

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	Sources of Assurance	Gaps in controls (C) and	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					
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  4. Programme Board continues to meet according to its terms of reference with bi-monthly reporting to Business Executive Team	Jan 2022 (plan submission Dec 2021)  30/04/2022  31/10/2021  Ongoing	28/10/21 Update - Active, on track.  28/10/21 Update - Implementation dependent on approval of resourcing plan outlined above; some internal resource redirected from BBU team in the interim  30/11/2021  28/10/21 - Active and on track, next report to BET due 16 Nov 2021	2	5	10	Guidance in draft being presented to BET 16th Nov 2021	
203	Organisational Objectives	02/11/2018	Executive Director for Health Protection and Screening Services	Public Health 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 proved 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	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	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	12	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
204			Director of 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	1. Strategies developed in line with overarching PHW strategy by March 2022. 2. Deliver 5 exemplar 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	
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.				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 Operational Plan: • 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 PHW. 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 reviewed, work to be joined up with finance and other enabling functions to ensure this is taken forward holistically.		
								5	4	20		4	4	16				Treat	Development of recommendations to ensure a structured and sustainable approach to funding learning and development	01/04/2022	On track	3	4	12	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 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 15.1.21: interim structure in place including dedicated recruitment resource Update: 12/04/2021 - There is a dedicated team in place to support resourcing and recruitment	

