Nisk ID	Oomain	Date	TLead Executive	irectorate (if Risk Description applicable) (There is a risk that	Cause (This will be caused by)	Effect (The impact will be)	mpact Risk level	Key Controls	ikelihood mpact	risk level	Risk Decision	Action Plan	Due date	Status of Action	ikelihood	Risk level	Progress
00	Business Objectives	15/01/2021	Executive Director for Health Protection and Screening Services	or more of the screening programmes will again have to be paused or	able to be referred for ongoing	would be that the organisation cannot offer the population based screening programme which is included in its statutory regulations and it not able to offer interventions that are known to reduce avoidable mortality	5 <b>15</b>	Agreed clear criteria to review continuation of programme against which have been agreed by Gold.     Established screening workforce required to continue to offer screening safely and in line with recovery plan.     Screening pathways are Covid secure. This includes checks the participants that should not be self isolating; social distancing between participants; infection protection control measures in place; participant wearing face covering and staff wearing PPE.		15		1. Continued close working with Health Boards at all levels — strategic lead identified for Health Boards and also close operational links with programmes to ensure we work together to ensure that significant bottlenecks and constraints are not created in the pathway.  2. Front line staff across Wales offered and encouraged to uptake vaccination in line with Welsh Government targets.  3. Sustainable supply of PPE to be made available to staff for service provision.  4. The situation across all services and Health Boards is reviewed weekly by the Screening SMT, and an update is reported fortnightly to BET.		Continual	3 5	15	Update 11/1/2021 reviewed the critera at SMT meeting on 5/1/21 and all remain met. Constraints around staffing due to staff off with covid, self isolating or child care issues but this being dynamically managed. Constraints in timeliness in Health Boards but all accepting referrals and clinically risk assessing if delays, in close contact with Health Boards to keep situation under review. Have made some changes where posssible to reduce the impact on number of referrals to support Health Boards.  Update 2/3/21 - still maintaining services and regular contact with Health Boards.  Update 12/3/21 - all screening programmes continue to be delivered, situation improving in health boards due to reduced pressure from covid cases. Bowel Screening Invitations numbers increased from 12/3 to work to reduce backlog; discussions underway with GPC Wales to plan cervical screening recovery. Staffing resilience improved with school openings and vaccination uptake excellent in front line staff.  Update 07/05/2021 - Screening SMT continue to routinely assess the 6 criteria for continuing services, all of which remain met. Service capacity/throughput issues remain due to continuing covid safe clinic arrangements resulting in fewer participants in each clinic. Screening Covid Recovery Action plan is being developed and implemented with specific action plans addressing the backlog in each screening programme.
90	Patients & Clients	08/04/2020	Executive Director for Health Protection and Screening Services		This is caused by the organisational attention focussed on Covid response	Avoidable infections	5 15	Maintenance of non Covid general health protection services. Regular situation update reports to the Gold Meeting and also separately to BET. Mobilisation of staff to the Covid response Oversight is also provided by senior management from the Integrated Health Protection SMT as part of the enhanced governance arrangements implemented and led by IMT to ensure that a focused response on non Covid activities is maintained	3 5	15		Separate Health Protection Leadership arrangements in place that is separate from Covid.  The Business Case submitted to WG on 13th November remains key to a sustainable solution for the senior Health Protection team	30/10/2020	Completed	2 5	10	Update 07/10/2020 - The Health Protection response in the new operational plan confirms the essential requirement for maintaining non-Covid health protection services. In addition, a business case is being prepared for submission to Welsh Government for additional health protection resources. Update 11/1/2021 - The Business Case was submitted to Welsh Government and the requested follow up responses were provided to them on 7/1/21. Approval of the business case will enable the organisation to address this risk.  Update 28/1/21 - The Directorate is compiling the additional information requested by WG & a final decision is awaited, as funding of the Business Case remains key for a sustainable service.  Update 2/3/21 - Approval for the Business Case was received 10/2/21 and will be implemented  Update 6/4/21 - Good progress has been made with the project arrangements. A recruitment group has been established with many posts approved and recruitment now underway. Progress is monitored through an oversight steering group.  Update 5/5/21 - Recruitment continues to progress well. A separate report will be submitted to BET outlining detailed progress. The engagement and communications process has now been developed ahead of the discussions around the development of the enhanced operating model.
00:	Service Interruption	17/03/2020	Director of People and Organisational Development	staff to deliver the Operational Plan including prioritisation	Inability to recruit and retain staff with the necessary skills. Staff unable to work due to sudden, prolonged and widespread sickness absence. Staff unable to work due to shielding or caring responsibilities. Staff taking annual leave and/or using TOIL	PHW will not be able to carry out its legal obligations as a Category one responder. It will not be possible to deliver the Operational Plan. It will not be possible to adequately staff/resource the Health Protection response.	4 20	New Operational Plan with clear priorities. Workforce analysis data and Information. Dashboards. Staff Wellbeing and Engagement Surveys and Action Plans (local and organisational). Staff flu vaccine programme	4 4	16	Treat	Development and implementation of workforce plans to support priorities in new OperationalPlan:  - Health Protection Response  - Population Health Outcomes  - Essential Services  - Recovery  - Enablers	30/11/2020 31/10/2020		3 4	12	Update: 12/04/2021 - There is a dedicated team in place to support resourcing and recruitment, plus People and OD Business Partner support to the Health Protection Response and similar support to each of the other priority areas to enable delivery of the refreshed Operational Plan (including implementation of the Health Protection business case).  Regards staff absences and other types of leave, the People and OD operations team continue to support line managers to effectively manage sickness absence and this remains a priority. As of 1 April shielding measures have paused and staff who were clinically extremely vulnerable and not able to work from home can discuss how best to facilitate their return to the workplace - utilising the updated risk assessment tool. Finally, as of 12 April all school age children are able to return to classroom settings, thereby reducing the dependence on staff with caring responsibilities for children.  Update 26/10/20 Workforce plans being developed for the three key priorities: Health Protection Response, Reactivation of Essential Services and Population Health Outcomes in the new Operating Plan, following which the Enabling function resource requirement will be assessed People Strategy first year actions in process of being reviewed and implementation plans developed.  Update 15/01/20 Plans developed and currently being rewiewed, work to be joined up with finance and other enabling functions to ensure this is taken forward holistically.
00	nan Resources	17/03/2020	Director of People and Organisational Development	new working	Continued uncertainty and anxiety around working arrangements. Insufficient communication and engagement. Reluctance to	Staff disengagement resulting in a number of negative consequences, such as increased sickness absence, reduction in productivity and		Absence and annual leave reports and ongoing monitoring Clear communication across the organisation. Wellbeing and Engagement Surveys, results and action plans (local and organisation-wide).				Continue to monitor staff absence data to identify any potential issues or hotspots	31/10/2020				resourcing and recruitment Update 15.1.21: interim structure in place including dedicated recruitment resource Update 26/10/20 new interim structure for the P&OD Directorate in the process of being implemented.  13/8/21 All staff absence data is monitored and reported to BET and P&OD Committee. In addition the P&OD Operations Team hold fortnightly case management meetings for all long term sickness cases. 8.4.21: Supporting resources being developed for staff returning from redeployments Update 15/01/21 data contines to be monitored on a monthly basis at BET
	Hun				take annual leave or TOIL	quality of work, increased turnover		Managers' weekly briefing and guidance. Staff flu vaccine programme Regular meetings with recognised trade unions, both informally and formally Wellbeing and Engagement Partnership Group established Repatriation toolkit being developed (as per revised Operational Plan) Our Conversation (new ways of working) discussions commencing 15.4.21				Continue to provide P&OD support for line managers in managing sickness absence and other employment related issues	31/10/2020				and LPF, HR support ongoing in specific areas and continued focus on wellbeing and resillience. Update 26/10/20 staff absence data monitored on a monthly basis by the People and OD team and reported to BET and Board. Any local issues highlighted are taken up with service area concerned. Update 9/4/21 staff absence data monitored on a monthly basis by the People and OD team and reported to BET and Board. Any local issues highlighted are taken up with service area concerned.  13/8/21 All staff absence data is monitored and reported to BET and P&OD Committee. In addition the P&OD Operations Team hold fortnightly case management meetings for all long term sickness cases. Update 15/01/21 support for line managers and stuff continues to be in place via People Support +, work ongoing to make further improvements. Update 26/10/20 People Support Plus+ Helpline available for staff and line manager queries.

						4 4	16		3	3	9	Tolerate	Continue to review and update employment policies and terms and conditions of service  Implement actions arising from staff surveys  Continue to maintain and develop staff well-being support mechanisms and resources	31/10/2020 31/08/2020 31/05/2021	Completed	3 3	Policy Development Steering Group meets regularly to manage policy development schedule. Update 15/01/21 fortnightly LPF and weekly JMDNC meetings continue, significant progress being made. Update 5/10/20 Schedule of work ongoing in partnership with the Trade Unions in reviewing appropriate workforce policies. All ad hoc changes/amendments to terms and conditions of employment implemented and communicated on an ongoing basis.  Update 15/01/21 - NHS staff survey results to BET on 18/01/21 Update 7/10/2020 - all organisation actions from the first survey complete  13/8/21 All staff absence data is monitored and reported to BET and P&OD Committee. In addition the P&OD Operations Team hold fortnightly case management meetings for all long term sickness cases. 8.4.21: Repatriation/reset/recovery resources being pulled together into a toolkit for managers/staff/teams - due end of May Update 15.1.21 Care circles ongoing, reminders issued regarding available resources for staff and managers and toolkit will be developed to support managers repatriating teams/individuals Update 7/10/2020 - Taking Care, Giving Care rounds piloted and meeting with workforce leads to take forward within response cells; Individual and Team Stress Risk Assessments reviewed and will be communicated with guidance mid October
900 Human Resources	17/03/2020 Director of People and Organisational Development	Corporate	Our ability to continue to respond to the pandemic could be adversely affected by high and sustained levels of sickness absence due to a secon or subsequent wave(s) of Covid 19.	Confirmed and suspected COVID19 cases across the workforce	Sub optimal staffing levels due to high levels of Covid 19 related sickness absence resulting in inability to deliver priority work, quality of service decreases, decrease in staff engagement	3 4		Absence and annual leave reports and ongoing monitoring. Workforce Information Dashboards. Implementation of appropriate social distancing measures at workplaces	3	3	9	Tolerate	Continue to monitor staff absence data to identify any potential issues or hotspots at an early stage  Continue to publicise staff wellbeing resources	31/03/2021	Monthly	3 3	13/8/21 All staff absence data is monitored and reported to BET and P&OD Committee. In addition the P&OD Operations Team hold fortnightly case management meetings for all long term sickness cases. Update 9/4/21 staff absence data monitored on a monthly basis by the People and OD team and reported to BET and Board. Any local issues highlighted are taken up with service area concerned. Annual Leave carry over managed and monitored at year end. Wellbeing Workshops being held for Line Manager to enable support for themselves and staff Care Space and Facilitated Listening serssions being undertaken for NHPR and redeployed staff Project to focus on staff aged 20-34 starting in May in response to poor Update 15/01/21 Staff Wellbeing and Engagment Group continues to meet on a monthly basis, action plans in place across directorates. NHS staff survey results to BET on 18/01/21. Update 7/10/2020 - reminder comms going out W, C1 2 October and further actions will be developed following second survey results
007	16/04/2020 Executive Director Quality, Nursing and Allied Health Professionals	Corporate	There is a risk that we won't deliver services that are of a high quality, effective and safe in the context of	This will be caused by rapid policy change, and outbreak and reactivation management in an unpredictable environment	The impact will be an inability to mitigate and avoid harm to service users or staff			Adverse Incident Management Policy and Procedures in place Risk Management Policy and Procedure in place Information Governance Policy and Procedures in place					Look to implement contingencies as outlined in workforce plans for Operational Plan priorities where necessary.  In conjunction with Board Business Unit, review the work programme to ensure QSIC receives assurance that controls are operating effectively	30/11/2020  Completed			Update 15/01/21 Plans developed and being merged with other enabling functions to ensure the required 'join up' on outcomes - work ongoing and priority areas being reviewed. Update 6/10/20 Workforce plans being developed for the three key priorities: Health Protection Response, Reactivation of Essential Services and Population Health Outcomes in the new Operational Plan which will include any necessary contingencies required.  Update 13/08/21 - Action Completed. Committee receives comprehensive assurance at each meeting. AD Integrated Governance and Board Secretary meet regularly to ensure ongoing relevance for the workplan.
008 800	Board Secretary	Corporate	Covid 19 response  There is a risk that th		The impact will be non	5 5	25	SOPs in place where required Reports provided on assurance to Quality and Safety Committee Regular reports to BET and Gold meetings Audit Wales Structured Assessment Internal Audit (relevant to Quality and Safety) HIW Inspections Programme approach of the implementation of organisational plans includes mechanism to monitor quality, safety and risk Organisational dashboards to monitor compliance and performance Risk assessments undertaken to ensure that we comply with Covid19 regulations within our estate  1. Effective use of the internal Welsh Health	4	5	20	Treat	Develop a risk stratification process to sample test compliance with SOPs  1. Develop a database of all 'corporate' reporting	31/12/2020		3 5	Update 13/08/21 - Initial scoping work suggests that this work needs to be done through the Datix system but it is not clear at the moment whether this will be available in the new OFWCMS. Work is ongoing to establish the requirements for the process and the functionality required. Further discussions around document control are required with the BBU to establish clear responsibilities and this will resume when the Board Secretary returns from leave in October. New target date proposed of 31st October  Update: 23/04/201 - The actions identified are all on track for
100 Business Objecti	and Head of Board Business Unit  06/04/2021  17/07/2015 Director of People		organisation many not comply with legislative or Welsh Government reporting requirements	reduced for other reasons	reporting requirements which could impact on our reputation, our standing as a well governed organisation or potentially funding flows  PHW will have a sub-optimal	3 4		Circulars database and follow up system  2. Board, Committee and Executive meeting forward plans  Appraisal processes for staff, either 'My	3	4	12	Treat	requirements, by directorate, to provide central oversight of requirements  2. Map the reporting requirements into reevant governing foum forward plans to ensure decisions are taken in the most appropriate forum  3. Provide the database to execuitve colleagues bi-monthly to support planning / production of relevant materials for reporting  All year-end reviews/objective setting meetings to be completed	21/05/2021	Last week every other month	1 4	completion and implementation. Update: 25/05/21 - action complete, database in place  Update: 23/04/201 - The actions identified are all on track for completion and implementation.  Update: 25/05/21 - action complete, database in place  Update: 23/04/201 - The actions identified are all on track for completion and implementation.  Update: 25/05/21 - action on track and will be ongoing. Frequency changed to bi-monthly as monthly determined to be too frequent.  Update 9/7/21 - action remains ongoing.  8.4.21: year end figures communicated (below target) and quarterley
Safety / Legislati	and Organisational Development	Development	their staff in line with the strategy and aspirations of the organisation	proper performance appraisals	workforce, unable to deliver on its strategic priorities	4 4	16	Contribution' or Consultant Job Plans ESR Records Monthly exec reports are directorate and divisional level Quarterly breakdowns by individual to employing director Exception reporting process in place for directorates with below 90% compliance	4	3	12 ->	Treat	and recorded in ESR by September 30th 2020 (full action plan monitored by BET)			1 3	breakdowns due next week by directorate. No impact on pay -national deferral of Pay Progression policy until September 2021 Update 15.1.21: IA follow up report completed and going to ACGC 19.1.21-action is onging as BAU requirement across the organisation Update 22/5/20 - Compliance significantly below internal target of 90% and WG target of 85%. Year end data distributed and individual preakdowns with directors as at 8th May. Confirmed no pause in requirement during COVID-19 response. IA report finalised and management response given -action plan to be agreed by end of May 2020 Update 06/7/20 - action plan approved by BET 16.6.20 and actions underway Update 11/8/20 - Action Plan on track - compliance increase to 64% (non

100	Business Objectives	20/09/2018		Organisational	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	2 5 10	Executive and SLT teams sponsorship of new ways of working Long term workforce strategy Output of Talent and Succession processes	2	5 10		Treat	P&OD to re-issue guidance and reminder of value of appraisal and also how to input on to ESR.  SRR 1 notes specific actions  Development of change plan to be presented to Exec Team by November 2019 with mechanism in place to call off support resource as required  Talent plan being revisited ahead of providing nominations for HEIW's 2020 Talentbury event	31/10/2021	Completed  Ongoing  Completed	1 5	5	Draft People Strategy approved with amendments 23.1.20 16.4.20: launch of strategy deferred during COVID-19 priority response 22.5.20 Strategy soft launched but no further engagement as yet. Will align to PHW Organisational Recovery Plan. Update 5/10/20 People strategy first year actions i.e. Organisational Workforce Plan in process of being reviewed and action plans developed 9.4.21: Revised operational plan includes standing bi-annual People Strategy updates, and all People and OD priorities therein are aligned to at least one strategic theme, allowing us to better demonstrate progress.  Change Programmes update delivered to Exec in December 2019 - action closed  Update 7/10/20 - nominations for Talentbury 2020 confirmed internally and to HEIW.
16	Safety / Continuity / Staffing	16/01/2017	for Health	Services	will fail to recruit and retain sufficient medica microbiologists to be able to run an optimal		service delivery would have to be severely restricted. This		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 redevelop the workforce plan and undertake proactive recruitment to improve the attractiveness of the roles to potential new employees  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					Delivery of the Microbiology Stabilisation Plan Approval from HeIW for an additional 3 SPR training microbiology posts per year for 5 years. Approval is awarded annually but currently posts were approved for 2020 and 2021	31/10/2020	Completed			The Transformation Board has not met since January and is unlikely to meet for the foreseeable future. Meanwhile as a response to COVID-19, there has been a very large increase of investment in capital equipment and significant changes to laboratory working practices. This includes a new laboratory facility (IP5) including staffing located in South East Wales being developed initially for COVID-19 as a long term regional investment. Update 12/08/2020 - PHW continues to inform negotiations between Welsh Government and the UK DHSC and anticipate that Lab 2 may be ready at the beginning of the new calendar year. Meanwhile, PHW has successfully bid for additional capital and revenue investment to enhance the PHW laboratory service to improve turnaround times. Update 07/10/2020 - The Microbiology Stabilisation plan was discussed in BET on the 06/10/2020 in the context of a report on the progress of the implementation of the IP5 development. BET agreed that the Microbiology Stabilisation plan have been superseded by events including the recent investment in laboratory services. Therefore it was agreed that a benefit realisation of the investment would be undertaken in the last quarter of this financial year. As part of the internal audit plan for next year, it was also agreed that the laboratory provision should be subject to audit in Q2 or Q3 2021/2022. Update 12/11/2020 - Microbiology Services continue to be a part of the business case proposals for strengthening an integrated Health Protection Service which will be submitted to Welsh Government. The Directorate will be informed by the outcome of the benefits realisation review, and the outcome of the benefits realisation review, and the outcome of the business case are underway, along with the additional information requested by WG and an an imminent decision is anticipated.  Update 7/5/21 - Recruitment to the posts approved in the Business Case are underway, along with the additional SPR training posts
								4 4 16		4	4 16	<b>→</b>	Treat	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)	31/10/2020	Completed	2 2	4	Workforce development has continued in response to COVID-19. Workforce development will be subsumed by the ongoing development of IP5 and the stimulus this will bring to the reshaping of Microbiology Services across the PHW network. Update 12/08/2020 - Progress is contingent on the delivery of the new laboratory. Update 07/10/2020 - This action has now been subsumed into the ongoing development of IP5  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. Update 12/08/2020 - The new investment to enhance laboratory turnaround times will facilitate the development of a networked model for Microbiology across Wales. Update 12/12/12 - The Business Case submitted to Welsh Government forms part of the sustainable solution for this service. Update: 28/1/21 - The review of a single on call option has been paused due to the Covid workload, and is unlikely to progress in the next six months, due to covid workload and the increased demands for out of hours requests from Health Boards.  Update 7/5/21 - This issue will be reviewed later in the year as the Department moves back into recovery, when the impact of out of hours requests from Health Boards can be reviewed.

103	17/05/2017	Deputy Chief Executive	Operations and Finance (Information Technology)	will suffer unacceptable	We do not have consistent SLAs with NWIS and have ineffective service management processes.	with potential or reputational		3 12	In house informatics support Plan in place to bring all IT systems under PHW support.	1 3	3 ->	Treat	Redesign the service i.e. describe and plan for a National Infection Service.  Approval of the Business Case submitted to Welsh Government remains key to addressing this risk.  All Public Health Wales staff to be transitioned to in-house IT support. This is however a long term project.	31/12/2020	1 :	3 3	A commissioning sub-group was established to inform a model of delivery, which formed part of the successful submission for the National Health Protection Service, and implementation will be discussed with Health Boards. The ongoing response to COVID-19 has identified the urgency for a long term strategic re-assessment of PHW's Health Protection service. Additional WG investment is being used to significantly strengthen the PHW laboratory network across Wales, which will improve the ongoing recruitment process to attract new medical staff. Update 12/1/21 - The outcome of the business case is awaited.  Update 28/1/21 - The Directorate is compiling the additional information requested by WG, and it is anticipated that a decision will be imminent. Update 6/4/21 - Recruitment to the HP Business Case is underway & work is ongoing to agree and implement the enhanced operating model for Integrated Health Protection.  Update 7/5/21 - Engagement around the enhanced operating model is taking place with the team  Update January 2021- Agreement has been extended post April 2021 but deadline date for transition still to be agreed. This will be in 2021 and no additional charges will be handed to us as a result of this extension. Rik to be reviewed and potnetially downgraded to Directore level.  Update 13/8/21- Agreement reached with DHCW for collaborative approach
104	Og/11/2018  Og/2012/11/2018	Executive Director for Health Protection and Screening Services	Services	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.	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 achieve service standards.	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 increased errors/incidents. Reputational damage for	5 4	4 20	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 coordinators, a senior quality lead and additional project support to upgrade the current IT 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 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 4	20 →	Treat	Work with partners to increase the number of clinic locations and increase capacity for screening. Implement IT systems upgrade to improve efficiency	31/10/2020	3 4	4 12	The DESW programme was suspended in March 2020 because of COVID-19 although urgent referrals were made as necessary through local optometry services. DESW is included in the Screening restart plans but the timetable has yet to be determined. The operational requirements for delivering this programme in the context of COVID-19, are very complicated. Progress will be reported through the Business Executive Team. Update 12/08/2020 - The main challenge currently is access to suitable premises to deliver screening safely for patients and staff. This is being addressed through direct discussions with Health Boards and a letter has been sent to Health Boards asking for their assistance in identifying alternative accommodation. Update 07/10/2020 - No further update (this is contingent on the outcomes of the Options Appraisals for alternative venues referred to in earlier risks). Update 12/1/21 - The programme continues to offer screening and currently offering participants to those identified at higher risk which includes pregnant and post-partum diabetic women, newly referred participants, surveillance participants and participants with previously identified retinopathy at defined level.  Due to the changes in pathway fewer participants are able to be screened per clinic and much fewer locations are available compared to pre-Covid. Work is ongoing to increase clinic locations and two fixed sites have now been secured to use across Wales and the service is working with partners to explore sites that may be suitable. This will enable an increase in the number of locations and increase numbers of participant offered screening. The informatics system upgrade which is key to necessary improvements in workflows which will improve efficiency further and in increase in the number of locations and increase numbers of participant offered screening. The informatics system upgrade which is key to necessary improvements in workflows which will improve efficiency further and in increase in the number of locations and increase in th
105	18/11/2019	Director of People and Organisational Development		Public Health Wales		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 biannual 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	31/12/2020			Update - 09/04/2021 Two of the learners have now started Y2 of the Say Something in Welsh Programme. Individuals who are interested in starting Welsh Lessons as part of organised classes in their community are being funded on an ad hoc basis on the understanding that they have completed the 20 hours free online learning first. Funding identified for next academic year's Welsh lessons WL Intranet pages being reviewed and updated Update - 20/05/2021 Work is underway to identify learning/class options to offer to our staff for September Teams channels have been created for learners and speakers of Welsh for practising and mutual support Update - 13/8/21 Learning providers have been researched and sourced for the 2020/21 year; expressions of interest in learning Welsh received by >140 staff. Additional funds are being sought in order to be able to register all who would like to attend.

								5 3	15	4 3	12	Treat	Language Preference Database to be implemented	31/12/2020		2 3	E C C C C C C C C C C C C C C C C C C C	Update: 22/03/2021 - Database developed and agreed to use across the business by the WL Group. Work underway to centrally populate the database. There have been a number of delays due to difficulties in obtaining the data from Survey Monkey, and staff redeployment onto Covid luties. Due to staff sickness and exit, we have not been able to progress as planned. We have just employed a new temp member of staff to cover the onging absense of the WLO who will look to progress this. Due to be completed by end May 2021  Update 20/05/2021 - Database has been transferred into MS Lists to enable compatibility with future SharepointOnline site (to replace the intranet); work is ongoing to identify a suitable temporary home for it on the staff reams channel. Aim to go live beginning June 2021.  Update 6/7/21 - Language Preference Database has gone live and been ichared with business leads in the Welsh Language group; comms to follow
													Liaising with IT Exploring options to develop a solution for telephone calls to ensure Welsh Speakers have access to a fully bilingual service.	30/04/2021			c a 11 E c c F U r	Update: 23/11/2020 - We are currently working through the available options with our IT Department. There has been a delay in progressing this us we have been waiting for Legal Advice that the WLC has sought. Update 17/4. Options paper prepared and will be presented for consideration to SET at an appropriate date, but has not been added to the meeting agendas due to urgent priorities related to the pandemic. There has been no further progress since May 2020  1pdate: 20/05/2021 – Advice from the WLC received. Options paper is being efreshed with assistance from IT to reflect recent technological advances.  1pdate: 13/8/21  2DI Manager has met with IT and Estates to seek further solutions; risk currently mitigated as most staff still WFH. Work ongoing on options paper o look at solutions.
													Developing a library of job description.	31/03/2021			3 r	Update 22/03/2021 - this work is ongoing but on track to be set up by the 11/03/2021 deadline. Progress has been slow due to staff absence and edeployment Update 20/05/2021 – P&OD have been unable to progress this.
													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	31/03/2021			FF C	Update: 22/03/2021 - This work is ongoing, with advice and support being provided to staff in all departments. Our Hwb (WL Intranet Pages) have been edesigned to make it easier for staff to navigate and source the support hey need, and one of our WL Officers provides support to Comms on a weekly basis. We have also employed a temp WLO to cover staff absence and ensure continuity  The team continue to support the Covid response by providing translation and offering bilingual telephone answering in the contact centre, and also undertaking "How are you doing?" survey calls in Welsh.  They have also taken part in the WEND video for new starters, and held online drop in sessions in September to assist staff in understanding their obbligations under the WL Standards.  Update: 20/05/2021 - Following a period with no WLO cover, a temporary part-time WLO has been appointed who has been able to make a start on resistablishing monitoring procedures for the WL Standards roactive meetings with front-line services have been a priority, and are ongoing, to ensure any slippage is identified and addressed; WLO has been
104	Safety Continuity Staffing	24/02/2021	Executive Director Quality, Nursing and Allied Health Professionals	Organisation wide	Public Health Wales will be unable to effectively manage Putting Things Right issues, including concerns, claims,	This will be caused by the requirement to implement the Once for Wales Concerns Management System, which is acknowledged by the project lead as likely to be not fit for purpose	which will have a potential impact on service user / staff	5 5	Internal Project Delivery team established and Chaired by Exec. Director QNAHPs	5 5	25	Tolerate	Concerns to be raised with the OfWCMS project team	28/02/2021	Completed	2 5	F L	Jpdate 25/02/21 - Escalated from Quality, Nursing and Allied Health Professionals Directorate Risk Register Jpdate: 17/06/21 - Complete. Concerns raised. Situation remains Inresolved pending solution to cyber security issues.