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Iechyd Cyhoeddus
Cymru
Public Health
Wales

Name of Meeting

Board

Date of Meeting

30 May 2019

Agenda item:

10.6.300519

Public Health Wales Corporate Risk Register

Executive lead:	Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals
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Author:	John Lawson, Chief Risk Officer
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Approval/Scrutiny route:	Executive Team
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Purpose

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

Recommendation:

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

All operational risks within Public Health Wales are managed through the Datix platform, and the Corporate Risk Register is the visible representation of the highest level organisational risks which are managed by the Executive Team.

The risks are discussed at every Business Executive Team meeting and the Chief Risk Officer has regular meetings with each Director or their representative to discuss progress and concerns.

In terms of severity, the risks are grouped as follows:

Extreme Risk	- 3
High Risk	- 6
Moderate Risk	- 0
Low Risk	- 0

Points of note

One risk on the Corporate Risk Register (897 in relation to contracts and Welsh Government requirements) is recommended for de-escalation at the Business Executive Team meeting as the outstanding issues have been resolved and the residual risk score had been reduced to 4. De-escalation form attached.

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

No decision required.

4. Recommendation

The Committee is asked to:

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

Risk Identifier					Risk Description			Risk Scoring				Risk Action Plan										
Datix 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	RAG Status
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472	Legislative	28 May 2015	Director of People and Organisational Development	Workforce and Organisational Development Directorate Wide	PHW will fail to meet the new Welsh Language standards by the required deadlines	Insufficient resources to meet new requirements	Damage to reputation, and possible sanctions due to regulatory / legislative non compliance	4	3	12	4	3	12	→	Treat	Develop WL implementation plan	31 May 2019	3	2	6	Plans have been completed and are being worked on jointly with directorates to implement plans locally and corporately where required. update- 11/04/19 Following Exec Team discussion 10/4/19 Board paper being prepared to reflect progress, continue potential standards to appeal and also explore PHW ambition. This will come to May 2019 meeting.	Yellow
493	Safety / Legislative	17 Jul 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 80% for March 2020 P&OD to re-issue guidance and reminder of value of appraisal and also how to input on to ESR.	01 Mar 2020 30 May 2019	1	3	3		Green
906	Business Objectives	20 Sep 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			See BAF Risk 1 for actions Development of change plan to be presented to Exec Team by July 2019 with mechanism in place to call off support resource as required	01 July 2019	1	5	5		Green
696	Safety / Continuity / Staffing	16 Jan 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, 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 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	3	4	12	→	Treat	Delivery of the Microbiology Stabilisation Plan Profiling of workforce. i.e. develop novel (Public Health Microbiology) Consultant Clinical Scientist Further develop network clinical management (e.g. single on-call for Microbiology) Redesign the service i.e. describe and plan for a National Infection Service	31 Jul 2019 30 Nov 2019 01 Jul 2019 01 Dec 2019	2	2	4	Update 4 March 2019: A revised approach has been agreed with the following key steps: Progress report to BET and Board March 2019; Fortnightly highlight reports to execs from April; Stabilisation meeting stood down until July; Transformation Programme Board likewise; Focus between now and July to be on £1.1m investment planning and implementation.	Green

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907	Safety	28 Aug 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	4	5	20	Continuous monitoring of waiting time standard. Escalation process as per LTA Monitoring of Health Board recovery plans Regular service review meetings Establishment of a national improvement programme for endoscopy services	4	5	20 →	Escalate	Escalation letters sent to Health Boards from the Head of Programme August 2018 to initial a second round of escalation- responses requested by the 6th September	30 Jun 2019	2	4	8	Green	
															Recovery plans requested for short term improvement and long term development of sustainable capacity Service review meetings planned for September and October	30 Jun 2019				Update May 2019. Continued working with Health Boards around current activity and improving timeliness. BCU much improved engagement and improvement in timeliness. Meetings undertaken with two health boards who are consistently not reaching target. Discussion held on 13/3/19 with Exec Director of Operation and Finance around approach with SLA next financial year to encourage engagement and improvement of timeliness in preparation of new test implementation. Programme manager recruited to for National Endoscopy programme . First Board meeting set for April 2019 and Exec Director Public Health Services member of Board. Our latest timeliness standards for colonoscopy for programme have shown a marked improvement with 86% of colonoscopies being with standard. This is the best performance this year and the challenge for the Health Boards to maintain this.	Green	

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897	Business Objectives	16 Aug 2018	Executive Director of Quality, Nursing and Allied Health Professionals	Risk and Information Governance	Projects involving third party data processors may be held up or stopped	The requirement by WHC 25(2017) for data processors to be certificated to Cyber Essentials Plus and the inability to find suitably qualified suppliers	Failure of a project along with associated financial and reputational impacts	5	4	20	Privacy Impact Assessment Procedure	4	4	16	→	Escalate	Any new project involving data processors will be required to be certified as set out in the WHC 25(2017) or alternative equal accreditation if approved by Welsh Government (see action below).	31 Mar 2019	1	4	4	Update 28/2/19 - No response yet received. Email requesting update sent to WG Update 11/3/19 - Peter Jones responded to say matter in hand but still no update Update received from WG. Response will now be included in the due diligence section of the Data Protection Impact Assessment documentation Update 26/3/19 - Matter now clarified by WG and will be included in new DPIA documentation. Recommend de-escalation at next available BET.	Red
																	The requirement for a DPIA (stage 1) will be included in new documentation now being developed for programme/project managers, which will ensure that all new programmes and projects will complete stage 1 DPIA prior to any further work being carried out.	29 Mar 2019					
																	Meeting to be held with WG to discuss the WHC 24th January 2019	31 Jan 2019					
734	Service Continuity	17 May 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	In house informatics support Plan in place to bring all IT systems under PHW support.	3	3	9	→	Escalate	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	Green	
916	Business Objectives	26 Jul 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	Formal Brexit Programme established to oversee PHW Brexit response, including identification of joint executive SROs Programme plan, risk log and work stream reporting in place as part of governance arrangements Member of Welsh Government Health and Social Care liaison Group Member of UK Four Nations Group focussed on Public Health Protection Bilateral relationships with Public Health England Brexit standing item on executive team agendas, including formal reports, and also reported to Board and Audit Committee	3	4	12	→	Treat	Brexit Mitigation/Business Continuity Plans in place for our 'high risk services'	28 Mar 2019	2	2	4	Business Continuity Plans reviewed across the organisation. Specific internal business continuity exercises completed for Screening, Health Protection and Microbiology as highest risk areas. Note: arrangements to be kept under review due to EU exit developments.	Red
																	training of additional staff for key roles on emergency planning rota	01 Mar 2019				Executive/Senior Leadership Team training completed. Additional TIM/Loggist and Business Continuity Leads Training completed. Brexit response rotas completed for the above roles. Ongoing training and exercises built into annual planning. Note: arrangements to be kept under review due to EU exit developments.	
																	Involvement in Welsh Government discussions (various activities)	31 Mar 2019				PHW playing a key role on a number of WG groups and sub-groups, including the provision of increased direct support during February-March 2019. Note: arrangements to be kept under review due to EU exit developments.	

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935	Organisational Objectives	02 Nov 2018	Quentin Sandifer	Public Health Services	DESW will be unable to modernise to provide quality assured delivery within sufficient time to accommodate the increasing diabetic population of Wales.	Projected increase in diabetic population (current referral level = 1000 new patients per month). Lack of service capacity and capability to achieve service standards. Lack of service infrastructure to support resilient delivery. Resistance to changes in practice from staff within the service.	Patients will have extended waits for eye screening, potentially leading to delayed referral and contributing to irreversible sight loss. Service model becomes 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 service instability.	5	4	20	Standards in place and being monitored to support service transparency. Management restructure planned to increase capacity, support staff and progress change agenda. Modernisation action plan developed, calling on support from across PHW. Capital investment progressing to replace some equipment.	4	4	16	→	Treat	Action plan developed to address multiple areas for improvement, with actions spanning Sept 2018 - June 2020. Areas for improvement identified as: Governance - standards and performance monitoring against the standards. Organisational Development Workforce Quality and Safety Stakeholder engagement. Update on progress due January 2019.	30 Jun 2020	2	4	8	Work is progressing with action plan. The main current action is to work to bring in a more fit for purpose management structure and this has been delayed slightly waiting for two roles to be job matched. This is being worked on and HR supporting. This change will require consultation with staff. There is no risk of redundancy in the working to establish the new structure and there are several opportunities for staff development.	Green