| 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 well) | Impact Risk level | Key Controls | Likelihood mpact | Risk level Frend | Risk Decision | Action Plan | Due date | Status of Action | Likelihood | |
|---------|----------------------|------------|---|-----------------------------|---|--|--|----------------------|---|---------------------|---------------------|---------------|--|------------|------------------|------------|---|
| 001 | Business Objectives | 15/01/2021 | Executive Director for Public Health Services | Corporate | or more of the screening programmes will again have to be paused or slowed down during the second wave of the | necessary to offer screening is not met. For example screening positive participants are not able to be referred for ongoing | would be that the organisation cannot offer the population based screening programme which is included in its statutory regulations and it not able to offer interventions that are known to reduce avoidable mortality | 5 15 | 1. Agreed clear criteria to review continuation of programme against which have been agreed by Gold. 2. Established screening workforce required to continue to offer screening safely and in line with recovery plan. 3. Screening pathways are Covid secure. This includes checks the participants that should not be self isolating; social distancing between participants; infection protection control measures in place; participant wearing face covering and staff wearing PPE. | 3 5 | 15 | Tolerate | 1. Continued close working with Health Boards at all levels – strategic lead identified for Health Boards and also close operational links with programmes to ensure we work together to ensure that significant bottlenecks and constraints are not created in the pathway. 2. Front line staff across Wales offered and encouraged to uptake vaccination in line with Welsh Government targets. 3. Sustainable supply of PPE to be made available to staff for service provision. 4. The situation across all services and Health Boards is reviewed weekly by the Screening SMT, and an update is reported fortnightly to BET. | | Continual | 3 5 | Update 11/1/2021 reviewed the critera at SMT meeting on 5/1/21 and all remain met. Constraints around staffing due to staff off with covid, self isolating or child care issues but this being dynamically managed. Constraint in timeliness in Health Boards but all accepting referrals and clinically risk assessing if delays, in close contact with Health Boards to keep situation under review. Have made some changes where posssible to reduce the impact on number of referrals to support Health Boards. Update 2/3/21 - still maintaining services and regular contact with Health Boards. Update 12/3/21 - all screening programmes continue to be delivered, situation improving in health boards due to reduced pressure from covid cases. Bowel Screening invitations numbers increased from 12/3 to work to reduce backlog; discussions underway with GPC Wales to plan cervical screening recovery. Staffing resilience improved with school openings and vaccination uptake excellent in front line staff. Update 07/05/2021 - Screening SMT continue to routinely assess the 6 criteria for continuing services, all of which remain met. Service capacity/throughput issues remain due to continuing covid safe clinic arrangements resulting in fewer participants in each clinic. Screening Covid Recovery Action plan is being developed and implemented with specific action plans addressing the backlog in each screening programme. |
| 002 | Patients & Clients | 08/04/2020 | Executive Director for Public Health Services | Corporate | unrecognised non-Covid | This is caused by the organisational attention focussed on Covid response | Avoidable infections | 5 15 | Maintenance of non Covid general health protection services. Regular situation update reports to the Gold Meeting and also separately to BET. Mobilisation of staff to the Covid response Oversight is also provided by senior management from the Integrated Health Protection SMT as part of the enhanced governance arrangements implemented and led by IMT to ensure that a focused response on non Covid activities is maintained | 3 5 | 15 | Treat | Separate Health Protection Leadership arrangements in place that is separate from Covid. The Business Case submitted to WG on 13th November remains key to a sustainable solution for the senior Health Protection team | 30/10/2020 | Completed | 2 5 | Update 07/10/2020 - The Health Protection response in the new operational plan confirms the essential requirement for maintaining non-Covid health protection services. In addition, a business case is being prepared for submission to Welsh Government for additional health protection resources Update 11/1/2021 - The Business Case was submitted to Welsh Government and the requested follow up responses were provided to them on 7/1/21. Approval of the business case will enable the organisation to address this ris Update 28/1/21 - The Directorate is compiling the additional information requested by WG & a final decision is awaited, as funding of the Business Case remains key for a sustainable service. 10 Update 2/3/21 - Approval for the Business Case was received 10/2/21 and will be implemented Update 6/4/21 - Good progress has been made with the project arrangements. A recruitment group has been established with many posts approved and recruitment now underway. Progress is monitored through an oversight steering group. Update 5/5/21 - Recruitment continues to progress well. A separate report will be submitted to BET outlining detailed progress. The engagement and communications process has now been developed ahead of the discussions around the development of the enhanced operating model. |
| 004 | Service Interruption | 17/03/2020 | Acting Director of People and Organisational Development | Corporate | staff to deliver the Operational Plan including prioritisation of the Health Protection | staff with the necessary skills. Staff unable to work due to sudden, prolonged and widespread sickness absence. | | 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 | 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 | | 3 4 | Update: 12/04/2021 - There is a dedicated team in place to support resourcing and recruitment, plus People and OD Business Partner support to the Health Protection Response and similar support to each of the other priority areas to enable delivery of the refreshed Operational Plan (including implementation of the Health Protection business case). Regards staff absences and other types of leave, the People and OD operations team continue to support line managers to effectively manage sickness absence and this remains a priority. As of 1 April shielding measures have paused and staff who were clinically extremely vulnerable and not able to work from home can discuss how best to facilitate their return to the workplace - utilising the updated risk assessment tool. Finally, as of 12 April all school age children are able to return to classroom settings, thereby reducing the dependence on staff with caring responsibilities for children. Update 26/10/20 Workforce plans being developed for the three key priorities: Health Protection Response, Reactivation of Essential Services and Population Health Outcomes in the new Operating Plan, following which the Enabling function resource requirement will be assessed People Strategy first year actions in process of being reviewed and implementation plans developed. Update 15/01/20 Plans developed and currently being rewiewed, work to b joined up with finance and other enabling functions to ensure this is taken forward holistically. |
| | | | | | | | | | | | | | Provide P&OD recruitment resource to manage large scale recruitment | 31/10/2020 | | | Update: 12/04/2021 - There is a dedicated team in place to support resourcing and recruitment Update 15.1.21: interim structure in place including dedicated recruitment resource Update 26/10/20 new interim structure for the P&OD Directorate in the process of being implemented. |
| 005 | Human Resources | 17/03/2020 | Acting Director of People and Organisational Development | Corporate | working arrangements on staff health, well- | Continued uncertainty and anxiety around working arrangements. Insufficient communication and engagement. Reluctance to take annual leave or TOIL | Staff disengagement resulting in a number of negative consequences, such as increased sickness absence, reduction in productivity and quality of work, increased turnover | | Absence and annual leave reports and ongoing monitoring Clear communication across the organisation. Wellbeing and Engagement Surveys, results and action plans (local and organisation-wide). Managers' weekly briefing and guidance. Staff flu vaccine programme Regular meetings with recognised trade unions, both informally and formally Wellbeing and Engagement Partnership Group established Repatriation toolkit being developed (as per revised Operational Plan) Our Conversation (new ways of working) | | | | Continue to monitor staff absence data to identify any potential issues or hotspots | 31/10/2020 | | | 8.4.21: Supporting resources being developed for staff returning from redeployments Update 15/01/21 data contines to be monitored on a monthly basis at BET and LPF, HR support ongoing in specific areas and continued focus on wellbeing and resillience. Update 26/10/20 staff absence data monitored or a monthly basis by the People and OD team and reported to BET and Board. Any local issues highlighted are taken up with service area concerned. Updat 9/4/21 staff absence data monitored on a monthly basis by the People and OD team and reported to BET and Board. Any local issues highlighted are taken up with service area concerned. |
| | | | | | | | | | discussions commencing 15.4.21 | | | | Continue to provide P&OD support for line managers in managing sickness absence and other employment related issues | 31/10/2020 | | | Update 15/01/21 support for line managers and stuff continues to be in place via People Support +, work ongoing to make further improvements. Update 26/10/20 People Support Plus+ Helpline available for staff and line manager queries. Weekly line manager breifing issued. |

| | | | | | | | 4 4 | 16 | 3 3 | 9 | Tolerate | Continue to review and update employment policies and terms and conditions of service | 31/10/2020 | | 3 3 | g si in p | Update 15/01/21 fortnightly LPF and weekly JMDNC meetings continue, ignificant progress being made. Update 5/10/20 Schedule of work ongoin partnership with the Trade Unions in reviewing appropriate workforce lolicies. All ad hoc changes/amendments to terms and conditions of imployment implemented and communicated on an ongoing basis. |
|-----------------|------------|--|-----------|--|--|---|-----|---|-----|----|----------|--|------------|-----------|-----|---|---|
| | | | | | | | | | | | | Implement actions arising from staff surveys | 31/08/2020 | Completed | | | Update 15/01/21 - NHS staff survey results to BET on 18/01/21 Update /10/2020 - all organisation actions from the first survey complete |
| | | | | | | | | | | | | Continue to maintain and develop staff well-being support mechanisms and resources | 31/05/2021 | ongoing | | to U re m U w | .4.21: Repatriation/reset/recovery resources being pulled together into colkit for managers/staff/teams - due end of May update 15.1.21 Care circles ongoing, reminders issued regarding availate sources for staff and managers and toolkit will be developed to suppnanagers repatriating teams/individuals update 7/10/2020 - Taking Care, Giving Care rounds piloted and meetin, with workforce leads to take forward within response cells; Individual ar eam Stress Risk Assessments reviewed and will be communicated with uidance mid October |
| Human Resources | 17/03/2020 | Acting Director of People and Organisational Development | Corporate | | Confirmed and suspected COVID19 cases across the workforce | Sub optimal staffing levels due to high levels of Covid 19 related sickness absence resulting in inability to deliver priority work, quality of service decreases, decrease in staff engagement | | Absence and annual leave reports and ongoing monitoring. Workforce Information Dashboards. Implementation of appropriate social distancing measures at workplaces | | | | Continue to monitor staff absence data to identify any potential issues or hotspots at an early stage | | Monthly | | P. hi o W th C re P. | Update 9/4/21 staff absence data monitored on a monthly basis by the reople and OD team and reported to BET and Board. Any local issues lighlighted are taken up with service area concerned. Annual Leave car wer managed and monitored at year end. Wellbeing Workshops being held for Line Manager to enable support for hemselves and staff are Space and Facilitated Listening serssions being undertaken for NHI edeployed staff roject to focus on staff aged 20-34 starting in May in response to poor veilbeing scores in previous Staff Survey |
| | | | | | | | 3 4 | 12 | 3 3 | 9 | Tolerate | Continue to publicise staff wellbeing resources | 31/03/2021 | | 3 3 | 9 si | Update 15/01/21 Staff Wellbeing and Engagment Group continues to on a monthly basis, action plans in place across directorates. NHS staf urvey results to BET on 18/01/21. Update 7/10/2020 - reminder com oing out w/c 12 October and further actions will be developed followine econd survey results |
| | | | | | | | | | | | | Look to implement contingencies as outlined in workforce plans for Operational Plan priorities where necessary. | 30/11/2020 | | | fu p di R | Update 15/01/21 Plans developed and being merged with other enab unctions to ensure the required 'join up' on outcomes - work ongoing viriority areas being reviewed. Update 6/10/20 Workforce plans being leveloped for the three key priorities: Health Protection Response, teactivation of Essential Services and Population Health Outcomes in the lipperational Plan which will include any necessary contingencies required. |
| 007 | 16/04/2020 | Executive Director Quality, Nursing and Allied Health Professionals | Corporate | won't deliver services that are of a high quality, effective and | This will be caused by rapid policy change, and outbreak and reactivation management in an unpredictable | The impact will be an inability to mitigate and avoid harm to service users or staff | | Adverse Incident Management Policy and Procedures in place Risk Management Policy and Procedure in place Information Governance Policy and Procedures in | | | | Implementation of the Organisational Plan, ensuring mechanisms are in place to comply with policies and procedures | Completed | | | u | Jpdate 14/01/21 - Action completed |
| | | | | safe in the context of Covid 19 response | environment | | | place SOPs in place where required Reports provided on assurance to Quality and Safety Committee | | | | Approval and implementation of revised Risk Management Policy and Procedures | Completed | | | U | Jpdate 14/01/21 - Action completed |
| | | | | | | | | Regular reports to BET and Gold meetings Audit Wales Structured Assessment Internal Audit (relevant to Quality and Safety) HIW Inspections Programme approach of the implementation of organisational plans includes mechanism to monitor quality, safety and risk Organisational dashboards to monitor compliance and performance Risk assessments undertaken to ensure that we comply with Covid19 regulations within our estate Outbreak policy IP&C related policies and procedures Screening division's 6 point plan | | | | In conjunction with Board Business Unit, review the work programme to ensure QSIC receives assurance that controls are operating effectively | 30/11/2020 | | | U 1 w tt cc U sc a) P G tc U | Meeting planned with the Board Business Unit on 10/09/2020 Ipdate - 19/10/2020 - Meeting to discuss QSIC forward plan took pla 1/9/20 to consider November agenda. A/D Integrated Governance is overking with Head of Board Business Unit to progress the implements he integrated governance model, and a base line assessment will con urrent controls. Ipdate 13/1/21 - Integrated Governance model proposal for approva upported by Business Executive Team. Agreement to propose model pproval through Audit and Corporate Governance Committee to Boa roposal to underpin Board/Committee programmes utilising the Inte iovernance Model. Proposal to BET that the action date needs to be to 28/1/21. Ipdate 6/4/21 - Integrated Governance Model now approved by Boa urther work to be done by the AD Integrated Governance. New actio |
| | | | | | | | | | | | | Scope and approve the integrated governance model to be applied in the implementation of the plan | Completed | | | 2 | Update - 04/03/2021 - Integrated Governance model approved by Bo. 5 February 2021. Implementation will start with completing pilot sssessments against the model. Action complete |
| | | | | | | | 5 5 | 25 | 4 5 | 20 | Treat | Work in conjunction with the planning team to ensure appropriate data is available for the performance and assurance dashboard monitoring | 28/02/2021 | | 3 5 | 15 A p U p cl | Update - 19/10/2020 - Meetings held to progress transfer of Quality ssurance data onto the work programme for the further developme erformance and assurance dash board. 1pdate - 15/1/21 Full Collaboration with the planning team adding q preformance measures into the dash board dataset. This work is ong larity is sought on the data that will be available through the Once for concerns Management System |
| | | | | | | | | | | | | Develop and approve an integrated governance framework | Completed | | | | Jpdate - 04/03/2021 - Integrated Governance Model approved by Bo 5 February 20201. Action complete. |

| 800 800 Objectives | | Board Secretary and Head of Board Business Unit | Corporate | organisation many not comply with | demands on the organisation in responding to the pandemic and | reporting requirements | | | Effective use of the internal Welsh Health Circulars database and follow up system Board, Committee and Executive meeting | | | | | Quality and Improvement strategy developed and approved Develop a risk stratification process to sample test compliance with SOPs 1. Develop a database of all 'corporate' reporting requirements, by directorate, to provide central oversight of requirements | 30/04/2021 | | | | Work commenced in February 2020 and paused for COVID-19, however this work is being resumed. Initial direction shared with QSIC and internal key stakeholders Update - 19/10/2020 - Draft version 4 in progress with the aim to submitting to the November BET and the November QSIC Update 15/1/21 - Quality Improvement draft strategy is currently in development. Logic model session held on 13/1/21 to consider views of internal stakeholders. Aiming to bring the draft strategy to BET and QSIC in February 21. Update 6/4/21 - QI Strategy to be presented to BET w/c 12th April. New action date proposed 30/04/21 Update - 19/10/2020 - First step to identify robust audit plan to inform the subsequent risk stratification process Update 12/03/2021 - Integrated Governance model approved, pilot areas to be progressed to inform learning from wider application. Update 6/4/21 - New action date proposed 30/06/21 Update: 23/04/201 - The actions identified are all on track for completion and implementation. Update: 25/05/21 - action complete, database in place |
|---------------------------------------|------------|---|--|--|--|--|---|------|---|---|-----|-----|-------|---|------------|-------------------------------|-----|-----|--|
| Busin | 06/04/2021 | | | reporting requirements | | | 3 | 4 12 | forward plans | 3 | 4 1 | 2 | Treat | Map the reporting requriements into reevant governing foum forward plans to ensure decisions are taken in the most appropriate forum Provide the database to execuitve colleagues bi-monthly to support planning / production of relevant materials for reporting | 21/05/2021 | Last week each month | 1 4 | 1 4 | Update: 23/04/201 - The actions identified are all on track for completion and implementation. Update: 25/05/21 - action complete, database in place Update: 23/04/201 - The actions identified are all on track for completion and implementation. Update: 25/05/21 - action on track and will be ongoing. Frequency changed to bi-monthly as monthly determined to be too frequent |
| 100 Safety / Legislative | 17/07/2015 | Acting Director of People and Organisational Development | Workforce and Organisational Development Directorate Wide | | Insufficient staff receiving proper performance appraisals | PHW will have a sub-optimal workforce, unable to deliver on its strategic priorities | 4 | 4 16 | 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 | | 3 1 | 2 🕏 | Treat | All year-end reviews/objective setting meetings to be completed and recorded in ESR by September 30th 2020 (full action plan monitored by BET) P&OD to re-issue guidance and reminder of value of appraisal and also how to input on to ESR. | 31/03/2021 | Ongoing | 1 3 | 3 3 | 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 Update 15.1.21: IA follow up report completed and going to ACGC 19.1.21 - action is onging as BAU requirement across the organisation Update 22/5/20 - Compliance significantly below internal target of 90% and WG target of 85%. Year end data distributed and individual breakdowns with directors as at 8th May. Confirmed no pause in requirement during COVID-19 response. IA report finalised and management response given - action plan to be agreed by end of May 2020 Update 06/7/20 - action plan approved by BET 16.6.20 and actions underway Update 11/8/20 - Action Plan on track - compliance increase to 64% (non medical) and further breakdowns provided to PHS and HWB/PHTS. POD assisting with data entry. Update 7/10/20 - Update provided to BET 6.10.20 and ACGC 15.10.20, awaiting outcome of IA follow up |
| 101 Business Objectives | | Acting Director of People and Organisational Development | Organisational Development Directorate Wide | the change associated with the new strategy effectively | | workforce, unable to deliver on its strategic priorities | 2 | 5 10 | Executive and SLT teams sponsorship of new ways of working Long term workforce strategy Output of Talent and Succession processes | 2 | 5 1 | .0 | Treat | Development of change plan to be presented to Exec Team by November 2019 with mechanism in place to call off support resource as required Talent plan being revisited ahead of providing nominations for HEIW's 2020 Talentbury event | 31/10/2021 | ongoing Completed Completed | 1 5 | 5 5 | Change Programmes update delivered to Exec in December 2019 - action closed Update 7/10/20 - nominations for Talentbury 2020 confirmed internally and to HEIW. |
| 102 Safety / Continuity / Staffing | 16/01/2017 | Executive Director for Public Health Services | Public Health Services (Microbiology) | will fail to recruit and retain sufficient medical microbiologists to be | Extremely difficult recruiting environment, compounded by changes in the specialty training and the impact this is already having on the market for microbiologists. | clinical oversight and input, g service delivery would have | | | 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 locum/agency 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 | | | | | Delivery of the Microbiology Stabilisation Plan Approval from HEIW for an additional 3 SPR training microbiology posts per year for 5 years. Approval is awarded annually but currently posts were approved for 2020 and 2021 | 31/10/2020 | Completed | | | The Transformation Board has not met since January and is unlikely to meet for the foreseeable future. Meanwhile as a response to COVID-19, there has been a very large increase of investment in capital equipment and significant changes to laboratory working practices. This includes a new laboratory facility (IPS) including staffing located in South East Wales being developed initially for COVID-19 as a long term regional investment. Update 12/08/2020 - PHW continues to inform negotiations between Welsh Government and the UK DHSC and anticipate that Lab 2 may be ready at the beginning of the new calendar year. Meanwhile, PHW has successfully bid for additional capital and revenue investment to enhance the PHW laboratory service to improve turnaround times. Update 07/10/2020 - The Microbiology Stabilisation plan was discussed in BET on the 06/10/2020 in the context of a report on the progress of the implementation of the IPS development. BET agreed that the Microbiology Stabilisation plan have been superseded by events including the recent investment in laboratory services. Therefore it was agreed that a benefit realisation of the investment would be undertaken in the last quarter of this financial year. As part of the internal audit plan for next year, it was also agreed that the laboratory provision should be subject to audit in Q2 or |

| | | | | | | | safety and quality for users of health services in the health board. | f | | Monthly submission to Welsh Government to monitor spend on Medical Locums Alternative provision of medical microbiology services from elsewhere within the Public Health Wales network. 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. Stabilisation and Transformation Group accountable to Executive | | | | | | | | | Q3 2021/2022. Update 12/11/2020 - Microbiology Services continue to be a part of the business case proposals for strengthening an integrated Health Protection Service which will be submitted to Welsh Government shortly. Update 12/1/21 - The Business Case has been submitted to Welsh Government. The Directorate will be informed by the outcome of the benefits realisation review, and the outcome of the business case for a sustainable solution. Update 28/1/21 - The Directorate is providing the additional information requested by WG and an imminent decision is anticipated. Update 7/5/21 - Recruitment to the posts approved in the Business Case are underway, along with the additional SPR training posts |
|---|--------------------------------|------------|---|--|--|--|---|---|------|---|---|--------|----------|-------|---|------------|-----------|-----|---|
| | | | | | | | | 4 | 4 16 | | 4 | 4 16 ' | → | | Profiling of workforce. i.e. develop novel (Public Health Microbiology) Consultant Clinical Scientist | 31/10/2020 | Completed | 2 2 | Workforce development has continued in response to COVID-19. Workforce development will be subsumed by the ongoing development of IPS and the stimulus this will bring to the reshaping of Microbiology Services across the PHW network. Update 12/08/2020 - Progress is contingent on the delivery of the new laboratory. Update 07/10/2020 - This action has now been subsumed into the ongoing development of IPS |
| | | | | | | | | | ı | | | | | | Further develop network clinical management (e.g. single on-call for Microbiology) | 31/10/2020 | Paused | | Work continues to develop the concept and proposal with medical colleagues and is one of the key four clinical work streams. Work on this area is progressing and reported to the Transformation Board at its meeting in April 2020. Update 12/08/2020 - The new investment to enhance laboratory turnaround times will facilitate the development of a networked model for Microbiology across Wales. Update 12/1/21 - The Business Case submitted to Welsh Government forms part of the sustainable solution for this service. Update: 28/1/21 - The review of a single on call option has been paused due to the Covid workload, and is unlikely to progress in the next six months, due to covid workload and the increased demands for out of hours requests from Health Boards. 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. |
| | | | | | | | | | ı | | | ı | | | 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. | 31/12/2020 | | | A commissioning sub-group was established to inform a model of delivery, which formed part of the successful submission for the National Health Protection Service, and implementation will be discussed with Health Boards. The ongoing response to COVID-19 has identified the urgency for a long term strategic re-assessment of PHW's Health Protection service. Additional WG investment is being used to significantly strengthen the PHW laboratory network across Wales, which will improve the ongoing recruitment process to attract new medical staff. Update 12/1/21 - The outcome of the business case is awaited. Update 28/1/21 - The Directorate is compiling the additional information requested by WG, and it is anticipated that a decision will be imminent. Update 6/4/21 - Recruitment to the HP Business Case is underway & work is ongoing to agree and implement the enhanced operating model for Integrated Health Protection. Update 7/5/21 - Engagement around the enhanced operating model is taking place with the team |
| 1 | vice Continuity | 17/05/2017 | Executive | Operations and Finance (Information Technology) | | We do not have consistent SLAs with NWIS and have ineffective service management processes. | with potential or reputationa | 1 | 3 12 | In house informatics support Plan in place to bring all IT systems under PHW support. | 1 | 3 3 | → | Treat | All Public Health Wales staff to be transitioned to in-house IT support. This is however a long term project. | 31/10/2020 | | 1 3 | Update January 2021- Agreement has been extended post April 2021 but deadline date for transition still to be agreed. This will be in 2021 and no additional charges will be handed to us as a result of this extension. Rik to be reviewed and potnetially downgraded to Directore level. |
| 1 | Organisational Objectives Serv | 02/11/2018 | Executive Director for Public Health Services | Public Health Services | quality-assured programme to the diabetic population of Wales, and to transform the service to provide quality-assured programme for the increasing diabetic population. | 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. | 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 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 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 | → | | 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 | The DESW programme was suspended in March 2020 because of COVID-19 although urgent referrals were made as necessary through local optometry services. DESW is included in the Screening restart plans but the timetable has yet to be determined. The operational requirements for delivering this programme in the context of COVID-19, are very complicated. Progress will be reported through the Business Executive Team. Update 12/08/2020 - The main challenge currently is access to suitable premises to deliver screening safely for patients and staff. This is being addressed through direct discussions with Health Boards and a letter has been sent to Health Boards asking for their assistance in identifying alternative accommodation. Update 07/10/2020 - No further update (this is contingent on the outcomes of the Options Appraisals for alternative venues referred to in earlier risks). Update 12/1/21 - The programme continues to offer screening and currently offering participants to those identified at higher risk which includes pregnant and post-partum diabetic women, newly referred participants, surveillance participants and participants with previously identified retinopathy at defined level. Due to the changes in pathway fewer participants are able to be screened per clinic and much fewer locations are available compared to pre-Covid. Work is ongoing to increase clinic locations and two fixed sites have now been secured to use across Wales and the service is working with partners to explore sites that may be suitable. This will enable an increase in the number of locations and increase numbers of participant offered screening. The informatics system upgrade which is key to necessary improvements in workflows which will improve efficiency further and this is now planned for March 2021 due to constraints in IT resource to support the upgrade. Update 3/3/21 - no changes to the lanuary position Update 07/05/2021 - Optimize IT system installed during March as planned. Efforts to identify additional clinic venues to increase |

| 105 5 18/11/201 | 9 Acting Director of People and Organisational Development | ation wide There is a risk that Public Health Wales staff insufficient access to hum: will fail to comply fully with the requirements of the Welsh Language Standards. | The impact will be financial and reputational damage together with possible litigation. | | Welsh Language Hwb with resources to guide and support staff Welsh Language Group meets quarterly with biannual progress reviews against the Standards Welsh Language Officer regularly reviews and monitors progress for Divisions which is fed back to Exec Directors Transition Service in place Skills assessment undertaken for staff Recruitment tool and guidance available to assist in the attraction and recruitment of Welsh Speaking staff | | | | Upskilling and training of existing staff | 31/12/2020 | | | Update - 09/04/2021 Two of the learners have now started Y2 of the Say Something in Welsh Programme. Individuals who are interested in starting Welsh Lessons as part of organised classes in their community are being funded on an ad hoc basis on the understanding that they have completed the 20 hours free online learning first. Funding identified for next academic year's Welsh lessons WL Intranet pages being reviewed and updated Update - 20/05/2021 Work is underway to identify learning/class options to offer to our staff for September Teams channels have been created for learners and speakers of Welsh for practising and mutual support |
|---------------------|---|--|--|------|--|-----|------|-------|---|------------|-----|------|---|
| | | | 5 | 3 15 | | 4 : | 3 12 | Treat | Language Preference Database to be implemented | 31/12/2020 | 2 : | 3 6 | Update: 22/03/2021 - Database developed and agreed to use across the business by the WL Group. Work underway to centrally populate the database. There have been a number of delays due to difficulties in obtaining the data from Survey Monkey, and staff redeployment onto Covid duties. Due to staff sickness and exit, we have not been able to progress as planned. We have just employed a new temp member of staff to cover the ongoing absense of the WLO who will look to progress this. Due to be completed by end May 2021 Update 20/05/2021 – Database has been transferred into MS Lists to enable compatibility with future SharepointOnline site (to replace the intranet); work is ongoing to identify a suitable temporary home for it on the staff Teams channel. Aim to go live beginning June 2021. |
| | | | | | | | | | Liaising with IT Exploring options to develop a solution for telephone calls to ensure Welsh Speakers have access to a fully bilingual service. | 30/04/2021 | | | Update: 23/11/2020 - We are currently working through the available options with our IT Department. There has been a delay in progressing this as we have been waiting for Legal Advice that the WLC has sought. Update 17/4. Options paper prepared and will be presented for consideration to BET at an appropriate date, but has not been added to the meeting agendas due to urgent priorities related to the pandemic. There has been no further progress since May 2020 Update: 20/05/2021 – Advice from the WLC received. Options paper is being refreshed with assistance from IT to reflect recent technological advances. |
| | | | | | | | | | Developing a library of job description. | 31/03/2021 | | | Update 22/03/2021 - this work is ongoing but on track to be set up by the 31/03/2021 deadline. Progress has been slow due to staff absence and redeployment Update 20/05/2021 – P&OD have been unable to progress this. |
| | | | | | | | | | Ongoing proactive support from the Welsh Language Team to respond to queries and advise. To include regular drop in clinics, Induction days and regular attendance in Comms and other business meetings | 31/03/2021 | | | Update: 22/03/2021 - This work is ongoing, with advice and support being provided to staff in all departments. Our Hwb (WL Intranet Pages) have been redesigned to make it easier for staff to navigate and source the support they need, and one of our WL Officers provides support to Comms on a weekly basis. We have also employed a temp WLO to cover staff absence and ensure continuity The team continue to support the Covid response by providing translation and offering bilingual telephone answering in the contact centre, and also undertaking "How are you doing?" survey calls in Welsh. They have also taken part in the WEND video for new starters, and held online drop in sessions in September to assist staff in understanding their obligations under the WL Standards. Update: 20/05/2021 - Following a period with no WLO cover, a temporary part-time WLO has been appointed who has been able to make a start on reestablishing monitoring procedures for the WL Standards Proactive meetings with front-line services have been a priority, and are ongoing, to ensure any slippage is identified and addressed; WLO has been |
| 106 gull 24/02/202 | 1 Executive Director Quality, Nursing and Allied Health Professionals | ation wide Public Health Wales will be unable to effectively manage Putting Things Right issues, including concerns, claims, incidents and complaints. This will be caused by the requirement to implement Management System, whi acknowledged by the proje lead as likely to be not fit f | the management of concerns which will have a potential h is impact on service user / staff ct safety, legislative and regulatory compliance, | 5 25 | Internal Project Delivery team established and Chaired by Exec. Director QNAHPs | 5 | 5 25 | Treat | Concerns to be raised with the OfWCMS project team | 28/02/2021 | 2 | 5 10 | Update 25/02/21 - Escalated from Quality, Nursing and Allied Health Professionals Directorate Risk Register |