacity to enable quality control and assurance processes. Transformation work is in progress with recruitment to establishment of team underway with this team having capacity to work to undertake necessary work to enable plan to transform the service.	5	4	20	➡	Treat	Work with partners to increase the number of clinic locations and increase capacity for screening. Implement IT systems upgrade to improve efficiency	31/03/2022			3	4	12	Update Jan 23 - successful implementation of outsourcing of letters in Jan 2023. Mobile in place focused on areas where clinic availability is difficult. Alpha work established and underway. Service mitigating issues due to strike. Update December 2022 - IT upgrade postponed to be implemented in early Jan 2023 due to time needed to resolve issue found and testing underway to implement outsourcing of letters which is planned to be implemented early 2023. New clinic template implemented which will increase capacity. Work being taken forward to explore mobile clinic use for Q4 financial year which can be focused on areas where clinic availability still struggling. Alpha work progressing with identification of company to take forward. Service has had to mitigate clinic availability due to strike action. Wales Screening Committee and Ministerial approval to implement low risk screening pathway. Screening update including paper on DESW transformation received by QSC Dec meeting.																					
287	Quality	04/10/2021	Executive Director Quality, Nursing and Allied Health Professionals and Director for NHS Quality Improvement and Patient Safety, Improvement Cymru	Quality, Safety and Improvement Committee	Corporate	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)	This will be caused by competing priorities, a lack of organisational capacity and capability to support timely implementation	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.	5	4	20	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 12. Duty of Candour Implementation Group formed and meets fortnightly 13. Executive representation (Exec Dir of QNAHP's) on the WG Duty of Qualities and Candour Implementation Board 14. WG issued Minimum Requirements Tool 15. Highlight Reports presented to WG Board 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	5	4	20	➡	Treat	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 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. Duty of Candour (Rhiannon Beaumont Wood) Development of a draft Clinical Governance Framework and set of standards Duty of Candour (Rhiannon Beaumont Wood) Undertaking a gap analysis on organisational effectiveness of clinical governance arrangements Duty of Candour (Rhiannon Beaumont Wood) Understanding and preparing any requirements as a result of the Duty of Candour e.g. new Policies. Duty of Candour (Rhiannon Beaumont Wood) Socialising of the Duty of Candour requirements Duty of Candour (Rhiannon Beaumont Wood) Specific training on the requirements of Duty of Candour Duty of Candour (Rhiannon Beaumont Wood) Establish a scoping meeting in relation to the requirements of the Duty of Candour on PHW 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 Duty of Quality (John Boulton) Coordinate the organisation wide response to the Duty for Quality guidance Duty of Quality (John Boulton) Group to be established once draft guidance is available for consultation Duty of Quality (John Boulton) Training dates to be identified with Board Secretary and clarified 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 Duty of Quality (John Boulton) Complete Welsh Government report in March 2024 in accordance with PHW governance process	31/10/2022	Ongoing		31/12/2022	Progressing	30/11/2022	Progressing	31/10/2022	Paused	31/10/2022	Progressing	31/10/2022	Progressing		Progressing		Completed		Completed	31/01/2023		01/10/2022		31/01/2023		31/05/2022		Update 01.01.2023 Ongoing active representation and involvement in WPR and WG work streams for DOC including DOC implementation Board. Monthly submission highlight report return to WG. Update 30.12.22 Ongoing active representation and involvement in WRP DOC network and Communications Subgroup Update 01.01.23: Clinical Governance workshop planned for March 23 with HP and Screening services. Update 30.12.22- Further Clinical Governance Workshop planned in early 2023 with Health Protection and Screening Services Directorate and Audit and expansion programme presented at QSC on 14th December Update 01.01.23: Further CG workshop planned for march and framework due to be resented at QSC in May 2023 Update 30.12.22- CG workshop held in November and further session planned for early 2023 to develop the standards and clinical governance framework Update 01.01.23: CG framework work ongoing and due for presentation at QSC May 2023 Update 30.12.22 Continued delay whilst the CG framework is being agreed in collaboration with HPSS Update 01.01.23: Draft policy and procedure written and pending approval. Implementation plan in place with weekly monitoring. Awaiting DOC leaflet from WRP expected Feb 23 Update 30.12.22- Consultation response submitted 13th December. Draft DOC procedure drafted in collaboration with Screening Division and revision of the PTR policy underway and due at February QSC Update 01.01.23: Board Awareness session completed 26.1.23 and workshop scheduled in Q4 for PHW directorates Update 30.12.22- Board awareness session scheduled for 26th January and meetings held with Screening leads in December to progress DOC procedure and guidance for staff. Further staff workshops planned from January - March 2023 Update 01.01.23 Awaiting ESR video from Welsh Risk Pool anticipated March 2023 Update 30.12.22- WRP Subgroup work continues with draft staff awareness raising video and ESR modules being progressed with planned launch in Q4. Draft Sharepoint site created by WRP for all wales use. Internal bespoke workshops also planned for Q4 Update 01.01.23: Doc implementation plan with ongoing weekly monitoring ongoing and on track. In addition month WRP Highlight report completion and monthly submission via the Executive Director of Nursing to the DOC implementation Board Update 30.12.22- Doc implementation plan with ongoing weekly monitoring. In addition month WRP Highlight report completion and monthly submission via the Executive Director of Nursing to the DOC implementation Board Update 01.12.22 - Welsh Government baselines assessment tools will be used to determine organisational requirements by incorporating into our implementation plan. Update 15/07/22 – Action completed. Update 01/12/22 - The PHW response to Duty of Quality is in progress. Update 01/12/22 - WG Policy leads have confirmed a session on both Duties to be delivered to the Board in January.

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