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Iechyd Cyhoeddus
Cymru
Public Health
Wales

Name of Meeting
Board
Date of Meeting
28 November 2019
Agenda item:
8.2.281119

Public Health Wales Corporate Risk Register

Executive lead: Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals

Author: John Lawson, Chief Risk Officer

Approval/Scrutiny route: Business Executive Team – 18 November (with the exception of risks 1003 and 935).

Purpose

Receive the Corporate Risk Register for the purpose of scrutiny and challenge

Recommendation:

APPROVE

CONSIDER

RECOMMEND

ADOPT

ASSURANCE

The Board is asked to:

- **Receive assurance** that the corporate risks of the organisation are 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.
Strategic Priority	Choose an item.

Summary impact analysis

Equality and Health Impact Assessment	No decision is required.
Risk and Assurance	This submission is the Corporate Risk Register.
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
Financial implications	No financial implications.
People implications	No people implications.

1. Purpose / situation

The purpose of this paper is to present the Corporate Risk Register to the Board.

2. Background

In order for the Board to discharge its responsibilities, it needs to receive assurances that the organisation is effectively managing its risks to ensure the delivery of its mission and objectives. The Board receives the Corporate Risk Register at 6 monthly intervals in accordance with Risk Management Procedure and Committee receive it at their quarterly meetings to scrutinise the risks for their areas of interest.

3. Description/Assessment

Summary

Total number of Corporate Risks		8
No. of Risks by severity (residual score)	Extreme	3
	High	5
	Moderate	0
	Low	0
No. of risks by Decision	Terminate	0
	Transfer	0
	Treat	8
	Tolerate	0
No. of risks by Exec Lead	Chief Executive	0
	Executive Director Finance	1
	Executive Director PHS	4
	Executive Director QNAHPs	0
	Director of POD	3
	Director of H&W	0
	Director of Knowledge	0
	Director of WHO Collaborating Centre	0
	Director of Improvement Cymru	0
No. of risks with overdue actions (see 'Key points')		3

Key points

Three risks have actions overdue at the time of writing:

- 907 – Delays in Bowel Screening. This will be an ongoing issue and a full update is provided in the Register.
- 906 – Managing change in relation to the new (people) strategy. This is scheduled for discussion at Business Executive Team in December.
- 696 – Delivery of Microbiology Stabilisation plan. This risk has a request for change to due date at the time of writing to accommodate a Transformation Programme Board meeting in January.

A significant update has been provided on risk 935 (DESW).

Risk movements

Risks added since the previous month

- 1003 – Welsh Language Standards

Risks to be considered for escalation

(Separate escalation form required)

- None

Risks to be considered for de-escalation or removal

- None

Risks increasing in severity score since the previous month

- Risk no. 935 – Diabetic Eye-screening Wales

Risks decreasing in severity score since the previous month

- None

3.1 Well-being of Future Generations (Wales) Act 2015

No decision required.

4. Recommendation

The Board is asked to:

- **Receive assurance** that the corporate risks of the organisation are managed appropriately.

Risk Identifier				Risk Description			Risk Scoring				Risk Action Plan										
Data ID	Domain	Date	Lead Executive	Directorate (if applicable)	Risk Description (There is a risk that...)	Cause (This will be caused by...)	Effect (The impact will be...)	Inherent Risk			Current Risk				Risk Decision	Action Plan	Due date	Target Risk			Progress
								Likelihood	Impact	Risk level	Likelihood	Impact	Risk level	Trend				Likelihood	Impact	Risk level	
493	Safety / Legislative	17/07/2015	Director of People and Organisational Development	Workforce and Organisational Development Directorate Wide	PHW will not develop their staff in line with the strategy and aspirations of the organisation	Insufficient staff receiving proper performance appraisals	PHW will have a sub-optimal workforce, unable to deliver on its strategic priorities	4	4	16	3	3	9	→	Treat	The Exec Team will have an objective this year to increase number of appraisals taking place and to ensure these are recorded on ESR. Target of 90% for March 2020	01 Mar 2020	1	3	3	Additional resource enabled improvement in ESR compliance. Now targeting areas where compliance falls under target.
															P&OD to re-issue guidance and reminder of value of appraisal and also how to input on to ESR.	Completed				Guidance re-issued with supporting video	
966	Business Objectives	20/09/2018	Director of People and Organisational Development	Workforce and Organisational Development Directorate Wide	PHW will not manage the change associated with the new strategy effectively	Lack of capacity or skills within the organisation	PHW will have a sub-optimal workforce, unable to deliver on its strategic priorities	2	5	10	2	5	10		Treat	See BAF Risk 1 for actions	31 Jan 2020	1	5	5	Plans on track to deliver draft plans to BET and POD Comm by October with final versions in line with IMTP and Board in Jan 2020.
															Development of change plan to be presented to Exec Team by November 2019 with mechanism in place to call off support resource as required	01 November 2019				The change plan has been developed but aim to discuss with Exec team in November was missed. This will now happen in December.	
696	Safety / Continuity / Staffing	16/01/2017	Executive Director for Public Health Services	Public Health Services (Microbiology)	Public Health Services will fail to recruit and retain sufficient medical microbiologists to be able to run an optimal and safe Microbiology service across the network, particularly in North Wales.	Extremely difficult recruiting environment, compounded by changes in the specialty training and the impact this is already having on the market for microbiologists.	In the absence of sustainable clinical oversight and input, service delivery would have to be severely restricted. This would hamper infection prevention and control activities to the host Health Board. Without medical microbiologists the microbiology service across the network, particularly in North Wales, will not be able to meet service needs to the population and attempts to maintain a service with inadequate medical staffing could impact on patient safety and quality for users of health services in the health board.	4	4	16	4	4	16	→	Treat	Delivery of the Microbiology Stabilisation Plan	31/10/2019 Request to amend due date to January 2020.	2	2	4	Additional medical workforce pressures across Wales arising from death in service, staff sabbatical and staff turnover have further impacted on the risk likelihood/scoring. Planned mitigation over the winter period is being put in place with ongoing recruitment processes continuing. Progress in relation to the second Stabilisation Plan continues to be made and is formally reviewed by the Microbiology Senior Management Team, the Public Health Services Directorate Leadership Team and the Transformation Board (last Board review – 30 September 2019). It has been agreed that the Transformation Board will review the need for its continuation at its meeting in January 2020, and consider whether oversight can be fully remitted back to the Public Health Services Directorate. A final stabilisation report will be considered at this meeting. Therefore, it is requested that the deadline for this action is amended to January 2020. (Note: this status has also been included in an update to the Board Assurance Framework - Risk 3 (Action 3.1).
															Profiling of workforce. i.e. develop novel (Public Health Microbiology) Consultant Clinical Scientist	30 Nov 2019				High level model for roles and pathway developed. Draft JD/PS are in production in collaboration with DoTHs as part of Workforce Development workstream. A final workforce report will be presented to the Transformation Board in December 2019 (for approval).	
															Further develop network clinical management (e.g. single on-call for Microbiology)	01 Dec 2019				Work continues to develop the concept and proposal with medical colleagues and is one of the key four clinical workstreams. Work on this area is progressing and reported to the Transformation Board at its meeting in September 2019.	
															Redesign the service i.e. describe and plan for a National Infection Service	01 Dec 2019				A commissioning sub-group has been established which has developed an understanding of laboratory requirements, which has now informed a model of delivery, which forms part of the submission for a NHPS, which has now received funding. Discussions on implementation with Health Boards will now take place.	
907	Safety	28/08/2018	Executive Director for Public Health Services	Public Health Services (BSW Screening)	Bowel Screening Programme participants will have a delayed diagnosis of bowel cancer and increased wait for colonoscopy	Lack of colonoscopy capacity in Health boards delivered for screening despite being commissioned for the service	Patient harm including increased risk of unnecessary harm due to delay in diagnosis and potential for increased deaths, with associated reputational and financial risks								Treat	Work with local health boards to secure sustainable endoscopy capacity for bowel screened patients, whilst at the same time actively participate in the nationally directed endoscopy programme to achieve long term, sustainable endoscopy capacity in Wales.	01/09/2019 Note: This will require active management throughout optimisation.				Welsh Government has now confirmed that a directed national approach to endoscopy services in Wales is to be implemented. This work will be led by the National Endoscopy Programme Board (NEPB) and supported by the NHS Collaborative. The board was set up in October 2018 and the frequency of meetings and work has picked up as of summer 2019 with the appointment of the Programme Lead. Four work streams established and clinical leads appointed. Bowel Screening Wales is liaising with the NEPB and Public Health Wales is represented at the Board by the Executive Director. Continued working with Health Boards around current activity and improving timeliness. CMO has communicated support for optimisation of bowel screening programme as this will result in increased demand not just for the BSW itself but also on all

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								4	5	20		4	5	20	→			2	4	8	diagnostic services further in the pathway including pathology, radiology and endoscopy (with the latter being one of the most stretched diagnostics services in Wales). In light of phased implementation of FIT and its continuous monitoring and evaluation the original demand modelling for the agreed Optimisation Option has been undertaken and is being validated by the optimisation advisory board, with results being for a considerably increased demand as compared to the original model. Confirmation of funding for optimisation by the Welsh Government is awaited.						
734	Service Continuity	17/05/2017	Deputy Chief Executive	Operations and Finance (Information Technology)	There is a risk that PHW will suffer unacceptable IT failures	We do not have consistent SLAs with NWIS and have ineffective service management processes.	Disruption to service delivery with potential or reputational financial damage.	4	3	12		3	3	9	→	Treat	All Public Health Wales staff to be transitioned to in-house IT support. This is however a long term project.	31 Oct 2020	1	3	3	An agreement has been reached with NWIS to transfer all staff to inhouse support by December 2020.					
916	Business Objectives	26/07/2018	Executive Director for Public Health Services	Policy & Public Health Services	There is a risk that the organisation will suffer a failure in service delivery	This will be caused by a failure to plan, prepare and implement relevant actions in advance of and following the UK leaving the EU	Potential effects include disruption to essential supplies and services for example Health protection, screening, Microbiology services, other procurement and supply arrangements, health security and surveillance alerts which may impact on the health of the nation.	3	4	12		3	4	12	→	Treat	<p>Refreshed (following an End of Phase Review in May 2019) formal Brexit Programme arrangements to oversee and manage PHW response</p> <p>A single SRO (Executive Director of Public Health Services) appointed, along with dedicated project support, to deliver this work</p> <p>Programme plan, risk log and work stream reporting in place as part of governance arrangements</p> <p>Membership of EU Transition Leadership Group, along with SRO and Health Security Sub-Groups</p> <p>Member of UK Four Nations Groups focussed on Public Health Protection/Health Security</p> <p>Bilateral relationships with Public Health England</p> <p>Brexit standing item on executive team agendas, including formal reports, and also reported to Audit Committee</p>	Completed	Completed	Completed	Completed	Completed	31 Dec 2019	2	2	4	
935	Organisational Objectives	02/11/2018	Executive Director for Public Health Services	Public Health 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 proved 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	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								Treat	Action plan developed to address multiple areas for improvement for optimisation and transformation of the programme. Key areas for improvement are improved clinical governance for programme with focus on regional governance; lead for quality improvement of the service with focus on quality assurance for grading; identified role to lead IT upgrade which is essential for improvements to be enabled. Transformation team being recruited to which will lead the outline for transformational of programme and undertake necessary work to review demand and capacity work to inform sustainable programme	30 Jun 2020				Business Executive Team received and supported the optimisation and transformational Plan in July 2019. Investment agreed to support the improvement project and recruitment to posts underway. Additional funding agreed in October 2019 following issues identified to improve clinical governance for programme and quality assurance and these posts are being recruited to.						

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					achieve service standards. There is a lack of clinical governance to support quality delivery.	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	5	4	20	→				2	4	8	
1003	Legislation	18/11/2019	Director of People and Organisational Development	Organisation wide	There is a risk that Public Health Wales staff will fail to comply fully with the requirements of the Welsh Language Standards.	This will be caused by insufficient access to human and technical resources.	The impact will be financial and reputational damage together with possible litigation.	5	3	15	3	3	9		Treat	Upskilling and training of existing staff	Dec-20	2	3	6
																Language Preference Database to be implemented	31 Dec 2020	2	3	6
																Liaising with IT Exploring options to develop a solution for telephone calls to ensure Welsh Speakers have access to a fully bilingual service.	31 Dec 2019			
																Developing a library of job description.	31 Mar 2020			
																Ongoing proactive support from the Welsh Language Team to respond to queries and advise. To include regular drop in clinics, induction days and regular attendance in Comms and other business meetings				