

CORPORATE RISK REGISTER - 11.09.2025 v2					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/ana/w/2017/2/part/6/enacted">https://www.legislation.gov.uk/ana/w/2017/2/part/6/enacted</a> )	This is 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.	This would result in PHW not being 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 writing guidance and FAQs for example.	3 Likely	3 Moderate	9	Treat	15.08.2025 - Feedback received from Welsh Government, revisions are in hand. PHW Board meeting in October to review. E-Learning has had a soft launch. Regulatory Impact Assessment has been developed and shared with Health Minister. Regulations to come into place April 6th 2027, with a year for transition to prepare for this date. Guide to be published Jan 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		This action is ongoing, however the publication of the legislation has been delay.  14/05/2025 - A comprehensive workplan has been drawn up. A Paper has been shared with BET for assurance. Welsh Government has established a HIA Project Board with PHW as the key partner. Capacity and timeframes will be discussed as part of the ongoing meetings. Planning continues including finalising the new guidance, capacity building in the system and updating training materials in line with the new regulations.	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.	This is caused by the organisation not carrying out disclosure and barring service renewal checks in addition to the initial check that 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 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	2 Unlikely	5 Critical	10	Treat	03.09.2025 - The remaining action was reviewed. The planned date for implementation is 1 October	Subscription to DBS Update service that will provide repeat checks	01/10/2025		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 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 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 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. 12. Active participation in the NHS Executive Quality Standards Meetings.	2 Unlikely	3 Moderate	6	Treat	04.09.2025 - QMS approach-Work to embed approach and evidence this continues. Recent Visit to BCUHB undertaken - Always on reporting Task & Finish group in place	Quality Management System (General) - Quality Management System road map agreed and implementing	29/12/2025		Update 3.9.25: Socialisation work continues along with a TRF group for always on reporting. Recent visit to BCUHB to see how they have introduced visual system in power apps .	1 Highly Unlikely	2 Minor	2
																	Introduction of Quality Impact Assessment and governance process.	31/12/2025		Update 3.9.25: QA tool built in power apps and been through UAT testing, now entering pilot testing phase with presentation of results planned for Q3 to QUOG. Procedural document now being drafted for consultation and process to be decided at QUOG	1 Highly Unlikely	2 Minor	2



1677	Quality	30/04/2024	PHW - Executive Director of Nursing, Quality and Integrated Governance	Nursing, Quality and Integrated Governance	There is a risk that the integrity of the data for recording risks to evidence robust risk management will be compromised	This is caused by less functionality in Datix Cloud in comparison to Datix Web. In addition, Datix Cloud does not include PHW/NHSWE specific requirements.	This would result in a failure to effectively manage risks resulting in inability to achieve strategic objectives.	3 Likely	3 Moderate	9	Continuation of the use of Datix Web	3 Likely	3 Moderate	9	Treat	11.09.2025 - Successful recruitment to the senior project manager post and staff member formally commenced in post on 10th September. Risk was presented to Leadership Team and DDDA for comment and subsequent meetings with key colleagues on 11th September 2025 to agree way forward. Agreed to take the options appraisal paper through BET at the next opportunity to seek support from Executive colleagues around approach to determine what functions are necessary for a new system and support to scope the market for a new system, if required.	Follow up meeting to be scheduled with AMaT representative to further probe the system.	01/05/2025	23/07/2025	Fixed term Project Manager being recruited to scope out available systems. Will be incorporated into this scoping piece.	2 Unlikely	2 Minor	4
1678	Quality	30/04/2024	PHW - Executive Director of Nursing, Quality and Integrated Governance	Nursing, Quality and Integrated Governance	There is a risk that the organisation will fail to provide sufficient assurance that it is identifying and managing risks effectively through the endorsed Risk Management Procedure and failing to identify themes and trends.	This is caused by inconsistencies of appropriate utilisation of Datix across the organisation, contrary to the approved process.	This would result in a loss in Board confidence and omission of reportable risks at all levels. In addition, a failure to instigate improvement projects resulting in potential harm to service users, reputational damage and financial implications.	5 Almost certain	3 Moderate	15	Approved Risk Policy and Procedure	5 Almost certain	3 Moderate	15	Treat	11.09.2025 - Policy and Procedure has been consulted on, and has been received in draft by leadership team. There are a few minor changes to make following feedback, then the policy and procedure will be formally endorsed by BET and Board, hopefully September 2025. This will strengthen the policy and procedure in being a control for this risk, and potentially increase compliance. Numbers of staff accessing online training has increased, specifically in microbiology. Recommend to reduce the risk score if this trajectory continues.	Draft revised policy and procedure to go out to consultation in line with due organisational process. With a view to getting the revised versions formally endorsed and approved by end of Q3.	30/09/2025		Formal consultation has taken place, awaiting approval from LT, BET, Board and ACGC in September.	2 Unlikely	2 Minor	4
1946	Finance	23/07/2025	PHW - Executive Director of Nursing, Quality and Integrated Governance	Nursing, Quality and Integrated Governance	There is a risk that the organisation will fail to implement a suitable Datix Web replacement that matches the current risk maturity when the system is decommissioned in November 2027	There is no current funding allocated to procure, develop and implement a replacement system	This would result in a failure to effectively manage risks resulting in inability to achieve strategic objectives.	3 Likely	4 Major	12	None	3 Likely	4 Major	12	Treat	Discussed at NQIG SMT on 28th July 2025, and decision was made to escalate to Leadership Team to request for this risk to be included on the Corporate Risk Register, as the impact of this risk were it to be realised, is organisational wide.	Submission to DDDA for agreement of way forward contained within the options appraisal document.	31/12/2025			2 Unlikely	3 Moderate	6
																Funding bid submitted	31/12/2025						
																Recruitment of fixed term Project Manager	29/08/2025	10/09/2025	Completed				