		1	
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.		The of t the mo

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

		Inf	nerent R	isk			
Date	10.05.2022	Likelihood:	4	Impact:	4	Score:	16

Risk Score						Risk Decision	Delivery Confidence Assessment
Curre	Current Risk			get risk			
Likelihood	Impact	16	Likelihood	Impact	10	Treat	Amber
4	4	16	3	4	12		

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

e organisation is still awaiting Ministerial approval the Board approved IMTP which takes account of e current known threats. We will continue to onitor the impact of the IMTP to respond to potential emerging geopolitical, socio-economic and health threats. The development of a key data dash board to monitor the health of the nation will provide information to inform any new or additional interventions to respond to emerging health and wellbeing needs. We have met with the CMO and officials in relation to the cost of living crisis and committed to developing a public health approach to it. This is being progressed in a coordinated way across the organisation and will also consider how we best support our own staff. We continue to have regular meetings with Minister's and officials and we are actively engaged with the WHO and IANPHI in order to help identify, assess and support current and emerging threats.

(Appendix 2)

	EXISTING CO	ONTROLS		Level at	which th	e Assurar	nce is pro	vided to
No.	Control	Exec Owner	SOURCES OF ASSURANCE	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
	Embedded management of health		HPSS DLT minutes and COVID-Ex minutes		Х	Х		
SR 1.2	protection response for COVID within HPSS Directorate Leadership Team	National Director of Screening and Health Protection Services and Medical Director	COVID-EX minutes		x			
	Incident Management Teams in	National Director of Screening and Health	Minutes of IMT and summary		Х			
SR 1.3	place for Ukraine conflict in PHW and in UKHSA for UK	Protection Services and Medical Director	Minutes of UKHSA IMT 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 WHOCC and WHO meetings					
SR 1.6	Weekly meetings with a number of IANPHI European Institutes and Ukraine PH Institute	Chief Executive/MB	Notes of meetings at exec lead/BET level as appropriate					

(Appendix 2)

Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	
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	HG	April 2023	Oi St pa
	More formalised series of		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.	тс	Ongoing	Co Az Ex Ac Jo ac
AP 1.2	collective public health 'threat' assessment to include health, environmental, socio- economic and geopolitical	·	Develop a rapid re-prioritisation planning process if required that is triggered by significant threats that require substantial in-year focus/resource	HG	To be confirmed	Th he a p re de
	threats, to be incorporated into Strategic Business Executive Team business.		Joint meetings with WG colleagues to consider this with inclusion of international partners as appropriate	MK/MB/SA		W 9.2 liv Es an fo pc en
			International Horizon Scanning reports to consider new and emerging global public health threats no less than twice a year	МВ	Ongoing horizon scanning. Focus on emerging threats to be confirmed.	

Progress

Ongoing development of the Long Term Strategy and engagement with staff and partners.

Cost of living crisis presented by Sumina Azam (SA) and Iain Bell (IB) at Strategic Executive Team meeting on 28.6.22. Actions agreed for SA, IB and Angela Iones to coordinate cross organisational activity to develop a 'Public Health Approach to the cost of living crisis. This will be informed by the population health dashboard that will be considered a part of our Integrated Performance report. This is being presented at a Board development session on the 30.6.22. WHO roundtable meeting being arranged

WHO roundtable meeting being arranged 9.22 to consider this with focus on cost of iving crisis.

Establishing monthly meetings with CMO and his team and some of our Exec team for a more strategic approach to population health action and will include emerging threats

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 Risk 2 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	-

		In	herent R	isk			
Date	11.05.2022 (reviewed 08.07.22)	Likelihood:	3	Impact:	3	Score:	9

Risk Score						Risk Decision	Delivery Confidence Assessment
Curre	nt Risk		Tar	get risk			
Likelihood	Impact	٥	Likelihood	Impact	6	Treat	Green
3	3	9	3	2	D		

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.

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management.

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.

Updated September 2022

Risk Owner's Overview Assessment Status

The current risk score is at the inherent risk level. However, in recent weeks, this had the potential to ne likelihood of an number of lic health incidents had increased eypox and exceedance of STEC), on overy and transition activity relating to m pandemic to endemic COVID 19

EXISTING CONTROLS				Level at which the Assurance is provided to					
No.	Control	Exec Owner	SOURCES OF ASSURANCE	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	Х				
			DLT meetings and minutes		Х				
			Escalation to BET with meetings and minutes		Х	Х			
			Divisional, Directorate and Corporate Risk Registers actively updated and risks escalated as appropriate	х	х	х	х	х	
	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	Х	Х	Х			
			Emergency Planning and Business Continuity Group Meeting minutes		x				
SR 2.2			Training and Exercise reports to Emergency Planning and Business Continuity Group	х	х				
			Emergency Planning and Business Continuity Documentation (regular review and update)	х	х		х		
			Ability to sustain response to health threats		Х				
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	х	х	х	х	
			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	х		
			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		Х	Х	Х		
			Action Plan and Reports – Divisional Senior Management Teams	Х					
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				х		
			Quality review visit by Medical and Multi-Disciplinary Revalidation support unit			х	х		
			Quality Indicators Performance Monitoring	Х	Х	Х	Х		
			Monitor Specialist Registration and Revalidation		Х	Х	Х	Х	
			Medical, Nursing and Multi-Disciplinary Appraisal Process – Quality Indicator		x	x	х	х	
			Medical Job Planning Process – Quality Indicator			Х		Х	

EXISTING CONTROLS				Level at which the Assurance is provided to					
No.	Control	Exec Owner	SOURCES OF ASSURANCE		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) Divisional Finance reports to SMT	x X	x				
			Executive Director Reports (to Executive and Board) Mid and End of Year Review Reports (Executive scrutiny)			X X		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 levelPutting Things Right - Quarterly Alert Exception Report (Quality, Safety and Improvement Committee)National Reportable Incident Reporting (Quarterly) to Quality, Safety and Improvement Committee	X	X	X X	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 reportsExceedance reports and protocols for escalation and responseAgreed criteria for escalation (reviewed on an annual basis)Health Protection Situational Awareness Reports – (monthly report to Executive)	X X X X	X X X X	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 PlansReports to the People and Organisational DevelopmentCommitteeDirectorate and Divisional-level workforce plans	Х	X X		x		

Action Plan No.	Gaps in controls	Action Plan	Exec Director	Due Date	
AP 2.1	Divisional review of existing controls	Work across HPSS 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	Cor
AP 2.2	Implementation of Cervical Screening Information Management System (CSIMS) due to NHAIS being decommissioned	Programme Board and Project Team established – specification agreed and near completion with end to end testing and go/no go decision date set 24 May 2022	Deputy Chief Executive / Executive Director of Finance and Operations National Director Health Protection and Screening Services, and Medical Director	ТВС	Go- afte for
AP 2.3	Implementation of BSS select for Breast Screening Programme to maintain cohort selection for breast screening due to NHAIS being decommissioned	Working group with NHS England colleagues to progress this change	Deputy Chief Executive / Executive Director of Finance and Operations National Director Health Protection and Screening Services, and Medical Director	March 2023	Ster agr wor wor
AP 2.4	Recovery of the delay in timeliness of Breast Screening, Diabetic Eye Screening and Aneurysm Screening due to impact of pandemic	Implementation of agreed recovery plan for the remaining three screening programmes.	National Director Health Protection and Screening Services, and Medical Director	March 2024	Rec to c
AP 2.5	Optimisation and Transformation of the Diabetic Eye Screening Programme	Programme is optimised to enable timely and quality programme. Transformational project taken forward to identify sustainable service model. Discovery undertaken with service users, stakeholders and staff to inform model.	National Director Health Protection and Screening Services, and Medical Director	TBC	Tra firs syst gov beit to s
AP 2.6	Replacement of the Breast Screening Equipment	Implementation of the replacement of breast screening equipment in line with timelines – mammography equipment and mobile replacement	National Director Health Protection and Screening Services, and Medical Director	March 2024	Pro uni Sep sch wit of (
AP 2.7	Implementation of the re- procurement for the HPV testing equipment for Cervical Screening Programme	Implementation of the replacement of laboratory equipment	National Director Health Protection and Screening Services, and Medical Director	March 2023	This logi the to l plat tea line
AP 2.8	Integrated scrutiny and action planning at directorate level of available management	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	Me rev con

Progress

omplete – will continue to review

io-live data delayed to ensure adequate testing fter concerns addressed. Decision on new date or implementation due to be taken this month.

teady progress is being made. MOU has been greed and in process of being signed and then ork form will be raised. Working to undertake ork this financial year.

ecovery challenging but progressing according o divisional plans

ransformation Programme progressing with rst key milestone of upgrading the DESW IT ystem (Optimise) complete. Programme overnance and meeting structure in place and eing adhered to. Short term funding identified o support capacity of programme

roject is progressing well and on time. All static nits will have been upgraded by the end of eptember 2022. We have received a delivery chedule for the Mobile Breast Screening Units with the first delivery expected at the beginning f October 2022.

his has been challenging due to service and ogistical issues and interdependencies including the relocation of equipment out of Magden Park to IP5 to make space for the new Roche latforms. Operational plans have been agreed, eam meetings in place and work progressing in the with plan.

leeting cadence and information flow rapid eview in progress. Recommendations being onsidered in July by HPSS DLT.

	information relating to finance, people, quality, and risk	Strengthen existing system including reintroducing a directorate and business partner subgroup	July 2022	Init pas pui pla
AP 2.9	Sustainable provision of clinical	Continue to recruit Specialty and Specialist Doctors to the Infection Service to support Consultant Workforce Recruitment of Physician Associates	Ongoing	In F
	infection services	Proposal to convert non-pay Transformation funds to pay to increase number of clinical staff (Scientists and Specialist Nursing) and Screening Services, and Medical	September 2022	Ne
AP 2.10		Review network model to optimise skill mix across multiple sites for Out of Hours working	December 2022	Nev
	Sustainable provision of laboratory diagnostics including Out of Hours	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	Nev
		Replace the MALDI-TOF platforms in the Regional Laboratories National Director Health Protection and Screening Services, and Medical	September 2022	Ne
		Nervous System syndromes Director	March 2023	Nev
		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	i. November 2022 April 2023	Nev
AP 2.11	Out of Hours Acute Health	Implement new central contact process National Director Health Protection	September 2022	Nev
	Protection	Reviewing the model of service delivery to test resilience and sustainabilityand Screening Services, and Medical Director	March 2023	Nev
AP 2.12	Surge Plan for Acute Health Protection	Agreed oversight and surge plan for Acute Health ProtectionNational Director Health Protection and Screening Services, and Medical Director	September 2022	Nev

nitial subgroup meeting convened drawn from bast participants in April 2022 to discuss burpose and scope. Stand up of new system blanned July 2022 and is on track

Progress		
ew action		

