

CORPORATE RISK REGISTER - 15.05.2025 v0.3				RISK ARTICULATION			INHERENT SCORING			CONTROLS			RESIDUAL (CURRENT) SCORING			DECISION	ACTION PLAN			TARGET SCORING		
Datix ID	Risk Theme	Identification Date	Executive Sponsor	Directorate	Risk of	Caused by	Resulting in	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	PHW - 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: <a href="https://www.legislation.gov.uk/ana/w/2017/2/part/6/enacted">https://www.legislation.gov.uk/ana/w/2017/2/part/6/enacted</a> )	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	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	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	31/10/2025		This action is ongoing, however the publication of the legislation has been delay.  14/05/2025 - A comprehensive workplan has been drawn up. A Paper has been shared with BET for assurance. Welsh Government has established a HIA Project Board with PHW as the key partner. Capacity and timeframes will be discussed as part of the ongoing meetings. Planning continues including finalising the new guidance, capacity building in the system and updating training materials in line with the new regulations.	2 Unlikely	2 Minor	4
1541	Patients and Clients (Clinical) Risks	06/07/2023	PHW - 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.	This is caused by the organisation not carrying out disclosure and barring service renewal checks in addition to the initial check that undertaken at recruitment (whilst this is not a legal requirement it is best practice)	This would result in the 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	Subscription to DBS Update service that will provide repeat checks	29/08/2025		We are moving to the DBS Update service and the action will remain open until the Update service is adopted.	1 Highly Unlikely	5 Critical	5
1593	Statutory Duty	04/10/2021	PHW - 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 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 transferred to QNAHs 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 Sharpoint 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 by March 2025 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 QSC quarterly framed around STEEP domains. 12. Active participation in the NHS Executive Quality Standards Meetings.	2 Unlikely	3 Moderate	6	Tolerate	Quality Management System (General) - Quality Management System road map agreed and implementing	31/07/2025		Update 13.5.2025. Commissioned QMS videos finalised and due to be published on the Duty of Quality intranet page as a staff resource Quality Standards Videos will also be published to as a staff resource. Bite Size QMS training package in development with the I&I hub. The Self Assessments completed against STEEP standards and publication of a dashboard will inform aspect of the QMS approach for 2025/26	1 Highly Unlikely	2 Minor	2
																Introduction of Quality Impact Assessment and governance process.	27/06/2025		Update 13.5.2025: QIA digital prototype rebuilt using power app and about to enter User acceptor testing to ensure easy to follow. Following this 3 identified projects will test the completion of the tool and the finding presented to QOG.			



1780	Business Objectives	09/04/2025	PHW - National Director for Public Health Knowledge and Research	Research, Data and Digital	There is a risk that PHW are unable to deliver our digital agenda due to dependencies on national programmes, DHCW and Welsh Government.	This is caused by a lack of governance, programme management, visibility, prioritisation, effective working practices and inconsistency within our partner organisations.	This will result in failure to deliver our programmes as our dependencies are not delivered by our partners.	4 Highly Likely	4 Major	16	Welsh Government have now shared the governance of DDaT, providing a level of clarity. Communication with our partners to further establish their position in terms of prioritisation/resource/agenda/governance. Escalation process in place within the partner organisations and digital directors. PHW planning in place in regards to our dependencies and uncertainties. Strengthened our representation at National Programme boards. Early identification has been completed to identify dependencies on DHCW and WG and early engagement.	4 Highly Likely	4 Major	16	Treat	We have strengthened our representation on the National Data Resource Programme boards, and continue to work closely with stakeholders to understand and influence their governance and prioritisation processes				2 Unlikely	3 Moderate	6
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