

Risk Identifier				Risk Description			Risk Scoring				Risk Action Plan									
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...)	Inherent Risk		Current Risk		Risk Decision	Target Risk		Progress					
								Likelihood	Impact	Likelihood	Impact		Likelihood	Impact						
202 PROPOSE TO REMOVE FROM CRR		17/09/2021	Board Secretary and Head of Board Business Unit	Corporate/Board Business	There is a risk that we will fail to be sufficiently prepared to meet the requirements of a public inquiry.	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	3	5	15	Treat	1. Resourcing plan for April 2022 and beyond fully developed, approved and resources committed (HB)	01/02/2022	19/01/22 Update - Active, on track for 1 Feb 2022	2	5	10	22/6/22 update - Recruitment for agreed posts is in progress, and offers made and accepted for assistant archivist and 2 of the 3 PI support roles. The Lessons Learnt Project advert closes end of June 24/02/22 update - investment bid being submitted 2 March with full requirements set out 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
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 a 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	5	4	20	→	Treat	3	4	12	Update 21/09/22 - Mountain Ash clinic continues to work well and new clinic template piloted which will improve numbers of clinic appointments which worked well with receptionist role in place. New service models explored for young people clinics which provided good qualitative feedback although uptake was lower than hoped but this will inform service. Transformation board continues to meet and work is progressing with clear task groups with good staff involvement. Short term funding made available to support capacity to progress transformation work and actioning this is been taken forward. Venue continuing to be explored and there is some improvement but not significant. Update 9 Aug 2022 The new screening centre is now open in Mountain Ash and working well with two clinics being able to be run concurrently and this has improved availability of screening appointments as diabetic eye screening able to offer screening clinics daily. New service models are being explored with young people clinics being trialled at different times of the week, evening and weekend to understand service user feedback. Newsletter has been sent out to community partners which has improved engagement and some additional discussions around potential venues. The transformation programme is progressing and meeting held with colleagues across organisation to explore how can support transformation. Bid put into value work stream for transformation team resource was not unfortunately unsuccessful. The grading is fully quality assured. The service is still impacted by staff sickness absence - both from impact of Covid infections and some long term absence. The senior management team is now at full complement. Update 9 Aug 2022 The new screening centre is now open in Mountain Ash and working well with two clinics being able to be run concurrently and this has improved availability of screening appointments as diabetic eye screening able to offer screening clinics daily. Further clinics have now been made available to use which will further improve capacity, although not to pre-covid levels. The IT upgrade was successfully implemented in June as expected on time and impact on clinics minimised. The transformation programme is progressing and exploring how to take forward and test some of the ideas identified in the discovery work. The service is still impacted by staff sickness absence - both from impact of Covid infections and some long term absence. The senior management team is now at full complement. Update 16/06/22 - screening has continued to be offered despite high levels of staff absence. Work continues with screening hub plan for additional venues which is needed to improve availability and offer and the first new screening venue in Mountain Ash is planning first diabetic eye screening clinics in first week of July. Work is underway to progress the upgrade of the IT system (optimise) on 18 June 2022 and that is needed to enable tasks to be less manual. This upgrade will mean that clinics will not be run on 20 June and will be reduced clinics on 21 June with full service resumed on 22 June. The programme has recently completed the discovery phase of the work with colleagues in Public Health Knowledge and Research and a commissioned company and that is being used to inform the next steps in transformation work. Update 16/05/22 - screening has continued to be offered despite high levels of staff absence. Work continues with screening hub plan for additional venues which is needed to improve availability and offer and the first new screening venue expected to be screening participants in June in Mountain Ash. The programme have had confirmation that they will be able to return to offer screening in nine health board venues that use before the pandemic. The novel optometry pathway which was operated from November 2021 to March 2022 with low risk participant offered a optometry review and over 28,000 invitations were sent with over 10,000 appointments were taken up. 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. 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 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. Update 25/02/22 - screening has continued to be offered throughout the Omicron wave of the pandemic despite staff absence. Work continues with screening hub plan for additional venues which is needed 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. Update 26/01/22 - screening has continued to be offered throughout the Omicron 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 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 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		
207	Quality	04/10/2021	Executive Director Quality, Nursing and Allied Health Professionals and Director for NHS Quality Improvement and Patient Safety, Improvement Cymru	Corporate	There is a risk that Public Health Wales will fail to meet the requirements of The Health and Social Care (Quality and Engagement) (Wales) Act (2020)	This will be caused by competing priorities, a lack of organisational capacity and capability to support timely implementation	The impact will be non-compliance with the legislative requirements, and a lack of progress in strengthening quality improvement and governance in the delivery of safe services, programmes and functions.							Duty of Candour (Rhiannon Beaumont Wood) Continue to be part of the WG work streams to ensure we can contribute to iterations of the guidance Duty of Candour (Rhiannon Beaumont Wood) Develop an approach to include in the Quality and Clinical Governance plans, a programme of audit in relation to Policies and SOP's, linking with Internal Audit. Duty of Candour (Rhiannon Beaumont Wood) Specific training on the requirements of Duty of Candour	31/10/2022				Update 30/08/22 - Continue to be involved with Welsh Government work streams. Advised there is likely to be slippage on the publication of guidance for consultation which will impact on the requirement to be in shadow form by 31 October 2022. Update 30/08/22 - Clinical Governance draft framework in development currently being discussed with Health Protection and Screening Services directorate. An organisational procedure for developing and reviewing SOP's is in progress. Update 15/07/22 - This will form part of the iterative improvements to the Quality and Clinical Governance planning cycle. Update 30/08/22 - Pending WG updates in order to progress training requirements.	
														Duty of Candour (Rhiannon Beaumont Wood) Development of a draft Clinical Governance Framework and set of standards	30/11/2022				Update 06/09/2022 - Collaboration with the Executive Director for Health Protection and Screening Services has continued and it has been agreed to develop a set of standards in parallel with the Clinical Governance Framework. A workshop is planned for October to progress these activities and as such it is requested that the due date be extended to 30/11/2022 in the first instance pending the outcome of the workshop.	
														Duty of Candour (Rhiannon Beaumont Wood) Undertaking a gap analysis on organisational effectiveness of clinical governance arrangements	31/10/2022				Update 30/08/2022 - QNAHP's has completed a first assessment of the gap analysis and now consulting with colleagues in the Health Protection and Screening Services directorate. Update 15/07/22 - Draft nearing completion, awaiting for opportunity to discuss with MK as shared responsibility for clinical governance for RBW.	
														Duty of Candour (Rhiannon Beaumont Wood) Understanding and preparing any requirements as a result of the Duty of Candour e.g. new Policies.	31/10/2022				Update 30/08/22 - The PTR team are updating Policies, Procedures and related documents as far as possible without the WG guidance being issued.	
														Duty of Candour (Rhiannon Beaumont Wood) Socialising of the Duty of Candour requirements	31/10/2022				Update 30/08/2022 - Combined communications planned for September with Improvement Cymru, updating PHS staff of delay in guidance from WG on Duty of Candour and Duty of Quality. Update 15/07/22 - Update in Board Development session in May, also presentation to Senior Managers in the Quality and Improvement Strategic Implementation Programme Board in December 2021 and Health Protection SMT in April 2022.	
														Duty of Candour (Rhiannon Beaumont Wood) Establish a scoping meeting in relation to the requirements of the Duty of Candour on PHW		Completed			Update 15/07/22 - This action is completed, however awaiting guidance in order to be able to progress further.	
														Duty of Candour (Rhiannon Beaumont Wood) 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		Completed			Update 15/07/22 - Action completed.	

382	Organisational Objectives	09/08/2022	Deputy Chief Executive, Executive Director of Operations and Finance	Operations and Finance	There is a risk that PHW will be unable to deliver key capital projects detailed within our IMTP, deliver our planned capital replacement programme or undertake remedial works for our services and estate.	This will be caused by a 24% reduction in our Capital allocation from Welsh Government.	This will lead to some projects not being able to be progressed and will create additional funding pressures in future years.	4	4	16	Capital Planning Programme Bi monthly capital meetings with WG, Capital Monitoring Group, Over 5k checks Board, approved Capital Programme	4	4	16	Treat	Explore with WG options to utilise slippage (subject to availability)	31 Dec 2022	In Progress	4	2	8	Update 9/9/22 - WG approval received to utilise underspend on BTW replacement programme strategic funded scheme to cover capital requirements of Breast Screening Select development. This was initially set aside from discretionary capital as an unavoidable development.
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