

# Strategic Risk Register

## (Appendix 2)

<b>Risk 1</b>	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	
<b>Executive Sponsor</b>	Tracey Cooper
<b>Assuring Group</b>	Quality, Safety and Improvement Committee

Inherent Risk							
<b>Date</b>	10.05.2022	<b>Likelihood:</b>	<b>4</b>	<b>Impact:</b>	<b>4</b>	<b>Score:</b>	<b>16</b>

Risk Score			Risk Decision	Delivery Confidence Assessment	
<b>Current Risk</b>		<b>Target risk</b>		<b>Treat</b>	<b>Amber</b>
<b>Likelihood</b>	<b>Impact</b>	<b>Likelihood</b>	<b>Impact</b>		
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
<b>Green</b>	High degree of confidence exists that the controls and actions identified will mitigate the risk to the required level.
<b>Amber</b>	It is feasible that the controls and actions identified will mitigate the risk to the required level but issues remain outstanding that require addressing.
<b>Red</b>	There is little confidence that the controls and actions identified will mitigate the risk to the required level.

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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 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	This will be informed by the population health dashboard which is now being incorporated into Executive and Board discussions. The strategic Executive Team provides for the escalation of any threats that need to be considered. The need for re-prioritisation is discussed through this mechanism.  Update Jan 2023 - The new LTS strategic priorities have been produced from a prioritised process.

## Strategic Risk Register

	<p>Joint meetings with Welsh Government colleagues to consider this with inclusion of international partners as appropriate</p>	<p>National Director Health Protection and Screening Services, Executive Medical Director and Director of Policy Research and Development, Policy, Research and International Development</p>	<p>Actioned according to the threat and timing. Cost of living complete.</p>	<p>See comments above in relation to the cost of living crisis update.</p> <p>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 part of a further IANPHI coordinated package of support for Ukraine.</p>
<p>AP 1.3</p>	<p>International Horizon Scanning reports to consider new and emerging global public health threats no less than twice a year</p>	<p>Director of Policy Research and Development, Policy, Research and International Development</p>	<p>Ongoing horizon scanning. Focus on emerging threats to be confirmed.</p>	<p>Cost of living horizon scanning report completed in August 2022.</p> <p>This is an ongoing and proactive series as issues and concerns arise.</p>

# Strategic Risk Register

<b>Risk 2</b>	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	
<b>Executive Sponsor</b>	National Director Health Protection and Screening Services, and Medical Director
<b>Assuring Group</b>	Quality, Safety and Improvement Committee

Inherent Risk							
<b>Date</b>	11.05.2022	<b>Likelihood:</b>	<b>3</b>	<b>Impact:</b>	<b>3</b>	<b>Score:</b>	<b>9</b>

Risk Score			Risk Decision		Delivery Confidence Assessment	
Current Risk		9	Target risk		Treat	Green
Likelihood	Impact		Likelihood	Impact		
3	3		3	2		

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

## Risk Owner's Overview Assessment Status

The current risk score is at the inherent risk level. However, in recent months, this had the potential to be higher resulting from a number of significant health protection incidents had increased (such as monkeypox, the exceedance of STEC and group A streptococcal infections), but those threats have now stabilised.

There are existing controls relating to: workforce planning and development; mitigation of impacts of unexpected health threats through the establishment of effective systems and processes; and strengthening governance arrangements to ensure excellent service delivery in HPSS.

Each of the three divisions in HPSS directorate are likely to score differently if reviewed independently and this will be reflected in divisional and directorate risk registers.

This is a known dynamic risk and as such will be actively monitored and managed in HPSS at both division and directorate levels, all informing the strategic RR. As we look to the 2023 / 24 planning cycle this risk is likely to endure and the action plans during this months review reflect dates into next year.

Reviewed March 2023

# Strategic Risk Register

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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			



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SR 2.5	Established Directorate Financial Management Systems and Processes	National Director Health Protection and Screening Services, and Medical Director	Directorate Finance reports to Directorate Management Team meeting (monthly). Supported by the Business Operations Meeting (BOM)	X	X			
			Divisional Finance reports to SMT	X				
			Executive Director Reports (to Executive and Board)			X		X
			Mid and End of Year Review Reports (Executive scrutiny)			X		X
SR 2.6	Implementation of learning from incidents	National Director Health Protection and Screening Services and Medical Director	Datix reporting at programme and divisional level	X	X	X		
			Putting Things Right - Quarterly Alert Exception Report (Quality, Safety and Improvement Committee)				X	
			National Reportable Incident Reporting (Quarterly) to Quality, Safety and Improvement Committee			X	X	
SR 2.7	Surveillance of health threats to inform timely and effective response	National Director Health Protection and Screening Services and Medical Director	Communicable disease surveillance reports	X	X			
			Exceedance reports and protocols for escalation and response	X	X	X	X	
			Agreed criteria for escalation (reviewed on an annual basis)	X	X			
			Health Protection Situational Awareness Reports – (monthly report to Executive)	X	X	X		X
SR 2.8	Development of Workforce Plans for each Division and established processes to enable effective Recruitment	National Director Health Protection and Screening Services and Medical Director	Reports of progress against developed Workforce Plans	X	X			
			Reports to the People and Organisational Development Committee				X	
			Directorate and Divisional-level workforce plans		X			

# Strategic Risk Register

Action Plan No.	Gaps in controls		Action Plan	Exec Director	Due Date	Progress
AP 2.1	Divisional review of existing controls	MB	Work across Health Protection and Screening Services 3 service divisions to review existing controls and identify gaps, informing the developing action plan to be signed off at Directorate level	National Director Health Protection and Screening Services, and Medical Director	July 2022	Complete – will continue to review
AP 2.2	Integrated scrutiny and action planning at directorate level of available management information relating to finance, people, quality, and risk	MB	Review of current meeting cadence and information flows to identify gaps and opportunities	National Director Health Protection and Screening Services, and Medical Director	Complete	August update – Complete
		MB	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.	SH	Implementation of BSS select for Breast Screening Programme to maintain cohort selection for breast screening. Working group with NHS England colleagues to progress this change	Deputy Chief Executive / Executive Director of Finance and Operations National Director Health Protection and Screening Services, and Medical Director	March 2023	<p>March 23 – meetings in place to continue with progressing this work – meeting held to discuss differences in policy with NHS E colleagues. Concerns around timescales, feasibility and scoping out potential for alternative approach to resolving issue as back up.</p> <p>Feb 2023 – meeting in early Feb suggesting the plan lacked sufficient detail to provide assurances and very unlikely to produce any products this financial year. Decision taken to communicate with WG that unlikely to use capital funding identified this financial year. Meetings to include NHS E colleagues as well as NHS D to be more joined up and meetings held with NI who also going to use BS Select for cohort selection. Work will continue to progress. NHAIS is not being decommissioned in England until Dec 2024.</p>
AP 2.4	Recovery of the Breast Screening Programme is impacted by difficulty in recruiting specialist clinical staff to undertake reading of mammograms and assessment clinics.	SH	Recruitment processes underway for breast clinician role in North Wales. Planned recruitment in Southeast Wales for radiologist working closely with Health Boards. Planned retirement in 2023 will increase issue in North Wales and working with HB to explore potential ways forward.	National Director Health Protection and Screening Services, and Medical Director	March 2024	<p>March 23 – all actions are being taken forward and solutions explored.</p> <p>Feb 2023 update as Jan with the additional note that we are progressing training option for breast clinician, but this will be medium term. All other actions progressing.</p> <p>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</p>



# Strategic Risk Register

						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	RH/ DH	Continue to recruit to consultant posts; Deliver changes that will make the service more attractive including recruitment of Specialty and Specialist Doctors as well as Physician Associates, Clinical Scientists and Specialist Nurses.	National Director Health Protection and Screening Services, and Medical Director	Ongoing	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.
			Proposal to convert non-pay Transformation funds to pay to increase number of clinical staff (Scientists and Specialist Nursing)		May 2023	<b>Mar 23 – Continued iterations and focus on establishment and skill mix changes. Revision to budget realignment to encompass deliberate vacancy factor in areas such as Hot Labs and Virology as part of workforce redesign.</b> Feb 23 – Feedback from DMT and DLT received for next iteration. The timeline needs to be extended by 3 months to allow for the necessary iterations and governance.
AP 2.6	Sustainable provision of laboratory diagnostics including Out of Hours and workforce design	RH/ DH	Review network model to optimise skill mix across multiple sites for Out of Hours working	National Director Health Protection and Screening Services, and Medical Director	February 2023	Feb 23 - The review is complete. There is a work plan to ensure all staff can demonstrate and evidence competencies for OOH work. To be completed by September 2023 Jan 23 – Competencies agreed and signed off by SMT. Work plan to sign off all staff in development.
			Complete training competencies for all staff who are able/required to deliver OOH services		September 2023	Feb 23 - Recorded OOH competencies via iPassport for all staff required for OOH shift and on-call
			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	Feb 23 - Complete Jan 2023 – To be closed as specific action completed.
			Complete molecular testing tenders for provision of Respiratory and Central Nervous System syndromes to support workforce redesign.		March 2023	<b>Mar-23 CNS tender in standstill period following identification of preferred bidder.</b> Feb 23 – Centralised CNS procurement on schedule. New discrete action below for Syndromic molecular procurement

# Strategic Risk Register

			<p>Complete Syndromic Molecular Procurement project to include:</p> <ul style="list-style-type: none"> <li>- Respiratory</li> <li>- GI</li> <li>- AMR</li> <li>- Bone and joints</li> <li>- BBV</li> <li>- Sexual Health</li> </ul>		October 2023	<p><b>Mar 23 – Market dialogue underway. On schedule.</b></p> <p>Feb 23 - Pre-Information notice issued and responses received from interested companies. Tender specification to be finished based on market dialogue. Procurement exercise will be based on syndromic lots and volume-based discounts.</p> <p>Funding routes are i. TAT and Resilience Business Case for agreed targets and volumes and ii. all else via Health Board SLAs.</p>
			<p>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</p>		<p>i. November 2022 ii. April 2023</p>	<p><b>Mar 23 – to be closed.</b></p> <p>Feb 23 – RELOCATION &amp; OPERATIONALISATION TO IP5 COMPLETED.</p> <p>Jan 23 – i. completed and ii. On schedule</p>
AP 2.7	Resilient Out of Hours Acute Health Protection Service	GS/EM	<p>Design, cost, procure and Implement new central contact process to support 24/7 operations</p>	National Director Health Protection and Screening Services, and Medical Director	Completed	Complete – will continue to review
			<p>Reviewing the model of service delivery to test resilience and sustainability</p>		March 2023	<p><b>Mar 23 – Consultation closed on 17 Feb 2023. Feedback and comments reviewed and outcome document including recommendations and next steps concluded and shared with consultees and staff side</b></p> <p>Feb 23 – Consultation to end on 17 February 2023 noon. Feedback and comments to be reviewed subsequently and form part of the outcome report and recommendations</p>
AP 2.8	Surge Plan for Acute Health Protection	GS/EM	<p>Agreed oversight and surge plan for Acute Health Protection</p>	National Director Health Protection and Screening Services, and Medical Director	September 2023	<p><b>Mar 23 – AJ/HW/GS met in February and AJ updated GS that review of the PHW EP is underway and that with the completion date of May 2023. Work will commence to review and align HP divisional surge plan subsequently with a view to completing it by Sept 2023</b></p> <p>Feb 23 – discussions underway with EPBC team to further develop, align, and integrate Acute surge plan with the updated organisational Business continuity model and policy that is currently being updated.</p>