CORPORATE RISK REGISTER - 07.11.2024					RISK ARTICULATION			INHERENT SCORING			CONTROLS	RESIDUAL (CURRENT) SCORING			DECISION	OVERALL RISK PROGRESS	ACTION PLAN				TARGET SCORING		
Date 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	Director of Policy & 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: https://www.legislation.gov.uk/anaw/2017/2/part/6/enacted)	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	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. This includes extending a Band 6 maternity cover until April 2024 at 0.8 WTE and 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 mesterclasses, mapping the stakeholder landscape and writing guidance and FAQs for example.	3 Likely	3 Moderate	9	Treat	02.10.2024 - Reputational risk remains, due to Welsh Government. This will result in the prepared guidance and training which has been developed will need to be redeveloped in line with new implementation dates. This will allow additional time for preparation and a program of awareness raising will be undertaken by the WHIASU team in order to further mitigate the risk in line with the new timelines, allowing the risk score to be reduced.	Long term workplan	31/12/2024			2 Unlikely	2 Minor	4
1541	Patients and Clients (Clinical) Risks	06/07/2023	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 Availability of DBS workshops advertised on PHW'S intranet Work towards update service; agreed by BET	2 Unlikely	5 Critical	10	Treat	06.11.2024 - Risk and actions were review at SMT on 05 November 2024. We are on target to complete the actions by the due date	Subscription to DBS Service	31/12/2024 31/10/2024	 21/10/2024	A verbal update on the work undertaken to address safeguarding risk 1654 regarding DBS che	1 Highly Unlikely	5 Critical	5
1593	Statutory Duty	04/10/2021	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 in 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 QNAHPs 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 9. Leadership forum and spotlight on sessions delivered in July 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. 12. Active participation in the NHS Executive Quality Standards Meetings.	2 Unlikely	3 Moderate	6	Tolerate	06.11.2024 - Risk has been considered at the last Quality Oversight Group. Actions are progressing.	Recommendation paper to PODC Quality Standards: A clear understanding of changes required to existing quality infrastructure and agreed programme of work to align with Quality Standards 2023 Quality Standards: Quality infrastructure clearly aligned to Quality Standards 2023 Quality Standards: Routinely monitored, system-wide understanding of what good quality looks like for the broad range of services. Quality Management System (General) - Quality Management System road map agreed and implementing Introduction of Quality Impact Assessment and governance process.	06/12/2024 31/03/2024 31/03/2024 16/12/2024 29/11/2024	05/11/2024 05/11/2024 05/11/2024	Update: 05/11/2024 Quality Standards in co-production to develop KLOE and a process for self-assessment in place. Timely standard presented at QUOG in October. Update: 07/2024 Proposed QUOG formed and first meeting held and TOR agreed. Inaugural meeting scheduled for 09.24 Update 05.11.2024 Quality Oversight Group in place and formation of People's Experience Group. 1 final clinical effectiveness/audit subgroup to be formed after further discussion along the Learning from Incident Group and reporting to QUOG. Refreshed performance reporting in development and testing through the Planning and Performance Team, aligned to DoQ. Update 05/11/2024 Self-assessment against STEEP standards is in progress with a dashboard created in MD lists. A road map available defining time frames for self-assessment. Update: 15/11/2024 QMS approach socialized via Leadership Forum and Spotlight on in July 2024. Changes to I&I staff resource means its delayed Update: 14/11/2024 Draft QIA requires further revision. QIA concept prevent to BET in October and QUOG received prototype for review. Tabled for discussion on 20th Nov at next QUOG meeting	1 Highly Unlikely	2 Minor	2
1596	Human Resources	26/10/2023	Director of People and Organisational Development	People and Organisational Development	There is a risk that the organisation may not have the capacity or resources necessary to effectively deliver the long-term strategic plan	This risk arises from a challenging political and financial landscape, which includes staff time being redirected to contribute to the	Inability to deliver the long term strategy due to absence of strategic workforce planning				1. Resource Allocation and Assessment: Assess current resource allocation. Identify gaps between the required resources and what is					06.11.2024 - Risk and actions were review at SMT on 05 November 2024. We are on target to	Establish a workforce planning process and framework including clear roles and responsibilities and put in place interventions in response to identified risks and priorities.	31/03/2025		Update 14/11/2024: Workforce planning schedule in place for IMTP. Dedicated Strategic Workforce Planning Lead commenced in January 2024 and working with wider POD team and Planning stakeholders to support development of strategic workforce planning skills and resources to support workforce planning activity as part of IMTP planning process.			

						(Covid) public enquiry and an unstable industrial relations climate		4 Highly Likely	4 Major	16	currently available. Ensure alignment between strategic goals and resource allocation. Adjust resource distribution, as necessary. (This would need to be determined by Directorates as part of their IMTP planning/workforce planning) 2. Capacity Building: Continue to invest in developing the skills and capabilities of existing staff to handle the strategic plan's demands. (Directorates would need to be clear what this looks like so that we can determine feasibility) 3. Prioritization and Phasing: Evaluate the strategic plan and identify high-priority initiatives. Consider phasing the plan to allow for a gradual rollout, focusing on crucial elements first and postponing or deprioritising less critical components. (Each of the Directorates would need to do this and would need to be part of the IMTP development) 4. Scenario Planning: Develop scenarios that account for different levels of resource availability. This will help us be prepared for various resource-related challenges and allow for quick adaptation as circumstances change. (Again, would be Directorate specific) 5. Resource Bank: Better utilisation of finances through use of the new Resource Bank to replace agency use and overtime.	3 Likely	4 Major	12	Treat	complete the actions by the due date	Establish a clear vision outlining the function of job families within Public Health Wales	10/09/2024	30/09/2024	Complete.	2 Unlikely	4 Major	8
																	Develop a resourcing strategy that supports the delivery of the Long Term Strategy, People Strategy and Strategic Equality Plan.	31/03/2025	14/11/2024	Complete. Action plan item was a proposed IMTP commitment for 2024-2025 but was not taken forward following a prioritisation exercise. The refreshed People Strategy and Workforce Planning activity that are the subject of IMTP commitments for this year will be key inputs to our resourcing strategies as will the LTS Route Maps			
1614	Statutory Duty	17/01/2024	Board Secretary	Board Business Unit	There is a risk that PHW Board and Committees cannot take sufficient assurance that the NHS Wales Executive is carrying out its functions in accordance within the governance framework of PHW. The current hosting agreement provides for an annual accountability report and for RO / AO meetings which may not provide sufficient assurance across the year	The cause is that PHW's Assurance Framework is currently in draft form, not yet approved and implemented. The new assurance framework from April will plug the risk.	Sanctions imposed in accordance with Legislative/Regulatory Compliance, Reputational damage, Financial implications and data security vulnerabilities	3 Likely	3 Moderate	9	Ad hoc meetings to discuss and manage risks/issues, Hosting Agreement meetings (six monthly)	2 Unlikely	3 Moderate	6	Treat	01.11.2024 - This risk has been reviewed and no changes required. The risk is being managed and the scores remain the same at this time.	Development of an assurance schedule for NHSE	28/06/2024		Update 15/11/2024: This is being reviewed and managed pending review and adoption of the revised agreement in March 2025 as per previous update. Update: 05/09/2024 - The assurance schedule is in place for this year and reports are being submitted by NHSE to the Committees in line with this schedule. The schedule will formally be agreed in March 2025 when the hosting agreement is revised, and this will be incorporated into the formal agreement. Until then, the schedule is in operation and providing the requires assurance to the Committees. It was agreed as part of the Addendum to Hosting Agreement that an Assurance Schedule would be agreed and put in place by the end of May 2024. An advanced draft Schedule and template reports have been prepared. These have been considered by BET. AGCC is yet to see the Assurance Schedule / templates but was provided with a verbal update in May 2024. Work continues to agree the Schedule with the next meeting with NHS Exec on 23rd May 2024. Whilst it is unlikely the Schedule will be agreed by the end of May, the Hosting Agreement does however provide that the Responsible Officer for the NHS Exec will provide assurance reporting as requested. We will therefore request reports in accordance with the current version of the Schedule whilst we fine tune and finally agree a working version.	2 Unlikely	3 Moderate	6
																	NHSe Assurance Framework	01/04/2025		Nov: This is being reviewed and managed pending review and adoption of the revised agreement in March 2025 as per previous update.			
1648	Statutory Duty	24/06/2024	Director of Knowledge	Research, Data and Digital Directorate	There is a risk that Public Health Wales will lose access to Primary Care data.	This is due to Audit+ (the current tool) used to gather primary care data is being shut down in December 2024 and there will be no further updating of Audit+ from July 2024.	The loss of Audit+ without a replacement equivalent service would lead to PHW being unable to meet its statutory responsibilities.	5 Almost certain	4 Major	20	- Impact assessment completed and shared with DHCW and colleagues in wider NHS. - Impact assessment received from DHCW regarding system wide assessment including SAIL. - Team members across PHW are sharing updates and coordinating efforts to replace functionality. - DODA providing oversight with DODA members being the mechanism for escalation and cascade of issues. - DHCW have acknowledged that PHW are service user of primary care data. - DHCW proposed a 3 lot solution for replacing Audit+ and have documented the majority of PHW needs. WG and NHSExec are actively involving PHW in considerations and management of the replacement. - DHCW will hold a supplier meeting with 36 potential suppliers on 6 September, and will provide a Delivery Confidence Assessment the week after. - Audit+ contract extended to 31/03/2025 - but DCA remains red. - PHW Business Continuity Impact Assessment and Business Continuity Plans will be updated.	3 Likely	3 Moderate	9	Treat		Directorate Business Plans to be updated and ready to be implemented	30/11/2024		04.11.2024 - Update provided by Fiss Bennee to DODA. Fiss confirmed that all Directorate Business Continuity plans are to be updated to reflect the loss of Audit+. Actions for all directorates to update noted on Datix.	2 Unlikely	2 Minor	4
																	Update Business Continuity Plans	30/11/2024		Nov 2024 - ongoing work with Directorates to develop Business Continuity Plans with further action identified to test plans regularly.			
1531	Strategic Risk	01/06/2023	Director of Research, Data and Digital	Research, Data and Digital Directorate	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 Almost certain	4 Major	20	Approval and implementation of research & evaluation and digital & data strategies for Public Health Wales. Developing our data storage, access and linking as part of the Local Data Resource and contributing/interacting with DHCW for other data needs in Health Care. Recruitment into new investment posts progressing quickly to bring in additional skills. Ensure we maximise exploitation of our data and information. Sources of assurance are: KRIC on behalf of Board, Internal Audit, Management Control. Digital and Data Design Authority	5 Almost certain	4 Major	20	Treat	04.11.2024 - Risk updated shared at DODA. There was concern that a number of Digital and Data requirements are being requested that are not within the current route map. These requirement requests require resource which are not available or require re-prioritisation from other programmes. This will impact how we exploit and use our D&D capabilities. DODA Chair - requested for a DODA/IMTP workshop to be set up in Jan 2025 when the IMTP milestones are being developed to understand the dependencies/overview of	Establishment and embedding of the Digital Pipeline	31/03/2026		19/06/2024 - A Digital and Data route map has been agreed and the priority projects are in the process of being implemented. There are new key milestones added to the Action Plan that are aligned to the Digital and Data Route map. NOV 2024 - No further update	3 Likely	4 Major	12
																	Job Families	31/03/2026		NOV 24: LN and Alisha Davies working with P&OD to create families. Will form part of workforce planning. 19/06/2024 Action reviewed and updated with key milestones identified			

											will review the risk and mitigations on a quarterly basis to ensure appropriate governance of controls are maintained. Development of job families for Data Analysis and Evaluation roles to enable recruitment and retention of key skills to PHW. Workforce planning Digital and Data portfolio agreed and progress monitored at DDDA with quarterly assurance of Delivery Confidence Asaessment provided to BET.					the request/sequencing and prioritisation of work that aligns to the route map. New action created.	Recruitment of Key Skills	31/03/2026		NOV 24 - No update - Investment roles in recruitment process and development of job families to promote career pathways in process. 19/06/2024 - Action noted with additional milestones added. 05/09/2024 - Workforce planning will commence in October 2024 following training from Workforce Planning Lead in Sept 2024. Specialist roles will be included in this plan.			
																	Align IMTP Milestones to Digital & Data Route map	31/01/2025		NOV 24 - See IMTP milestones			