

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	15/01/2021	Executive Director for Public Health 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 have clinical impact.	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.		Continual	3	5	15	Update 11/1/2021 reviewed the criteria at SMT meeting on 5/1/21 and all remain met. Constraints around staffing due to staff off with covid, self isolating or child care issues but this being dynamically managed. Constraints in timeliness in Health Boards but all accepting referrals and clinically risk assessing if delays, in close contact with Health Boards to keep situation under review. Have made some changes where possible to reduce the impact on number of referrals to support Health Boards. Update 2/3/21 - still maintaining services and regular contact with Health Boards. Update 12/3/21 - all screening programmes continue to be delivered, situation improving in health boards due to reduced pressure from covid cases. Bowel Screening invitations numbers increased from 12/3 to work to reduce backlog; discussions underway with GPC Wales to plan cervical screening recovery. Staffing resilience improved with school openings and vaccination uptake excellent in front line staff.
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 situation update reports to the Gold Meeting and also separately to BET. Mobilisation of staff to the Covid response Oversight is also provided by senior management from the Integrated Health Protection SMT as part of the enhanced governance arrangements implemented and led by IMT to ensure that a focused response on non Covid activities is maintained	3	5	15		Treat	Separate Health Protection Leadership arrangements in place that is separate from Covid. The Business Case submitted to WG on 13th November remains key to a sustainable solution for the senior Health Protection team	30/10/2020	Completed	2	5	10	Update 07/10/2020 - The Health Protection response in the new operational plan confirms the essential requirement for maintaining non-Covid health protection services. In addition, a business case is being prepared for submission to Welsh Government for additional health protection resources. Update 11/1/2021 - The Business Case was submitted to Welsh Government and the requested follow up responses were provided to them on 7/1/21. Approval of the business case will enable the organisation to address this risk. Update 28/1/21 - The Directorate is compiling the additional information requested by WG & a final decision is awaited, as funding of the Business Case remains key for a sustainable service. Update 2/3/21 - Approval for the Business Case was received 10/2/21 and will be implemented Update 6/4/21 - Good progress has been made with the project arrangements. A recruitment group has been established with many posts approved and recruitment now underway. Progress is monitored through an oversight steering group.
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 12/1/21 -The Brexit agreement has mitigated some of the most significant risks, although there is a need to ensure oversight and review of any interim impact of the new arrangements as they are implemented. In line with the existing arrangements for International Health Regulations and UK/EU arrangements, PHE has been designated as the UK's National Focal Point under the terms of the agreement. Update 28/1/21 - Continued review of consumable supplies is undertaken with no issues identified, with the exception of rapid molecular kits, which are subject to global production constraints. The D20 process remains in place until March and then the risk going forward will be reviewed. Update 2/3/21 - Project closure report being drafted and will be reported to BET alongside request to de-escalate risk. Update 6/4/21 - Project closure report submitted to BET in April
004	Service Interruption	17/03/2020	Acting Director of People and Organisational Development	Corporate	There will be insufficient staff to deliver the Operational 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	30/11/2020		3	4	12	Update: 12/04/2021 - There is a dedicated team in place to support resourcing and recruitment, plus People and OD Business Partner support to the Health Protection Response and similar support to each of the other priority areas to enable delivery of the refreshed Operational Plan (including implementation of the Health Protection business case). Regards staff absences and other types of leave, the People and OD operations team continue to support line managers to effectively manage sickness absence and this remains a priority. As of 1 April shielding measures have paused and staff who were clinically extremely vulnerable and not able to work from home can discuss how best to facilitate their return to the workplace - utilising the updated risk assessment tool. Finally, as of 12 April all school age children are able to return to classroom settings, thereby reducing the dependence on staff with caring responsibilities for children. 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 15/01/20 Plans developed and currently being reviewed, work to be joined up with finance and other enabling functions to ensure this is taken forward holistically.
																Provide P&OD recruitment resource to manage large scale recruitment	31/10/2020					Update: 12/04/2021 - There is a dedicated team in place to support resourcing and recruitment Update 15.1.21: interim structure in place including dedicated recruitment resource 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			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 Repatriation toolkit being developed (as per revised Operational Plan) Our Conversation (new ways of working) discussions commencing 15.4.21			3	3	9	Tolerate	Continue to monitor staff absence data to identify any potential issues or hotspots	31/10/2020			3	3	9	8.4.21: Supporting resources being developed for staff returning from redeployments Update 15/01/21 data continues to be monitored on a monthly basis at BET and LPF, HR support ongoing in specific areas and continued focus on wellbeing and resilience. 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 9/4/21 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.	
																	Continue to provide P&OD support for line managers in managing sickness absence and other employment related issues	31/10/2020						Update 15/01/21 support for line managers and staff continues to be in place via People Support +, work ongoing to make further improvements. Update 26/10/20 People Support Plus+ Helpline available for staff and line manager queries. Weekly line manager briefing issued.	
																	Continue to review and update employment policies and terms and conditions of service	31/10/2020						Update 15/01/21 fortnightly LPF and weekly JMDNC meetings continue, significant progress being made. 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.	
																	Implement actions arising from staff surveys	31/08/2020						Completed	Update 15/01/21 - NHS staff survey results to BET on 18/01/21 Update 7/10/2020 - all organisation actions from the first survey complete
																	Continue to maintain and develop staff well-being support mechanisms and resources	31/05/2021						ongoing	8.4.21: Repatriation/reset/recovery resources being pulled together into a toolkit for managers/staff/teams - due end of May Update 15.1.21 Care circles ongoing, reminders issued regarding available resources for staff and managers and toolkit will be developed to support managers repatriating teams/individuals Update 7/10/2020 - Taking Care, Giving Care rounds piloted and meeting with workforce leads to take forward within response cells; Individual and Team Stress Risk Assessments reviewed and will be communicated with guidance mid October
006	Human Resources	17/03/2020	Acting Director of People and Organisational Development	Corporate	Our ability to continue to respond to the pandemic could be adversely affected by high and sustained levels of sickness absence due to a second or subsequent wave(s) of Covid 19.	Confirmed and suspected COVID19 cases across the workforce	Sub optimal staffing levels due to high levels of Covid 19 related sickness absence resulting in inability to deliver priority work, quality of service decreases, decrease in staff engagement			Absence and annual leave reports and ongoing monitoring. Workforce Information Dashboards. Implementation of appropriate social distancing measures at workplaces			3	4	12	Tolerate	Continue to monitor staff absence data to identify any potential issues or hotspots at an early stage	Monthly			3	3	9	Update 9/4/21 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. Annual Leave carry over managed and monitored at year end. Wellbeing Workshops being held for Line Manager to enable support for themselves and staff Care Space and Facilitated Listening sessions being undertaken for NHP and redeployed staff Project to focus on staff aged 20-34 starting in May in response to poor wellbeing scores in previous Staff Survey	
																	Continue to publicise staff wellbeing resources	31/03/2021						Update 15/01/21 Staff Wellbeing and Engagement Group continues to meet on a monthly basis, action plans in place across directorates. NHS staff survey results to BET on 18/01/21. Update 7/10/2020 - reminder comms going out w/c 12 October and further actions will be developed following second survey results	
																	Look to implement contingencies as outlined in workforce plans for Operational Plan priorities where necessary.	30/11/2020						Update 15/01/21 Plans developed and being merged with other enabling functions to ensure the required 'join up' on outcomes - work ongoing and priority areas being reviewed. Update 6/10/20 Workforce plans being developed for the three key priorities: Health Protection Response, Reactivation of Essential Services and Population Health Outcomes in the new Operational Plan which will include any necessary contingencies required.	
007		16/04/2020	Executive Director Quality, Nursing and Allied Health Professionals	Corporate	There is a risk that we won't deliver services that are of a high quality, effective and safe in the context of Covid 19 response	This will be caused by rapid policy change, and outbreak and reactivation management in an unpredictable environment	The impact will be an inability to mitigate and avoid harm to service users or staff			Adverse Incident Management Policy and Procedures in place Risk Management Policy and Procedure in place Information Governance Policy and Procedures in place SOPs in place where required Reports provided on assurance to Quality and Safety Committee Regular reports to BET and Gold meetings Audit Wales Structured Assessment Internal Audit (relevant to Quality and Safety) HIW Inspections Programme approach of the implementation of organisational plans includes mechanism to monitor quality, safety and risk Organisational dashboards to monitor compliance and performance Risk assessments undertaken to ensure that we comply with Covid19 regulations within our estate Outbreak policy IP&C related policies and procedures Screening division's 6 point plan						Implementation of the Organisational Plan, ensuring mechanisms are in place to comply with policies and procedures	Completed						Update 14/01/21 - Action completed		
																Approval and implementation of revised Risk Management Policy and Procedures	Completed						Update 14/01/21 - Action completed		
																In conjunction with Board Business Unit, review the work programme to ensure QSIC receives assurance that controls are operating effectively	30/11/2020						Meeting planned with the Board Business Unit on 10/09/2020 Update - 19/10/2020 - Meeting to discuss QSIC forward plan took place on 11/9/20 to consider November agenda. A/D Integrated Governance is working with Head of Board Business Unit to progress the implementation of the integrated governance model, and a base line assessment will consider current controls. Update 13/1/21 - Integrated Governance model proposal for approval supported by Business Executive Team. Agreement to propose model for approval through Audit and Corporate Governance Committee to Board. Proposal to underpin Board/Committee programmes utilising the Integrated Governance Model. Proposal to BET that the action date needs to be changed to 28/2/21. Update 6/4/21 - Integrated Governance Model now approved by Board. Further work to be done by the AD Integrated Governance. New action date proposed 30/06/21		
																Scope and approve the integrated governance model to be applied in the implementation of the plan	Completed						Update - 04/03/2021 - Integrated Governance model approved by Board on 25 February 2021. Implementation will start with completing pilot assessments against the model. Action complete		

							5	5	25		4	5	20	Treat	Work in conjunction with the planning team to ensure appropriate data is available for the performance and assurance dashboard monitoring	28/02/2021		3	5	15	<p>Update - 19/10/2020 - Meetings held to progress transfer of Quality Assurance data onto the work programme for the further development of the performance and assurance dash board.</p> <p>Update - 15/1/21 Full collaboration with the planning team adding quality performance measures into the dash board dataset. This work is ongoing as clarity is sought on the data that will be available through the Once for Wales Concerns Management System</p> <p>Update - 04/03/2021 - Integrated Governance Model approved by Board on 25 February 2021. Action complete.</p> <p>Work commenced in February 2020 and paused for COVID-19, however this work is being resumed. Initial direction shared with QSiC and internal key stakeholders</p> <p>Update - 19/10/2020 - Draft version 4 in progress with the aim of submitting to the November BET and the November QSiC</p> <p>Update 15/1/21 - Quality improvement draft strategy is currently in development. Logic model session held on 13/1/21 to consider views of internal stakeholders. Aiming to bring the draft strategy to BET and QSiC in February 21.</p> <p>Update 6/4/21 - QI Strategy to be presented to BET w/c 12th April. New action date proposed 30/04/21</p> <p>Update - 19/10/2020 - First step to identify robust audit plan to inform the subsequent risk stratification process</p> <p>Update 12/03/2021 - Integrated Governance model approved, pilot areas to be progressed to inform learning from wider application.</p> <p>Update 6/4/21 - New action date proposed 30/06/21</p>	
008	Business Objectives	06/04/2021	Board Secretary and Head of Board Business Unit	Corporate	There is a risk that the organisation may not comply with legislative or Welsh Government reporting requirements	This will be caused by the demands on the organisation in responding to the pandemic and specifically where staff have been redeployed into other roles or where capacity is reduced for other reasons	The impact will be non compliance with legislative or Welsh Government reporting requirements which could impact on our reputation, our standing as a well governed organisation or potentially funding flows	3	4	12	1. Effective use of the internal Welsh Health Circulars database and follow up system 2. Board, Committee and Executive meeting forward plans	3	4	12	Treat	1. Develop a database of all 'corporate' reporting requirements, by directorate, to provide central oversight of requirements 2. Map the reporting requirements into relevant governing four forward plans to ensure decisions are taken in the most appropriate forum 3. Provide the database to executive colleagues monthly to support planning / production of relevant materials for reporting	30/04/2021 21/05/2021		1	4	4	<p>Update: 23/04/2021 - The actions identified are all on track for completion and implementation.</p> <p>Update: 23/04/2021 - The actions identified are all on track for completion and implementation.</p> <p>Update: 23/04/2021 - The actions identified are all on track for completion and implementation.</p>
100	Safety / Legislative	17/07/2015	Acting Director of People and Organisational Development	Workforce and Organisational Development Directorate Wide	PHW will not develop their staff in line with the strategy and aspirations of the organisation	Insufficient staff receiving proper performance appraisals	PHW will have a sub-optimal workforce, unable to deliver on its strategic priorities	4	4	16	Appraisal processes for staff, either 'My Contribution' or Consultant Job Plans ESR Records Monthly exec reports are directorate and divisional level Quarterly breakdowns by individual to employing director Exception reporting process in place for directorates with below 90% compliance	4	3	12	→ Treat	All year-end reviews/objective setting meetings to be completed and recorded in ESR by September 30th 2020 (full action plan monitored by BET) P&OD to re-issue guidance and reminder of value of appraisal and also how to input on to ESR.	31/03/2021	Ongoing Completed	1	3	3	<p>8.4.21: year end figures communicated (below target) and quarterly breakdowns due next week by directorate. No impact on pay -national deferral of Pay Progression policy until September 2021</p> <p>Update 15.1.21: IA follow up report completed and going to ACGC 19.1.21 - action is ongoing as BAU requirement across the organisation</p> <p>Update 22/5/20 - Compliance significantly below internal target of 90% and WG target of 85%. Year end data distributed and individual breakdowns with directors as at 8th May. Confirmed no pause in requirement during COVID-19 response. IA report finalised and management response given - action plan to be agreed by end of May 2020</p> <p>Update 06/7/20 - action plan approved by BET 16.6.20 and actions underway</p> <p>Update 11/8/20 - Action Plan on track - compliance increase to 64% (non medical) and further breakdowns provided to PHS and HWB/PHTs. POD assisting with data entry.</p> <p>Update 7/10/20 - Update provided to BET 6.10.20 and ACGC 15.10.20, awaiting outcome of IA follow up</p> <p>All guidance live and re-sent with targeted breakdown (Dec 19)</p>
101	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	SRR 1 notes specific actions Development of change plan to be presented to Exec Team by November 2019 with mechanism in place to call off support resource as required Talent plan being revisited ahead of providing nominations for HEIW's 2020 Talentbury event	31/10/2021	ongoing Completed Completed	1	5	5	<p>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</p> <p>9.4.21: Revised operational plan includes standing bi-annual People Strategy updates, and all People and OD priorities therein are aligned to at least one strategic theme, allowing us to better demonstrate progress.</p> <p>Change Programmes update delivered to Exec in December 2019 - action closed</p> <p>Update 7/10/20 - nominations for Talentbury 2020 confirmed internally and to HEIW.</p>

102	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 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.			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. 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					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	31/10/2020	Completed				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 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 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 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. BET 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. Update 12/11/2020 - Microbiology Services continue to be a part of the business case proposals for strengthening an integrated Health Protection Service which will be submitted to Welsh Government shortly. Update 12/1/21 - The Business Case has been submitted to Welsh Government. The Directorate will be informed by the outcome of the benefits realisation review, and the outcome of the business case for a sustainable solution. Update 28/1/21 - The Directorate is providing the additional information requested by WG and an imminent decision is anticipated.		
								4	4	16		4	4	16	→	Treat			2	2	4	Workforce development has continued in response to COVID-19. 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. Update 07/10/2020 - This action has now been subsumed into the ongoing development of IP5	
																						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 12/08/2020 - The new investment to enhance laboratory turnaround times will facilitate the development of a networked model for Microbiology across Wales. Update 12/1/21 - The Business Case submitted to Welsh Government forms part of the sustainable solution for this service. Update: 28/1/21 - 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.	
																						A commissioning sub-group was established to inform a model of delivery, which formed part of the successful submission for the National Health Protection Service, and implementation will be discussed with Health Boards. The ongoing response to COVID-19 has identified the urgency for a long term strategic re-assessment of PHW's Health Protection service. Additional WG investment is being used to significantly strengthen the PHW laboratory network across Wales, which will improve the ongoing recruitment process to attract new medical staff. Update 12/1/21 - The outcome of the business case is awaited. Update 28/1/21 - The Directorate is compiling the additional information requested by WG, and it is anticipated that a decision will be imminent. Update 6/4/21 - Recruitment to the HP Business Case is underway & work is ongoing to agree and implement the enhanced operating model for Integrated Health Protection.	
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.	4	3	12		1	3	3	→	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	Update January 2021- Agreement has been extended post April 2021 but deadline date for transition still to be agreed. This will be in 2021 and no additional charges will be handed to us as a result of this extension. Risk to be reviewed and potentially downgraded to Directorate level.
104	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.	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.					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	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). Update 12/1/21 - The programme continues to offer screening and currently offering participants to those identified at higher risk which includes pregnant and post-partum diabetic women, newly referred participants, surveillance participants and participants with previously identified retinopathy at defined level. Due to the changes in pathway fewer participants are able to be screened per

					There is a lack of clinical governance to support quality delivery.	Reputational damage for PHW. Loss of confidence in service leads to detrimental impact on uptake. Increase in complaints, claims and staff members, resulting in further service instability.					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 work to enable plan to transform the service.							clinic and much fewer locations are available compared to pre-Covid. Work is ongoing to increase clinic locations and two fixed sites have now been secured to use across Wales and the service is working with partners to explore sites that may be suitable. This will enable an increase in the number of locations and increase numbers of participant offered screening. The informatics system upgrade which is key to necessary improvements in workflows which will improve efficiency further and this is now planned for March 2021 due to constraints in IT resource to support the upgrade. Update 3/3/21 - no changes to the January position												
105	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							Update - 09/04/2021 Two of the learners have now started Y2 of the Say Something in Welsh Programme. Individuals who are interested in starting Welsh Lessons as part of organised classes in their community are being funded on an ad hoc basis on the understanding that they have completed the 20 hours free online learning first. Funding identified for next academic year's Welsh lessons WL Intranet pages being reviewed and updated			
															5	3	15		3	3	9	Treat			2	3	6	Update: 22/03/2021 - Database developed and agreed to use across the business by the WL Group. Work underway to centrally populate the database. There have been a number of delays due to difficulties in obtaining the data from Survey Monkey, and staff redeployment onto Covid duties. Due to staff sickness and exit, we have not been able to progress as planned. We have just employed a new temp member of staff to cover the ongoing absence of the WLO who will look to progress this. Due to be completed by end May 2021		
																														Update: 23/11/2020 - We are currently working through the available options with our IT Department. There has been a delay in progressing this as we have been waiting for Legal Advice that the WLC has sought. Update 17/4. Options paper prepared and will be presented for consideration to BET at an appropriate date, but has not been added to the meeting agendas due to urgent priorities related to the pandemic. There has been no further progress since May 2020
																														Update 22/03/2021 - this work is ongoing but on track to be set up by the 31/03/2021 deadline. Progress has been slow due to staff absence and redeployment
																														Update: 22/03/2021 - This work is ongoing, with advice and support being provided to staff in all departments. Our Hwb (WL Intranet Pages) have been redesigned to make it easier for staff to navigate and source the support they need, and one of our WL Officers provides support to Comms on a weekly basis. We have also employed a temp WLO to cover staff absence and ensure continuity
																														The team continue to support the Covid response by providing translation and offering bilingual telephone answering in the contact centre, and also undertaking "How are you doing?" survey calls in Welsh. They have also taken part in the WEND video for new starters, and held online drop in sessions in September to assist staff in understanding their obligations under the WL Standards.
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.				Internal Project Delivery team established and Chaired by Exec. Director QNAHPS				5	5	25		5	5	25	Treat			2	5	10	Update 25/02/21 - Escalated from Quality, Nursing and Allied Health Professionals Directorate Risk Register		