CORPORATE RISK REGISTER - 06.01.2025 v2					RISK ARTICULATION			INHERENT SCORING			CONTROLS	RESIDUAL (CURRENT) SCORING			DECISION	OVERALL RISK PROGRESS	ACTION PLAN				TARGET SCORING		
Datix 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
1533	Adverse Publicity	14/06/2023	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/anaw/2017/2/part/6/enacted)	This will be 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. The WHIASU team consists of 3.3 WTE and a Consultant providing strategic leadership.	The effect will be that PHW will not be 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	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. This includes extending a Band 6 maternity cover until April 2024 at 0.8 WTE and 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	13/12/2024 - Planning is still underway, published case studies to support the new legislation. HIA guidance is as developed, in advance of the guidance being published. Requests for support are still high.	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	28/03/2025		This action is ongoing, however the publication of the legislation has been delay.	2 Unlikely	2 Minor	4
1541	Patients and Clients (Clinical) Risks	06/07/2023	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.	Whilst this is not a legal requirement, best practice indicates that Disclosure and Barring Service renewal checks are carried out on employees, further to the initial check that is undertaken at recruitment	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 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	18/12/2024 - Risk and actions were review at the POD SMT on 10 December. On target to complete the actions by the due date	Subscription to update service that will provide repeat checks	29/08/2025		Working with Managers across the organisation to ensure the DBS levels on all active ESR position numbers are correct. Undertake new DBS checks for everyone that is eligible to enable them to subscribe to the DBS Update Service	1 Highly Unlikely	5 Critical	5
1593	Statutory Duty	04/10/2021	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 will be caused by organisational capacity and capability to operationalise and embed due to competing priorities.	The impact will be 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 QNAHPs 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 9. Leadership forum and spotlight on sessions delivered in July 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. 12. Active participation in the NHS Executive Quality Standards Meetings.	2 Unlikely	3 Moderate	6	Tolerate	26/11/2024 - Risk reviewed and outdating actions closed down.	Reporting and information - Quality-related information escalation mechanisms in place, with plans for review and consideration at appropriate level	01/04/2024	26/11/2024	Update 26.11.2024: Board Assurance framework now operational, quality information presented at Quality and Safety Improvement committee with escalation as required. Action closed	1 Highly Unlikely	2 Minor	2
																	Reporting and information: report compiled in March 2024 in accordance with PHW governance process	31/05/2024	26/11/2024	Update 11.2024: Annual Quality Report Published in July 2024 and quarterly reporting of Quality Metrics to QSIC in the Quality Governance Report			
																	Commissioning: All commissioning arrangements incorporate DoQ requirements	31/03/2024	26/11/2024	Update 26/11/024: Work now Business as usual			
																	Hosting arrangements: All hosting arrangements incorporate DoQ requirements	31/03/2024	26/11/2024	Update 26.11.2024 Arrangements in place with NHS Executive and reporting to Quality Safety & Improvement Committee. Business as usual now			
																	Quality Management System (General) - Quality Management System road map agreed and implementing	16/12/2024		Update 26.11.2024: Quality Management System (QMS) Work continues- no update			
																	Governance and accountability structures - Board are assured that DoQ is being considered across system	31/03/2024	26/11/2024	Update26.11.2024: Governance Structures in place including Quality Oversight Group to support current infrastructure and the Strategic Priority 5 Workstream- Excellent public Services and updates provided from both to the organisation			
																	Governance and accountability structures - routine governance documentation is DoQ-ready	31/03/2024	26/11/2024	Update 26.11.2024: BAF operational and governance structures have been reviewed			
																	Introduction of Quality Impact Assessment and governance process.	29/11/2024		Update 26.11.2024: Quality Impact Assessment Prototype present to Bet in October and the Quality Oversight Group in November for review. Plan to pilot in Q4 24/25			

1596	Human Resources	26/10/2023	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 risk arises from 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	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 deprioritising 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	18/12/2024 - The risk and actions were reviewed at the POD SMT on 10 December. All Actions remain on target	Establish a workforce planning process and framework including clear roles and responsibilities and put in place interventions in response to identified risks and priorities.	31/03/2025		Dedicated Strategic Workforce Planning Lead commenced in January 2024 and working with wider POD team and Planning stakeholders to support development of strategic workforce planning skills and resources to support workforce planning activity as part of IMTP planning process.	2 Unlikely	4 Major	8
																	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			
1614	Statutory Duty	17/01/2024	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 / AO meetings which may not provide sufficient assurance across the year	The cause is that PHW's Assurance Framework is currently in draft form, not yet approved and implemented. The new assurance framework from April will plug the risk.	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	01/11/2024 - This risk has been reviewed and no changes required. The risk is being managed and the scores remain the same at this time.	To develop an Assurance schedule and agree with the NHS Executive, to map out the frequency and detail required to provide assurance on a regular basis to align with PHW requirements.	28/06/2024		It was agreed as part of the Addendum to Hosting Agreement that an Assurance Schedule would be agreed and put in place by the end of May 2024. An advanced draft Schedule and template reports have been prepared. These have been considered by BET. AGCC is yet to see the Assurance Schedule / templates but was provided with a verbal update in May 2024. Work continues to agree the Schedule with the next meeting with NHS Exec on 23rd May 2024. Whilst it is unlikely the Schedule will be agreed by the end of May, the Hosting Agreement does however provide that the Responsible Officer for the NHS Exec will provide assurance reporting as requested. We will therefore request reports in accordance with the current version of the Schedule whilst we fine tune and finally agree a working version. 5/9/24 - The assurance schedule is in place for this year and reports are being submitted by NHSE to the Committees in line with this schedule. The schedule will formally be agreed in March 2025 when the hosting agreement is revised, and this will be incorporated into the formal agreement. Until then, the schedule is in operation and providing the requires assurance to the Committees.	2 Unlikely	3 Moderate	6
																	To continue to work with and support NHS Exec to provide assurance in accordance with the Assurance Framework and to ultimately incorporate a fully agreed assurance process into the hosting agreement from April 2025.	01/04/2025					
1648	Statutory Duty	24/06/2024	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 due to Audit+ (the current tool) used to gather primary care data is being shut down in December 2024 and there will be no further updating of Audit+ from July 2024.	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	DHCW have secured support until March 2026, so likelihood of risk will be downgraded. It is expected that the National Data Resource will develop an alternative solution during this time. PHW should work with NDR to ensure the solution is suitable for our needs. - Impact assessment completed and shared with DHCW and colleagues in wider NHS. - Impact assessment received from DHCW regarding system wide assessment including SAIL. - Team members across PHW are sharing updates and coordinating efforts to replace functionality. - DDDA providing oversight with DDDA members being the mechanism for escalation and cascade of issues. - DHCW have acknowledged that PHW are service user of primary care data. - DHCW proposed a 3 lot solution for replacing Audit+ and have documented the majority of PHW needs. WG and NHSExec are actively involving PHW in considerations and management of the replacement. - DHCW will hold a supplier meeting with 36 potential suppliers on 6 September, and will provide a Delivery Confidence Assessment the week after. - Audit+ contract extended to 31/03/2025 - but DCA remains red. - PHW Business Continuity Impact Assessment and Business Continuity Plans will be updated.	3 Likely	3 Moderate	3	Treat	06/01/2024 - DDDA reviewed the risk today. An update was provided by Fliss Bennee that DHCW have confirmed that Audit+ will continue to be available until March 2026. It is highly anticipated that the NDR will be able to build an alternative solution during this time (this was not possible before due to the limited time). It was agreed that the mitigation should be updated to reflect this and the likelihood scoring being significantly reduced. This is now at 3 with a target of 1. DDDA wish this to remain a corporate risk as involved from PHW is required to ensure that the alternative development meets the needs of us as key stakeholders. DDDA wish to monitor this.	All directorates/services utilising Audit+ to update and be ready to implement Business Continuity plans.	30/11/2024			2 Unlikely	2 Minor	2
																	Health Protection and Screening Services Directorate - 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.	30/11/2024					
																	Research, Data and Digital Directorate - 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.	30/11/2024					
																	Nusring, Quality and Integrated Governance Directorate - To update the Business Continuity Impact Assessment and Business Continuity Plans, to reflect the impact of Audit+ removal/not updating and mitigations. If updated plans and assessment to be uploaded into this risk as supporting documentation by 30 November 2024.	30/11/2024					
																	Operations and Finance Directorate - To update the Business Continuity Impact Assessment and Business Continuity Plans, to reflect the impact of Audit+ removal/not updating and mitigations. If updated plans and assessment to be uploaded into this risk as supporting documentation by 30 November 2024.	30/11/2024					

																	Policy and International Health Directorate - To update the Business Continuity Impact Assessment and Business Continuity Plans, to reflect the impact of Audit+ removal/not updating and mitigations. If updated plans and assessment to be uploaded into this risk as supporting documentation by 30 November 2024.	30/11/2024	07/11/2024	07/11/2024 - TB confirmed by email that Audit+ is not used within the Policy and Internationa			
1531	Strategic Risk	01/06/2023	National Director for Public Health Knowledge and Research	Research, Data and Digital	There is a risk that we will fail to exploit data to inform and direct public health action and interventions.	This will be caused by data being held in silos, difficulty accessing the data and inability to access to provide the impact on public health.	This will result in worse public health outcomes in Wales and increased information governance risk within Public Health Wales.	5 Almost certain	4 Major	20	Approval and implementation of research & evaluation and digital & data strategies for Public Health Wales. Developing our data storage, access and linking as part of the Local Data Resource and contributing/interacting with DHCW for other data needs in Health Care. Recruitment into new investment posts progressing quickly to bring in additional skills. Ensure we maximise exploitation of our data and information. Sources of assurance are: KRIC on behalf of Board, Internal Audit, Management Control. Digital and Data Design Authority will review the risk and mitigations on a quarterly basis to ensure appropriate governance of controls are maintained. Development of job families for Data Analysis and Evaluation roles to enable recruitment and retention of key skills to PHW. Workforce planning. Digital and Data portfolio agreed and progress monitored at DDDA with quarterly assurance of Delivery Confidence Assessment provided to BET.	5 Almost certain	4 Major	20	Treat	06/01/2025 - Risk presented at DDDA. Draft IMTP will be discussed at a DDDA workshop 20/21 Jan 2025 to understand the priorities and update the DCA as necessary. This will help identify any resourcing shortfalls vs priorities. The risk will be fully reviewed in Feb 2025 to ensure that any mitigations/gaps are documented.	Establishment and embedding of the Digital Pipeline Alpha - Web Estate - Discovery - Tarian - Alpha & Beta - Breast Test cohort selection - Alpha - DESW - Reduce DNA's, Cohort Creation, Diabetes Register - Beta - DESW - Automate Referrals 19/06/2024 - Following publication of the Digital & Data strategy and Research & Evaluation strategy, we have now moved into implementation phase. A Digital and Data route map has been agreed and the priority projects are in the process of being implemented. The priorities for this year include - piloting use of NDR on cancer data, agreement of cloud strategy and completion of next phase of health protection (alpha) It is planned to begin migration to a strategic analytical toolset and storage system in March 2026. This will bring our analytical data into a single environment and considerably lower the risk. The operational system priorities are health protection, breast and bowel cancer	31/03/2026		19/06/2024 - A Digital and Data route map has been agreed and the priority projects are in the process of being implemented. There are new key milestones added to the Action Plan that are aligned to the Digital and Data Route map.	3 Likely	4 Major	12
																	Creation of job families across data science and analytics and research and evaluation. Agree the competency framework for the data job family - Sept 2024 Agree standardised JDs for the data job family - March 2025 Agree the competency framework for the other DDAT job families - Sept 2025 Agree the relevant DDAT JDs - March 2026	31/03/2026		LN and Alisha Davies working with P&OD to create families. Will form part of workforce planning. 19/06/2024 Action reviewed and updated with key milestones identified			
																	To recruit and retain key hires/specialist skills to support the delivery of the digital and data strategy and R&E strategies. - Project managers for key project by September 2024 - cloud engineer - September 2024 - digital and data job families and retention plan - workforce plan to include all the above due in November 2024	31/03/2026		Investment roles in recruitment process and development of job families to promote career pathways in process. 19/06/2024 - Action noted with additional milestones added. 05/09/2024 - Workforce planning will commence in October 2024 following training from Workforce Planning Lead in Sept 2024. Specialist roles will be included in this plan. Directorate and divisional workforce plans have been created and submitted to POD for review.			
																	Align IMTP Milestones to Digital & Data Route map Set up a workshop in Jan 2025 with the DDDA membership to discuss all the IMTP milestones to assess Digital and Data dependencies and how this aligns with the D&D route map. The outcome of the workshop will be to: - obtain a full overview and nature of D&D dependencies - confirm if included in route map or needs to go on backlog - prioritisation and sequencing of	31/01/2025					
1708	Business Objectives	05/11/2024	Executive Director of Nursing, Quality and Integrated Governance	Nursing, Quality and Integrated Governance	There is a risk that service capabilities and capacity may be reduced due to an increase in frontline staff sickness relating to seasonal illness.	This is caused by poor clinical and administrative processes within the occupational health service provision to identify ,JVCI defined staff members to be vaccinated and uptake of the vaccine by those staff.	The impact would be a delay in service users accessing services and frontline staff being inadequately protected from contracting a seasonal illness.	3 Likely	3 Moderate	9	Service Level Agreement in place to deliver flu vaccination programme via WAST and 3 health Boards for microbiology staff in this locality Flu Voucher Scheme Self reporting form in place for staff Internal staff Flu vaccination communication plan An internal flu delivery group which meets fortnightly between October and December to oversee the programme and monitor issues and progress Fortnightly performance data collated and shared with the above group Weekly data from WAST OH requested and being received Fortnightly performance discussions with WAST OH manager End of Programme annual report submitted to BET and QSIC Final uptake figures report to Welsh Government	3 Likely	2 Minor	6	Treat	27/12/2024 - No changes to controls, fortnightly data monitoring . BET kept appraised of the situation	Set yup fortnightly performance meeting with WAST OH service to monitor and address issues arising	02/12/2024		First meeting arranged 5.11.24 and every 2 weeks thereafter	2 Unlikely	1 Negligible	2
1677	Quality	30/04/2024	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.	Failure to effectively manage risks resulting in inability to achieve strategic objectives	3 Likely	3 Moderate	9	Continuation of the use of Datix Web	3 Likely	3 Moderate	9	Treat	23/01/2025 - Accepted onto the Corporate Risk Register				2 Unlikely	2 Minor	4
1678	Quality	30/04/2024	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.	The effect might be 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.	5 Almost certain	3 Moderate	15	Approved Risk Policy and Procedure	5 Almost certain	3 Moderate	15	Treat	23/01/2025 - Accepted onto the Corporate Risk Register				2 Unlikely	2 Minor	4