PODC CORPORATE RISK REGISTER						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 below 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 QSQ, 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 BIBU confirm the governance reporting process for QA's L7 or BET. Plan to post for consultation w/c 17.8.26	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 Update 6.26: Draft policy and procedure written and meeting scheduled with BIBU 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
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 led by NQSG with POD support for organisational roles and associated governance structure. Various degrees of engagement with diverse community groups occurring but without organisational 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 PODSCOM. 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 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.	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 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. 22/07/2026: Following Head of Operations update at Risk Meeting, noted completion of two linked actions: EPH SBAR submitted to BET and Engagement with UKSA to seek extension of OOH support until end June 2026 completed. Reduced likelihood from 4 to 2 whilst impact remains the same; thus reduced residual score to 8 (2X4).	2 Unlikely	4 Major	8	Treat	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.	1 Highly Unlikely	3 Moderate	3	Business Executive Team	Audit and Corporate Governance Committee, People and Organisational Development Committee, Quality, Safety and Improvement Committee
																		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.					
																		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 successfully 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.					