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)	Likelihoo Impact	ତି ବର୍ଷ Key Controls ୪୪	Likelihoo Impact	Trend	Assuranc Gaps in controls (Risk Decision	Action Plan	Due date	Status of Action	Likelihoo Impact	Progress Progress
		Director of People and Organisational Development	will fail to make necessary	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 organsiational objectives	5 3	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 1			Treat	Period of re-assessment of the controls and action plan to be undertaken		TBC		
	17/09/2021	Board Secretary and Head of Board Business Unit	we will fail to be sufficiently prepared to	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		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 fo 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.				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)	Jan 2022 (plan submission Dec 2021) 30/04/2022	28/10/21 Update - Active, on track. 28/10/21 Update - Implementation dependent on apprival of resourcing plan outlined above; some internal reosurce redirected from BBU team in the interim		
						4 5					lieat	Records Retention Guidance to be published to ensure best practice processes are followed	31/10/2021	30/11/2021	2 5	Guidance in draft being presented to BET 16th Nov 2021
												Programme Board continues to meet according to its terms of reference with bi-monthly reporting to Business Executive Team	Ongoing	28/10/21 - Active and on track, next report to BET due 16 Nov 2021		
Organisational Objective	02/11/2018	Executive Director for Health Services Protection and Screening Services	quality-assured programme to the diabetic population of Wales, and to transform	There are inadequate d processing in place to proved assurance of consistent and quality assured grading practice. There is a lack of n 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.	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	5 4	Optimising the service: Standards in place and being monitored to support service transparency. First stage management restructure following staf 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	5 4 2) >			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 :	Update 3/3/21 - no changes to the January position Update 07/05/2021 - Optimize IT system installed during March as planned. Efforts to identify additional clinic venues to increase programme screening capacity continue and additional sites are in the final stages of negotiation. DESW Transformation next steps are currently being evaluated alongside the developed of the Screening Division Covid Recovery planning activity. Update 23/08/21 - Ongoing discussion with Health Boards to restore venues available for DESW. On going work to improve uptake. DESW to consider undertaking a deep dive to establish an improvement action plan. Consider transferring risk to the Directorate. 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
		Director of Knowledge & Research	will fail to exploit data to inform and direct	This will be caused by data being held in silos, difficulty accessing the data and inability to access to provide the impac on public health.	This will result in worse public health outcomes in Wales and increased tinformation governance risk within Public Health Wales.	5 4	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 1	5		Treat	Strategies developed in line with overarching PHW strategy by March 2022. Deliver 5 examplar projects by March 2022 covering, data storage, winter dashboard, active travel evidence, user personas for publications and a discovery phase on diabetic eye screening	31/03/2022		3 4 :	12
Service Interruption	17/03/2020	Director of People and Organisational Development	Risk that we won't recruit, develop and retain a diwerse 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.		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 15/09/2021 - Dedicated resourcing and recruitment team continues to support as per Business Case, induction programme in place to ensure new staff are fully inducted into PHM. Staff absence levels remain consistent, support and training for line managers is in place and our staff continue to be able to access various programmes to facilitate a return to work. 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.
						5 4	20	4 4 1	5		Treat	Development of recommendations to ensure a structured and sustainable approach to funding learning and development Provide P&OD recruitment resource to manage large scale	01/04/2022	On track On track in line with	3 4 :	Update 4.11.21: 2019/2020 paper being revisited in Q4 following submission og workforce plans to agree recommendations to go to BET Update 4.11.21: POD permanent structure currently being consulted on
												recruitment		POD restructure (including medical workforce)		and will include broader strategic resourcing posts, additional workforce insights resources and specialist medical workforce resource Update 15.12: interin structure in place including dedicated recruitment resource Update: 12/04/2021 - There is a dedicated team in place to support resourcing and recruitment

206 https://doi.org/10.1001/	5 Director of People and Organisational Development Directorate Wid	team performance and development is not	sufficiently embedded and strategic development needs	Non-delivery of long-term strategy.	4 4	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	4 3	12		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 My Contribution e-learning available to all My Contribution - Undertake Quality audits (planned) Revised management and leadership development programme to include My Contribution training	31/03/2022 30/09/2021 30/06/2022 31 Mar 2022	Ongoing 1 3 Completed Planned - deferred from 2020 Completed	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 15/09/2021 - Work ongoing with teams to improve compliance, targeted work taking place within areas of low compliance — H&WB and Health Protection and Screening Services. Update 15.1.21: In follow up report completed and going to ACGC 19.1.21 - action is onging as BAU requirement across the organisation Update - 8.4.21: year end figures communicated (below target) and quarterley breakdowns due next week by directorate. No impact on pay - national deferral of Pay Progression policy until September 2021 14.8.21 Update: MYC elearning package live to help develop confidence and capability, new manager's development programme stood back up and conversations underway with HP&SS to agree additional reporting. Corporate analytics including appraisal dashboard in DADD development Update 4.11.21: grogramme live and accessible to all - limited update, comms to be reissued in Feb in line with end of year prep Update 4.11.21: quality audit deferred during pandemic but will be completed in Q1 22/23 following end of year appraisals Update 4.11.21: Programme live and includes MYC e-learning and drop-in sessions
										P&OD to re-issue guidance and reminder of value of appraisal and		Completed	
207	Executive Director Corporate	There is a risk that	This will be caused by	The impact will be that we		Assessments from the Reactivation work stream				also how to input on to ESR. Period of re-assessment of the controls and action plan to be	30 Nov		Update: 03/11/2021 - Meeting to be arranged with key internal
Ouell	Quality, Nursing and Allied Health Professionals	Public Health Wales will fail to sufficiently re- activate, innovate and improve (where	insufficient workforce capability and capacity for reactivation and recovery, resulting in harm to the population and the reputation	will be unable to sufficiently recover to deliver our statutory responsibilities and strategic priorities		provide the position through a DCA up until August 2021 Quality Improvement Programme Board established Quality Improvement Strategy Implementation Plan Approval of the Integrated Governance model Quality Management Systems (Corporate) PTR Reporting Management System External Reviews Medical Devices Arrangements Health Protection Screening Service Quality Management System in place Statutory & Mandatory training Competency and role based training Regulatory standards Performance Management System (Performance	t			undertaken	2021		stakeholders to consider assessment on innovation, quality and improvement.
						& Assurance Dashboard) Policies & SOP's Innovation Strategy				Implement Year 1,2&3 of the Quality and Improvement Strategy	31 Mar 2024		Update: 03/11/2021 - Quality and Improvement Strategy Implementation Programme Board established and initial meeting on 07/10/2021.
										Develop and agree the implementation plan for the Integrated Governance Model	30 Nov 2021		Update: 03/11/2021 - Implementation plan in the process of being developed through reporting of pilot projects
										Implement Year 1 of the Integrated Governance Plan	31 Mar 2022		Update: 03/11/2021 - As above and will include outline plans for years 2 and 3
					5 5	25	4 5	20	→ Treat	Implementation of Cervical Screening Information Management System (CSIMS)	Q4	3 5	Update 03/11/21 Significant progress has been achieved and it is
										Implementation of risk-based diabetic eye screening			Update 03/11/21 Implementation of risk-based diabetic eye screening is key objective but requires upgrade of optimise IT system to version that can manage the pathway (not comercially available yet). This objective will be included in Diabetic Transformation Programme that is being set up to identify sustainable service model.
										Delivery of the DESW Optimisation and Transformation Programme			Update 03/11/21 Diabetic Transformation Programme being established to take forward transformation required to recovery and offer programme sustainably.
										Review to ensure that our Screening and Microbiology operating systems are all 'failsafe'			Update: 03/11/2021 - Many of the failsafes have been identified and build into the programme systems. Comprehensive workstreams undertaken in screening programmes and failsafe work has informed development of the CSIMS IT system
										Strengthen corporate clinical governance arrangements	31 Mar 2022		Update: 03/11/2021 - QNAHP's directorate has instigated a review of its management and administration of corporate clinical governance and how this relates across PHW. Integrated approach under development.
										Re-establish Directorates Mid & end year review process	31 Mar 2022		Update: 03/11/2021 - Mid and end of year cycles now re-established and dates of mod year reviews in progress
										Clear document control system to be implemented corporately (records management)	31 Mar 2022		Update 03/11/2021 - Agreed phase 1 of records management plan being implemented which will inform phase 2 to include next steps in record
102 Bu 16/01/201	7 Executive Director for Health Services Protection and Screening Services (Microbiology)	will fail to recruit and retain sufficient medical microbiologists to be	training and the impact this is already having on the market	clinical oversight and input, service delivery would have to be severely restricted.		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 - 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.