

| CORPORATE RISK REGISTER - 15.05.2025 v0.3 | | | | RISK ARTICULATION | | | INHERENT SCORING | | | CONTROLS | | | RESIDUAL (CURRENT) SCORING | | | DECISION | ACTION PLAN | | | | TARGET SCORING | | |
|---|---------------------------------------|---------------------|--|--|--|---|--|-----------------|-------------|----------|---|------------|----------------------------|--------|---|---|-----------------|---|---|-------------------|----------------|--------|--|
| Date ID | Risk Theme | Identification Date | Executive Sponsor | Directorate | Risk of | Caused by | Resulting in | Likelihood | Consequence | Rating | Key Controls | Likelihood | Consequence | Rating | Decision | 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: https://www.legislation.gov.uk/ana/w/2017/2/part/6/enacted] | 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 | 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 | | | 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 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 cleaning 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 | Subscription to DBS 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 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 QMANs 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 QMC quarterly framed around STEEP domains. 12. Active participation in the NHS Executive Quality Standards Meetings. | 2 Unlikely | 3 Moderate | 6 | Tolerate | Quality Management System (General) - Quality Management System road map agreed and implementing | 31/07/2025 | | Update 13.5.2025. Commissioned QMS videos finalised and due to be published on the Duty of Quality Intranet page as a staff resource Quality Standards Videos a will also be published to as a staff resource. Bite Size QMS training package in development with the I&I hub. The Self Assessments completed against STEEP standards and publication of a dashboard will inform aspect of the QMS approach for 2025/26 | 1 Highly Unlikely | 2 Minor | 2 | |
| | | | | | | | | | | | | | | | Introduction of Quality Impact Assessment and governance process. | 27/06/2025 | | Update 13.5.2025. QM digital prototype rebuilt using power app and about to enter User accepter testing to ensure easy to follow. Following this 3 identified projects will test the completion of the tool and the finding presented to QOG. | | | | | |

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| 1596 | Human Resources | 26/10/2023 | PHW - 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 is caused by a challenging political and financial landscape, which includes staff time being redirected to contribute to the (Covid) public enquiry and an unstable industrial relations climate | This would result in the inability to deliver the long term strategy due to absence of strategic workforce planning | | | 4 Highly Likely | 4 Major | 16 | 1. Resource Allocation and Assessment: Assess current resource allocation. Identify gaps between the required resources and what is 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 de-prioritising 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 | Develop a resourcing strategy that supports the delivery of the Long Term Strategy, People Strategy and Strategic Equality Plan. | 31/03/2025 | | Recommend Closure of this action. 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 | 2 Unlikely | 4 Major | 8 |
| 1614 | Statutory Duty | 17/01/2024 | PHW - 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 / JAO meetings which may not provide sufficient assurance across the year | This is caused by the PHW's Assurance Framework currently being in draft form and not yet approved and implemented. The new assurance framework from April will plug the risk. | This will result in 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 | The Assurance Schedule to be formally agreed as part of the hosting arrangements for 25/26. | | 2 Unlikely | 3 Moderate | 6 | | |
| 1648 | Statutory Duty | 24/06/2024 | PHW - National Director for Public Health Knowledge and Research | Research, Data and Digital | There is a risk that Public Health Wales will lose access to Primary Care data. | This is caused by Audit+ (the current tool) used to gather primary care data is being discontinued in July 2024 and there will be no further support of Audit+ from March 2026. | This would result in the loss of Audit+ without a replacement equivalent service would lead to PHW being unable to meet its statutory responsibilities. | Start a programme of work to ensure that all regular reports from Audit+ are migrated to the NDR by DHCW, and that any new requirements are developed in the NDR by either PHW or DHCW. | | 5 Almost certain | 4 Major | 20 | | 3 Likely | 4 Major | 12 | Treat | All directorates/services utilising Audit+ to update and be ready to implement Business Continuity plans. | 30/06/2025 | All but 3 areas have now submitted new Business Continuity plans to EPRR. Closer support for the 3 areas is being provided, hence the extension to the action due date. | 1 Highly Unlikely | 2 Minor | 2 | |
| | | | | | | | | | | | | | | | | | Treat | To update the Business Continuity Impact Assessment and Business Continuity Plans, to reflect the impact of Audit+ removal/not updating and mitigators. Plans and assessment to be uploaded into this risk as supporting documentation by 30 November 2024. | 30/04/2025 | Date moved due to capacity and change with DHCW continuing to support. | | | | |
| 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. | Continuation of the use of Datix Web | | 3 Likely | 3 Moderate | 9 | | 3 Likely | 3 Moderate | 9 | Treat | Follow up meeting to be scheduled with AMAT representative to further probe the system. | 01/05/2025 | Date to be identified. Paper outlining risk and optios to Leadership Team later in May | 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. | Approved Risk Policy and Procedure | | 5 Almost certain | 3 Moderate | 15 | | 5 Almost certain | 3 Moderate | 15 | Treat | 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. | 01/05/2025 | Internal divisional governance processes are taking place prior to formal consultation process commences. | 2 Unlikely | 2 Minor | 4 | |
| 1758 | Operational | 28/03/2025 | PHW - National Director of Health Protection and Screening Services | Health Protection and Screening Services | There is a risk of further service disruption due to excessive dust damaging the detectors of the mammography units on the MBSU's 1 mobile unit is currently out of service due to this issue. 9 other units could potentially be at risk. | This is caused by dust entering the casing containing the image detector potentially damaging the detector, rendering the machine inoperable. | This would result in delayed and cancelled breast screening appointments.>36 month round length screening time, reputational risk and financial implications (detector costs circa £2k). | The origin of the dust is being investigated. The units are being cleaned daily. Specialist contractor is assessing cause and possible solutions | Sufficient controls are not in place | 4 Highly Likely | 4 Major | 16 | | 4 Highly Likely | 4 Major | 16 | Treat | Structured IMT being chaired by Medical Director to minimise risk and address operational issues | | 1 Highly Unlikely | 2 Minor | 2 | | |
| 1779 | Operational | 09/04/2025 | PHW - National Director for Public Health Knowledge and Research | Research, Data and Digital | There is a risk that we will lose our ability to monitor our impact due to declining survey response rates across many sources of official statistics including the National Survey for Wales, the Annual Population Survey and the Labour Force Survey. | This is caused by declining survey response rates across multiple sources of official statistics. | This would result in the inability to monitor our impact and losing the oversight to be able to manage our resources effectively and be able to make evidence informed decisions about managing our services. | Communication is ongoing with the data source providers to understand their mitigations and timescales. National Survey has been confirmed to not be available for one year which will need to be tolerated. Exploring alternative and proxy indicators and modelling is continuing. | | 4 Highly Likely | 3 Moderate | 12 | | 4 Highly Likely | 3 Moderate | 12 | Treat | Work is well underway at Welsh Government and the Office for National Statistics to improve the survey quality. We continue to work closely with both to understand progress and milestones. In the meantime, we will explore proxies and modelling where appropriate. | | 2 Unlikely | 3 Moderate | 6 | | |
| 1780 | Business Objectives | 09/04/2025 | PHW - National Director for Public Health Knowledge and Research | Research, Data and Digital | There is a risk that PHW are unable to deliver our digital agenda due to dependencies on national programmes, DHCW and Welsh Government. | This is caused by a lack of governance, programme management, visibility, prioritisation, effective working practices and inconsistency within our partner organisations. | This will result in failure to deliver our programmes as our dependencies are not delivered by our partners. | Welsh Government have now shared the governance of DataT, providing a level of clarity. Communication with our partners to further establish their position in terms of prioritisation/resource/agenda/governance. Escalation process in place within the partner organisations and digital directors. PHW planning in place in regards to our dependencies and uncertainties. Strengthened our representation at National Programme boards. Early identification has been completed to identify dependencies on DHCW and WG and early engagement. | | 4 Highly Likely | 4 Major | 16 | | 4 Highly Likely | 4 Major | 16 | Treat | We have strengthened our representation on the National Data Resource Programme boards, and continue to work closely with stakeholders to understand and influence their governance and prioritisation processes | | 2 Unlikely | 3 Moderate | 6 | | |