Risk Identifier					Risk Description			Risk Scoring								Risk Action Plan							
								Inherent Risk				Current Risk								Target Risk			
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	Risk Decision	Action Plan	Due date	Status of Action	Likelihood	Impact	Risk level	Progress
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. **April 23** DESW has insufficient capacity and is unable to meet the current and increasing demand for its service.	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. **April 23** There is a mismatch between service demand and capacity to provide a quality and timely service. There is a projected increase in the diabetic population (current referral level = 1000 new patients per month).	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. **April 23** 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. The Service model is unsustainable, resulting in; increased errors/incidents. Reputational damage for PHW. Loss of confidence in service leads to a detrimental impact on uptake. Increase in complaints, claims and staff grievance. Loss of staff members, resulting in further service instability.	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 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. **April 23** A Transformation Manager was added to DESW staffing structure to specifically look at the current service model and options for how it could be changed in order to meet the current and growing demand for the service. An options document is planned for May 2023. As part of the Transformation work the IT system was upgraded in June 2022 so there is now the functionality available to implement a two year recall pathway for those defined as low risk. There is a project team in place within DESW which is working to implement the new pathway at end June 2023. In addition the IT upgrade has allowed outsourcing of high volume letters to be implemented in January 2023.	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 **April 23** Continue with Transformation work to review options for a future service model. Implement the two year recall pathway as planned. Work with partners and look at all internal processes/ways of working to identify areas where efficiencies can be made in order to increase the capacity of the service and work in a more efficient and effective way.	31.03.2022		3	4	12	**19/04/23 - Alpha work near completion. Transformation paper drafted. Second screening venue in Llanishen on track with appointments planned for end of May. LRRP project progressing.** Update March 23 - Alpha work progressing and contract is being extended. Second screening venue due to be operational from May 23 and some additional venues available in March 23. LRRP project progressing with engagement starting and implementation from June 23. Update 12/04/23 - Service continues with one less consultant. Cover arrangement in place with clinical Update Feb 2023 mobile being sited in areas where access difficult due to lack of available locations. Alpha work progressing. Work progressing on second screening venue in Cardiff which will improve offer to participants.
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 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.				**Duty of Candour (Rhiannon Beaumont Wood)** 1. Quality Improvement Strategy Implementation Plan 2. Approval of the Integrated Governance model and Implementation Plan 3. PTR Reporting Management Framework 4. Medical Devices Group and clear governance arrangements 5. Health Protection & Screening Service Quality Management Systems 6. Statutory & Mandatory training relevant to Quality 7. Competency and role based training for clinical & public health roles 8. Regulatory standards adherence monitored 9. Performance Management System (Performance & Assurance Dashboard) regularly reviewed at strategic and operational levels 10. Policies & SOP's 11. Established Experience and Engagement Network 12. Duty of Candour Implementation Group formed and meets fortnightly 13. Executive representation (Exec Dir of QNAHP's) on the WG Duty of Qualities and Candour Implementation Board 14. WG issued Minimum Requirements Tool 15. Highlight Reports presented to WG Board **Duty of Quality (John Boulton)** 1. Now established 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					**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	31.10.2022	Ongoing				update 5.23- Ongoing attendance and contribution Update 4.23- No change to below entry ongoing as detailed in 3.23 Update 3.23 Ongoing active representation and involvement in WPR and WG workstreams for DOC including DOC implementation Board. Monthly submission o highlight reporst to WG and PHW leadership group
																	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.	31.12.2022	Progressing				Update 5.23- no change to previous entry - ongoing work 4.23 Further CG workshop planned and overall framework due for submission to QSIC July 23. Audit plan for 23/24 to be presented at May QSIC for approval Update 3.23 Clinical Governance workshop delivered and further programme of work scheduled and due to be presented at QSIC in July 23
																	Duty of Candour (Rhiannon Beaumont Wood) Development of a draft Clinical Governance Framework and set of standards	30.11.2022	Progressing				Updtae 5.23- work progressing with further workshop planned and presenteion at QSIC 7.23 Update 4.23- No change Update 3.23 Clincial Governance workshop delivered and further programme of work scheduled and due to be presented at QSIC in July 23
																	Duty of Candour (Rhiannon Beaumont Wood) Undertaking a gap analysis on organisational effectiveness of clinical governance arrangements	31.10.2022	Paused				Update 5.23: Mapping current quality /CG governance directorate reporitng structures as part of engagement work Update 4.23 Further CG workshop planned in April and framework to be presented for approval in July 23 to QSIC UPdate 3.23 CG on going work scheduled and due to be presented at QSIC in July
																	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	Progressing				Update 5.23. no change to below approval process Update 4.23 DOC Policy and Procedure written & scheduled for May QSIC for approval . Communications and supporting materials launched 24th March via internal comms . Bespoke Training ongoing . Update 3.23 Procedure doucments submitted for approval . Workshops commenced for PHW services and SWG support materials received. Communications video and new article prepared for dissemninatin 24.3.23 . Project plan monitoring in place weekly
																	Duty of Candour (Rhiannon Beaumont Wood) Socialising of the Duty of Candour requirements	31.10.2022	Completed				5.23 - Action completed Update 4.23 Support materials launched and ongoing training beign delivered. ESR Module launched by WG . Action closed Update 3.23 Workshops commenced and rolling programme scheduled . Awaiting ESR module launch form WG
																	Duty of Candour (Rhiannon Beaumont Wood) Specific training on the requirements of Duty of Candour		Progressing				Update 5.23 working with POD to assign ESR moduel to role speciific competency ,- scoping at present Update 4.23 WG video, leaflets, and ESR module luanched. Internal comms campaign completed. ESR available in ESR and needs assigning as a role specific competency to relevant staff 3.23 WG awareness video and leaflet recieved and will be launched week 24th March on the intranet. ESR module remains pending
																	Duty of Candour (Rhiannon Beaumont Wood) Establish a scoping meeting in relation to the requirements of the Duty of Candour on PHW		Completed				3.23 Update : Action completed & Closed Update: 2.23 Weekly monitoring of implmentation plan and monthly submiision of a highlight report to WG via DOC implmentation board
																	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.
																	Duty of Quality (John Boulton) Coordinate the organisation wide response to the Duty for Quality guidance		Completed				Update 22/02/23 - Action completed
																	Duty of Quality (John Boulton) Group to be established once draft guidance is available for consultation		Completed				Update 22/02/23 - Action completed

4	4	**16**	4	4	**16**	Treat	**Duty of Quality (John Boulton)** Training dates to be identified with Board Secretary and diarised for Board and Executive Team once training materials are available in January 2023; Board Development sessions on Quality Improvement prioritised within I&I hub work plan for Q1 & Q3		Completed	3	3	**9**	Update 22/02/23 - Action completed
							Duty of Quality (John Boulton) At least one Board member trained, knowledgeable and able to influence Board in relation to DOQ		Completed				Update 22/02/23 - Action completed
							Duty of Quality (John Boulton) All staff are aware of key DoQ messages tailored to their organisation	30.04.2023					Update 24/03/23 - News item shared on staff intranet with links to resources including an awareness video and a poster providing information about Duty of Quality prior to the Duty being enacted in April 2023. Update: 22/02/23 - Comms lead identified and work underway to develop a comms plan and develop local comms and engagement material, building on national comms
							Duty of Quality (John Boulton) Reporting and information - mechanism and publication schedule / plan in place for sharing DoQ progress information externally	30.04.2023					Update 20/04/23: Scoping of options undertaken and paper developed for SRO Group outlining proposed implementation plan for phase 1. Update 22/03/23: Scoping exercise agreed to ascertain current mechanisms and develop options paper for SRO Group including web options for sharing routine “always on” qualitative and quantitative information
							Duty of Quality (John Boulton) Reporting and information - Quality-related information escalation mechanisms in place, with plans for review and consideration at appropriate level	30.04.2023					Update 20/04/23: Existing reporting and escalation mechanisms in place. Plans to strengthen governance arrangements including escalation set out in SRO paper. Update 28/03/23: Existing reporting and escalation mechanisms in place. Work ongoing to assess effectiveness of current arrangements.
							Duty of Quality (John Boulton) Reporting and information: report compiled in March 2024 in accordance with PHW governance process	31.05.2024					Update 20/04/23: No new update Update 22/03/23: No new update
							Duty of Quality (John Boulton) Commissioning: A clear and corporately agreed understanding of changes required to incorporate DoQ requirements into all commissioning arrangements	30.04.2023					Update 20/04/23: No new update Update 28/03/23: Work has begun to scope this, to explore the need for a central repository for commissioning activities, this will include how quality is ensured within the approval / assurance process
							Duty of Quality (John Boulton) Commissioning: All commissioning arrangements incorporate DoQ requirements	30.09.2023					Update: No new update Update 28/03/23: Work has begun to scope this, to explore the need for a central repository for commissioning activities, this will include how quality is ensured within the approval / assurance process
							Duty of Quality (John Boulton) Hosting arrangements: A clear and corporately agreed understanding of changes required to incorporate DoQ requirements into all hosting arrangements	30.04.2023					Update 20/04/23: The Joint Working Framework will be updated in May/June. Update 28/03/23: Alignment with existing requirements anticipated. The Joint working Framework is being updated to reflect this requirement to provide the appropriate framework for future arrangements.
							Duty of Quality (John Boulton) Hosting arrangements: All hosting arrangements incorporate DoQ requirements	30.09.2023					Update 20/04/23: The Joint Working Framework will be updated in May/June. Update 28/03/23: Alignment with existing requirements anticipated. The Joint working Framework is being updated to reflect this requirement to provide the appropriate framework for future arrangements.
							Duty of Quality (John Boulton) Quality Standards: A clear understanding of changes required to existing quality infrastructure and agreed programme of work to align with Quality Standards 2023	30.04.2023					Update 20/04/23: 2 workshops held to progress PHW clinical governance framework and a further consolidating event scheduled for May to determine a suitable draft framework that will support and align with the quality standards. Update 28/03/23: Meeting on 06/03 with HP/Screening to progress PHW clinical governance framework. Will identify clinical governance standards using STEEEP that are suitable for all clinical facing areas of PHW. Workshop being arranged to progress further, along with similar session for Health and Wellbeing.
							Duty of Quality (John Boulton) Quality Standards: Quality infrastructure clearly aligned to Quality Standards 2023	30.09.2023					Update 20/04/23: 2 workshops held to progress PHW clinical governance framework and a further consolidating event scheduled for May to determine a suitable draft framework that will support and align with the quality standards. Update 28/03/23: Meeting on 06/03 with HP/Screening to progress PHW clinical governance framework. Will identify clinical governance standards using STEEEP that are suitable for all clinical facing areas of PHW. Workshop being arranged to progress further, along with similar session for Health and Wellbeing.
							Duty of Quality (John Boulton) Quality Standards: Routinely monitored, system-wide understanding of what good quality looks like for the broad range of services.	31.12.2023					Update 20/04/23: 2 workshops held to progress PHW clinical governance framework and a further consolidating event scheduled for May to determine a suitable draft framework that will support and align with the quality standards. Update 28/03/23: Meeting on 06/03 with HP/Screening to progress PHW clinical governance framework. Will identify clinical governance standards using STEEEP that are suitable for all clinical facing areas of PHW. Workshop being arranged to progress further, along with similar session for Health and Wellbeing.
							Duty of Quality (John Boulton) Secure commitment and resources to develop the appropriate Governance structure to deliver and embed Quality as an Organisational Strategy within PHW.		Completed				
							Duty of Quality (John Boulton) Commitment to a Quality Management System - completion of Quality as an Organisational Strategy phase 1 including the five leadership activities. The first stage to implement a QMS in PHW.	31.05.2024					Update 20/04/23: Leadership Workshops and Action Period Workshops delivered on 17 & 19 April to iterate the system map, linkage of processes, review progress and develop strategic improvement projects. Update 22/03/23 - Planned Leadership Workshops and Action Period System Mapping Workshops delivered on 27 February, 9 March and 20 March. Linkage of Processes Workshops planned for 17 & 19 April.

																	Duty of Quality (John Boulton) Decision-making - Processes and systems in place to provide demonstrable evidence that Board decisions have been made through Quality lens	30.04.2023					Update 20/04/23 - No new update Update 28/03/23 - Work is ongoing to review the Committee work plans through a Quality Lens for next year. This will also be incorporated into the planning for the other Committee work plans (will be reported to May Board). QSIC has received regular reporting on the progress with the implementation of the act for assurance, most recently in Feb. 22, where the Committee took assurance on the progress with the progress of implementation of the act ahead of April 23. Updates for assurance are planned for each QSIC meeting, and Monthly reporting to The Business Executive Team.
																	Duty of Quality (John Boulton) Governance and accountability structures - Board are assured that DoQ is being considered across system	30.04.2023					Update 20/04/23 - Work plans to programme the updates have been programmed for QSIC and BET. An update report on implementation of Duty of Quality submitted to BET and will be submitted to QSIC in May. Update 28/03/23 - Work is ongoing to review the Committee work plans through a Quality Lens for next year. This will also be incorporated into the planning for the other Committee work plans (will be reported to May Board). QSIC has received regular reporting on the progress with the implementation of the act for assurance, most recently in Feb. 22, where the Committee took assurance on the progress with the progress of implementation of the act ahead of April 23. Updates for assurance are planned for each QSIC meeting, and Monthly reporting to The Business Executive Team.
																	Duty of Quality (John Boulton) Governance and accountability structures - routine goveranance documentation is DoQ-ready	30.04.2023					Update 20/04/23 - No new update Update 28/03/23 - Work in progress to update the governance documentation. Report template will be completed in April, with the further work on the BAF to follow in July. Each of the TOR for the Committees have been reviewed and updated to ensure quality is reflected. These are complete and will be reported to Board in May for final approval
																	Duty of Quality (John Boulton) Organisational agreement on next steps for implementing Quality as an Organisational Strategy		Completed				
																	Duty of Quality (John Boulton) Secure approval of approach to the I&I hub from Board, BET and QSIC and recruit resource to take forward agreed implementation plan for 2022/23.		Completed				
208	Safety / Continuity / Staffing	16.01.2017	Executive Director for Health Protection and Screening Services	Health Protection and Screening Services (Microbiology)	There is a risk that Health Protection and Screening Services will not be able to deliver high quality services in North Wales Infection division as they are struggling to recruit and retain sufficient medical and clinical staff.	Long term changes to the specialty training of medical microbiology / Infectious disease medics; UK wide competition with more attraction at larger, metropolitan centres. There is a further challenge in North Wales linked to ongoing health challenges of both substantive and non-substantive workforce. This leaves the North Wales service particularly vulnerable.	The impact will be potential avoidable infection prevention / control failures and suboptimal antimicrobial stewardship and treatment due to the absence of consistent clinical oversight and input, service delivery would have to be severely restricted. The effects would include I. increased potential risk of harm to patients, ii. loss of confidence in PHW services and reputational damage to PHW, iii. potential derailment of strategic ambitions for an All Wales service and increased revenue spend to bolster the service through agency staff	4	4	16	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 non-substantive post holders 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 Monthly submission to Welsh Government to monitor spend on Medical Locums Development of a blended clinical workforce across the Microbiology network (including specific support to North Wales) this includes new clinical BMS and physician associate roles. 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. Oversight provided by Health Protection and Screening Directorate Leadership Team	4	4	16	⇨	Treat	Approval is awarded annually but currently posts were approved for 2020 and 2021 Funding to continue the two Agency Consultants in North Wales has also been provided for 2022/23	31.10.2024	Ongoing	2	2	4	Update 12/04/23 - Service continues with one less consultant. Cover arrangement in place with clinical team Update 03/23 - One of the agency consultants has left following contractual issues. The medical team reviewing options re: availability of specialist/specialty doctors and cover from around the network. Update 02/23 - Unchanged
																	Profiling of workforce. i.e. develop novel (Public Health Microbiology) Consultant Clinical Scientist and other novel roles, including clinical BMS and physician associate		Completed				Update 04/23 - Unchanged Update 03/23 - Infection Division remains vigilant for opportunities for additional capacity to the clinical team as per the BET paper. Update 02/23 - BET received paper and supported recommendations. Continue with blended service delivery and recruitment strategy
																	Further develop network clinical management (e.g. single on-call for Microbiology)	01.09.2022	Paused				Update 04/23 - Unchanged Update 03/23 - Unchanged Update 02/23 - Unchanged
																	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.	01.09.2022	Ongoing				Update 04/23 - The establishment baseline was confirmed. Sign off by Infection SMT 20 April 2023. Change points to be confirmed. Update 03/23 - Iterations continue with further deep dives into workforce establishment and skill mix changes. Update 02/23 - Reviewed by DMT and iterations undertaken. For DLT in March 2023