

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	
201			Director of People and Organisational Development		There is a risk that we will fail to make necessary organisational changes required to achieve public health impact and organisational objectives.	This will be caused by competing priorities and the resource demands of organisational recovery.	This will mean PHW will not deliver the required changes to organisational structures and ways of working impacting on timelines of organisational objectives	5	3	15	4	3	12	Treat	Period of re-assessment of the controls and action plan to be undertaken		TBC				02/12/21 - Plan reviewed and some projects paused due to resourcing and timing challenges. Change resource and plans to be considered in Q4 to determine structure and arrangements moving forward.
202		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	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 Retention Guidance to be published to ensure best practice processes are followed (RBW) 4. Programme Board continues to meet according to its terms of reference with bi-monthly reporting to Business Executive Team	Revised date to BET - 1 Feb 2022 30/04/2022 31/10/2021 Ongoing	19/01/22 Update - Active, on track for 1 Feb 2022 19/01/22 Update - Implementation dependent on approval of resourcing plan outlined above; some internal resource redirected from BBU team in the interim 30/11/2021 19/1/22 - Active and on track, next report to BET due 1 Feb 2022	2	5	10	19/01/22 update - resourcing plan developed and initial discussion held with Business Executive Team with an agreed approach to further consider. Action remains active and on track 19/01/22 update - action remains active and on track and is subject to progress of the above action. Resourcing paper due to BET 1 Feb 2022 19/01/22 Update - guidance approved at BET 20 Dec 2021 19/01/22 update - action remains active and on track. Last Programme Board held 18 Jan 2022. Last report made to Business Executive Team on the 16 November 2021, next report due 1 Feb 2022
203	Organisational Objectives	02/11/2018	Executive Director for Health Protection and Screening Services	Health Protection and Screening Services	DESW is unable to provide an accurate and quality-assured programme to the diabetic population of Wales, and to transform the service to provide quality-assured programme for the increasing diabetic population.	There are inadequate processing in place to provide assurance of consistent and quality assured grading practice. There is a lack of effective measures and monitoring and feedback from ophthalmology services for referred population. There is a mismatch between service demand and capacity to provide quality and timely service. There is a projected increase in diabetic population (current referral level = 1000 new patients per month). There is 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	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 undertake necessary	31/03/2022	Work with partners to increase the number of clinic locations and increase capacity for screening. Implement IT systems upgrade to improve efficiency				Update 23/08/21 - 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. 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 Update 26/11/21- work progressing well with screening hub with plan for 3 venues in South Wales which when implemented will improve availability and offer, with one venue in Cardiff which is urgently needed. Started to implement offer of retinal review by optometrist to those identified as low risk of sight threatening retinopathy who have waiting longest for screening offer - first batch of offer letters sent 22 Nov and optometry colleagues supportive with 120 practices agreeing to participate and each LA has at least one optometrist. IPC guidance now updated to be at least 1 metre distance and we will review clinic templates to see how this change can be implemented safely to increase number of appointments.
204			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	5	4	15	Treat	We have developed 5 exemplar projects which will help us develop the digital and data strategy and research and evaluation strategy. These 5 projects are 1) To have all our data accessible through one place, 2) to develop a winterview dashboard, 3) develop user personas to improve our publications, 4) develop an exemplar of the better presentation and use of evidence on active travel and 5) undertake a discovery phase on diabetic eye screening	31/03/2022					Update 25/11/21 - 4 of the 5 exemplar projects are under way and delivering well. We are currently procuring the Diabetic Eye Screening discovery phase
205	Service Interruption	17/03/2020	Director of People and Organisational Development	Corporate	Risk that we won't recruit, develop and retain a diverse workforce that is representative of the communities we serve, with the right skills, in the right numbers, deployed in the right place at the right time,	A lack of integration of workforce planning into the strategic planning cycle (medium- and long-term),	Non-delivery of our long-term strategic and operational priorities.							Treat	Development and implementation of workforce plans to support priorities in new Operational Plan: • Health Protection Response • Population Health Outcomes • Essential Services • Recovery • Enablers	30/11/2020	On track			Update 15/09/2021 - Dedicated resourcing and recruitment team continues to support as per Business Case, induction programme in place to ensure new staff are fully inducted into PHW. Staff absence levels remain consistent, support and training for line managers is in place and our staff continue to be able to access various programmes to facilitate a return to work. Update 4.11.21: workforce planning part of integrated planning process and guidance, People and OD Business Partners will support directorates to develop plans in line with IMTP, focussing on recruitment/resourcing, strategic development needs and anticipated change programmes Update 02.12.21 As per update of 04.11.21, work on track and as part of integrated planning process.	
								5	4	20	4	4	16	Treat	Development of recommendations to ensure a structured and sustainable approach to funding learning and development	01/04/2022	On track			Update 4.11.21: 2019/2020 paper being revisited in Q4 following submission of workforce plans to agree recommendations to go to BET Update 02.12.21 as per update of 04.11.21 Update 4.11.21: 2019/2020 paper being revisited in Q4 following submission of workforce plans to agree recommendations to go to BET	



