

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	5	4	20	<b>Update 11/1/2021</b> 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. <b>Update 2/3/21</b> - still maintaining services and regular contact with Health Boards. <b>Update 12/3/21</b> - 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	<b>Update 07/10/2020</b> - 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. <b>Update 11/1/2021</b> - 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. <b>Update 28/1/21</b> - 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. <b>Update 2/3/21</b> - Approval for the Business Case was received 10/2/21 and will be implemented <b>Update 6/4/21</b> - 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	<b>Update 12/1/21</b> -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. <b>Update 28/1/21</b> - 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
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 Provide P&OD recruitment resource to manage large scale recruitment	30/11/2020 31/10/2020		3	4	12	<b>Update 15/01/20</b> Plans developed and currently being reviewed, work to be joined up with finance and other enabling functions to ensure this is taken forward holistically. <b>Update 26/10/20</b> 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 <b>Update 15.1.21: Interim structure in place including dedicated recruitment resource</b> <b>Update 26/10/20</b> 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 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 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 Implement actions arising from staff surveys Continue to maintain and develop staff well-being support mechanisms and resources	31/10/2020 31/10/2020 31/10/2020 31/08/2020 31/05/2021		3	3	9	<b>8.4.21: Supporting resources being developed for staff returning from redeployments</b> <b>Update 15/01/21</b> 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. <b>Update 26/10/20</b> 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. <b>Update 9/4/21</b> 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. <b>Update 15/01/21</b> support for line managers and staff continues to be in place via People Support +, work ongoing to make further improvements. <b>Update 26/10/20</b> People Support Plus+ Helpline available for staff and line manager queries. Weekly line manager briefing issued. Update 15/01/21 fortnightly LPF and weekly JMDNC meetings continue, significant progress being made. <b>Update 5/10/20</b> 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. <b>Update 15/01/21 - NHS staff survey results to BET on 18/01/21 Update 7/10/2020</b> - all organisation actions from the first survey complete <b>8.4.21: Repatriation/reset/recovery resources being pulled together into a toolkit for managers/staff/teams - due end of May</b> <b>Update 15.1.21</b> Care circles ongoing, reminders issued regarding available resources for staff and managers and toolkit will be developed to support managers repatriating teams/individuals <b>Update 7/10/2020</b> - 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	3	4	12	Absence and annual leave reports and ongoing monitoring. Workforce Information Dashboards. Implementation of appropriate social distancing measures at workplaces	3	3	9	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 NHPR 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		3	3	9	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	5	5	25	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	4	5	20	Treat	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	
															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	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. 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	
															Develop and approve an integrated governance framework	Completed					Update - 04/03/2021 - Integrated Governance Model approved by Board on 25 February 2021. Action complete.	
															Quality and Improvement strategy developed and approved	30/11/2020					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 Update - 19/10/2020 - Draft version 4 in progress with the aim to submitting to the November BET and the November QSIC 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. Update 6/4/21 - QI Strategy to be presented to BET w/c 12th April. New action date proposed 30/04/21 Update - 19/10/2020 - First step to identify robust audit plan to inform the subsequent risk stratification process Update 12/03/2021 - Integrated Governance model approved, pilot areas to be progressed to inform learning from wider application. Update 6/4/21 - New action date proposed 30/06/21	
															Develop a risk stratification process to sample test compliance with SOPs	31/12/2020						
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	1. 30/4/21 2. 21/5/21 3. Last week of each month		1	4	4	





