

Risk 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	Trend	Risk Decision	Action Plan	Due date	Status of Action	Likelihood	Impact	Risk level	Progress
201			Director of People and Organisational Development		There is a risk that we will fail to make necessary organisational changes required to achieve public health impact and organisational objectives.	This will be caused by competing priorities and the resource demands of organisational recovery.	This will mean PHW will not deliver the required changes to organisational structures and ways of working impacting on timelines of organisational 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		TBC				Update - 02/12/21 - Plan reviewed and some projects paused due to resourcing 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	Corporate/Board Business	There is a risk that that we will fail to be sufficiently prepared to meet the requirements of a public enquiry.	This will be caused by insufficient resource capacity or capability, weak records management or insufficient prioritisation and/or funding across the organisation	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	20	1. Resourcing plan fully developed and supported- this includes legal expertise, archive expertise and project management resource. 2. Records Management and document categorisation process developed and deployed for those records requiring capture, recording and storing. 3. Approach to synergising wider organisational learning agreed. 4. Programme Board continues to operate effectively reporting to Business Executive Team.	3	5	15		Treat	1. Resourcing plan for April 2022 and beyond fully developed, approved and resources committed (HB) 2. Resourcing plan implemented to ensure appropriate capacity and capability in place (HB) 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	Revised date to BET - 1 Feb 2022 30/04/2022 Completed Ongoing	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 resource redirected from BBU team in the interim 19/1/22 - Active and on track, next report to BET due 1 Feb 2022	2	5	10	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 set 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 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	Organisational Objectives	02/11/2018	Executive Director for Health Protection and Screening Services	Health Protection and Screening Services	DESW is unable to 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.	There are inadequate processing in place to provide 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. There is a lack of clinical governance to support quality delivery.	Patients will have extended waits for eye screening, potentially leading to delayed referral and which may increase risk of irreversible sight loss due to retinopathy. Due to lack of 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 ophthalmology as appropriate. Service model is unsustainable, resulting in increased errors/incidents. Reputational damage for PHW. Loss of confidence in service leads to detrimental impact on uptake. Increase in complaints, claims and staff grievance. Loss of staff members, resulting in further service instability.	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 co-ordinators, 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 undertake 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	12	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 venues which will improve availability and offer. Additional venue identified in Cardiff which has good availability and has improved offer locally. Offer of retinal review by optometrist has progressed to those 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 of the programme day to day (started 17 Jan) and Transformation Manager (starts 31 Jan) who will lead on the upgrade of the IT system (optimise) and also scope out alternate service delivery models for an effective and sustainable DES service in Wales. Update 25/02/22- screening has continued to be offered throughout the Omnicom wave of the pandemic despite staff absence. Work continues with screening hub plan for additional venues which is need to improve availability and offer. The additional venue identified in Cardiff which has improved offer locally is working well. Offer of retinal review by optometrist continues to those identified as low risk of sight threatening retinopathy who have waiting longest for screening offer. Over 20,000 letters offering review have been sent to date with over 160 optometry practices supporting offer across Wales. Due to substantive head of programme taking up secondment for another screening programme the head of programme role has split into two new secondment posts due to workload and this structure is bedding in and working well: Optimisation Manager is operationally responsible for the running of the programme day to day and Transformation Manager will lead on the upgrade of the IT system (optimise) and also scope out alternate service delivery models for an effective and sustainable DES service in Wales. The programme is starting scoping work around transformation and is working with colleagues in Public Health Knowledge and Research and a commissioned company to undertake discovery work.
204			Executive National Director of Data Knowledge & Research		There is a risk that we will fail to exploit data to inform and direct public health action and interventions	This will be caused by data being held in silos, difficulty accessing the data and inability to access to provide the impact on public health.	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 Data Resource and contributing/interacting with DHCW for other data needs in Health Care. 3. Deliver 5 exemplar 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 develop the digital and data strategy and research and evaluation strategy. These 5 projects are: 1) To have all our data accessible through one place, 2) to develop a winterviewerview dashboard, 3) develop user personas to improve our publications, 4) develop an exemplar of the better presentation and use of evidence on active travel 5) undertake a discovery phase on diabetic eye screening - 5 data science projects will be agreed by July 2022. - Research & evidence/ digital & data strategies for PHW will be overseen and scrutinised at KRIC on behalf of the board. - An internal audit will be scheduled for Q3 to measure performance against developing data storage, access and linkage both internally and as part of the wider DHCW requirements.	31/10/2022		3	4	12	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 Update 11/05/2022 - Risk Owner Overview - The directorate has gone through a period of change following the standing down from the COVID response, return of staff to substantive roles and recruiting to a steady state. Successful delivery against the objective appears feasible, however, there are significant dependencies/actions, including: •recruitment and onboarding of key hires. •acquiring of new sils and ways of working; •building of relationships to establish robust and ongoing collaboration within the directorate, across the organisation and wider partners. Actions Update:Recruited to Band 9 x 2 Head of Data Science and Head of Data roles – commencing May/June 2022. Consultancy and project with Armacuni completed April 2022. Investment supplied for the roles of: Data Engineer, User Centred designer, User Centred Researcher, Principal Analyst, 2 Advanced Data Analysts, 2 Evaluators. JD's written and submitted for job evaluation. User Centred Designer and User Centred Researcher with the specific objective of developing user personas. DESU discovery completed April 2022 and feedback scheduled for 25/05/2022.
205	Service Interruption	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 place at 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.	5	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. Organisational Workforce plan to support IMTP and first three years of People Strategy Job families Workforce Mobilisation (COVID)	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	On track				Update 4.11.21: 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 02.12.21: 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 Business 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 through the Medical Engagement Scale and staff survey - data has been reported to BET and will go to PODCOM on 16 February 2022.. 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 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.

286	Safety / Legislative	17/07/2015	Director of People and Organisational Development	Workforce and Organisational Development Directorate Wide	Risk that individual and team performance and development is not aligned with the organisation's strategic and operational priorities,	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 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 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	16		4	3	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								
287	Quality	04/10/2021	Executive Director Quality, Nursing and Allied Health Professionals & Director for NHS Quality Improvement and Patient Safety, Improvement Cymru	Corporate	There is a risk that Public Health Wales will fail to implement an effective quality management system which reflects the requirements of the Quality and Engagement Act.	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.	The impact will be noncompliance with the legislative requirements, and a lack of progress in strengthening quality improvement and governance in the delivery of safe services, programmes and functions.											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		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)	28 Feb 2022			3	4	12	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 target data requested to 30/04/22							
																		Undertaking a gap analysis on organisational effectiveness of clinical governance arrangements (30/04/22)	30 Apr 2022						Update 20/01/22 - Action ongoing and on target Update 25/02/22 - Action ongoing and on target								
																		Establish a scoping meeting in relation to the requirements of the Duty of Candour on PHW (30/04/22)	30 Apr 2022						Update 20/01/22 - 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 Aorll and plans being progressed for comms and engagement to the wider organisation on this.								
																		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	31 Mar 2022						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.								
288	Continuity / Staffing	16/01/2017	Executive Director for Health Protection and Screening Services	Health Protection and Screening Services (Microbiology)	Health Protection and Screening Services will fail to recruit and retain sufficient medical microbiologists to be able to run an optimal	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											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		Approval is awarded annually but currently posts were approved for 2020 and 2021	31/10/2024					Update 4/11/21 - Successful establishment of SPR training posts. Successful 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 21/4/22 Considerable effort continues in relation to recruitment and retention, including securing additional agency locum support. Additional agency support secured in NWales but stayed for							