| Risk Identifier R |             |            |   |   |   | Risk Description  |  |            |        |            | Risk Scoring   |            |                      |       |               | Risk Action Plan  |                                    |  |
|-------------------|-------------|------------|---|---|---|---|--|------------|--------|------------|--|------------|----------------------|-------|---------------|---|------------------------------------|--|
|                   |             |            |   |   |   |   |  | Inhe       | erent  | Risk       |  | Curre      | ent Risl             | k     |               |   | Target Risk                        |  |
| Risk ID           | Domain      | Date added | Lead Executive  | Directorate (if applicable)               | Risk Description<br>(There is a risk that)  | Cause (This will be caused by)  | Effect (The impact will be)  | Likelihood | Impact | Risk level | Key Controls   | Likelihood | Impact<br>Rick layel | Trend | Risk Decision | Action Plan Status of Action  | Likelihood<br>Impact<br>Risk level |  |
| 207               | δ. Onality  |            | Director for NHS<br>Quality<br>Improvement and<br>Patient Safety,<br>Improvement<br>Cymru | Corporate                                 | Health Wales will fail to   | This will be caused by competing priorities, a lack of organisational capacity and capability to support timely implementation  | 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. | 4          | 4      | 16         | 1. Innovation and Improvement Hub creating a culture of improving and innovating for quality within the organisation 2. Commissioned an external provider to support PHW in implementation of the Quality as an Organisational Strategy methodology 3. Establishment of SRO Group for the Duty of Quality to prepare for and support the implementation of the Duty across PHW 4. Implementation plan for PHW with identified leads for each theme 5. Executive representation (Exec Dir of QNAHP's) on the WG Duty of Qualities and Candour Implementation Board 6. Senior representation on the WG Duty of Quality Implementation Group 7. Quarterly reporting to BET and QSIC 8. Highlight Reports presented to WG Board 9. Welsh Government issued minimum requirements as an implementation roadmap 10. Continued involvement in revising guidance and developing education materials 11. Developed coaching support to be provided by I&I Hub for improvement projects   | 4          | 1 d                  | 6 →   | Treat         | Reporting and information - mechanism and publication schedule / plan in place for sharing DoQ progress information externally  Reporting and information - Quality-related information escalation mechanisms in place, with plans for review and consideration at appropriate level  Reporting and information: report compiled in March 2024 in accordance with PHW governance process  Commissioning: All commissioning arrangements incorporate DoQ In progress  requirements  Hosting arrangements: All hosting arrangements incorporate DoQ In progress  requirements  Quality Standards: A clear understanding of changes required to existing quality infrastructure and agreed programme of work to align with Quality Standards 2023  Quality Standards: Quality infrastructure clearly aligned to Quality  Standards 2023  Quality Standards: Routinely monitored, system-wide In progress  understanding of what good quality looks like for the broad range of services.  Quality Management System (General) - Quality Management In progress  System road map agreed and implemented  Governance and accountability structures - Board are assured that DoQ is being considered across system  Governance and accountability structures - routine goveranance documentation is DoQ-ready  Training and education - All staff trained to determined appropriate In progress           |                                    |  |
| 1531              | Operational |            | National Director of<br>Data, Knowledge<br>and Research                                   | Knowledge and<br>Research                 | will fail to exploit data to  | caused by data being held in silos, difficulty accessing the data and inability to access to provide the impact on public health.   | resulting in worse public<br>health outcomes in Wales and<br>increased information<br>governance risk within Public<br>Health Wales  |            | 4      | 20         | 1. Development of research & evaluation and digital & data 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. Recruitment into new investment posts progressing quickly to bring in additional skills     4. Ensure we maximise exploitation of our data and information.     5. Quarterly review by Digital Data Design Authority  | 5 .        | 4 20                 | 0     | Treat         | Recruitment of key skill sets  Creation of Job Families  Establishment and embedding of the Digital Pipeline  - Alpha - Web Estate  - Discovery - Tarian  - Alpha - Beta - Breast Test cohort selection  - Alpha - DESW - Reduce DNA's, Cohort Creation, Diabetes Register  - Beta - DESW - Automate Referrals  in progress in progress in progress in progress   |                                    |  |
| New               | Operational |            | and Organisational  | People and<br>Organisation<br>Development | There is a risk that the organisation may not have the capacity or resources necessary to effectively deliver the long-term strategic plan. | This risk arises from a challenging political and financial landscape, which includes staff time being redirected to contribute to the (Covid) public enquiry and an unstable industrial relations climate. | Inability to deliver the long term strategy due to absence of strategic workforce planning.  | 4          | 4      | 16         | 1. Resource Allocation and Assessment: Assess current resource allocation. Identify gaps between the required resources and what is currently available. Ensure alignment between strategic goals and resource allocation. Adjust resource distribution, as necessary.  2. Capacity Building: Continue to Invest in developing the skills and capabilities of existing staff to handle the strategic plan's demands.  3. Prioritization and Phasing: Evaluate the strategic plan and identify high-priority initiatives. Consider phasing the plan to allow for a gradual rollout, focusing on crucial elements first and postponing or deprioritising less critical components.  4. Scenario Planning: Develop scenarios that account for different levels of resource availability. This will help us be prepared for various resource-related challenges and allow for quick adaptation as circumstances change.  5. Resource Bank: Better utilisation of finances through use of the new Resource Bank to replace agency use and overtime. | 3          | 1.                   | 2     | Treat         | Workforce Planning provide a holistic view or our current critical roles with clear plans that include solutions and interventions that will support the delivery of our priorities. Establish a clear vision outlining the function of job families within PHW and their role in supporting critical elements of the People Strategy.  Newly appointed Strategic Workforce Planning Lead to work with Directorates and wider POD team to support the development of local workforce plans.  Develop an overarching workforce plan which support us to have the right number of roles with the right skills to support effectively delivery of the long terms strategy and people strategy ambitions, ensuring metrics are in place to measure progress.  Work with internal and external stakeholders to create an organisational approach to recruitment and selection that supports the ambition outlined in the People Strategy and supports delivery of the long-term strategy.  Process Improvement work prioritised  Continue on development of ideal organisational culture including our People Promise ( Employee Value Proposition).  Planning and response to any industrial action supported through our organisational architecture for emergency planning and business continuity, informed by national guidance and support from NHS Wales Employers, to ensure service continuity. | 2 4 8                              |  |

| 1541 | Patients & Clients | 06/07/2023 | Director of People<br>and Organisational<br>Development                  | People and<br>Organisation<br>Development      | There is a safeguarding risk that organizational DBS checks do not prevent unsuitable people from working with vulnerable groups, including children, therefore placing them at risk of harm, abuse and neglect.                             | DBS checks on individuals are performed on the commencement of employment in PHW and are not renewed thereafter. Employees may not have an appropriate level of DBS check for their role or activity within PHW. |   | 4 | 3 1 | A Training session has been delivered by the DBS regional advisor to recruiting managers. An Algorithm has been developed for recruiting managers to utilise when making staff appointments to ensure that the appropriate level of DBS is requested on appointing staff. Training videos have been developed and advertised on POD's SharePoint. The risk has been discussed at the All Wales Safeguarding Network and will be escalated to Welsh Government to establish the National Picture with regards to the frequency of DBS renewals at an All Wales level. | 2 3 | 6  | а<br>с<br>т<br>а   | A DBS audit is to be completed to review the level of DBS check assigned to position numbers in ESR to ensure the correct level of check is undertaken based on current guidance and best practice. The results of the audit will be shared with the safeguarding group and an associated action plan if required post audit  | 1 3 | 3 |
|------|--------------------|------------|--|--|--|--|---|---|-----|--|-----|----|--|---|-----|---|
| New  | Operational        | 27/12/2023 | Executive Director<br>for Health<br>Protection and<br>Screening Services | Health Protection<br>and Screening<br>Services | from an ISSUE that changes to alerting   | WAST and other partners are not compatible with the current PHW arrangements to receive alerts for E or MI's.  | PHW will be not receive alerts<br>for E & MI in a timely manner<br>potentially delaying our<br>response and the provision of<br>public health advice to save<br>lives and reduce harm.                                    | 5 | 2   | Currently PHW has an interim agreement in place with WAST and other partners to continue manually calling PHW. The EPRR team are further supporting this on an informal interim basis with a mechanism to receive the alerts via the new systems. When a message is receipted by the EPRR team, it will be cross checked with the existing alerting process to ensure the details are relayed appropriately.   | 4 4 | 16 | r<br>li<br>n   | The HPSS Directorate Management team agreed to establish a resilient EPRR 24/7 on-call service (13/12/23). The service will be led by the EPRR team and supported by suitably experienced members of staff from the HPSS Directorate.  Work to establish the new service will commence with a target completion date on 31/03/24.   |     |   |
| New  | Operational        | 16/11/2023 | Executive Director<br>for Health<br>Protection and<br>Screening Services | Health Protection<br>and Screening<br>Services | There is a risk arising from an ISSUE that the current cameras and IT equipment being used for clinical work in the Diabetic Eye Screening Wales Programme will fail due to asset age and insufficient stock available as back-up equipment. | 1st January 2024 parts and servicing will no longer be available for cameras.  | Clincs will need to be cancelled / not operate if there is insufficient equipment available to use. As cameras begin to fail they will not be able to be repaired and this will increase usage on to available equipment. | 4 |     | Plan and capital funding request submitted to Welsh Government in 2023 aligned with the planned decommission process. (delayed response from WG)   | 5 4 | 20 | r<br>a<br>1<br>e<br>2<br>b<br>t<br>3<br>3<br>e<br>r<br>4 | In Progress services has convened a weekly working group, to include representation from finance and procurement. Key areas reviewed as follows  1) timeline preparatory work undertaken with procurements in the event of quick notification of approval 24/25 FY  2) The DESW programme continues to use Carleton on an ad hoc basis in regards to maintenance for the existing cameras  3) communication has been delivered to the operating sites to exercise care with existing camera equipment and to immediately report any issues  4) scoping exercise exploring the option of leasing as a backup option. |     |   |