

Name of Meeting Board Date of Meeting 30 April 2020 Agenda item: 4.6.300420

Public Health Wales Corporate Risk Register

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Gold meeting 23 April 2020 Approval/Scrutiny route:

Purpose

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

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
				\square

The Board is asked to:

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

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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	No decision is required.	
Impact Assessment		
Risk and Assurance	This submission is the Corporate Risk	
	Register.	
Health and Care	This report supports and/or takes into	
Standards	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.	

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1. Purpose / situation

This paper introduces the Corporate Risk Register and highlights any areas of concern or that may require further discussion. This paper must be read in conjunction with the full Corporate Risk Register. The Corporate Risk Register sees the inclusion of 10 new risks, all of which are associated with the COVID-19 pandemic.

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. However during the current Covid-19 emergency we are working in very challenging times and the need for scrutiny of our risks is more important than ever. To this end there have been some changes to the way in which operational risks are scrutinised by the Board.

The Board normally receives the Corporate Risk Register at 6 monthly intervals in accordance with Risk Management Procedure and Committees all receive it at their quarterly meetings to scrutinise the risks for their areas of interest.

During the current Covid-19 emergency however, the Board is meeting monthly and will receive the Corporate Risk Register on every meeting for the purposes of scrutiny and challenge.

Below the level of our Corporate risks, our most significant service user facing operational risks sit within the Public Health Services Directorate, where there are currently 28 Directorate level and 43 Divisional level risks. This Directorate was subject to a major review in 2018 which resulted in extensive updates to its risk management processes, and subsequently received a favourable report from internal audit.

3. Horizon scanning

Public Health Protection Response Plan

In recent days, a threat assessment has been carried out on the objectives and deliverables of the plan. This has resulted in the identification of 1 overarching strategic risk and 10 significant operational risks. Depending on the decision by Welsh Government, any risks owned by Public Health Wales will require action plans to mitigate them and increase the chances of success in delivering the plan.

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Personal Protective Equipment (PPE)

Although this has attracted considerable media coverage in recent times, at present there are no significant risks to Public Health Wales in terms of availability and supply of PPE. A paper was sent to Gold on for assurance on the matter. However, if the situation changes or guidance is amended in a way that increases our requirements then this position may change.

Testing

Testing is a key action of the COVID-19 response, we are developing new approaches for access to sample taking, some of which will be digitally supported further risks will be identified in the delivery of a sustainable process.

A similar picture is emerging in relation to the wider contract tracing work. Risks for both of these areas have been identified above in the Public Health Protection Response Plan, but this will be a rapidly developing environment and further horizon scanning will ensure that future risks are picked up and managed accordingly.

4. Summary

Total number of Corporate Risks relating to COVID-19			10
Total number of Corporate Risks not related to COVID-19			8
No. of Risks by se	everity (residual score)	Extreme	8
		High	9
		Moderate	
		Low	1
No. of risks by De	ecision	Terminate	0
		Transfer	0
			17
Tolerate			1
No. of risks by		COVID-19	Not COVID-
Exec Lead		Related	19 Related
	Chief Executive	0	0
	Executive Director Finance	2	1
	Executive Director PHS	2	4
	Executive Director QNAHPs	4	0
	Director of POD	0	3
	Director of H&W	0	0
	Director of Knowledge	0	0

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	Director of WHO	0	0
	Collaborating Centre		
	Director of Improvement	0	0
	Cymru		
	Board Secretary	1	0
	Not assigned	1	0
No. of risks with overdue actions (see 'Key points')			4

5. Key points

Risk 493 – the compliance rate for appraisals carried out is below both the internal and Welsh Government target.

Risk 906 – the launch of the strategy has been deferred during the COVID-19 priority response.

Risk 916 – the development of a refreshed Programme Plan focussing on assessing the quality of emergency planning/business continuity arrangements been put in place has not yet been completed.

Risk 1003 – there are a number of actions that have been put on pause due to the COVID-19 priority response.

6. Risk movements

Risks added since the previous month

There are 9 risks that have been added to the Corporate Risk Register which all relate the COVID-19.

New Risk 1 - There is a risk that PHW will not be able to deliver a full screening service during the current response to the current COVID19 response.

New Risk 2 - There is a risk of unrecognised non-Covid infections threat to the population.

New Risk 3 - There is a risk that Public Health Wales will be unable to deliver a critical service to the public due to a supply chain failure.

New Risk 4 - There will be insufficient staff to respond to the current COVID 19 outbreak.

New Risk 5 - An increase in the mobilisation of staff to respond to the outbreak will have a negative impact on staff wellbeing/welfare.

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New Risk 6 - There will be sudden and widespread sickness amongst the staff in any PHW location.

New Risk 7 - There is a risk that we are unable to provide good quality and safe services in the context of COVID-19 response.

New Risk 8 - There may be a significant legislative and other reporting noncompliance (e.g. Health and Safety, PTR, Data Protection, annual reporting).

New Risk 9 - Staff required to work from home (From HG - on business critical functions) will be unable to do so.

New Risk 9 - Public Health Wales will have a sub-optimal return to business as usual.

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

Excluding the COVID-19 risks that have been added to the Corporate Risk Register since the previous month, no risks scores have increased in severity.

Risks decreasing in severity score since the previous month

Excluding the COVID-19 risks that have been added to the Corporate Risk Register since the previous month, no risks scores have decreased in severity.

7. Well-being of Future Generations (Wales) Act 2015

No decision required.

8. Recommendation

The Board is asked to:

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

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Appendix A

Key to risk register colour coding

Risk scores (Inherent, residual and target)

Extreme Risk
High Risk
Moderate Risk
Low Risk

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		Risk	Identifier			Risk Description				Risk Scoring				Ri	sk Action Plan			
								Inheren	nt Risk		Currer	nt Risk				Target	t Risk	
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)	Likelihood Impact	Risk level	Key Controls	Likelihood Impact	Risk level	Risk Decision		Due date	Likelihood Impact	Risk level	Progress
	Business Objectives	17/03/2020	Executive Director for Public Health Services	Corporate	will not be able to deliver a full screening service during the	This will be caused by a reprioritisation of clinical service priorities including the screening programmes (with the exception of Newborn Bloodspot, Newborn Hearing and Antenatal Screening)	The impact will be that there will be a reduction in the early detection of avoidable cancers and early detection of serious retinopathy		exce	oorting through to the Gold Meeting by eption				Approval to be sought and agreed with the Board and Welsh Government	Completed			Step down planning and implementation
								5 5	25		5 4	. 20	Treat	Screening Division to plan service reduction	Completed			Due date for this was 31st March 2020 - Completed on schedule and staff have been redeployed to other Covid responses. For programmes that are continuing, reports will go to Gold Meeting on a regular basis.
	Clients &	08/04/2020	Executive Director for Public Health Services	Corporate		This is caused by the organisational attention focussed on Covid response	Avoidable infections	3 5	prot	intenance of non covid general health itection services. gular reports to the Gold Meeting.	3 5	15	Treat	Separate Health Protection Leadership arrangements in place that is separate from Covid	30 Jun 2020	2 5	10	The arrangements have been put in place and the first report on non Covid health protection activitie: is due to go to the Gold meeting week commencing the 13/04/2020
	:	21/04/2020		Corporate	There is a risk that Public Health Wales will be unable to deliver a critical service to the public	This will be caused by a failure in one or more supply chains for critical consumables	The impact will be reputational damage to the organisation and possible avoidable harm to service users.	4 5	20 Office Reg Moo Reg	gular reviews with National Clinical Procurement icer gular meeting with NWSSP Procurement idels of usage for critical consumables gular meetings of key PHW stakeholders alation processes to SRO	3 5	15	Treat	SBAR paper in development for SRO with options and recommendations for risk mitigation. Further actions will be determined following consideration.	30 Apr 2020	2 5	10	
	ervice Interruption	17/03/2020	Executive Director Quality, Nursing and Allied Health Professionals	Corporate		Staff being unable to attend for work due to requirement to self isolate, being in a high risk group or having caring responsibilities.	out its legal obligations as a	5 4	Covi Mut Covi Staf	a cell established irid19 Management Information Dashboard itual aid plan irid19 operating framework ff bank system ibilisation plan	4 4	16	Treat	All rotas to be reconciled and data cleansed Covid19 Management Information system to be established and all available information to be inputted	Completed Completed	3 4	12	Action completed. 16/04/2020 - Executive dashboard feature now complete, levels of resilience for Covid critical work information available. Dynamic information system so therefore will require consistent updates including ESR sickness data.
	s													Implement plan and go live Operating Framework identified Establish staff action plan Paper to Gold outlining the mobilisation plan	Completed Completed Completed Completed			16/04/2020 - Completed 16/04/2020 - Completed 16/04/2020 - Completed 02/04/2020 - Completed
	nan Resources	17/03/2020	Executive Director Quality, Nursing and Allied Health Professionals	Corporate	An increase in the mobilisation of staff to respond to the outbreak will have a negative impact on	The uncertainty around working arrangements and the working environment and a lack of clear redeployment plans for staff	An increase in the non- availability of staff, and a negative impact on staff wellbeing		Reg Risk Sup	eping in touch plan gular staff briefings k assessment tool for managers port People Plus Guidance for staff identified I developed available to all staff				Implement a keeping in touch plan (supporting people plus) Daily review of any updates for staff Develop a risk assessment tool, for managers to assess staff	Completed Complete - Ongoing Completed			08/04/2020 - Completed 27/03/2020 - Complete, available as a suite of supporting tools for managers
	Hur				staff wellbeing / welfare			4 4			3 3			Create a Support People Plus function	Complete - Ongoing	3 3		08/04/2020 - Completed
									10		3 3			All information for staff and managers to be available	Completed	3 3	5	
														remotely/VPN Implement a staff pulse survey to capture regular staff feedback on communications; working practices; working environment; leadership	30/04/2020			16/04/2020 - question set developed, links with comms and corporate analytic team to ensure right solution and reporting capability.
	n Resources	17/03/2020	Executive Director Quality, Nursing and Allied Health Professionals	Corporate	There will be sudden and widespread sickness amongst the staff in any PHW	Frequently changing guidance which is out of PHW control, and the lack of certainty in identifying people who are	An increase in the non- availability of key staff		IP&0 Reg Rota	lity to replicate operations at multiple sites C plan gular communications with staff ta cell established				Significant staff wellbeing resources available and publicised, inhouse coaching and counselling support will also be established in a phased approach.	Phased between 24 April and 04 May			Initial meeting taken place and commitment in place, working through code of ethics and process
	Huma				location	infectious whilst remaining asymptomatic		3 4	12 Mut Staf	vid19 Management Information Dashboard Itual aid plan vid19 operating framework ff bank system ibilisation plan	3 3	9		Social Distancing regulations to be implemented	Completed	3 3	9	07/04/2020 - Staff supported to work remotely Locations where staff are in PHW sites, measures implemented to comply with the legislation
														IPC Plan to be completed	Completed			
	16/	/04/2020	Executive Director Quality, Nursing and Allied Health Professionals	Corporate	There is a risk that we are unable to provide good quality and safe services in the context	This will be caused by unpredictable and fast changing service and clinical needs	The impact will be an inability to mitigate and avoid harm to service users or staff		plac SOP Info	Ps in place where required ormation Governance requirements maintained				Incident Management arrangements in place	Ongoing			
					of Covid 19 response		5	5	ZS Qua	gular reports to Gold meeting ality and Safety Committee to continue to wide oversight for quality and clinical vernance	4 5	20		Provide appropriate reporting to Quality and Safety Committee	May			PTR Report in development in readiness for Quality and Safety Committee
	tatutory Duty	17/03/2020	Board Secretary	Corporate	and other reporting non- compliance (e.g. Health	discharge all of our statutory functions	Potential for harm to individuals, financial and reputational damage.			gister/schedule of requirements				Schedule developed to reflect compliance requirements, timescales and lead officers Schedule monitored monthly by Board Secretary and executive team updated	30 Apr 2020 End each month			
	ŝ				and Safety, PTR, Data Protection, annual reporting)			5 5	25		3 5	10) Treat	Update and assurance report provided to executive, Board & Board Committees for relevant areas of remit	To meet agreed meeting schedule	2 5	10	
														Remain in frequent discussion with external partners who set reporting / legislative timetables				

	Business Objectives	Deputy Chief Executive	Corporate	Staff required to work from home (From HG - on business critical functions) will be unable to do so	The inability of the existing infrastructure to cope with the demand (mobile networks / VPN etc)	Failure to meet existing objectives (From HG - Failure to deliver the system critical response to Covid19)		3	9 IT equipment prioritisation process IT equipment loan process Home Working Guidance VPN capacity increased (NWIS) People Support Plus Desk	1 3	3		Tolerate	Continue to provide staff with necessary loan IT equipment Ongoing prioritisation of business critical functions	30 Apr 2020	1 3	IT equipment loan process ongoing. Staff are supported through people Support Plus and IT issues are managed through the IT Service Desk as per normal.
	0pjectives 0pjectives	Deputy Chief Executive	Corporate	Public Health Wales will have a sub-optimal return to business as usual	The lack of an effective recovery plan	Poor and ineffective service delivery and failure to meet business objectives	5	5	PHW Recovery plan has been commissioned by Gold. New strategic aim for PHW recovery agreed by Gold on 16 April along with dedicated resources, agreed scope and planning timetable.	3 4	12		Treat	PHW Recovery plan to be developed and agreed	30 Apr 2020	2 4	Planning underway
493	Safety / Legislative	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	Appraisal processes for staff, either 'My Contribution' or Consultant Job Plans ESR Records	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 P&OD to re-issue guidance and reminder of value of appraisal and	01 Mar 2020 Completed	1 3	16.4.20 Compliance below internal target of 90% and WG target of 85%. Year end data will be circulated as per updated IPR requirements by the end of April 2020 and actions coming out of the internal audit into appraisals will be agreed and communicated at the earliest opportunity All guidance live and re-sent with targeted
906	Objectives 20/0	and Organisational Development	Development	the change associated with the new strategy	Lack of capacity or skills within the organisation	PHW will have a sub-optimal workforce, unable to deliver on its strategic priorities			Executive and SLT teams sponsorship of new ways of working Long term workforce strategy					also how to input on to ESR. See BAF Risk 1 for actions	31 Jan 2020		breakdown (Dec 19) Draft People Strategy approved with amendments 23.1.20 16.4.20: launch of strategy deferred during COVID-
	Business (Directorate Wide	effectively			2	5	Output of Talent and Succession processes	2 5	10		Treat	Development of change plan to be presented to Exec Team by November 2019 with mechanism in place to call off support resource as required	Completed	1 5	19 priority response Change Programmes update delivered to Exec in December 2019 - action closed
696	Safety / Continuity / Staffing	for Public Health	Public Health Services (Microbiology)	will fail to recruit and	environment, compounded by changes in the specialty training and the impact this is	service delivery would have		4	High priority area N Wales: Agreed actions to maintain minimum level (as per agreed stabilisation plan) of consultant medical microbiologists using agency and locum staffing. Monitoring competency of locum and agency medical microbiologists to ensure appropriate service provision. In discussion with current locum/agency to determine potential packages to make posts substantive Working with recruitment and Workforce and OD to edit adverts and other recruitment information to improve attractiveness Trust agreement to utilise agency locum staff Monthly submission to Welsh Government to monitor spend on Medical Locums Alternative provision of medical microbiology services from elsewhere within the Public Health wales network. Action plan to address the local and agency spend issues was submitted by deadline and subsequently a progress report went to Welsh Government by deadline set. Stabilisation and Transformation Group accountable to Executive	4 4	16	÷	Treat	Delivery of the Microbiology Stabilisation Plan	30/04/2020	2 2	Additional medical workforce pressures across Wales arising from death in service, staff sabbatical and staff turnover have further impacted on the risk likelihood/scoring. Mitigation over the winter period is now in effect. Meanwhile, we continue active recruitment to all Microbiology/health Protection roles in accordance with the investment plan for the National Health Protection Service. An update on the Microbiology Transformation Programme, which incorporates the Stabilisation Plan, was presented to the Business Executive Team on 13 January 2020. This will be discussed in detail at the Transformation Programme Board on 30 January 2020, and an update provided to QSIC in February. The Transformation Programme includes a workforce work stream and this will report at the meeting at the end of January. (Note: this status has also been included in an update to the Board Assurance Framework - Risk 3 (Action 3.1). Update 27/2/20 - Due to the continued response to the Corona Virus outbreak, the Transformation Board in January was cancelled and will now take place in April. All actions therefore will be updated following that Board meeting.
														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)	30/04/2020		High level model for roles and pathway developed. Draft JD/PS are in production in collaboration with DoTHs as part of Workforce Development work stream. A final workforce report will be presented to the Transformation Board in April 2020 (for approval). Work continues to develop the concept and proposal with medical colleagues and is one of the key four clinical work streams. Work on this area is progressing and reported to the Transformation Board at its meeting in April 2020.

															Redesign the service i.e. describe and plan for a National Infection Service	30 Apr 2020			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 the National Health Protection Service, which has now received funding. Discussions on implementation with Health Boards will now take place.
	07 Atajes	28/08/2018		Services (BSW	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		5 5 200	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	225 22	• >	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.	30/04/2020	2 4	4 8	The Welsh Government nationally directed approach to endoscopy services in Wales continues its discussions through the National Endoscopy Programme Board (NEPB) and supported by the NHS Collaborative. Four work streams were established and Bowel Screening Wales continues to liaise with the NEPB with Public Health Wales represented by the Executive Director. Work continues with Health Boards around current activity and improving timeliness. Welsh Government has confirmed support to the optimisation plan submitted by Public Health Wales, via the Wales Screening Committee. In December 2019, the funding to support this was also confirmed by Welsh Government in December 2020. Demand figures for colonoscopy due to optimisation has been communicated to health boards as has the confirmation of funding for the additional demand. Work continues with health boards and national endoscopy programme to prepare for optimisation.
	734 ervice Continuity	17/05/2017	Executive	Finance		We do not have consistent SLAs with NWIS and have ineffective service management processes.	Disruption to service delivery with potential or reputational financial damage.	ı	3 12	In house informatics support Plan in place to bring all IT systems under PHW support.	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 3	An agreement has been reached with NWIS to transfer all staff to in-house support by December 2020.
91	Business Objectives Se	26/07/2018		Policy & Public Health Services		This will be caused by a failure to plan, prepare and implement relevant actions in advance of and following the UK leaving the EU	disruption to essential supplies and services for example Health protection, screening, Microbiology services, other procurement			Refreshed (following an End of Phase Review in May 2019) formal Brexit Programme arrangements to oversee and manage PHW response A single SRO (Executive Director of Public Health Services) appointed, along with dedicated project support, to deliver this work					Complete End of Phase Review to consider how Brexit preparedness can be taken forward in light of extension of the UK's departure date Revise governance arrangements, including agreement of single organisational SRO	Completed			
							and supply arrangements, health security and			Programme plan, risk log and work stream reporting in place as part of governance					Develop a No Deal Activation Plan for PHW	Completed			
							surveillance alerts which may impact on the health of the nation.	3 4	12	arrangements Membership of EU Transition Leadership Group, along with SRO and Health Security Sub-Groups Member of UK Four Nations Groups focussed on Public Health Protection/Health Security Bilateral relationships with Public Health England Brexit standing item on executive team agendas, including formal nearcheard alow security to Audi	3 4	1	2	Treat	Deliver agreed actions set out in Emergency Planning / Business Continuity and Health Securities Programme Plan focused on ensuring our arrangements for a potential no deal are in place, including mitigation actions where required, and have been tested	Completed	2 2	2 4	
										including formal reports, and also reported to Audit Committee					Hold business continuity exercises for PHW critical services and refresh plans, where required	Completed			
															Continue training of key emergency response roles (as set out in our Emergency Response Plan)	Completed			
															Develop refreshed Programme Plan (following extension to 31st January 2020) that focuses on assessing the quality of emergency planning / business continuity arrangements we have put in place.	31 Dec 2019			
	Organisational Objectives	02/11/2018	Executive Director for Public Health Services	Services	quality-assured programme to the diabetic population of	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	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		4 70	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 T 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		4 3		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		4 12	Business Executive Team received Transformational Plan in July 2019 and approach approved and team worked with PMO to align with programme and project method. Recruitment completed for project support and analysist and start date to be agreed. Expression of interest for transformational lead replacement underway. Additional resource identified to strengthen operational governance with recruitment to quality improvement lead completed with start date March 2020 and regional co-ordinator for West and North being interviewed at end of Feb.

				governance to support quality delivery.	service leads to detrimental impact on uptake. Increase in complaints, claims and staff grievance. Loss of staff members, resulting in further service instability.				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 undertaken necessary work to enable plan to transform the service.	5			-	ireat	
1003	Legislation	Director of People and Organisational Development	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.				Welsh Language Hwb with resources to guide and support staff Welsh Language Group meets quarterly with bi- annual progress reviews against the Standards Welsh Language Officer regularly reviews and monitors progress for Divisions which is fed back to Exec Directors Transition Service in place Skills assessment undertaken for staff Recruitment tool and guidance available to assist in the attraction and recruitment of Welsh Speaking staff						Upskilling and training of existing staff
						5	3	15		3	3	9		Treat	Language Preference Database to be implemented
															telephone calls to ensure Welsh Speakers have access to a fully bilingual service. Developing a library of job description.
															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

