CORPORATE RISK REGISTER - 12.08.2026

						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	Progress	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 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/anaw/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	Updated June 2026: •A formal guide is in place to support Programme Boards, providing clear and consistent direction aligned to regulations and Welsh Government expectations. • Training in place to reflect current regulatory requirements and reinforce consistent application across teams •Plans, structures and processes are established and operate to ensure alignment with regulatory requirements and Welsh Government expectations. • The supporting website provides accessible, up-to-date guidance, improving clarity and consistency of information Risk recorded - 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	17/07/2026 - Action Plan updated - "Lunch & Learn" Action completed 30th June. 20th July - UK wide webinar took place and engaged with Local Authorities and Public Health Boards HIA Project Board with WG met on 13th July. All Public Bodies updated on the programme.	Internal approach to be discussed at June meeting of the board	31/07/2026		Item on upcoming meeting agenda	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
																		Launch new Elearning for public bodies on HIA regulations	30/11/2026		scheduled for November					
																		Awareness raising (to include Lunch & Learn sessions) with PHW to be undertaken	31/07/2026	17/07/2026	Completed 30th June					
																		Introduction to HIA for Public Bodies training commences Sept 2026 for 3 months. Then transition into training for applying HIA.	29/01/2027		Sessions scheduled.					
																		20th July - UK wide webinar to take place, speaking to Local Authorities and Public Health Boards.	31/07/2026		Scheduled					
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 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 2.Refreshed I&I offer for to the organisation along with Training programmes 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 completed following receipt in May 2026	2 Unlikely	3 Moderate	6	Treat	11/08/2026 - Policy and Procedure written and ready for consultation website once BBU confirm the governance reporting process for QA's LT or BET . Plan to post for consultation w/c 17.8.28	Introduction of Quality Impact Assessment and governance process.	30/09/2026		Update 8.26 Policy and procedure due to be submitted to the consultation website. How to guides written and paper to be presented to BET in September Updte 6.26: Draft policy and procedure written and meeting scheduled with BBU to finalise governance process	1 Highly Unlikely	2 Minor	2	Quality Oversight Group	Audit and Corporate Governance Committee, People and Organisational Development Committee, Quality, Safety and Improvement Committee
1648	Statutory Duty	24/06/2024	PHW - National Director for Public Health Knowledge and Research	Kirsty Little	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.	5 Almost certain	4 Major	20	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. Managed via the DARC Programme. Requirement merged with Lung Screening and on DHCW list of action. DHCW have committed that those services that are current users will be unaffected.	3 Likely	4 Major	12	Treat	10/08/2026 - While no formal communication has been released, it is understood that the decision on the solution that was required from GPC Wales was approved in Jul-26. PHW have contacted DHCW for details regarding the planned implementation so that an assessment on the dependencies within the organisation can be completed. It is proposed that the review of the Audit plus risk is submitted to DDDA in Sep-Oct-26 once further details are available from DHCW.	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 2024. Action to be completed by Jul-26.	31/07/2026		08/07 - Update from Eric Maljian - 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 specifically updated to address 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	Digital and Data Design Authority (DDDA)	Audit and Corporate Governance Committee, Knowledge, Research and Information Committee, Quality, Safety and Improvement Committee
																		To complete a deep dive risk review at DDDA by Aug 26.	31/08/2026		Agenda agreed					
1678	Quality	30/04/2024	PHW - Executive Director of Nursing, Quality and Integrated Governance	Stuart Silcox	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 the organisation not yet having established a clear and consistent benchmark for good risk management, limiting its ability to assess risks are being identified and managed in line with the endorsed Risk Management Procedure and to identify themes, trends and areas requiring improvement.	This might result in a loss of Board confidence and the omission of reportable risks at all levels. In addition, ineffective identification of themes and trends may result in improvement opportunities not being identified or acted upon, with potential harm to service users, reputational damage and financial implications.	5 Almost certain	3 Moderate	15	Approved Risk Policy and Procedure	3 Likely	3 Moderate	9	Treat	06/08/2026 - A deep dive by Leadership Team took place on 6th August to consider risk effectiveness and governance. Members concluded they could take limited assurance at present but would become reasonable assurance once the actions are in place. The articulation of the risk was revised to reflect the need for the organisation to establish what 'good' risk management looks like in order to then assess how effective the organisation is. A number of actions were identified, which will be subject to regular review, monitoring and scrutiny through Leadership Team and in conjunction with relevant risk handlers and owners. This will ensure traction and progress in relation to the management of this risk.	Produce guidance on what risks are to be recorded on Datix Web and publish on Risk Management SharePoint site	31/12/2026			2 Unlikely	2 Minor	4	Leadership Team	Audit and Corporate Governance Committee, Quality, Safety and Improvement Committee
																		Discussion with Performance colleagues to gain feedback from what discussions take place in relation to risk in each area at End of Year Reviews to ascertain the level of evidence that they provide to demonstrate they are managing risks effectively.	31/03/2027							
																		Create a recorded training session to demonstrate how to report a risk on Datix Web	31/08/2026							
																		Risk team to present at each DMT on an annual basis a reminder session on the importance of recording risks on Datix	31/08/2027							
																		Risk Team to provide clarity to each Directorates DMT/SLT of the requirement to review any corporate risks in which they have an influence in addressing the risk(s)	31/08/2026							
																		Publish on the intranet news stories any activities which demonstrate good risk management as 'good news stories' to share lessons learned and benefits.	31/12/2026							
																		Carry out an exercise to establish any barriers that are stopping the use of Datix Web for the recording of risks	31/03/2027							
																		Establish an escalation process for when the Risk Team is made aware of poor risk management	31/12/2026							

1758	Operational	28/03/2025	PHW - National Director of Health Protection and Screening Services	Michelle Battlemuch	Health Protection and Screening Services	There is a risk that Breast Test Wales is unable to sustain reliable and resilient mobile screening capacity across Wales	Caused by the continued operation of prematurely ageing and low quality mobile screening units that are experiencing increasing levels of deterioration	Resulting in reduced service continuity, potential loss of public confidence in Breast Test Wales, reputational risks for Public Health Wales, adverse impacts on workforce wellbeing and engagement, increased financial pressures and accelerated capital replacement requirements.	4 Highly Likely	4 Major	16	Weekly Mobile Remediation Leadership Group oversight and governance. Independent engineering inspections completed for all mobile units. Active defect management, risk monitoring and escalation arrangements. Formal supplier engagement and contractual remediation process. Legal, procurement and estates support engaged. Revised maintenance specification under development. Air quality controls being implemented through fleet-wide air purifier installation. Cleaning, environmental monitoring and infection prevention measures being strengthened. Investigation and remediation of water ingress, damp and fungal growth. Funding identified to support priority remediation works. Development of long-term maintenance, lifecycle and replacement planning arrangements.	3 Likely	4 Major	12	Treat	16/07/2026 - Risk re-articulated and approved at BTW mobile unit remediation group and reviewed and approved by LT representatives KL, DG and MB by email. Controls and mitigations were updated to reflect the broader situation and rearticulation of risk	To ensure there are mitigations in place to monitor and reduce dust levels until a suitable permanent solution is identified and implemented	31/03/2026		Use of external generator and air purifiers as necessary visual monitoring of dust and also monitoring of any issues with mammography equipment. Enhanced cleaning in place - mobiles have new hoovers, magnetic dusters and increased cleaning schedules (hoovering and dusting every day) in addition to the routine cleaning of equipment/furniture.	1 Highly Unlikely	2 Minor	2	Screening IMTs - BTW MSUs	Audit and Corporate Governance Committee, Quality, Safety and Improvement Committee
1946	Finance	23/07/2025	PHW - Executive Director of Nursing, Quality and Integrated Governance	Stuart Silcox	Nursing, Quality and Integrated Governance	There is a risk that Public Health Wales may be unable to maintain an effective risk management system following the decommissioning of the current Datix Web system in November 2027	This is caused by the proposed All-Wales solution which does not meet Public Health Wales' organisational requirements	This would result in ineffective identification, monitoring, reporting and escalation of organisational risks	3 Likely	4 Major	12	1. Assistant Director of Integrated Governance attends the Once for Wales Concerns Management System Programme Board 2. A standard national specification has been developed by Risk colleagues across Wales including PHW representation 3. User Centred Design sessions across all areas of PHW have been undertaken to develop a PHW specific specification	4 Highly Likely	4 Major	16	Treat	06/08/2026 - A deep dive by Leadership Team took place on 6th August where members focused on the efficacy of actions and governance/reporting of the risk. Due to the recent letter received from the Chair of the Once for Wales Concerns Management Programme Board and PHW's decision to move forward with the national replacement rather than a local procurement, the articulation of the risk was updated along with a number of actions and controls. It was agreed that a short update would be provided to Leadership Team each month to ensure they are aware of any new information of progress of the national replacement project. Leadership Team concluded that they could take reasonable assurance at this time which was anticipated to change to substantial assurance once the risk element of the Once for Wales Concerns Management Programme has commenced. It was acknowledged that updates/decisions would be submitted to DDDA, BET and Change Board to ensure consistent and equitable reporting of the risk across the organisation.	Seek written clarification from Datix Cymru on the following: 1. whether an extension of Datix Web is planned 2. whether 're-procurement of the system' signifies re-procurement of Datix Cloud or an open procurement for a replacement Concerns Management system(s). These clarifications will enable PHW to respond to request from Chair of the Once for Wales Concerns Management System Programme Board due by 31st August.	21/08/2026			2 Unlikely	3 Moderate	6		Audit and Corporate Governance Committee, Quality, Safety and Improvement Committee
																	Investigate mechanisms for enabling the effective management of risks without reliance on Datix Web	31/12/2026							
																	Representation on any national Groups related to the risk element on the Once for Wales Concerns Management Programme	31/12/2026		No Groups have yet been established.					
																	Risk Team to provide monthly updates to Leadership Team on any new information/progress in relation to risk element of the Once for Wales Concerns Management Programme.	31/12/2026							
2003	Strategic Risk	01/04/2025	PHW - National Director of Policy and International Health	Christopher Orr	Policy and International Health	There is a risk that: Public Health Wales may not achieve our net zero target by 2030 and the carbon negative target by 2035 as set out in the Public Health Wales Long Term Strategy.	•Inability to accurately measure our carbon emissions for all activities undertaken in Public Health Wales and understand what areas we can make the greatest impact to reduce carbon emissions •Inadequate pace and scale of organisational response to reduce our carbon footprint over the next five years. •Failure to effectively engage staff in our carbon reduction work across the organisation. •Limited dedicated decarbonisation resources across the organisation and failure to prioritise resources across the organisation to actions that would make a measurable difference to the reduction of our carbon emissions. •Potential need for future investment in response to emerging threats and incidents similar to the Covid-19 pandemic response which will increase our emissions •Decisions not always prioritising the impact on the environment	Impact: A failure to achieve net carbon zero by 2030, contributing to the public health impacts of climate change which are within our influence. As a consequence of not being able to measure carbon emissions accurately, it is also likely that our current carbon emissions are significantly underestimated providing a false position for Public Health Wales on its progress to net zero. Effect: This will lead to potential for reputational damage for the organisation and the need to invest more resources in the future to expedite progress to achieve the net zero targets.	4 Highly Likely	4 Major	16	Climate Change Programme Board Decarbonisation and Sustainability Action Plan 2024-2026 Decarbonisation and Sustainability Action Group Evaluation Report of the Decarbonisation and Sustainability Plan	4 Highly Likely	3 Moderate	12	Treat	16/07/2026 - No change to risk score. Risk was presented at CCPB. It was decided to re-review both strategic and corporate risks relating to strategic priority 6 in the November CCPB meeting. Members are still unclear as to whether new government is intending to uphold the 2030 target or whether this will be adjusted.	Identify and scope the future resources required to deliver the Decarbonisation Programme	30/09/2026		Early discussions held. To be informed by the Evaluation Report. Session to be held with the Executive Team on 11 February to discuss future resource requirements. Session held with Executive Team on 11 February and to be kept under review during first half of 2026/27 with implementation of new delivery and governance arrangements	2 Unlikely	2 Minor	4	Climate Change Programme Board	Audit and Corporate Governance Committee, Quality, Safety and Improvement Committee
																	Complete a progress report against the Climate Response Plan, detailing the effect of the actions on our carbon footprint and what the predicted effect of inaction would have been.	31/03/2027		Not started					
																	Delivery of the Climate Response Plan 2026-2028 actions	31/03/2028		In progress. Monthly monitoring and oversight through Internal Decarbonisation Group and Climate Change Programme Board					
2076	Statutory Duty	31/10/2025	PHW - Executive Director of Nursing, Quality and Integrated Governance	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 & Organisational Development and culture workstreams. Screening programmes have an equity group but not reporting outside of the programme infrastructure. Organisational 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	18/06/2026 - A dedicated Equalities Steering Group has now been established, with an inaugral meeting held in June 2026 and monthly meetings planned thereafter. Terms of Reference being drafted as set out in the recommended approach agreed by BET. Membership of the steering group will remain deliberately small initially and be scaled as and when needed along with engagement and specialist input was required. Discussion taking place regarding equalities governance and where the Annual Equality Report and Strategic Equality Plan will be reported to in addition to PODCOM. A focus is now on upskilling corporate engagement team in equality specialism.	Establish the governance infrastructure and the capability requirements to manage equalities through the development of a phased implementation approach over the next 12 months	30/09/2026		Paper presented to BET and further submission with detailed approach/plan scheduled for 9/26	2 Unlikely	2 Minor	4	Leadership Team	Audit and Corporate Governance Committee, People and Organisational Development Committee, Quality, Safety and Improvement Committee
																	To attend Equality and diversity training to upskill the engagement team to support equality workstream within PHW	30/09/2026		Scoping current training options to meet the teams required needs					
2143	Operational	11/12/2025	PHW - National Director of Health Protection and Screening Services	Michelle Battlemuch	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 1633; 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 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.				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					07/08/2026 - Update from Deputy Head of Operations: EPH SBAR Paper went to BET as noted below. BET approved interim arrangements (short-term proposals), engagement with wider teams to review long-term solutions follows.	Commence Transformation and Integration Programme and Report to BET	29/01/2027		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.				Business Executive Team	Audit and Corporate Governance Committee, People and Organisational Development Committee, Quality, Safety and Improvement Committee

							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 organisations. 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.		4 Highly Likely	4 Major	16	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 BET's 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.	2 Unlikely	4 Major	8	Treat		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	30/06/2026	22/07/2026	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. 22/07/2026: Head of Operations EM noted in Risk subgroup meeting action completed.	1 Highly Unlikely	3 Moderate	3		
																		EPH SBAR has been submitted to BET which will take place on the 24th. After that it should be approved.	25/06/2026	24/06/2026	22/07/2026: Head of Operations EM noted at Risk subgroup meeting that SBAR was succesfully submitted to BET in June but due to busy agenda was discussed on 21st of July 2026. Action completed. Awaiting approval following review; separate update to be captured next meetings.					
2144	Quality	11/12/2025	PHW - Executive Director of Nursing, Quality and Integrated Governance	Angela Cook	Nursing, Quality and Integrated Governance	There is a risk that service users may have a clinical procedure undertaken or make decisions on planned care without being fully informed if the All-Wales consent process is not adhered to. This could be from direct service delivery in PHW or as a result of national advice & guidance being published by PHW without taking consent and decision making into consideration.	This is caused clinicians or PHW staff potentially not following the latest guidance as detailed in the All-Wales consent and decision-making policy and procedure.	The impact might be poor quality service, service user harm, financial implications (claims) and reputational damage.	4 Highly Likely	3 Moderate	12	Bi Annual Audits and review of results (Best Interest and Consent) PHW Consent Policy in place Representation on the All Wales Decision making and consent Group Best Interest Decision making framework in place Monitoring compliance with the all Wales consent training and role specific competency for identified staff Reporting to Welsh Risk Pool of consent compliance training Internal consent Working Group initiated Review completed to establish which staff require the consent training across the organisation and competency applied to ESR record Monthly consent training figures reviewed by NQIG and OMD	3 Likely	3 Moderate	9	Treat	11/08/2026 - Risk reviewed and 2 /3 outstanding actions are now completed, one remains open . Awaiting final Publication of the All Wales consent policy. PHW current consent policy has received a 12m extension at QSIC in June 2026.	Results of the Q3 All screening programme Consent audit published and improved plans in place for screening areas where compliance below standard expected	31/08/2026	31/07/2026	August 26:Final Report being finalised and action plan will be in place to achieve recommendations May 26 Update: Still awaiting final report from WRP. Consent policy renewed for 12m and published Update 4.26: Data collection complete and submitted to WRP, awaiting final report and recommendations. Internal work progressing to assign competency to all those involved in consent process or developing guidance /training. (Completion date extended Data collection phase at present. Update 18.2.26: Additional queries raised following initial submission to WRP and have been answered and resubmitted. Awaiting report and recommendation to Inform improvement actions . In the meantime role competency being assigned to staff who have now been identified as requiring it.	2 Unlikely	2 Minor	4		Audit and Corporate Governance Committee, Quality, Safety and Improvement Committee
																		To audit Best Interest Decisions in WAASP, BTW and DESW screening programmes and identify poor compliance and required improvements	30/06/2026	11/08/2026	August 2026 Audit completed and final report being written by in WAASP, BTW and DESW screening programmes and identify poor compliance and required improvements May 26 Update: Audit has commenced in line with organisational audit plan. Action plan due to be finalised by HoN Screening by Aug 26. Apr 26 Update - audit has commenced in line with organisational audit plan. Action plans due to be finalised by Aug 26. Due to start in Q1 2026					
																		Review the Revised all Wales consent policy once published and identify amendments required to the PHW consent policy	30/10/2026		Update 8.26: Extension to current policy for 12m approved at QSIC in June. Awaiting publication of final All Wales policy - draft version seen and reviewed. Update May 26: Current policy extended for 12m and national policy still to be published Update 4.26: Publication remains pending, In the interim current policy extended for 12m via usual governance process. Awaiting publication of draft revised policy					
2315	Quality	26/05/2026		Michelle Battlemuch	Health Protection and Screening Services	There is a risk that PHW will not be able to deliver an optimal and sustainable sexual health services to meet population requirements	Risk originated from Sexual Health IMT. Due to insufficiently robust processes and service issues, this risk was identified in IMT as the overarching risk that addresses wider service risk. These issues are: lack of appropriate use of technologies to improve storing, processing and sharing of patient information, and lack of appropriate infrastructure to enable information to be used to provide assurance, support effective quality control and risk management. Delivery of this is reliant on resources and support from the wider organisation (i.e. IG, Safeguarding, Digital Services)	The impact will be a loss of public confidence, inability to sustain the service which may lead to service users harm and reputational damage to PHW.	5 Almost certain	4 Major	20	12/06/26 update - Head/ Deputy Head of Operations: Implemented Tarian as a phase 1 system to record clinical record and Safeguarding. 16/07/2026 update: Proactive safeguarding process now embedded for children and young people. Retrospective review of safeguarding cases now complete, providing assurance and compliance with legislative requirements. SOP development ongoing, key SOPs already developed covering safeguarding, and orders processing. Clearly defined escalation routes have been clearly implemented with key roles such as lead nurse and lead service managers both in place. There is now clarity on incident reporting, numbers remain high as digital developments have not yet been completed	4 Highly Likely	4 Major	16	Treat	07/08/2026 - Update from Senior Service Manager HW: 1) Recruited for Improvement Manager role to embark on improvement plans; completed and awaiting start date. 2) IMT closure pending Hep C report sign off. SRG approved an Improvement Plan to support assurance of governance in the service.	Review and Revise Condoms SOP	31/07/2026		08/26 from HW: sign off of SOP in process	2 Unlikely	3 Moderate	6	Sexual Health IMT	Audit and Corporate Governance Committee, Knowledge, Research and Information Committee, Quality, Safety and Improvement Committee
																		RDD led digital group exploring phase 2 of system to implement post January 2027	31/01/2027							
																		RDD led digital group integrating data flow and management between third party suppliers queries.	31/01/2027							
																		Review data sharing arrangements with Health Boards.	30/09/2026							
																		Review and revise texting SOP.	31/07/2026		08/26 from HW: In progress still					
																		Review and revise kit distribution SOP and transition to operations.	31/07/2026		08/26 from HW: Transferred to business and operations SOP still work in progress as BBV route was missing.					
																		Adopt recommendations from BPAG.	30/09/2026							