

CORPORATE RISK REGISTER - 11/12/2024				RISK ARTICULATION			INHERENT SCORING			CONTROLS			RESIDUAL (CURRENT) SCORING			DECISION	ACTION PLAN			TARGET SCORING		
Date/ID	Risk Theme	Identification Date	Executive Sponsor	Directorate	Risk Description	Cause	Effect	Likelihood	Consequence	Rating	Key Controls	Likelihood	Consequence	Rating	Decision	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/ana/w/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 HIA's or 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 reworking 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	Additional funding has been awarded, to increase the capacity within the WHIASU team to support the increase in demand for Health Impact Assessment Support/Assistance, resulting from the new legislation. Recruitment to additional posts will commence in May 2024 with most vacancies expected to be filled by end of Aug 2024. Options will be explored to utilise bank/Temporary staff on a short term basis whilst recruitment is underway. A comprehensive workplan will be further developed to increase engagement, training, capability and capacity building and to further develop the guidance to support the requirements of the legislation by end of Q3	06/05/2024	10/05/2024	complete			
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	2 Unlikely	5 Critical	10	Treat	A DBS audit was undertaken to review the level of DBS check assigned to position numbers in ESR to ensure the correct level of check is undertaken based on current guidance and best practice. The results of the audit were shared with the safeguarding group and a full audit of all posts has been requested. An action plan for the full audit has been developed including the resource required and the investment bid was successful. POD will now recruit a DBS Compliance Officer to undertake the full audit. Following the full audit, an additional piece of work will be required to undertake DBS checks for all staff who's current DBS checks are not compliant Subscription to update service that will provide repeat checks DBS paper to be presented at POD committee with recommendations for ongoing management and DBS checks for all staff	31/03/2025	15/04/2024	Audit completed, results being analysed and audit report written. Action plan has been completed. This is a significant piece of work that will require resource to complete. Progress with action plan to be reported quarterly into Safeguarding Group.	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 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 QNAPs 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 QSC quarterly framed around STEEP domains. 12. Active participation in the NHS Executive Quality Standards Meetings.	2 Unlikely	3 Moderate	6	Treat	Reporting and information - Quality related information escalation mechanisms in place, with plans for review and consideration at appropriate level Reporting and information: report compiled in March 2024 in accordance with PHW governance process Commissioning: All commissioning arrangements incorporate DoQ requirements Hosting arrangements: All hosting arrangements incorporate DoQ requirements Quality Standards: A clear understanding of changes required to existing quality infrastructure and agreed programme of work to align with Quality Standards 2023 Quality Standards: Quality infrastructure clearly aligned to Quality Standards 2023 Quality Standards: Routinely monitored, system-wide understanding of what good quality looks like for the broad range of services. Quality Management System (General) - Quality Management System road map agreed and implementing Governance and accountability structures - Board are assured that DoQ is being considered across system	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 Update 28/03/24: The Board Assurance Framework has been approved and is live on the website. The Committee Chairs met in January to discuss the approach to progress a number of workstreams and improvement work through this group. The deep dive guidance has been considered following the outcome of the QSC pilot work and a review of the learning from this was considered by the Committee Chairs in February. Phase 2 developments for performance reporting continue to be progressed through ongoing engagement with identified areas across the organisation. This includes the review/refresh of performance indicators, including alignment with STEEP quality standards, where possible. Consultant being procured to support development work to the Performance & Assurance Dashboard up to end of March 2023 Update 21/02/24: The Board Assurance Framework has been approved and is live on the website. The Committee Chairs met in January to discuss the approach to progress a number of workstreams and improvement work through this group. The deep dive guidance will be considered following the outcome of the QSC pilot work and a review of the learning from this which will be considered by the Committee Chairs in February. Phase 2 developments for performance reporting continue to be progressed through ongoing engagement with identified areas across the organisation. This includes the review/refresh of performance Update 11.2024: Annual Quality Report Published in July 2024 and quarterly reporting of Quality Metrics to QSC in the Quality Governance Report Update 27/03/24: Self assessment & data capture completed with meetings scheduled with directorates in April. Timetable arranged for submission to QSC and Board 26.7.24 Update: Report published Update 21/02/24: Draft process for data capture and collation tool created. Initial discussions with the BBU to agree timelines for DoQ report. Preliminary conversations commenced with service areas to gather data and will be discussed at the quality oversight group in February. Update 26/11/2024: Work now Business as usual Update 27/03/24: As below. Update 21/02/24: Activity is underway to progress the action as part of existing work and timelines. Update 26.11.2024 Arrangements in place with NHS Executive and reporting to Quality Safety & Improvement Committee. Business as usual now Update 27/03/24: As below Update 21/02/24: Activity is underway to progress this action as part of existing work and timelines. Update 5.11.24 Quality Standards in co production to develop KLOE and a process for self assessment in place. Timely standard presented at QUOG in October Update 5.11.24 Quality Oversight Group (QUOG) in place and formation of a people Experience Group. 1 final clinical effectiveness /audit subgroup to be formed after further discussion along with Learning from Incident Group and reporting to QUOG. Refreshed performance reporting in development and testing through the Planning and Performance Team, aligned to DoQ. 5.11.24: Self Assessment against STEEP standards is in progress with a dashboard created within MS lists. A road map available defining time frames for self assessment. Update 26.11.2024: Quality Management System (QMS) Work continues - no update Update 7.24 QMS approach socialized via Leadership Forum and Spotlight on in July 2024. Changes to I&I staff resource means its delayed Update 27/03/24: Exec Team continuing to embed the QMS methodology. Update 26.11.2024: 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 Update 21/02/24: The plan is to pilot a Governance Hub from April 2024 where the duty of quality will be applied to all workstreams of the organisation. Initial discussions have been presented to the Leadership Team Update 26/01/24: The plan is to pilot a Governance Hub from April 2024 where the duty of quality will be applied to all workstreams of the organisation. Initial discussions have been presented to the Leadership Team	1 Highly Unlikely	2 Minor	2

														<p>Governance and accountability structures - routine governance documentation is DoQ-ready</p> <p>31/03/2024</p> <p>26/11/2024</p> <p>Update 26.11.2024: BAF operational and governance structures have been reviewed</p> <p>Update 21/02/24: The BAF was approved in November and the report Template will follow. On track. As part of the Governance Hub proposal and as a result of the QSC pilot, the report templates will be fully updated.</p> <p>Update 26/01/24: The BAF was approved in November and the report Template will follow. As part of the Governance Hub proposal and as a result of the QSC pilot, the report templates will be fully updated.</p>						
														<p>Training and education - All staff trained to determined appropriate level</p> <p>31/03/2024</p> <p>26/07/2024</p> <p>Update 7.24 DOQ training assigned to all PHW staff to complete and monitored by line managers</p> <p>Update 27/03/24: The DOQ e-Learning is available on ESR (as of December 2023) and the competency was applied to PHW staff on ESR w/c 8 January. Staff will have 3 months to complete the e-Learning. As of end of January, PHW has the highest completion rate of all NHS Wales organisations.</p> <p>The e-Learning will be part of corporate reporting from 1 April 2024.</p> <p>Update 21/02/24: The DOQ e-Learning is available on ESR (as of December 2023) and the competency was applied to PHW staff on ESR w/c 8 January. Staff will have 3 months to complete the e-Learning. The e-Learning will be part of corporate reporting from 1 April 2024. As of end of January, PHW has the highest completion rate of all NHS Wales organisations.</p>						
														<p>Introduction of Quality Impact Assessment and governance process.</p> <p>29/11/2024</p> <p>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</p> <p>Update: 27/03/24: QIA and process being drafted and presented at Quality oversight group in April.</p> <p>Update: 27.8.24 - Draft QIA requires further revision</p>						
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 (Covid) public enquiry and an unstable industrial relations climate	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	Sanctions imposed in accordance with Legislative/Regulatory Compliance, Reputational damage, Financial implications and data security vulnerabilities		4 Highly Likely	4 Major	16	Treat	<p>Provide a holistic view of our current critical roles with clear plans that include solutions and interventions that will support the delivery of our priorities.</p> <p>31/03/2024</p> <p>18/03/2024</p> <p>We have an overview of the critical roles required to meet our strategic objectives. Plans incorporating solutions or interventions to address gaps currently underway within Job family work currently being undertaken locally in DKR. Organisational wide work planned as part of IMTP process. Dedicated Strategic Workplace Planning lead commences in role January 2024 and will work with wider POD team and stakeholders to plan work required to achieve workforce planning activity. Process improvement work cy-urgently in progress in relation to job descriptions and job evaluation activity. Work ongoing also being planned in relation to working towards our ideal culture and People Promise as part of IMTP process. Industrial action work being progressed and supported through emergency planning and business continuity processes</p> <p>Establish a workforce planning process and framework including clear roles and responsibilities and put in place interventions in response to identified risks and priorities.</p> <p>31/03/2025</p> <p>Dedicated Strategic Workplace 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.</p> <p>Establish a clear vision outlining the function of job families within Public Health Wales.</p> <p>30/09/2024</p> <p>30/09/2024</p> <p>Complete. Subject to approval from BET and Board, from the next reporting cycle the action plan will be updated to reflect this 2025-2026 IMTP commitment: Implement the vision for job families in PHW.</p> <p>Develop a resourcing strategy that supports the delivery of the Long Term Strategy, People Strategy and Strategic Equality Plan.</p> <p>31/03/2025</p> <p>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</p> <p>Planning and response to any industrial action supported through our organisational architecture for emergency planning and business continuity, informed by national guidance and support from NHS Wales Employers, to ensure service continuity.</p> <p>23/02/2024</p> <p>23/02/2024</p> <p>This action is no longer applicable</p>	2 Unlikely	4 Major	8				
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 HO / AD 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	Ad hoc meetings to discuss and manage risks/issues. Hosting Agreement meetings (six monthly)	3 Likely	3 Moderate	9	Treat	<p>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.</p> <p>28/06/2024</p> <p>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.</p> <p>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.</p> <p>Work continues to agree the Schedule with the next meeting with NHS Exec on 23rd May 2024.</p> <p>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.</p> <p>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.</p>	2 Unlikely	3 Moderate	6				
														<p>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.</p> <p>01/04/2025</p>						
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	Treat	<p>To attend the joint meeting with NDR Architects, EMS and PHW on 12/08/2024 to agree the following:</p> <ul style="list-style-type: none"> -How PHW can be involved directly with EMS -Establish the standard data fields in EMS -align PHW needs to the data fields -Complete a comprehensive data request using the information. <p>The DDDA are required to:</p> <ul style="list-style-type: none"> -be responsible for the escalation and cascade all messages regarding Audit+ and any planned replacement to their divisions/workstreams - Capture and escalate to DDDA any impacts or issues as soon as possible so they are captured in the Audit+ impact assessment <p>-Head of Data to connect with A. Nelson - GP lead and Digital Director for accessing primary care date with the intention of working together to build joint solutions that meet all user requirements.</p> <p>- Head of Data to work with Head of Primary Care (ZW) to complete the Data Request for the GP Committee to obtain access.</p> <p>31/08/2024</p> <p>23/08/2024</p> <p>FB Written to ZW to find an appropriate date</p> <p>23/08 - FB written to ZW and GPC only share data via Audit+ or Primary Care Interface and have stopped this sharing method until a replacement method is found for audit plus. This action cannot be progressed.</p>	2 Unlikely	2 Minor	4				
														<p>All directorates/services utilising Audit+ to update and be ready to implement Business Continuity plans.</p> <p>30/11/2024</p>						
														<p>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.</p> <p>30/11/2024</p>						

