Risk	c Identifier		Risk Description			Risk Scoring							Risk Action Plan		
					Inherent Risk		Cur	rent Risk						Target Ris	sk
Risk ID Omain Date	Lead Executive Directorate (if applicable)	Risk Description Cau	use (This will be caused by)	Effect (The impact will be)	Likelihood Impact Risk level	Key Controls	Likelihood	Impact Risk level	Trend	Risk Decision	Action Plan	Due date	Status of Action	Likelihood Impact	Progress
201	Director of People and Organisational Development	will fail to make comp necessary organisational resou	will be caused by upeting priorities and the purce demands of unisational recovery.	This will mean PHW will not deliver the required changes to organisational structures and ways of working impacting on timelines of organsiational objectives	5 3 15	Governance Arrangements in place through Programme and Project Board People OD Project Management resources allocated to various change projects Trade Unions briefed and Involved in change programmes Organisational change procedure followed for all programmes	4	3 12		Treat	Period of re-assessment of the controls and action plan to be undertaken		ТВС		Update - 02/12/21 - Plan reviewed and some projects paused due to resourincg and timing challenges. Change resource and plans to be considered in Q4 to determine structure and arrangements moving forward. Update - 04/02/22 - Workforce plans currently being updated and reviewed as part of IMTP submissions, planned and proposed changes and developments being captured as part of this process.
202 17/09/2021	Board Secretary and Head of Board Business Unit	we will fail to be insuf- sufficiently prepared to or ca meet the requirements of a public enquiry. priori	fficient resource capacity apability, weak records	This will mean PHW is insufficiently prepared for a public inquiry and may breach the legal requirements placed upon us to fully participate in any inquiry and not preparing, supporting or providing a duty of care to the (ex)-employees required to give evidence	4 5 200	Resourcing plan fully developed and supported this includes legal expertise, archive expertise and project management resource. Records Management and document categorisation process developed and deployed for those records requiring capture, recording and storing. Approach to synergising wider organisational learning agreed. Programme Board continues to operate effectively reporting to Business Executive Team.	2	5 15		Treat	Resourcing plan for April 2022 and beyond fully developed, approved and resources committed (HB) Resourcing plan implemented to ensure appropriate capacity and capability in place (HB)	Revised date to BET- Feb 2022 30/04/2022	1 19/01/22 Update - Active, on track for 1 Feb 2022 19/01/22 Update - Implementation dependent on approval of resourcing plan outlined above; some internal reosurce redirected from BBU team in the interim	2 5	19/01/22 update - resourcing plan developed and initial discussion held with Business Executive Team with an agreed approach to further consider. Action remains active and on track 24/02/22 update - investment bid being submitted 2 March with full requirements cut out. 19/01/22 update - action remains active and on track and is subject to progress of the above action. Resourcing paper due to BET 1 Feb 2022 24/02/22 update - resources will be implemented depending on outcome of investment bid, to mitigate in the meantime temporary staff have been extended by 1 month to end April 2022
					4 5 20		3	5 15			3. Records Retention Guidance to be published to ensure best practice processes are followed (RBW) 4. Programme Board continues to meet according to its terms of reference with bi-monthly reporting to Business Executive Team	Completed Buijo	19/1/22 - Active and on track, next report to BET due 1 Feb 2022		19/01/22 update - action remains active and on track. Last Programme Board held 18 Jan 2022. Last report made to Business Executive Team on the 16 November 2021, next report due 1 Feb 2022 24/02/22 update - action remains on track. Last programme Board held 18 January, next BET update scheduled 1 March 2022.
203	Executive Director for Health Protection and Screening Services Health Protection and Screening Services	provide an accurate and quality-assured assur programme to the diabetic population of Wales, and to transform effect the service to provide programme for the increasing diabetic population. Provided and a continuation of Wales, and to transform effect with service to provide moni quality-assured programme for the increasing diabetic mism dem provide increasing diabetic mism cervice. Curr Provided and provided	urance of consistent and lity assured grading titce. There is a lack of ctive measures and intoring and feedback from thalmology services for rred population. There is a match between service hand and capacity to vide quality and timely itee. There is a projected dease in diabetic population rent referral level = 1000 y patients per month). There ck of service capacity to eve service standards. re is a lack of clinical ernance to support quality	assurance of grading, screening participants may receive inaccurate screening results which may result in patients incorrectly being put on routine recall and not being referred to	5 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 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	31/03/2022		3 4	Update 03/11/21 - continued discussion to restore venue availability with Health Boards with some small improvement but venue availability concern in Cardiff as no longer able to screen from arts venue. Work progressing with screening hubs which will improve situation medium term. IT system upgrade implemented but will need to further upgrade for further service developments including implementation of risk based screening Update 26/11/21- work progressing well with screening hub with plan for 3 venues in South Wales which when implemented will improve availability and offer, with one venue in Cardiff which is urgently needed. Started to implement offer of retinal review by optometrist to those identified as low risk of sight threatening retinopathy who have waiting longest for screening offer - first batch of offer letters sent 22 Nov and optometry colleagues supportive with 120 practices agreeing to participate and each LA has at least one optometrist. IPC guidance now updated to be at least 1 metre distance and we will review clinic templates to see how this change can be implemented safely to increase number of appointments. Update 26/01/22- screening has continued to be offered throughout the Omnicom wave of the pandemic. Work continues with screening hub plan for additional venue swhich will improve availability and offer. Additional venue identified in Cardiff which has good availability and offer. Additional venue identified as low risk of sight threatening retinopathy who have waiting longest for screening offer. Over 11,000 letters offering review have been sent to date and planned 3,000 letters to be sent out weekly with over 140 optometry practices supporting offer across Wales and invoices for reviews starting to be received as the reviews are completed. Substantive head of programme has taken on secondment for another screening programme and have divided the head of programme role into two new secondment posts due to workload: Optimisation Manager who is operationally responsible for the running
204	Director of Knowledge & Research		ng held in silos, difficulty essing the data and inability	This will result in worse public health outcomes in Wales and increased information governance risk within Public Health Wales.	5 4 20	1. Development of digital, data and research strategies for Public Health Wales to take drive forward our needs on this area. 2. Developing our data storage, access and linking as part of the Local Dara Resource and contributing/interacting with DHCW for other data needs in Health Care. 3. Deliver 5 examplar projects that show the power of digital and data to improve Public Health in Wales 4 KRIC to drive forward the development of strategy and delivery to ensure impact	5	4 15		Treat	We have developed 5 exemplar projects which will help us develop the digital and data strtaegy and research and evaluation strategy. These 5 projects are 1) To have all our data accessible through one place, 2) to develop a wintervoverview dashboard, 3) develop user personas to improve our publications, 4) develop an exemplar of the better presentation and use of evidence on active travel and 5) undertake a discovery phase on diabetic eye screening	31/03/2022		3 4	Update 25/11/21 - 4 of the 5 exemplar projects are under way and delivering well. We are currently procuring the Diabetic Eye Screening discovery phase

205 uotatu atuu atuu saa ka k	17/03/2020 Director of People and Organisational Development	Corporate	Risk that we won't recruit, develop and retain a diverse workforce that is representative of the communities we serve, with the right skills, in the right numbers, deployed in the right time,	A lack of integration of workforce planning into the strategic planning cycle (medium- and long-term),	Non-delivery of our long- term strategic and operational priorities.		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. Organisational Workforce plan to support IMTP and first three years of People Strategy Job families Workforce Mobilisation (COVID)				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	On track			Update 4.1.21: workforce planning part of integrated planning process and guidance, People and OD Business Partners will support directorates to develop plans in line with IMTP, focussing on recruitment/resourcing, strategic development needs and anticipated change programmes Update 02.1.2.1 As per update of 04.11.21,work on track and as part of integrated planning process. Update -04/02/22 all recruitment on track to be delivered by 01/04/22 - management of remaining recruitment for HPBC is now part of business as usual in HP & Screening Directorate. Workforce plans are being finalised by directorates who are working with Buisness Partners to develop the IMTP submissions to WG. Levels of sickness absence are currently lower than last year at 3.4% and work continues through BET, WEPG and the Leadership Team to address the main issues identified throgh the Medical Engaement Scale and staff survey - data has been reported to BET and will go to PODCOM on 16 Feburary 2022.
						5 4 20		4	4 1	1.6 Treat	Development of recommendations to ensure a structured and sustainable approach to funding learning and development	01/04/2022	On track	3 4	1 12	Update 04/02/22 - links to workforce plan development, will be revisited following the finalised submissions. Update 4.11.21: 2019/2020 paper being revisited in Q4 following submission og workforce plans to agree recommendations to go to BET Update 02.12.21. as per update of 04.11.21 Update 4.11.21: 2019/2020 paper being revisited in Q4 following submission og workforce plans to agree recommendations to go to BET
											Provide P&OD recruitment resource to manage large scale recruitment	31/10/2020	On track in line with POD restructure (including medical workforce)			Update 04/02/22 - dedicated recruitment resource built into new permanent restructure - go live 01 March 2022. Update 15.1.21: interim structure in place including dedicated recruitment resource Update: 12/04/21 - There is a dedicated team in place to support resourcing and recruitment Update 4.11.21: POD permanent structure currently being consulted on and will include broader strategic resourcing posts, additional workforce insights resources and specialist medical workforce resource Update 02.12.21 POD restructure consultation closed and implementation ongoing, dedicated and specialist resource in place to support and drive this agenda.
206 avite(siaar) / via Jes	17/07/2015 Director of People and Organisational Development		team performance and development is not	Appraisal processes (MYC and Job Planning) not being sufficiently embedded and strategic development needs not being adequately addressed (e.g. through workforce planning and education commissioning).	Non-delivery of long-term strategy.		Appraisal processes for staff, either 'My 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 MYC elearning package live and communicated Structured approach to funding learning and development - deferred until 2021/2022 budgets Professional appraisal and revalidation processes in place, linked through relevant bodies. Learning and Development - Job Plans PDRs both My Contribution and Job Plans				Continuous and improved monthly and quarterly reporting to BET collectively and individual directors, with the addition of ESR drop in sessions for the areas with the largest compliance deficit	31/03/2022	Ongoing			Update 4.11.21: compliance continues to drop - have engaged People Business Partners with current data, have offered additional support to HPSS including ESR drop in sessions to bridge reporting gaps. Skills development offer requires appraisal compliance to encourage meetings to be scheduled - pay progression 2022 comms complete but unlikely to trigger action for 9 months Update 02.12.21 As per update of 04.11.21Update 4.11.21: compliance continues to drop - have engaged People Business Partners with current data, have offered additional support to HPSS including ESR drop in sessions to bridge reporting agas. Skills development offer requires appraisal compliance to encourage meetings to be scheduled - pay progression 2022 comms complete but unlikely to trigger action for 9 months Update 04/02/22 - as per performance data, compliance levels remain relatively static - data reported to BET and Board and work ongoing to improve compliance in 'hot-spot' areas.
						4 4 10		4	3 1	12 → Treat	My Contribution e-learning available to all	30/09/2021	Completed	1 3	3	Completed
											My Contribution - Undertake Quality audits (planned)	30/06/2022	Planned - deferred from 2020			Update 4.11.21: quality audit deferred during pandemic but will be completed in Q1 22/23 following end of year appraisals Update 04/02/22 - as previous update, audit deferred.
											Revised management and leadership development programme to include My Contribution training	31 Mar 2022	Completed			Completed
											P&OD to re-issue guidance and reminder of value of appraisal and also how to input on to ESR.		Completed			Completed
207 Alem O	04/10/2021 Executive Director Quality, Nursing and Allied Health Professionals	Corporate		This will be caused by competing priorities, a lack of organisational commitment to support improvement and innovation, and the necessary planning, control and assurance to support.	legislative requirements, and a lack of progress in		Quality Improvement Programme Board established Quality Improvement Strategy Implementation Plan Approval of the Integrated Governance model Quality Management Tools PTR Reporting Management Framework Medical Devices Arrangements Health Protection Screening Service Quality Management Systems Statutory & Mandatory training Competency and role based training Regulatory standards Performance Management System (Performance & Assurance Dashboard) Policies & SOP's Workstream leads on WG workstreams				Completing the org readiness assessment which will be updated to inform capacity and capability building (28/02/22)	Completed				Update 20/01/22 - Work ongoing across the organisation to complete by the middle of February Update 25/02/22 - Readiness assessment completed with available information and will be handed over to the lead for QOS. Improvement Cymru have requested inclusion of IC Directorate readiness within the summary, once completed this will be handed over to IC to inform next steps re: QOS.
											Ongoing updates being received from PHW workstream leads within the WG workstreams under the implementation of the act (ongoing)	Ongoing				Update 20/01/22 - Action ongoing and on target Update 25/02/22 - Action ongoing and on target

					5	4 20		4	4 16	→	Treat	Organisational agreement on next steps for implementing Quality as a Business Strategy (28/02/22) Undertaking a gap analysis on organisational effectiveness of clinical governance arrangements (30/04/22) Establish a scoping meeting in relation to the requirements of the Duty of Candour on PHW (30/04/22) New action - Review content and risk ownership allocation of the various elements of this corporate risk, in light of the change of leadership responsibilities re implementation of the duty of quality and duty of candour between Improvement Cymru and QNAHPs	28 Feb 2022 30 Apr 2022 30 Apr 2022		3 4	Update 20/01/22 - Quality as a Business Strategy presented to BET and agreed in principle. Further discussions pending with BET on the implementation approach. Target scores and actions confirmed at BET. Update 25/02/22 - Board development session planned to update and socialise this at the April Board development session. Engagement activity commenced by improvement Cymru in relation to establishment of the improvement hub. Change of terget data requested to 30/04/22 Update 20/01/22 - Action ongoing and on target Update 25/02/22 - Action ongoing and on target Update 25/02/22 - Action ongoing and on target Update 25/02/22 - Initial presentation on implementation of the duty of candour provided to the Quality and Improvement Programme Board. Ongoing input to WG workstream and awaiting WG draft guidance for comment. Updates on duty of candour will be provided in the Board development session on quality in Aoril and plans being progressed for comms and engagement to the wider organisation on this. Update 25/02/22 - Initial meeting with Improvement Cymru held, agreed they would review the current risk with a view to any re-articulation or update from a duty of quality leadership perspective and QNAHPs to do likewise re duty of candour.
800 Safety / Continuity / Staffing	16/01/2017	Executive Director for Health Protection and Screening Services	and Screening Services	Health Protection and Screening Services will fail to recruit and retain sufficient medical microbiologists to be able to run an optimal and safe Microbiology service across the network, particularly in North Wales. Extremely difficult recruiting environment, compounded by changes in the specialty training and the impact this is already having on the market for microbiologists.	In the absence of sustainable clinical oversight and input, service delivery would have to be severely restricted. This would hamper infection prevention and control activities to the host Health Board. Without medical microbiologys tervice across the network, particularly in North Wales, will not be able to meet service needs to the population and attempts to maintain a service with inadequate medical staffing could impact on patient safety and quality for users of health services in the health board.		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 non-substantive post holders 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 Development of a blended clinical workforce across the Microbiology network (including specific support to North Wales) this includes new clinical					Approval is awarded annually but currently posts were approved for 2020 and 2021 Profiling of workforce. i.e. develop novel (Public Health Microbiology) Consultant Clinical Scientist and other novel roles, including clinical BMS and physician associate	31/10/2024	Completed		Update 4/11/21 - Sucessful establishment of SPR training posts. Sucessful recruitment to new trainees in Swansea. Three recruitment rounds still to be progressed with specific focus on developing training places in North Wales - this is likely to continue to take a number of years. Update -24/01/22: No change in relation to Specialist trainee recruitment, this will continue to take a number of years. Considerable effort continues in relation to recruitment and retention including seeking additional agency consultant resource for remainder of financial year. Update 25/2/22 - Considerable effort continues in relation to recruitment and retention, including securing additional agency locum support for the remainder of finance year and beyond. Update 4/11/21 - Development of consultant clinical scientists complete, new roles being developed as part of Microbiology workforce plan. Recruitment process commenced with appointments expected Nov/Dec 21, with positive impact by April 22. Update -24/01/22. Successful recruitment to Physician Associates roles, positive impact still expected by April 2022. Update 25/02/22 - No further update
					4	4 16	BMS and physician associate roles. 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. Oversight provided by Health Protection and Screening Directorate Leadership Team	4	4 16	→	Treat	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. Approval of the Business Case submitted to Welsh Government remains key to addressing this risk.	01/09/2022	Paused	2 2	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. Update 23/08/21 - Further discussion at Directorate Leadership Team on 25 August to review progress. Being reviewed as part of the revised HP operating model for COVID. Update 4/11/21 - Ongoing consideration as part of recovery but delayed by current focus on Covid response. Update 24/01/22 - Ongoing consideration as part of recovery but delayed by current focus on Covid response. Update 25/02/22 - No further update Update 4/11/21 - Continued focus on development of workforce plan for Microbiology, subsumed within the new focus of future operating model for Directorate of Health Protection and Screening Services Update 24/01/22 - Continued focus on development of workforce plan for Microbiology, subsumed within the new focus of future operating model for Directorate of Health Protection and Screening Services. Update 25/02/22 - No further update