

Corporate Risk Register Effectiveness

Final Internal Audit Report

2025/26

Public Health Wales NHS Trust



Reasonable Assurance

Contents

Executive Summary	1
Findings & Agreed Action Plan	3
Appendix A	7

Review Reference

PHW-2526-06

Fieldwork

October - November 2025

Executive Sign Off

10 December 2025

Audit Committee

16 December 2025

Executive Lead

Claire Birchall, Executive Director of Nursing,
Quality and Information Governance

Audit Team

Paul Dalton, Head of Internal Audit
Andrea Calise, Audit Manager

Executive Summary

Purpose

Our audit review of corporate risk register effectiveness has been completed in line with the 2025/26 Internal Audit Plan for Public Health Wales NHS Trust (the 'Trust').

Effective risk management is one of the main cornerstones of robust governance across NHS Wales, supporting organisations to deliver safe, sustainable, and high-quality services. Within this context, the corporate risk register plays a critical role in enabling the Trust to identify, assess, and manage strategic risks that could impact the achievement of its long-term objectives. It provides a structured mechanism for capturing and escalating risks, ensuring visibility and oversight at executive and board level.

The Trust has made significant progress in strengthening its risk management arrangements, including the development of a revised risk management policy and the formal adoption of a new risk appetite framework by the Board in July 2025. These developments reflect a commitment to embedding a mature, integrated approach to risk, one that supports informed decision-making, aligns with strategic priorities and cyclical planning processes, and enables proportionate risk exposure in pursuit of favourable public health outcomes.

Overview

We have concluded reasonable assurance on this area. The matters requiring management attention are:

- Implementation of the risk appetite framework across the Trust’s wider risk management processes.
- Reviewing the Datix permissions list for risk owners and handlers, and continuing efforts to improve risk management training compliance rates.

Full details of matters arising are detailed within the Findings & Agreed Action Plan. The following opportunities for enhancement have been identified that do not impact the overall opinion and are highlighted for management information:

- The risk scoring matrix in the risk management procedure is incorrectly referenced due to a minor indexing error.
- The risk scoring matrix would benefit from the inclusion of more examples of likelihood determinants.
- The version control for the risk management procedure does not indicate a review by date and is yet to be published on the Trust’s website.

Scope & Assurance Summary

Objectives	<small>The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.</small>	Related Findings	Assurance
1	The design and operational effectiveness of the corporate risk register captures, monitors, and appropriately enables escalating/de-escalating risks.	-	Substantial
2	Risk appetite informs target scoring within the corporate risk register, supporting proportionate mitigation, escalation, decision-making and alignment with Trust approved tolerance.	1	Reasonable
3	Roles, responsibilities, and training for risk owners support consistent and informed use of the corporate risk register.	2	Reasonable
4	The assurance and reporting mechanisms linked to the corporate risk register enable timely oversight and scrutiny.	-	Substantial

Management Actions

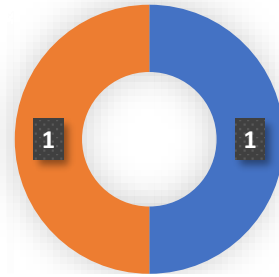


High Priority



Medium Priority

Themes



■ Policies & Procedures

■ Information, Data Quality & Data Accuracy

Risk Types

Quality or Safety Issues

Findings & Agreed Action Plan

Objective 1: The design and operational effectiveness of the corporate risk register captures, monitors, and appropriately enables escalating/de-escalating risks.

Substantial

The Trust's corporate risk register is well-structured and broadly aligned with good practice observed across comparable NHS organisations. The register serves as a central mechanism for recording and monitoring risks, ensuring that they are visible to senior management, the Board and its committees.

Updates to the register are administered by the designated risk manager in response to escalations initiated by the owners and handlers of risks contained within directorate level registers. This process is administered within Datix.

The methodology for undertaking risk scoring calculations has been comprehensively documented and is supported by detailed guidance within the Trust's risk management procedure document. This includes instructions for determining likelihood and impact values, as well as calculating the overall risk score. The documentation promotes consistency in the application of score values, significantly reducing the potential for inconsistent scoring.

Overall, the design and operation of the corporate risk register is indicative of a robust approach to risk management, a process for escalation and de-escalation is in place, and the supporting guidance ensures that risk scoring is applied in a structured and repeatable manner as far as is reasonably practicable.

Objective 2: Risk appetite informs target scoring within the corporate risk register, supporting proportionate mitigation, escalation, decision-making and alignment with Trust approved tolerance.

Reasonable

The Trust has developed a risk appetite framework, which defines appetite categories. However, work is ongoing to implement this across the wider risk management process. As a result, risk appetite has not yet been systematically applied when determining target risk scores within the corporate risk register so there is a gap in aligning the wider risk management practices with the Trust’s risk tolerances. Addressing this will support proportionate mitigation, escalation, and informed decision-making.

In preparation for the implementation of the framework, categories and themes have been applied to risks, and work is underway to review and update relevant supporting documentation.

A risk appetite statement document was approved by the Board in June 2025. This provides details in relation to the application of risk appetite at a strategic level and specifies the appetite levels applicable to each of the Trust’s strategic risks. Risk appetite categories have been defined and documented, but the appetite level descriptor table contains a minor typographical error, and the definitions of the appetite descriptors are not detailed.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 Risk Appetite Framework</p> <p>The risk appetite framework will enable the effective application of risk appetite across the wider risk management process, but it is yet to be fully implemented.</p> <p>Risk appetite definitions contained within the risk appetite statement are brief where additional detail would be useful, and there is a minor error in the first category header.</p>	<p>Risk appetite may be inconsistently applied, resulting in misaligned target scoring and decision-making.</p>	<p>Agreed Action:</p> <p>The Risk Appetite Framework will be finalised, approved and implemented.</p> <p>Risk appetite definitions contained within the Risk Appetite Statement will be updated to include additional detail.</p> <p>Expected Evidence of Implementation:</p> <p>Updated Risk Appetite Framework and Risk Statement document.</p>
<p>Theme: Policies & Procedures</p>	<p>Medium Priority</p> <p>Control Operation</p>	<p>Officer: Danielle Gething – Head of Risk Management</p> <p>Target Implementation Date: July 2026</p>

The Trust has clearly documented roles and responsibilities within its risk management framework. The risk management policy sets out the overarching responsibilities of executives and senior managers, while the risk management procedure provides detailed guidance on the specific duties of risk owners and handlers. This clarity of accountability supports a stratified approach to managing risks across all levels of the Trust. The policy and procedure have recently been updated and the policy has been published on the appropriate page of the Trust’s website, although the procedure has not as yet, and a previous version is instead listed. The review dates for the documents were not specified at the time of approval, and as such, the review date for the procedure is yet to be recorded.

A comprehensive training programme has been established to support the risk management framework. The programme consists of two tiers:

- Level 1 training, designed for a broad audience, provides an introduction to risk management principles and the use of the risk register.
- Level 2 training, targeted at risk owners and handlers, offers more advanced content, including practical application of scoring methodologies and risk appetite.

Since its inception, the programme has been delivered to almost 650 delegates, supplemented by bespoke sessions tailored to specific staff groups. Recently, the Trust’s risk manager has introduced recorded training sessions to improve accessibility and efficiency of delivery.

However, compliance rates remain low, with approximately 20% of staff completing Level 1 training and 32% for Level 2 training. This is partly attributable to the large number of individuals nominated for training (Level 1 training is aimed at all staff, and 446 individuals have been identified as undertaking roles for which Level 2 training would be appropriate). Additionally, the Datix permissions list, which tracks training records, has not been reviewed for some time and may contain inaccuracies. Updating this list would help ensure that compliance data is reliable and that training efforts are appropriately targeted.

As part of the Level 1 training, Risk Owners and Handlers are advised to also attend the Level 2 training. Work is ongoing to align the risk management training with the electronic staff record system.

Risk escalations have been managed in accordance with documented processes and are actively coordinated by the risk manager. However, improving training compliance levels and maintaining accurate records will be essential to maintaining consistent and informed use of the corporate risk register across the Trust.

Key Findings	Risk & Impact	Agreed Management Action
<p>2 Training compliance</p> <p>Although a programme of standardised and bespoke training activities has been maintained, the compliance rates are low, principally due to the large numbers of potential attendees that have been identified.</p> <p>The Datix permissions list has not been subject to a recent review.</p>	<p>Limited training or unclear roles for risk owners may lead to inconsistent use of the corporate risk register, reducing confidence in its reliability and effectiveness.</p>	<p>Agreed Action:</p> <p>Training activities will continue and the recorded sessions will be used to reach a wider audience.</p> <p>The Datix permissions list will be reviewed.</p> <hr/> <p>Expected Evidence of Implementation:</p> <p>Increased risk management training compliance rates.</p> <p>Reviewed Datix permissions list with revised compliance data.</p>

	Medium Priority	Officer: Beth Osborne – Risk Manager
Theme: Information, Data Quality & Data Accuracy	Control Operation	Target Implementation Date: March 2026

Objective 4: The assurance and reporting mechanisms linked to the corporate risk register enable timely oversight and scrutiny. Substantial

The Trust has established clear and effective reporting arrangements to ensure that the corporate risk register is subject to appropriate oversight and scrutiny. The Business Executive Team (BET) has devolved responsibility for the corporate risk register to the leadership team, and as such, reports are provided to the leadership team on a regular basis. Reports are also made to BET and various committees. Reports are tailored to the requirements of the audience to which they will be presented.

'Managing Risk' is a set agenda item for the Board and its committees, ensuring that strategic and corporate risks remain visible at the highest levels of governance within the Trust. For example, a risk assurance report incorporating the strategic risk register was presented to the Board in July 2025, and the corporate risk register, accompanied by an explanatory covering paper, was submitted in May 2025.

The Board's work plan for 2025/26 includes consideration of both strategic and corporate risk registers, with all committees reviewing risks within their remit quarterly. We note that the Audit and Corporate Governance Committee (ACGC) provides overarching scrutiny of risk management arrangements across the organisation. In addition, risk assurance reports incorporating both the strategic and corporate risk registers have been presented to key committees, including the Quality, Safety and Improvement Committee, the People and Organisational Development Committee, and the Knowledge, Research and Information Committee. References to each of the registers are also included in the committees' work plans.

These arrangements demonstrate a structured and consistent approach to risk reporting, enabling timely oversight and informed decision-making. The integration of risk assurance into committee work plans further reinforces accountability within the governance framework.

Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Public Health Wales NHS Trust and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of Public Health Wales NHS Trust. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

