

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...)	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
001	Business Objectives	17/03/2020	Executive Director for Public Health Services	Corporate	There is a risk that PHW will not be able to deliver a full screening service during the current response to the current COVID19 response	This will be caused by a reprioritisation of clinical service priorities including the screening programmes (with the exception of Newborn Bloodspot, Newborn Hearing and Antenatal Screening)	The impact will be that there will be a reduction in the early detection of avoidable cancers and early detection of serious retinopathy	5	5	25	Reporting through to the Gold Meeting by exception	5	4	20		Treat	Plan for Screening Service reinstatement	30/10/2020		5	4	20	Reinstatement plan approved by Business Executive on 16/06/20 and submitted on the same week to Welsh Government. Some further amendments to timeline in response to comments from Welsh Government as well as feedback from the National Endoscopy Programme. The Plan has been incorporated into the Operating Framework for PHW, return submitted week ending 3rd July. Separate discussions internally between he Screening Division Director and other members of the Executive, considered the opportunity to introduce a new approaches to the delivery of the programmes following COVID-19. These are now being discussed by the Screening Division Senior Management Team with input from the Quality Improvement Cymru. Update 12/08/20 - Invitations have gone out to Screening participants for the cervical and breast screening programmes. Initiations will go out for bowel screening participants at the end of August. A letter has been sent to each Health Board's Chief Executive requesting their assistance in finding suitable accommodation to hold screening clinics compliant with COVID requirements. Update 21/09/20 - The screening team are continuing to engage with partners to seek alternative venues to address this although this remains challenging. Update 07/10/20 - The Screening Division are continuing to work on the implementation of the reinstatement plan that has been agreed by BET. The availability of venues continues to be difficult and as yet an unresolved issue, though active discussions on alternatives are underway. A paper was presented on the 24/09/20 to Gold, setting out options, and these are currently being assessed at the present time. Update 23 October - the progress of reinstatment remains on plan. Constraints remain around venues and this has been raised at CEO meeting. Potential options are being explored including working with the Art Council and exploring using stadiums. The firebreak implications have been reviewed
002	Patients & Clients	08/04/2020	Executive Director for Public Health Services	Corporate	There is a risk of unrecognised non-Covid infections threat to the population	This is caused by the organisational attention focussed on Covid response	Avoidable infections	3	5	15	Maintenance of non Covid general health protection services. Regular reports to the Gold Meeting.	3	5	15		Treat	Separate Health Protection Leadership arrangements in place that is separate from Covid	30/10/2020		2	5	10	The arrangements have been put in place and the first report on non Covid health protection activities is due to go to the Gold meeting week commencing the 13/04/2020. Update 26/5/20 Non-Covid health protections are in place and a report has been presented to Gold. Update 12/08/2020 - Within PHW a mid stage assessment on the second stage of our implementation plan have been conducted and the findings shared with work stream leads. It is expected that the next stage of the Health Protection response will be drafted by the end of September as part of an Organisational Operating Plan for the remainder of this financial years. Externally, PHW has supported Welsh Government to prepare guidance to support next stage planning by Health Boards and Local Authorities. These plans are expected by the 21st August and PHW will assist Welsh Government in reviewing and commenting on these plans. Update 10/09/20. Work on the next stage of Health Protection response has continued with a report received at Gold Group. It is expected that the next stage of the Health Protection response will be implemented by the end of September as part of an Organisational Operating Plan for the remainder of this financial year. Following review of the TTP Operating Framework and PHW support to Welsh Government on the preparation of Local COVID-19 Planning and Response plans, actions are ongoing to seek to ensure the provision of resilient regional HB/LA workforce plans to support the Wales system response to COVID-19. Recruitment of specialist health protection staff is ongoing. Work to submit a business case to strengthen the health protection system has commenced. Update 07/10/2020 - As part of the development of proposals for the Health Protection response that will be presented in the new operational plan, the requirements for maintaining non-Covid health protection services are highlighted as essential and actions to protect those services already instigated. In addition, a business case os being prepared for submission to Welsh Government for additional health protection resources.
003		21/04/2020	Executive Director for Public Health Services	Corporate	There is a risk that Public Health Wales will be unable to deliver a critical service to the public	This will be caused by a failure in one or more supply chains for critical consumables	The impact will be reputational damage to the organisation and possible avoidable harm to service users.	4	5	20	Regular reviews with National Clinical Procurement Officer Regular meeting with NWSSP Procurement Models of usage for critical consumables Regular meetings of key PHW stakeholders Escalation processes to SRO	3	5	15		Treat	SBAR paper in development for SRO with options and recommendations for risk mitigation. Further actions will be determined following consideration.	31/12/2020		2	5	10	Update 21/09/20 - The services that are most subject to supply chain effects are in Microbiology services. This has been a key element of the organisation's planning for EU Transition, which has restarted as we approach 31 December. This includes a planned review of existing stocks, close liaison with Public Health England for certain supplies (e.g. media) and exercising of business continuity plans. Update 29/10/20 - A workshop was held on 26/10 and a programme of assurance work has been agreed. An outline of the work and a status report will be presented to the Board in December 2020.
004	Service Interruption	17/03/2020	Acting Director of People and Organisational Development	Corporate	There will be insufficient staff to deliver the Operating Plan including prioritisation of the Health Protection Response	Inability to recruit and retain staff with the necessary skills. Staff unable to work due to sudden, prolonged and widespread sickness absence. Staff unable to work due to shielding or caring responsibilities. Staff taking annual leave and/or using TOIL	PHW will not be able to carry out its legal obligations as a Category one responder. It will not be possible to deliver the Operational Plan. It will not be possible to adequately staff/resource the Health Protection response.	5	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 Operational Plan: • Health Protection Response • Population Health Outcomes • Essential Services • Recovery • Enablers Provide P&OD recruitment resource to manage large scale recruitment	30/11/2020 31/10/2020		3	4	12	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 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	Adverse impact of new working arrangements on staff health, well-being and resilience	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	4	4	16	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	3	3	9		Tolerate	Continue to monitor staff absence data to identify any potential issues or hotspots Continue to provide P&OD support for line managers in managing sickness absence and other employment related issues Continue to review and update employment policies and terms and conditions of service	31/10/2020 31/10/2020 31/10/2020		3	3	9	Update 26/10/20 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. Update 26/10/20 People Support Plus+ Helpline available for staff and line manager queries. Weekly line manager briefing issued. Update 5/10/20 Schedule of work ongoing in partnership with the Trade Unions in reviewing appropriate workforce policies. All ad hoc changes/amendments to terms and conditions of employment implemented and communicated on an ongoing basis.

906	Business Objectives	20/09/2018	Acting Director of People and Organisational Development	Workforce and Organisational Development Directorate Wide	PHW will not manage the change associated with the new strategy effectively	Lack of capacity or skills within the organisation	PHW will have a sub-optimal 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	10		Treat	See BAF Risk 1 for actions	31/01/2020		1	5	5	Draft People Strategy approved with amendments 23.1.20 16.4.20: launch of strategy deferred during COVID-19 priority response 22.5.20 Strategy soft launched but no further engagement as yet. Will align to PHW Organisational Recovery Plan. Update 5/10/20 People strategy first year actions i.e. Organisational Workforce Plan in process of being reviewed and action plans developed
																	Development of change plan to be presented to Exec Team by November 2019 with mechanism in place to call off support resource as required		Completed				Change Programmes update delivered to Exec in December 2019 - action closed
																	Talent plan being revisited ahead of providing nominations for HEW's 2020 Talentbury event		Completed				Update 7/10/20 - nominations for Talentbury 2020 confirmed internally and to HEIW.
696	Safety / Continuity / Staffing	16/01/2017	Executive Director for Public Health Services	Public Health Services (Microbiology)	Public Health Services will fail to recruit and retain sufficient medical microbiologists to be able to run an optimal and safe Microbiology service across the network, particularly in North Wales.	Extremely difficult recruiting environment, compounded by changes in the specialty training and the impact this is already having on the market for microbiologists.	In the absence of sustainable clinical oversight and input, service delivery would have to be severely restricted. This would hamper infection prevention and control activities to the host Health Board. Without medical microbiologists the microbiology service across the network, particularly in North Wales, will not be able to meet service needs to the population and attempts to maintain a service with inadequate medical staffing could impact on patient safety and quality for users of health services in the health board.	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 locum/agency to determine potential packages to make posts substantive Working with recruitment and Workforce and OD to edit adverts and other recruitment information to improve attractiveness Trust agreement to utilise agency locum staff 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	4	4	16	→	Treat	Delivery of the Microbiology Stabilisation Plan	31/10/2020		2	2	4	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 the possibility of a new laboratory facility (IP5) 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 (the PHW Lab) 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 laboratory 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 IP5 development. Business Exec 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 Q3 2021/2022.
																	Profiling of workforce. i.e. develop novel (Public Health Microbiology) Consultant Clinical Scientist	31/10/2020					Workforce development has continued in response to COVID-19, though a report has not yet been presented to a Transformation Programme Board. Workforce development will be subsumed by the ongoing development of IP5 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 (see previous entry). Update 07/10/2020 - As already stated this has now been subsumed into the ongoing development of IP5 and will be subject to the assessment described in the previous entry.
																	Further develop network clinical management (e.g. single on-call for Microbiology)	31/10/2020					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 06/07/2020 - no progress. 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 07/10/2020 - No further update.
																	Redesign the service i.e. describe and plan for a National Infection Service	31/12/2020					A commissioning sub-group has been established which has developed an understanding of laboratory requirements, which has now informed a model of delivery, which forms part of the submission for the National Health Protection Service, which has now received funding. Discussions on implementation with Health Boards will now take place. The ongoing response to COVID-19 has given urgency to the need for a long term strategic re-assessment of PHW's Health Protection service. It is expected that this will be undertaken as part of the Strategic Recovery Plan that PHW is currently developing. Update 12/08/2020 - The long term development of the Health Protection Service will be addressed as part of the Strategic Recovery Plan. Update 10/09/20 The long term development of the Health Protection Service will be addressed as part of the Strategic Recovery Plan. Additional WG investment is being used to significantly develop the PHW laboratory network across Wales, which will be referenced in the ongoing recruitment process to attract new medical staff. Update 07/10/2020 - The progress is now contingent on the outcome of the Health protection business case to be submitted in October.
907	Safety	28/08/2018	Executive Director for Public Health Services	Public Health Services (BSW Screening)	Bowel Screening Programme participants will have a delayed diagnosis of bowel cancer and increased wait for colonoscopy	Lack of colonoscopy capacity in Health boards delivered for screening despite being commissioned for the service	Patient harm including increased risk of unnecessary harm due to delay in diagnosis and potential for increased deaths, with associated reputational and financial risks	4	5	20	Continuous monitoring of waiting time standard. Escalation process as per LTA Monitoring of Health Board recovery plans Regular service review meetings Establishment of a national improvement programme for endoscopy services	4	5	20	→	Treat	Work with local health boards to secure sustainable endoscopy capacity for bowel screened patients, whilst at the same time actively participate in the nationally directed endoscopy programme to achieve long term, sustainable endoscopy capacity in Wales.	31/12/2020		2	4	8	Welsh Government has recently recommenced the National Endoscopy Programme with a meeting held on the 26th June. Restarting endoscopy will be a priority for restarting the bowel screening programme but there are major challenges to undertake this safely in the context of COVID-19. PHW also faces a challenge because Health Boards are prioritising their backlog of symptomatic referrals. PHW will work closely with the Programme Board, the National Collaborative and the Health Boards to ensure that we secure screening endoscopy capacity to support the bowel screening restart. Update 12/08/2020 - PHW is discussing the operational delivery of endoscopy for screening patients with Health Boards and it is expected that Health Boards will be able to provide screening endoscopy capacity when invitations go out at the end of August. Update 07/10/2020 - PHW continues to discuss this matter with health Boards and was fully discussed at the National Endoscopy Implementation Group meeting 25/09/2020.
734	Service Continuity	17/05/2017	Deputy Chief Executive	Operations and Finance (Information Technology)	There is a risk that PHW will suffer unacceptable IT failures	We do not have consistent SLAs with NWIS and have ineffective service management processes	Disruption to service delivery with potential or reputational financial damage.	4	3	12	In house informatics support Plan in place to bring all IT systems under PHW support.	3	3	9	→	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	3	An agreement has been reached with NWIS to transfer all staff to in-house support by December 2020.

916	Business Objectives	26/07/2018	Executive Director for Public Health Services	Policy & Public Health Services	There is a risk that the organisation will suffer a failure in service delivery	This will be caused by a failure to plan, prepare and implement relevant actions in advance of and following the UK leaving the EU	Potential effects include disruption to essential supplies and services for example Health protection, screening, Microbiology services, other procurement and supply arrangements, health security and surveillance alerts which may impact on the health of the nation.	3	4	12	Refreshed (following an End of Phase Review in May 2019) formal Brexit Programme arrangements to oversee and manage PHW response A single SRO (Executive Director of Public Health Services) appointed, along with dedicated project support, to deliver this work Programme plan, risk log and work stream reporting in place as part of governance arrangements Membership of EU Transition Leadership Group, along with SRO and Health Security Sub-Groups Member of UK Four Nations Groups focussed on Public Health Protection/Health Security Bilateral relationships with Public Health England Brexit standing item on executive team agendas, including formal reports, and also reported to Audit Committee	3	4	12	➡	Treat	Develop refreshed Programme Plan on an assumption that the UK will leave the EU without a deal on 31st December 2020.	31/12/2020		2	2	4	Welsh Government EU Transition Leadership Group reconvened 6th July2020. Noted that UK Government has rejected the EU offer to extend the transition deadline and therefore the UK will leave the EU with or without a deal at midnight on 31st December 2020. PHW will stand up its Brexit governance arrangements with effect from the start of August and the Executive Director for PHS will also Chair the Wales Health Protection SRO Group. This Group will report into the Welsh Government Leadership SRO Group on a monthly basis. The Board will be updated on these development at the end of July. Update 12/08/2020 - A draft programme for the preparations up to the end of December have been drafted and will be presented to the Board in September. Update 07/10/2020 - The PHW SRO Group has reconvened and met, and agreed a programme of work through to the end of November.
935	Organisational Objectives	02/11/2018	Executive Director for Public Health 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 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.	5	4	20	➡	Treat	The Action Plan for DESW transformation was paused with the onset of COVID-19. A new plan will be developed as part of the planned restart of Screening Programmes.	31/10/2020		3	4	12	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).
1003	Legislation	18/11/2019	Acting Director of People and Organisational Development	Organisation wide	There is a risk that Public Health Wales staff will fail to comply fully with the requirements of the Welsh Language Standards.	This will be caused by insufficient access to human and technical resources.	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 bi-annual 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					A number of staff are being supported through the "Say Something in Welsh" Programme, and we are also funding evening classes for staff in Nantgarw and Swansea. In addition to this, we have the 10 hour online learning that is available via the Work Welsh website, and individuals are also encouraged to take the additional 10 hours Health Sector specific training. We regularly advertise the Welsh Residential courses that are available and a number of staff have attended these courses. Update 17/4 - staff are being supported via Skype and email to continue their learning journey, and more individuals are being encouraged to use the current "lockdown" period to learn Welsh. Individuals who are undertaking Welsh Classes via external providers (funded by PHW) have been continuing with lessons taking place via skype. Update 25/5 - Learners continue to be supported by skype Update 06/07 - Learners continue to be supported via Skype. One request has been received for funding a course in the new academic year (£45) which is awaiting approval. Update 12/08 - Most learners have completed the first year of their course and are currently being reviewed to assess progress and future learning. Individuals undertaking the "Say something in Welsh" programme continue to build confidence and make progress. Update 06/10 - Say Something in Welsh is still ongoing. Staff who have completed year 1 of their course have been advised of options regarding Community Courses to further their learning. This will be funded by PHW
								5	3	15		3	3	9		Treat	Language Preference Database to be implemented	31/12/2020		2	3	6	Database developed and agreed to use across the business by the WL Group. Work underway to centrally populate the database. Due to complete by end of March 2020. update 17/4 - emails were sent out to stakeholders who were on the list provided by Comms (NHS staff) asking for their language preferences. This work has paused but will resume as soon as possible. Update 25/5 - work is still paused due to reprioritising work on Covid response Update 12/08 We are experiencing difficulties in obtaining the data from Survey Monkey so are liaising with them for a solution. Update 06/07 - work has restarted on this and arrangements are being made to release the existing data from SurveyMonkey to populate the database Update 06/10 - There has been some difficulties in getting the information from Survey Monkey but we are arranging to subscribe for an account in order to obtain the information. This is expected w/c 12/10

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