

Strategic Risk Register

- **NEW** Risk 2

Controls

Risk 2	There is a risk that Public Health Wales will fail to sufficiently re-activate, innovate and improve (where appropriate) statutory and core public health functions to meet the needs of the population. This will be caused by insufficient workforce capability and capacity for reactivation and recovery, resulting in harm to the population and the reputation of the organisation.
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Sponsor and Assurance Group	
Executive Sponsor	Executive Director, Quality, Nursing and Allied Health Professionals
Assuring Group	Quality, Safety and Improvement Committee

Inherent Risk							
Date		Likelihood:	5	Impact:	5	Score:	25

Risk Score			Risk Decision			Delivery Confidence Assessment	
Current Risk		20	Target risk		15	TREAT AMBER	
Likelihood	Impact		Likelihood	Impact			
4	5	3	5				

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

Previous work undertaken by the reactivation work stream has helped provide detail on recovery planning to ensure there was a consistent approach to recovery planning for services, functions and programmes monitored by BET. Key elements of recovery planning have focused on opportunities to innovate, improve and consider the impact on tackling inequalities where possible and prudent to do so. Due to the significant size of the screening service, a detailed recovery plan has been produced which has been monitored by Business Executive Team and assurance provided to the Quality, Safety and Improvement. The Strategic Recovery Coordination Group has been established to provide oversight and coordination for a consistent approach to recovery planning for all areas of Public Health Wales business. Actions have been identified with the aim of resolving issues escalated to this group. It should be noted that the control assessment for SR1 also applies to this.

As the Reactivation work stream has now been stood down, the implementation of the Quality and Improvement Strategy and Integrated Governance model will be monitored by the Quality Improvement Programme Board and exceptions reporting to BET, to provide ongoing governance arrangements to ensure there are appropriate actions to mitigate this strategic risk working towards the target risk.

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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 2.1	Assessments from the Reactivation work stream provide the position through a DCA up until August 2021	Executive Director, Quality, Nursing and Allied Health Professionals	All documentation associated with the reactivation work stream Monthly DCA's to BET up until August 2021	X	X	X		
SR 2.2	Quality Improvement Programme Board	Executive Director, Quality, Nursing and Allied Health Professionals	Terms of Reference, Minutes & Progress Reports	X	X	X	X	
SR 2.3	Quality Improvement Strategy Implementation Plan	Executive Director, Quality, Nursing and Allied Health Professionals	Implementation Plan, Progress Reports	X	X	X	X	
SR 2.4	Approval of the Integrated Governance model	Executive Director, Quality, Nursing and Allied Health Professionals	Cover papers to BET/Board, Progress Reports	X	X	X	X	X
SR 2.5	Quality Management Systems (Corporate)	Executive Director, Quality, Nursing and Allied Health Professionals	Quality Indicators Performance Monitoring as reported in the Integrated Performance Report	X	X	X		X
			Health and Care Standards regular Monitoring at Board - IPR – ongoing monitoring of implementation		X	X		X
			Health and Care Standards - Arrangements / system in place.	X	X	X	X	
			Corporate Safeguarding Annual Report			X	X	
			Infection Control Annual Report			X	X	
			PTR Quarterly Report (IPR Monthly)			X	X	X
			PTR Annual Report			X	X	
			Quarterly Alert exception Report			X	X	X
			Annual Quality Statement		X	X	X	X
			Quality and Clinic Audit Plan - Annual Report and update reports			X	X	
SR 2.6	PTR Reporting Management System	Executive Director, Quality, Nursing and Allied Health Professionals	Putting Thing Right - Report			X	X	
			Putting Thing Right - Annual			X	X	
			Organisational Annual Report – (Reported to WG)			X	X	
			SI reporting as occurs			X	X	X
SR 2.7	External Reviews	Executive Director, Quality, Nursing and Allied Health Professionals	HIW Inspections			X	X	X
			HSC			X	X	
			JAG accreditation	X	X	X		
			UKAS Accreditation	X	X	X	X	
			Audit Wales Structured Assessment	X	X	X	X	X
SR 2.8	Medical Devices Arrangements	Executive Director, Health Protection and Screening Services & Executive Director Quality, Nursing and Allied Health	Medical Devices Policy			X	X	
			Medical Devices Procedure			X	X	
			Medical Devices Registers (Microbiology Laboratories)	X				

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Action Plan

Action Plan No.	Gap		Action Plan	Exec Owner	Due Date	Progress
AP 2.1	Lack of capability and capacity to enable innovation and improvement		Implement Year 1,2&3 of the Quality and Improvement Strategy	Executive Director, Quality, Nursing and Allied Health Professionals	31/03/2024	
AP 2.2	A clear Integrated Governance Implementation plan		Develop and agree the implementation plan for the Integrated Governance Model	Executive Director, Quality, Nursing and Allied Health Professionals	31/10/2021	
			Implement Year 1 of the Integrated Governance Plan	Executive Director, Quality, Nursing and Allied Health Professionals	31/03/2022	
AP 2.3	Sufficient levers to adequately manage the risks associated with the reactivation across Directorates		???			
AP 2.4			Implementation of Cervical Screening Information Management System (CSIMS)			<i>Actions transferred from previous risk 3</i>
AP 2.5			Implementation of risk-based diabetic eye screening			<i>Actions transferred from previous risk 3</i>
AP 2.6			Delivery of the DESW Optimisation and Transformation Programme			<i>Actions transferred from previous risk 3</i>
AP 2.7			Review to ensure that our Screening and Microbiology operating systems are all 'failsafe'			<i>Actions transferred from previous risk 3</i>
AP 2.8	Quality Management Systems (Corporate)		Strengthen corporate clinical governance arrangements			
AP 2.9	Directorates Mid & end year review process		Re-establish Directorates Mid & end year review process	Deputy Chief Executive		
AP 2.10			Clear document control system to be implemented corporately (records management)	Executive Director, Quality, Nursing and Allied Health Professionals & Board Secretary		