CORPORATE RISK REGISTER - 18.06.2026						RISK ARTICULATION			INHERENT SCORING			CONTROLS	RESIDUAL (CURRENT) SCORING			DECISION	OVERALL RISK PROGRESS	ACTION PLAN				TARGET SCORING			RESPONSIBLE GROUP	
Datix ID	Risk Theme	Identification Date	Executive Sponsor	Leadership Team Lead	Directorate	Risk Description	Cause	Effect	Likelihood	Consequence	Rating	Key Controls	Likelihood	Consequence	Rating			Action Summary	Action Due date	Action Done date	Proximo	Likelihood	Consequence	Rating	Group responsible for Risk	Associated Committee
1533	Adverse Publicity	14/06/2023	PHW - National Director of Policy and International Health	Tracy Black	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 require 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 is caused by a lack of capacity in the WHASU team and limited knowledge, skills and capacity across PHW, outside of WHASU, 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 WHASU team as it delivers its IMTP deliverables as well as prepare 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	15/05/2026 - WHASU Team had a dedicated morning session with Legal & Risk, Shared Services 14 May 2026 to discuss the risks around guidance to public bodies, to provide additional assurance and risk mitigation. Further discussions and practical sessions to follow in approx 2 months.					2 Unlikely	2 Minor	4	Directorate Senior Management Team (Policy and International Health)	Audit and Corporate Governance Committee, People and Organisational Development Committee, Quality, Safety and Improvement Committee
1593	Statutory Duty	04/10/2021	PHW - Executive Director of Nursing, Quality and Integrated Governance	Angela Cook	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 service, 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 2.Refreshed I&I offer for to the organisation 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 publication 7. Quality oversight group formal meetings with reporting to QSIC 8. Quality standards with key lines of enquiry self assessment completed for all 6 standards with recurring themes/areas identified for improvement 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 and includes core quality elements and reporting. 12. Active participation in the NHS PI QMS meetings. 13.Peer review process completed of self completed DOQ health and care standards 14. Participation in Clinical Excellence Framework meetings with NHSPI 15. NHS PI QMS self assessment tool to be completed following receipt in May 2026	2 Unlikely	3 Moderate	6	Treat	28/05/2026 - Reviewed at NQIG SMT 26.5.26. Outstanding actions nearing completion- QIA presented at BET and endorsed however request for further information and procedural documents before approval. Clinical Governance Group being created and aims to be established in Q3 26/27	Quality Management System (General) - Quality Management System road map agreed and implementing Introduction of Quality Impact Assessment and governance process.	31/07/2026 30/09/2026	02/06/2026	Update 4.26: Attendance at NHSPI QMS workshops and self assessment document expected 15.4.26. Work progressing with BTW to introduce QMS approach and dashboards as a pilot site. Action date extended . Update 5.26: QIA paper presented at BET and endorsed however further request to review governance process and procedural documents. Anticipate July BET following consultation process for policy & procedure	1 Highly Unlikely	2 Minor	2	Quality Oversight Group	Audit and Corporate Governance Committee, People and Organisational Development Committee, Quality, Safety and Improvement Committee
2076	Statutory Duty	31/10/2025		Stuart Silcox	Nursing, Quality and Integrated Governance	There is a risk that PHW is unable to meet the legal duties set out in the Equality Act 2010/Public Sector Equality Duty and respond to the needs of the population. It may be unable to enable and demonstrate full compliance with the newly published Accessible information standards	This is caused by the lack of an organisational capacity with overall responsibility for Equality, Diversity & inclusion to ensure both a strategic and coordinated approach and associated infrastructure is in place to respond to the needs of the population.	The impact will be a fragmented approach to Equality & Inclusion work within PHW and non-compliance with the Public Sector Equality Duty (PSED) including submission of the Annual Equality Report, development of the Strategic Equality Plan and its implementation along the implementation and monitoring of compliance with the Wales Accessible Information Standards (AIS) and completion of Welsh Government returns such as the Anti-Racist Wales Action Plan, Dementia Action Plan and Learning Disability Action Plan. This risk may also further impact on strategic risk 2 if not addressed	4 Highly Likely	3 Moderate	12	EDI workforce workstreams being addressed through people & Organizational Development and culture workstreams. Screening programmes have an equity group but not reporting outside of the programme infrastructure. Organizational wide Peoples experience group in place but no decision making authority Paper presented to BET describing a suggested approach and integrated in to the corporate engagement teams portfolio as previous business case developed for EDI post but not investment opportunity at present Scoping started lead by NQIG with POD support for organizational roles and associated governance structure. Various degrees of engagement with diverse community groups occurring but without organizational oversight and coordination Leadership team reviewed the recently published Accessible information standards and associated implications and undertook a baseline assessment which will inform the planning of an approach to the management of corporate responsibilities for equalities in PHW	3 Likely	3 Moderate	9	Treat	27/05/2026 - Reviewed at SMT 26.5.26 and actions updated	Establish the governance infrastructure and the capability requirements to manage equalities through the development of a phased implementation approach over the next 12 months To attend Equality and diversity training to upskill the engagement team to support equality workstream within PHW	30/09/2026 30/09/2026		Paper presented to BET and further submission with detailed approach/plan scheduled for 9/26 Scoping current training options to meet the teams required needs	2 Unlikely	2 Minor	4	Leadership Team	Audit and Corporate Governance Committee, People and Organisational Development Committee, Quality, Safety and Improvement Committee
2143	Operational	11/12/2025		Michelle Bettenuch	Health Protection and Screening Services	There is a risk that we will be unable to deliver an effective long-term sustainable and excellent Environmental Public Health service to the population of Wales.	-The service is provided by Public Health Wales & Environmental Public Health and the UKHSA, underpinned by an MOU signed in 2013. The MOU was later re-negotiated with UKHSA withdrawing from existing informal arrangements to support front line service provision (can be traced to risk ID 1321; risk materialised). - UKHSA withdrawing from existing informal arrangements to support front line service provision will mean that the EPH service will need to be solely responsible for frontline response both in and out of hours. - Resource capacity issues within the team. 10/02/2026: Further information below: UKHSA has historically provided support to Public Health Wales (PHW) for the delivery of the duty desk service as a matter of custom and practice. However, no formal or documented arrangements were ever agreed between the two organizations. Following recent developments relating to the revision of arrangements between UKHSA and the devolved administrations, UKHSA colleagues informed PHW that their frontline support for both in-hours and out-of-hours duty desk provision would cease.	The impacts might be a negative impact on the quality of Environmental Public Health service delivered to the population of Wales, impact on public health, business continuity and resource constraints.	4 Highly Likely	4 Major	16	1) Secure Support from Within the Health Protection Division Task Completed: A staff member from within the Division has been identified and has informally transitioned to support the Environmental Public Health function. This arrangement has been in place since 01 January 2026 and is scheduled for review by 31 March 2026 due to financial constraints. Result: An additional 1.0 WTE resource has been added to strengthen service resilience and sustainability. Recommendation: Review this arrangement on an ongoing basis to ensure continuity and alignment with transformation timelines. 2) Escalate the Risk to the Corporate Risk Register Task Completed: The escalation request was presented and approved at the HPSS Directorate Management Team meeting on 13 January 2026, reflecting BETs direction. Result: The risk has been formally escalated and will be included in the corporate risk register in due course. Recommendation: Continued monitoring and support from executive colleagues is essential to ensure appropriate oversight and mitigation of the identified risk.	3 Likely	4 Major	12	Treat	28/05/2026 - Risk Subgroup 27th May Meeting Minutes: 1. Head of Operations EM is the new assigned risk owner. 2. EM noted that there are now four actions inched of two (as assigned on the risk register). 3. EM to share the four actions with MY to update the risk register and action plan No noted changes to the residual risk score.	Commence Transformation and Integration Programme and Report to BET Engage with UKHSA to Seek Extension of Out-of-Hours (OOH) Support until end June 2026 (initially requested 31 March 2027, which was rejected by UKHSA, counterproposal of end of June 2026 was approved) Action edit date: 22/04/2026 Change details: date changed from 31 March 2027 to 30 June 2026 given rationale provided above	29/01/2027 30/06/2026		Stage 1 – Engagement and Scoping (Underway): Initial discussions have commenced within the Health Protection team. Meetings with the wider Environmental Public Health Team are scheduled for 28 January 2026 and 11 February 2026 to test the proposed direction of travel. Stage 2 – Development of Operating Model (By May 2026): A detailed operating model for an integrated In-Hours and Out-of-Hours service will be presented to BET with recommendations. Stage 3 – Formal Consultation (May–July 2026): Supported by People and Organisational Development colleagues, formal consultation on the proposed model will be undertaken with completion targeted by July 2026. Stage 4 – Implementation (July–January 2027): Transition to the new operating model will commence following consultation, with full implementation anticipated by January 2027. Task Completed: The Director of Health Protection has met with UKHSA colleagues and is actively negotiating an extension of the current OOH support arrangements until 31 March 2027. Result: Awaiting formal confirmation from UKHSA regarding continuation of OOH service provision. Recommendation: Maintain regular engagement with UKHSA, ensuring ongoing transparency regarding PHW's transformation progress. If negotiations are unsuccessful, escalation through Chief Executives may be required.	1 Highly Unlikely	3 Moderate	3	Business Executive Team	Audit and Corporate Governance Committee, People and Organisational Development Committee, Quality, Safety and Improvement Committee