

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	Action Plan	Due date	Status of Action	Target Risk			Progress	
								Likelihood	Impact	Risk level	Likelihood	Impact	Risk level					Trend	Likelihood	Impact		Risk level
283	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 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	5	4	20	→	Treat	31/03/2022		3	4	12	<p>Update November 2022 - IT upgrade planned to be implemented in November 2022 which will enable improved workflow for programme and work is progressing for outsourcing of letters which will enable pathways staff to prioritise workload. New clinic templates are being implemented which will improve capacity. Transformational work plan being progressed and paper taken to BET 15 November to detail progress. In addition to the alpha work being undertaken within the programme, funding was identified to buy in specialist expertise to assist specifically with the digital integration of DESW to the other NHS systems in Wales and progress with the recommendations of Discovery. The learnings from the alpha testing undertaken by the programme will inform and underpin the specialist work. Update October 22 - utilising directorate E200K resource to support service transformation managed through the Programme Transformation Board. Currently out to the digital market place to procure specialist capacity to support the alpha phase of the transformation.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Update 22/07/22 - The new screening centre is now open 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 precovid 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.</p> <p>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 expected to be operational in next two months. The novel optometry pathway which was set up in November 2021 finished as planned in March 2022. This has supported recovery offering participants identified at low risk of diabetic retinopathy a retinal review with optometry. Over 166 optometrists have supported this novel pathway and each local authority was represented. Staff have supported this pathway by working weekends and over 28,000 appointments were taken up. Additional photographers have been appointed as part of recovery plan for the programme and all are in post and nearing completion of their training. Work is underway to progress the upgrade of the IT system (optimise) that the programme uses which will enable tasks to be less manual. The programme has started scoping work around transformation and 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.</p> <p>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 an optometry review and over 28,000 invitations were sent with over 10,000 appointments were taken up. Additional photographers have been appointed as part of recovery plan for the programme and all are in post and nearing completion of their training. Work is underway to progress the upgrade of the IT system (optimise) that the programme uses which will enable tasks to be less manual. The programme has started scoping work around transformation and has recently completed the discovery phase of the work with colleagues in Public Health Knowledge and Research and a commissioned company.</p> <p>Update 22/04/22 - 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 with one new venue expected to be operational in next two months. The novel optometry pathway which was set up in November 2021 finished as planned in March 2022. This has supported recovery offering participants identified at low risk of diabetic retinopathy a retinal review with optometry. Over 166 optometrists have supported this novel pathway and each local authority was represented. Staff have supported this pathway by working weekends and over 28,000 appointments were taken up. Additional photographers have been appointed as part of recovery plan for the programme and all are in post and nearing completion of their training. Work is underway to progress the upgrade of the IT system (optimise) that the programme uses which will enable tasks to be less manual. The programme has started scoping work around transformation and 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.</p> <p>Update 25/02/22 - screening has continued to be offered throughout the Omnicom 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 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.</p> <p>Update 25/02/22 - screening has continued to be offered throughout the Omnicom 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 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.</p> <p>Update 26/01/22 - screening has continued to be offered throughout the Omnicom 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. 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.</p> <p>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</p>	
287	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.															<p>Update 28.10.22 - Consultation document published and responses being collated for final submission by 13th Dec. Due art BET 15th Nov. Ongoing participation in WRP DOC network.</p> <p>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.</p> <p>Update 28.10.22 Clinical Governance workshop scheduled with Health Protection and Screening Directorate to finalise the framework on 2nd Nov. 22</p> <p>Update 30/08/22 - Clinical Governance draft framework in development currently being discussed with Health Protection and Screening Services directorate.</p> <p>An organisational procedure for developing and reviewing SOP's is in progress.</p> <p>Update 15/07/22 - This will form part of the iterative improvements to the Quality and Clinical Governance training cycle.</p> <p>Update 28.10.22 - WRP network education subgroup working on the training programme however internal training plan in development and bespoke workshops based on guidance published so far</p> <p>Update 30/08/22 - Pending WG updates in order to progress training requirements.</p> <p>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 November 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.</p> <p>Update 28.10.22 - Workshop/meeting scheduled for 2nd Nov</p> <p>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.</p> <p>Update 15/07/22 - Draft nearing completion, awaiting for opportunity to discuss with MK as shared responsibility for clinical governance for RBW.</p> <p>Update 28.10.22 - PTR policy and procedures now being revised following publication of the DOC guidance and due for approval at QSC in Dec 22</p> <p>Update 30/08/22 - The PTR Team are updating Policies, Procedures and related documents as far as possible without the WG guidance being issued.</p> <p>Update 28.10.22 - Update paper presented BET and QSC outlining requirements, further training for executives will be required pending WRP materials. Execs will have the opportunity to comments on the organisational response to the DOC consultation and self assessment completed and will be shared with CEO w/c 31.10.22</p> <p>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.</p> <p>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</p> <p>Update 15/07/22 - This action is completed, however awaiting guidance in order to be able to progress further.</p> <p>Update 15/07/22 - Action completed.</p>

	Safe			retain sufficient medical and clinical staff.	Wales linked to ongoing health challenges of both substantive and non-substantive workforce. This leaves the North Wales service particularly vulnerable.	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	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	Profiling of workforce. i.e. develop novel (Public Health Microbiology) Consultant Clinical Scientist and other novel roles, including clinical BMS and physician associate	Completed	2	2	4	for only a few weeks before leaving. New adverts for consultant and other clinical posts commencing in April/May. Update 17/5/22 Applications closed for 1x Specialty Doctor in Swansea - 5 applicants. Adverts out for 1x consultant + 1x Specialty Doctor in N Wales, 1x consultant + 1x Specialty Doctor in West Wales, 1x consultant in Swansea, and 2x consultants in Cardiff. Appointment of 3x Physician Associates through a Streamlining process in train. Update 13/6/22: 2 Specialist Grade posts offered in Swansea following interview. 2 x Specialist Grade applicants for HDUHB and 2x applicants for N Wales shortlisted. 1 applicant shortlisted for each of the consultant posts in HDUHB (ID/Micro), Cardiff (ID/Viral), Cardiff (ID/Micro) Update 05/07/22 - Interviews for consultants 11/07/22. Update 09/08/22: Outcome of interviews - 1 Microbiology Consultant appointed to Cardiff, 1 Virology/Infectious Diseases Consultant appointed to Cardiff, 1 Microbiology Consultant appointed (proleptically) to West Wales, 1 Specialist Grade in Microbiology appointed to West Wales, 2 Specialist Grades in Microbiology appointed in N Wales (1 conversion of NHS locum to substantive). Update 4/11/21 - Development of consultant clinical scientists complete, new roles being developed as part of Microbiology workforce plan. Recruitment process commenced with appointments expected Nov/Dec 21, with positive impact by April 22. Update - 24/01/22: Successful recruitment to Physician Associates roles, positive impact still expected by April 2022. Update 25/02/22 - No further update Update 21/4/22: Directorate Task and Finish Group established to take forward work on new operating model Update 05/07/22 - Specialist and Speciality doctors appointed to North Wales services. HSST post also proposed for North Wales (Decision expected by end of July 2022). Update 09/08/22: HSST unsuccessful - to re-apply next round. Planned adverts for further PA and Speciality Doctor posts. Update November 2022 - Authorisation and on-call arrangements to be revisited as part of developing Excellent Services. 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. Update 23/08/21 - Further discussion at Directorate Leadership Team on 25 August to review progress. Being reviewed as part of the revised HP operating model for COVID. Update 4/11/21 - Ongoing consideration as part of recovery but delayed by current focus on Covid response. Update 24/01/22 - Ongoing consideration as part of recovery but delayed by current focus on Covid response. Update 25/02/22 - No further update Update 21/4/22: Directorate Task and Finish Group established to take forward work on new operating model.	
382	Organisational Objective	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	2	8	Treat	Explore with WG options to utilise slippage (subject to availability)	Completed	4	2	8	Update 01/11/22 - Capital plan for remainder of 22/23 finalised. Directorates/ Divisions asked to prioritise their statements of need for consideration by Capital Planning Group. Directorates/ Divisions have been informed of the outcome of this exercise and are progressing the agreed procurements as required. Our Capital forecast for 22/23 has also been submitted to Welsh Government on 31/10/22. Risk to be closed. 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.