CORPORATE RISK REGISTER - 10/11/2025

					RISK ARTICULATION			INHERENT SCORING			CONTROLS	RESIDUAL (CURRENT) SCORING			DECISION	OVERALL RISK PROGRESS	ACTION PLAN			TARGET SCORING		
Risks 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
5533	Adverse Publicity	11/06/2019	PHW - National Director of Policy and International Health	Policy and International Health	There is a risk of reputational damage to the organisation should it fail to meet the WA 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 4 here: https://www.legislation.gov.uk/anaw/2017/2/part/4/enacted)	This is caused by a lack of capacity in the organisation, and capacity across the WA 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 4 here: https://www.legislation.gov.uk/anaw/2017/2/part/4/enacted)	This would result in PHW not being able to fulfil its statutory duties within the 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 not going risk. Temporary changes have been put in place to bolster the WHIASU team as it delivers its IMTP deliverables as well as prepare for the duty. A highly experienced Band 7 is remaining as part of rotor and return of 0.6 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	17/10/2025 - HIA Project Board has been established and later Reference Group are reviewing the existing guidance. No major changes are anticipated. Reviewed in Sept/all on Nov 28th. Feedback remains positive for the WHIASU activities in support this. Additional resources being developed to support the implementation of the regulations. Project remains well managed, further updates pending the November debate.	A comprehensive workplan will be further developed to include: Engagement, training, capability and capacity building and to the further develop the guidance to support the requirements of the legislation by end of Q3	01/12/2025	29/09/2025	This action is ongoing, however the publication of the legislation has been delay. 14/05/2026 - A comprehensive workplan has been drawn up. A Paper has been shared with MT 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
5541	Patients and Clients (Clinical) Risks	09/07/2019	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 (while 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. Guidance available for managers and admin lead 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. 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	06/11/2025 - Risk and action were discussed and reviewed at SMT on 04 November	Subscription to DBS Update service that will provide repeat checks	01/01/2026		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
5595	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 in 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 QEIA/IPS in April 2024. 2. Paused refresh of the QEframe for 24/25 due to staffing changes 3. Implementation plan for PHW strategic priorities with identified leads for each theme and completed agreed road maps 4.Developed coaching support to be provided by QI 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 22 standards and available to all staff. 7. Quality oversight group formal meetings commenced with reporting ESDN and EMD. 8. Quality standards with key lines of enquiry self assessment in progress with a full schedule of self assessment planned for all 8 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 QEIC quarterly framed around STEEP domains. 12. Active participations in the NHS Executive Quality Standards Meetings.	2 Unlikely	3 Moderate	6	Treat	None provided.	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 T&F 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.	01/12/2025		Update 3.9.25: QIA tool built in power apps and been through UAT testing, now entering pilot testing phase with presentation of results planned for Q3 to Q2/Q4. Procedural document now being drafted for consultation and process to be decided at Q2/Q3			
5610	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 RD / AD 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	Tolerate	None provided.					2 Unlikely	3 Moderate	6
5648	Statutory Duty	24/08/2024	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) and together 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.	5 Almost certain	4 Major	20	Start a programme of work to ensure that all regular reports from Audit+ are migrated to the NDW by DHCW, and that any new requirements are developed in the NDR by either PHW or DHCW. Managed via the DARC Programme. Requirement merged with Long Screening and an EMCHH list of action. DHCW have committed that these services that are current users will be scaffolded.	3 Likely	4 Major	12	Treat	None provided.	To update the Business Continuity Impact Assessment and Business Continuity Plans, to reflect the impact of Audit+ removal/not updating and mitigations. Plans and assessment to be uploaded into this risk as supporting documentation by 30 November 2026.	01/04/2025		08/07 - Update from Kris Mahjoor - it will have an impact on and slow down our sentinel work, and the team will work on contacting GP services directly to gather the information. Therefore, due to the fact that it is not deemed to have direct clinical impact, this specific matters has not been flagged as a business continuity issue and our arrangements have not been activated. Discussions continues that HP - awaiting update to confirm this covers HP only or whole of HPSS. Date moved due to capacity and change with DHCW continuing to support.	1 Highly Unlikely	2 Minor	2
5678	Quality	30/05/2024	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 impacts.	5 Almost certain	3 Moderate	15	Approved Risk Policy and Procedure	5 Almost certain	3 Moderate	15	Treat	None provided.	Draft revised policy and procedure to go out to consultation in line with our organisational process. With a view to getting the revised versions formally endorsed and approved by end of Q3	01/09/2025		Formal consultation has taken place, awaiting approval from I.T, IBT, Board and ADG in September.	2 Unlikely	2 Minor	4
5758	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 WBSU's, mobile unit is currently out of service due to this issue. Further 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 unscheduled breast screening appointments, >26 Month round length screening time, reputational risk and financial implications (detector costs circa 60k).	4 Highly Likely	4 Major	16	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	Treat	06/10/25 - Proposal for amendments to air handling, which have been developed and reviewed in collaboration with Vendor and shared services engineers, have been provided to Lyntair's on 01/10/25. IMTI is awaiting Lyntair's response before deciding next course of action.					1 Highly Unlikely	2 Minor	2
5779	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 and increasing costs of doing surveys.	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 leaving the oversight to be able to manage our performance and delivery of our IMTP.	5 Almost certain	3 Moderate	15	Communication is ongoing with the Welsh Government team to understand their mitigations and timescales.	4 Highly Likely	3 Moderate	12	Treat	None provided.	Continue to monitor ONS publications and consider options	01/09/2025			2 Unlikely	3 Moderate	6
																	Explore Primary Care diversity data in WHS.	01/09/2026		Projects is set up in WHS, initial data exploration has taken place.			
5780	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 would result in failure to deliver our programmes as our dependencies are not delivered by our partners.	4 Highly Likely	4 Major	16	Welsh Government have now started the governance of DSAT, 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 - includes PHW representation at NDR prioritisation board. Early identification has been completed to identify dependencies on DHCW and NHS and early engagement.	4 Highly Likely	4 Major	16	Treat	None provided.	Review PHW / DHCW SLA annual letter	01/02/2026			2 Unlikely	3 Moderate	6
																	Ensure robust governance and programme management for PHW digital and data portfolio.	01/03/2026		29/08 - Portfolio Lead appointed starting 29/09/2025. Portfolio Lead needs to drive supporting the governance management. Action to			
5966	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 Data 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	09/11/2025 - Risk continues to be managed through pro-active routes undertaken by the resource allocated to manage this project. Awaiting consideration at SMT on 04/11/25 and Board on 26th of the month, next steps should become more clear in respect of organisational support.	Submission to DDDA for agreement of way forward contained within the options appraisal document.	01/12/2025			2 Unlikely	3 Moderate	6
																	Funding bid submitted	01/12/2025					
																	Discussed at NCEO/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.	21/09/2025	09/10/2025	The risk was submitted to Leadership Team on the 18/09/2025 and accepted onto the CRR.			