

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
<b>NEW RISKS ADDED TO REGISTER</b>																							
P201		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 enquiry.	This will be caused by insufficient resource capacity or capability, weak records management or insufficient prioritisation and/or funding across the organisation	This will mean PHW is insufficiently prepared for a public inquiry and may breach the legal requirements placed upon us to fully participate in any inquiry and not preparing, supporting or providing a duty of care to the (ex)-employees required to give evidence	4	5	20	1. Resourcing plan fully developed and supported - this includes legal expertise, archive expertise and project management resource. 2. Records Management and document categorisation process developed and deployed for those records requiring capture, recording and storing. 3. Approach to synergising wider organisational learning agreed. 4. Programme Board continues to operate effectively reporting to Business Executive Team.	3	5	15		Treat	1. Resourcing plan for April 2022 and beyond fully developed, approved and resources committed (HB) 2. Resourcing plan implemented to ensure appropriate capacity and capability in place (HB) 3. Records Management development plan produced and agreed to ensure best practice processes are followed 4. Programme Board continues to meet according to its terms of reference with bi-monthly reporting to Business Executive Team	Jan 2022 (plan submission Nov 2021) 30/04/2022 TBC Ongoing		2	5	10	
P203			Director of Knowledge & Research		There is a risk that we will fail to exploit data to inform and direct public health action and interventions	This will be caused by data being held in silos, difficulty accessing the data and inability to access to provide the impact on public health. This will result in worse public health outcomes in Wales and increased information governance risk within Public Health Wales.		5	4	20	1. Development of digital, data and research strategies for Public Health Wales to take drive forward our needs on this area. 2. Developing our data storage, access and linking as part of the Local Dara Resource and contributing/interacting with DHCW for other data needs in Health Care. 3. Develop exemplar projects that show value of new skills, ways of working and products that improve impact on decision-making 4. KRIC to drive forward the development of strategy and delivery to ensure impact	5	4	12		Treat	1. Strategies developed in line with overarching PHW strategy by March 2022. Further dates to be developed as plan develops			3	4	12	
<b>EXISTING RISKS TO REMAIN ON REGISTER</b>																							
001	Business Objectives	15/01/2021	Executive Director for Health Protection and Screening Services	Corporate	There is a risk that one or more of the screening programmes will again have to be paused or slowed down during the second wave of the Covid19 pandemic.	This will be caused by screening is not possible to be offered because one or more of the six criteria identified as been necessary to offer screening is not met. For example screening positive participants are not able to be referred for ongoing diagnosis or treatment to the health boards as their referral services have been stopped	The impacts upon PHW 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 and morbidity in the eligible population. As five of the screening programmes were paused in the first wave all of the eligible population in those cohorts were delayed their offer and it is important that this delay is not increased further as this will	3	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. 5. Establish a Screening Reactivation Plan and seek investment from Welsh Government for additional activity		Continual	3	5	15	<b>Update 23/08/21</b> - Good uptake of vaccination rates for staff - vaccination status of a small number of frontline staff to be confirmed. Screening reactivation plan included in annual operational plan and funding from Welsh Government has been requested, but not yet confirmed. Investment on the annual operational plan being initiated from directorate underspends. In view of the financial risk, to remain on corporate risk register.
102	Safety / Continuity / Staffing	16/01/2017	Executive Director for Health Protection and Screening 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 speciality 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 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 Alternative provision of medical microbiology services from elsewhere within the Public Health Wales network.	4	4	16	→	Treat	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 Further develop network clinical management (e.g. single on-call for Microbiology) 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.	31/10/2020 31/10/2020 31/12/2020	Completed Paused	2	2	4	<b>Update 28/1/21</b> - The Directorate is providing the additional information requested by WG and an imminent decision is anticipated. <b>Update 7/5/21</b> - Recruitment to the posts approved in the Business Case are underway, along with the additional SPR training posts <b>Update 23/08/21</b> - Review of pay and non-pay allocation against the 'National Health Protection Service' funding received from Welsh Government. Risk to be discussed at DLT to determine future ownership of risk. <b>Update 28/1/21</b> - 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. <b>Update 7/5/21</b> - This issue will be reviewed later in the year as the <b>Update 6/4/21</b> - Recruitment to the HP Business Case is underway & work is ongoing to agree and implement the enhanced operating model for Integrated Health Protection. <b>Update 7/5/21</b> - Engagement around the enhanced operating model is taking place with the team
104	Organisational Objectives	02/11/2018	Executive Director for Health Protection and Screening Services	Public Health Services	DESW is unable to provide an accurate and quality-assured programme to the diabetic population of Wales, and to transform the service to provide quality-assured programme for the increasing diabetic population.	There are inadequate processing in place to proved assurance of consistent and quality assured grading practice. There is a lack of effective measures and monitoring and feedback from ophthalmology services for referred population. There is a mismatch between service demand and capacity to provide quality and timely service. There is a projected increase in diabetic population (current referral level = 1000 new patients per month). There is lack of service capacity to achieve service standards. There is a lack of clinical governance to support quality delivery.	Patients will have extended waits for eye screening, potentially leading to delayed referral and which may increase risk of irreversible sight loss due to retinopathy. Due to lack of quality assurance of grading, screening participants may receive inaccurate screening results which may result in patients incorrectly being put on routine recall and not being referred to ophthalmology as appropriate. Service model is unsustainable, resulting in increased errors/incidents. Reputational damage for PHW. Loss of confidence in service leads to detrimental impact on uptake. Increase in complaints, claims and staff grievance. Loss of staff members, resulting in further	5	4	20	Optimising the service: Standards in place and being monitored to support service transparency. First stage management restructure following staff consultation within budget agreed to improve line management structure to enable support to staff which was completed Nov 19 with all staff now in post. Further to issues identified around lack of robust regional clinical governance in the programme and quality assurance this has resulted in additional investment by PHW into the service. This has included the support to establish three regional co-ordinators, a senior quality lead and additional project support to upgrade the current IT system. This additional investment brings the service in line with other screening division structure in terms of clinical governance and oversight. Recruitment to posts is underway and expected to be completed with all staff in post by end Feb 2020. Appointment of senior manager with responsibility for development and maintenance of appropriate quality framework. Implement workflow model in grading team to provide capacity to enable quality control and assurance processes. Transformation work is in progress with recruitment to	5	4	20	→	Treat	Work with partners to increase the number of clinic locations and increase capacity for screening. Implement IT systems upgrade to improve efficiency	31/10/2020		3	4	12	<b>Update 3/3/21</b> - no changes to the January position <b>Update 07/05/2021</b> - Optimize IT system installed during March as planned. Efforts to identify additional clinic venues to increase programme screening capacity continue and additional sites are in the final stages of negotiation. DESW Transformation next steps are currently being evaluated alongside the developed of the Screening Division Covid Recovery planning activity. <b>Update 23/08/21</b> - Ongoing discussion with Health Boards to restore venues available for DESW. On going work to improve uptake. DESW to consider undertaking a deep dive to establish an improvement action plan. Consider transferring risk to the Directorate.



101	Business Objectives	20/09/2018	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	<b>Now de-escalated to Directorate</b>
103	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.	<b>Now de-escalated to Directorate</b>
105	Legislation	18/11/2019	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.	<b>Now de-escalated to Directorate</b>
106	Safety Continuity Staffing	24/02/2021	Executive Director Quality, Nursing and Allied Health Professionals	Organisation wide	There is a risk that 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 the Once for Wales Concerns Management System, which is acknowledged by the project lead as likely to be not fit for purpose	The impact will be poor management of concerns which will have a potential impact on service user / staff safety, legislative and regulatory compliance, inability to report assurances to the Board and increased claims against the organisation..	<b>Now de-escalated to Directorate</b>