

PODC CORPORATE RISK REGISTER																										
Data ID	Risk Theme	Identification Date	Executive Sponsor	Leadership Team Lead	Directorate	RISK ARTICULATION			INHERENT SCORING			CONTROLS			RESIDUAL (CURRENT) SCORING			DECISION	OVERALL RISK PROGRESS				TARGET SCORING			RESPONSIBLE GROUP
						Risk Description	Cause	Effect	Likelihood	Consequence	Rating	Key Controls	Likelihood	Consequence	Rating	Action plan is now in place to support this on going risk.	Likelihood		Consequence	Rating	Progress	Action Summary	Action Due date	Action Done date	Likelihood	
1533	Adverse Publicity	14/06/2023	PHW - National Director of Policy and International Health	Tracy Black	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: https://www.legislation.gov.uk/an/pw/2017/2/part/6/enacted)	This is caused by a lack of capacity in the WIMSU team and limited knowledge, skills and capacity across PHW, outside of WIMSU, to meet the anticipated high volume of requests for assistance, guidance and training from Welsh Government, internally in PHW, and externally from public bodies.	This would result in PHW not being able to fulfil its statutory duties either as a public body carrying out HIA's 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	10	Temporary changes have been put in place to bolster the WIMSU team as it delivers its IMPT 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 retraining training, providing quarterly Network of Practice meetings and masterclasses, mapping the stakeholder landscape and writing guidance and FAQs for example.	3 Likely	3 Moderate	9	Treat	23/01/2026 - The HIA Guide was approved by the Executive Team and will be published on the 24th February 2026.	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	23/09/2025	This action is ongoing, however the publication of the legislation has been delayed.	2 Unlikely	2 Minor	4	Directorate Senior Management Team (Policy and International Health)	
1541	Patients and Clients (Clinical) Risks	06/07/2023	PHW - Director of People and Organisational Development	Rachel Attwood	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.	This is caused by the organisation not carrying out disclosure and barring service renewal checks additional to the initial check that is undertaken at recruitment (whilst this is not a legal requirement it is best practice)	This would result in the 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 ES&R 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 PFR 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 Availability of DBS workshops advertised on PHW's intranet	2 Unlikely	5 Critical	10	Treat	10/02/2026 - The project is currently around two months behind schedule due to low completion rates for staff DBS and TrustID checks, with significant time being spent issuing repeated reminders and renewing expired links. Additional resource has been deployed to manage this, and Business and Planning Leads have been asked to reinforce the need for colleagues to prioritise completion in order to recover the timetable and prevent further delays.	Subscription to DBS Update service that will provide repeat checks	31/03/2026	The project is currently around two months behind schedule due to low completion rates for staff DBS and TrustID checks, with significant time being spent issuing repeated reminders and renewing expired links. Additional resource has been deployed to manage this, and Business and Planning Leads have been asked to reinforce the need for colleagues to prioritise completion in order to recover the timetable and prevent further delays.	1 Highly Unlikely	5 Critical	5	Leadership Team		
1593	Statutory Duty	04/10/2021	PHW - Executive Director of Nursing, Quality and Integrated Governance	Angela Cook	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 is caused by organisational capacity and capability to operationalise and embed due to competing priorities.	This will result in 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 DNAPs 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 QDC quarterly 12. Active participation in the NHS Executive Quality Standards Meetings.	2 Unlikely	3 Moderate	6	Treat	16/01/2026 - The risk has been reviewed and the Quality Impact Assessment action updated to reflect progress	Quality Management System (General) - Quality Management System road map agreed and implementing.	31/03/2026	Update 1.2026 Ongoing development work with HPS5 and NHSPI Update 12.25- Participating in HPSR QMS workstreams - QMS Delivery & Learning Network. QMS activities ongoing - always on reporting in development and health and care standards peer review post self assessments.	1 Highly Unlikely	2 Minor	2	Quality Oversight Group		
2076	Statutory Duty	31/10/2025	PHW - Executive Director of Nursing, Quality and Integrated Governance	Stuart Slixon	Nursing, Quality and Integrated Governance	There is a risk that PHW is unable to meet the legal duties set out in the Equality Act 2010/Public Sector Equality Duty and respond to the needs of the population. It may be unable to enable and demonstrate full compliance with the newly published Accessible Information standards	This is caused by the lack of an organisational capacity with overall responsibility for Equality Diversity & inclusion to ensure both a strategic and coordinated approach and associated infrastructure is in place to respond to the needs of the population.	The impact will be a fragmented work within PHW and non-compliance with the Public Sector Equality Duty (PSED) including submission of the Annual Equality Report, development of the Strategic Equality Plan and its implementation along with the implementation and monitoring of compliance with the Wales Accessible Information Standards (AIS) and completion of Welsh Government returns such as the Anti-Racist Wales Action Plan, Domestic Abuse Action Plan and Learning Disability Action Plan. This risk may also further impact on strategic risk 2 if not addressed	4 Highly Likely	3 Moderate	12	EDW workforce workstreams being addressed through people & Organisational Development and culture workstreams. Screening programmes have an equity group but not reporting outside of the programme infrastructure. Organisational wide Peoples experience group in place but no decision making authority Previous business case developed for EDW but requires further scoping supporting by investment Discussions remain ongoing with HPS5 and PSED as to the feasibility of an organisational role with associated governance structure. Various degrees of engagement with diverse community groups occurring but without organisational oversight and coordination Leadership team reviewing the implications of the recently published Accessible information standards	3 Likely	3 Moderate	9	Treat	10/02/2026 - The action plan has been updated with next scheduled review in March.	Leadership team to review the newly published accessible information standards and prepare an action plan to address gaps/deficits	31/12/2025	06/11/2025	Discussed on 6.11.25 action completed	2 Unlikely	2 Minor	4	Leadership Team	

2143	Operational	11/11/2025		Michelle Battlemuch	Health Protection and Screening Services	There is a risk that we will be unable to deliver an effective long term sustainable and excellent Environmental Public Health service to the population of Wales.	<p>The service is provided by Public Health Wales & Environmental Public Health and the UKHSA, underpinned by an MOU signed in 2023. The MOU was later re-negotiated with UKHSA withdrawing from existing informal arrangements to support front line service provision (can be traced to risk ID 1633; risk materialised).</p> <p>UKHSA withdrawing from existing informal arrangements to support front line service provision will mean that the EPH service will need to be solely responsible for frontline response both in and out of hours.</p> <p>Resource capacity issues within the team.</p> <p>10/02/2026: Further information below:</p> <p>UKHSA has historically provided support to Public Health Wales (PHW) for the delivery of the duty desk service as a matter of custom and practice. However, no formal or documented arrangements were ever agreed between the two organisations. Following recent developments relating to the revision of arrangements between UKHSA and the devolved administration, UKHSA colleagues informed PHW that their frontline support for both in-hours and out-of-hours duty desk provision would cease.</p>	The impacts might be a negative impact on the quality of Environmental Public Health service delivered to the population of Wales, impact on public health, business continuity and resource constraints.								<p>21/02/2026 - The risk was considered at Leadership Team on the 19/02/2026 and accepted onto the Corporate Risk Register. It was confirmed that monthly updates are provided to the Business Executive Team who have taken responsibility for addressing the risk.</p>	Commence Transformation and Integration Programme and Report to BET	29/01/2027		<p>Stage 1 – Engagement and Scoping (Underway): Initial discussions have commenced within the Health Protection team. Meetings with the wider Environmental Public Health Team are scheduled for 28 January 2026 and 11 February 2026 to test the proposed direction of travel.</p> <p>Stage 2 – Development of Operating Model (By May 2026): A detailed operating model for an integrated In-Hours and Out-of-Hours service will be presented to BET with recommendations.</p> <p>Stage 3 – Formal Consultation (May-July 2026): Supported by People and Organisational Development colleagues, formal consultation on the proposed model will be undertaken with completion targeted by July 2026.</p> <p>Stage 4 – Implementation (July-January 2027): Transition to the new operating model will commence following consultation, with full implementation anticipated by January 2027.</p>	1 Highly Unlikely	3 Moderate	3	Business Executive Team
									4 Highly Likely	4 Major	15		3 Likely	4 Major	12	Treat	<p>Engage with UKHSA to Seek Extension of Out-of-Hours (OOH) Support until 31 March 2027</p>	30/04/2026	<p>Task Completed: The Director of Health Protection has met with UKHSA colleagues and is actively negotiating an extension of the current OOH support arrangements until 31 March 2027.</p> <p>Results: Awaiting formal confirmation from UKHSA regarding continuation of OOH service provision.</p> <p>Recommendation: Maintain regular engagement with UKHSA, ensuring ongoing transparency regarding PHW's transformation progress. If negotiations are unsuccessful, escalation through Chief Executives may be required.</p>					