

CORPORATE RISK REGISTER - 17.04.2025				RISK ARTICULATION			INHERENT SCORING			CONTROLS	RESIDUAL (CURRENT) SCORING			DECISION	OVERALL RISK PROGRESS	ACTION PLAN			TARGET SCORING								
Datix ID	Risk Theme	Identification Date	Executive Sponsor	Directorate	Risk Description	Cause	Effect	Likelihood	Consequence	Rating	Key Controls	Likelihood	Consequence	Rating		Action Summary	Action Due date	Action Done date	Progress	Likelihood	Consequence	Rating					
1533	Adverse Publicity	14/06/2023	PHW - National Director of Policy and International Health	Policy and International Health	There is a risk of reputational damage and failure to effectively implement the HIA statutory regulations that form part of the Public Health (Wales) Act which requires the Public Health Wales to give assistance to other public bodies carrying out health impact assessments (see Part 6 here: <a href="https://www.legislation.gov.uk/anaw/2017/2/part/6/enacted">https://www.legislation.gov.uk/anaw/2017/2/part/6/enacted</a> )	This will be caused by a lack of capacity in the WHIASU team and limited knowledge, skills and capacity across PHW, outside of WHIASU, to meet the anticipated high volume of requests for assistance, guidance and training from Welsh Government, internally in PHW and externally from public bodies. The WHIASU team consists of 3.3 WTE and a Consultant providing strategic leadership.	The effect will be that PHW will not be able to fulfil its statutory duties either as a public body carrying out HIAs nor as a body which is required to provide assistance to other public bodies, as well as ineffective implementation of the regulations leading to missed opportunities to reduce inequalities and improve and protect public health in Wales.	4 Highly Likely	4 Major	16	Action plan is now in place to support this on going risk. Temporary changes have been put in place to bolster the WHIASU team as it delivers its IMTP deliverables as well as prepares for the duty. A highly experienced Band 7 is remaining as part of retire and return at 0.4 WTE from 0.6 WTE in October. Other preparations include revamping training, providing quarterly Network of Practice meetings and masterclasses, mapping the stakeholder landscape and	3 Likely	3 Moderate	9	Treat	03/04/25 - workshop with Welsh Government, identified further project slippage, likely not to go for review until November, not September. Some items requested are not currently deliverable by WHIASU. Some of this ask could be shared across PHW. Transition plan to follow from Welsh Government detailing the requirements.	A comprehensive workplan will be further developed to increase engagement, training, capability and capacity building and to the further develop the guidance to support the requirements of the legislation by end of Q3	31/10/2025		This action is ongoing, however the publication of the legislation has been delay.	2 Unlikely	2 Minor	4				
1541	Patients and Clients (Clinical) Risks	06/07/2023	PHW - Director of People and Organisational Development	People and Organisational Development	There is a risk of harm to service users and employees within PHW, specifically in relation to vulnerable groups such as children and adults, due to the absence of regular disclosure and barring service checks.	Whilst this is not a legal requirement, best practice indicates that Disclosure and Barring Service renewal checks are carried out on employees, further to the initial check that is undertaken at recruitment	Potential misuse of position of trust, resulting in abuse of service users and potentially employees. Detrimental and adverse impact on levels of public confidence and credibility. Financial implications relating to claims made against the organisation.	3 Likely	5 Critical	15	Appointment of DBS Compliance Officer to undertake organisational position number cleansing Policies and Procedures in place for recruitment and safeguarding Recruitment process includes the correct level of DBS check for the position number DBS guidance available for managers and online tool to ensure correct level of DBS check completed on successful appointment of new starters Quarterly reporting of DBS compliance checks for new starters discussed at PHW safeguarding group for assurance Named Lead for Safeguarding in post for managers to access for Safeguarding enquiries associated with safe recruitment ESR Mandatory safeguarding training for adults and children and appropriate level of training assigned to position numbers and reported monthly to managers DBS audit completed and actions in place to improve the management of risk for established staff Safeguarding incidents reviewed by PTR team and named lead for safeguarding and escalated as required All Safeguarding incident and concerns reported and reviewed at the quarterly safeguarding group and themes identified	2 Unlikely	5 Critical	10	Treat	15/04/2025 - Risk and actions were discussed and reviewed at SMT on 20 March . We are on target to complete the remaining action by the due date	Subscription to update service that will provide repeat checks	29/08/2025		We are moving to the DBS Update service and the action will remain open until the Update service is adopted.	1 Highly Unlikely	5 Critical	5				
1593	Statutory Duty	04/10/2021	PHW - Executive Director of Nursing, Quality and Integrated Governance	Nursing, Quality and Integrated Governance	There is a risk that we are unable to demonstrate that the quality standards and the Duty of Quality are embedded in all aspects of PHW business.	This will be caused by organisational capacity and capability to operationalise and embed due to competing priorities.	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.	3 Likely	3 Moderate	9	1. Established Innovation and Improvement Hub creating a culture of improving and innovating for quality within the organisation and transferred to QNAHs in April 2024. 2. Planned refresh of the I&I offer for 24/25 due to staffing changes 3. Implementation plan for PHW strategic priorities with identified leads for each theme and completed against road maps 4.Developed coaching support to be provided by I&I Hub for improvement projects 5.National guidance and support materials and designated SharePoint site available for PHW staff 6.Annual Quality Report published for 23/24 detailing quality work against 12 standards and available to the public 7. Quality oversight group formal meetings commenced with reporting EDON and EMD 8. Quality standards with key lines of enquiry self assessment in progress with a full schedule of self assessment planned for all 6 standards by March 2025 9. Leadership forum and spotlight on sessions delivered in July 2024 for the duty and a QMS approach 10. Strategic priority 5 - excellent public services now linked into the STEEP format and roadmap being formulated 11. Quality Governance report submitted to QSIC quarterly framed around STEEP domains.	2 Unlikely	3 Moderate	6	Tolerate	20/03/2025 - Risk reviewed by Leadership Team. The members were content with the management of the risk.	Quality Management System (General) - Quality Management System road map agreed and implementing	31/07/2025		Update 11.03.25: QMS SharePoint site under construction, Bite size videos on QMS and Quality Standards in development with publication in March 2025. Annual Quality Report cycle commenced with updates from all directorates/divisions requested. Planning for QMS road shows in Spring 2025 . Continued discussions with Planning team regarding embedding the QMS approach in the IMTP cycle and QIA's in project initiation processes  Update 01.25 QMS SharePoint site under construction, Bite size videos commissioned and due to be published 3.2025. Planning for QMS road shows in Spring 2025 . Discussions with Planning team regarding embedding the QMS approach in the	Introduction of Quality Impact Assessment and governance process.	27/06/2025		Update 11.03.2025: QIA digital prototype tool (utilising MS Lists and Sharepoint) in development. Progress shared at the QuOG February meeting with positive feedback received. Testing planned with two pilot areas/projects once prototype tool is completed. Governance process in development and will be implemented with the governance hub/BBU	1 Highly Unlikely	2 Minor	2



