

CORPORATE RISK REGISTER - 11.09.2025 v2				RISK ARTICULATION			INHERENT SCORING			CONTROLS			RESIDUAL (CURRENT) SCORING			DECISION	OVERALL RISK PROGRESS	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			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	15.08.2025 - Feedback received from Welsh Government, revisions are in hand. PHW Board meeting in October to review. E-Learning has had a soft launch. Regulatory Impact Assessment has been developed and shared with Health Minister. Regulations to come into place April 6th 2027, with a year for transition to prepare for this date. Guide to be published Jan 2026.	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	31/10/2025		This action is ongoing, however the publication of the legislation has been delayed.  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 timelanes 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 is 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	03.09.2025 - The remaining action was reviewed. The planned date for implementation is 1 October	Subscription to DBS Update service that will provide repeat checks	01/10/2025		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 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 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 QSiC quarterly framed around STEEP domains. 12. Active participation in the NHS Executive Quality Standards Meetings.	2 Unlikely	3 Moderate	6	Treat	04.09.2025 - QMS approach Work to embed approach and evidence this continues. Recent Visit to BCUHB undertaken. Always on reporting Task & Finish group in place	Quality Management System (General) - Quality Management System road map agreed and implementing	29/12/2025		Update 3.9.25: Socialisation work continues along with a T&F group for always on reporting. Recent visit to BCUHB to see how they have introduced visual system in power apps .	1 Highly Unlikely	2 Minor	2
																	Introduction of Quality Impact Assessment and governance process.	31/12/2025		Update 3.9.25: QIA tool built in power apps and been through UAT testing, now entering pilot testing phase with presentation of results planned for Q3 to QUOG. Procedural document now being drafted for consultation and process to be decided at QUOG			

1614	Statutory Duty	17/01/2024	PHW - 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 with 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	This is caused by the PHW's Assurance Framework currently being in draft form and not yet approved and implemented. The new assurance framework from April will plug the risk.	This will result in 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	Tolerate	05.09.2025 - NHS Performance and Improvement Hosting Agreement has been finalised and endorsed by BET for submission to Board on 25 September for final approval. This risk will be proposed for closure following this approval, as the agreement will be in place, along with a confirmed assurance schedule.				2 Unlikely	3 Moderate	6	
1648	Statutory Duty	24/06/2024	PHW - 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 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	04.09.2025 - Sam Hall, Director of Primary and Mental Health, DHCW are recommending public briefings on the Audit+ replacement. They are working to 'step into' informatic issues and act as a data processor to provide a data extraction product that supports the current data analysis and visualisation needs for Wales. DHCW commit to continuity of support for all EXISTING/CURRENT Audit + use cases. Other cases need to apply to using the DQS form. Deep Dive scheduled for DDDA in September 2025.	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.	30/04/2025		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
																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. Check progress milestone in July 2025.	31/07/2025	04/09/2025	Engagement with NDR Team has now commenced. New requirements have risen from Lung Screening and Tackling Diabetes Together programmes. There is a need to document all data required to feed into NDR team. Programme to update via DDDA - action closed				
																Replacement of Audit+ was raised through a prioritisation form with the NDR - 25/06/2025. Awaiting outcome of prioritisation board 01/07/2025.	31/07/2025	04/09/2025	This action has not been triaged but has been merged with the Lung Cancer Screening request which is being progressed with Emma Barnes-Lewis. Action closed				
																To complete a deep dive risk review at DDDA on 15/09/2025.	30/09/2025		Agenda agreed				
1758	Operational	28/03/2025	PHW - National Director of Health Protection and Screening Services	Health Protection and Screening Services	There is a risk of further service disruption due to excessive dust damaging the detectors of the mammography units on the MBSU's. 1 mobile unit is currently out of service due to this issue. 9 other units could potentially be at risk.	This is caused by dust entering the casing containing the image detector potentially damaging the machine inoperable.	This would result in delayed and cancelled breast screening appointments-36 month round length screening time, reputational risk and financial implications (detector costs circa 62k).	4 Highly Likely	4 Major	16	The origin of the dust is being investigated. The units are being cleaned daily. Specialist contractor is assessing cause and possible solutions  Sufficient controls are not in place	4 Highly Likely	4 Major	16	Treat	None provided.				1 Highly Unlikely	2 Minor	2	
1779	Operational	09/04/2025	PHW - National Director for Public Health Knowledge and Research	Research, Data and Digital	There is a risk that we will lose our ability to monitor our impact due to declining survey response rates across many sources of official statistics including the National Survey for Wales, the Annual Population Survey and the Labour Force Survey.	This is caused by declining survey response rates across multiple sources of official statistics.	This would result in the inability to monitor our impact and losing the oversight to be able to manage our resources effectively and be able to make evidence informed decisions about managing our services.	5 Almost certain	3 Moderate	15	Communication is ongoing with the data source providers to understand their mitigations and timescales. National Survey has been confirmed to not be available for one year which will need to be tolerated. National Survey for Wales: The contract to deliver the new survey design has now been awarded to the National Centre for Social Research (NatCen), who will spend 2025-26 setting up and testing the survey ready for launch in March 2026. First results from 2026-27 fieldwork are due to be published in July 2027. The expected sample size is 24,000. Exploring alternative and proxy indicators and modelling is continuing. ONS will release Healthy Life Expectancy on 4 July 2025.	4 Highly Likely	3 Moderate	12	Treat	27.08.2025 - Risk reviewed by LN and no change to scores or mitigations identified. No new actions noted.	Continue to monitor ONS publications and plans.	30/09/2025			2 Unlikely	3 Moderate	6
																Explore Primary Care obesity data in SAIL	30/06/2026		Project is set up in SAIL. Initial data exploration has taken place.				
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 - includes PHW representation at NDR prioritisation board. Early identification has been completed to identify dependencies on DHCW and WG and early engagement.	4 Highly Likely	4 Major	16	Treat	29.08.2025 - Risk reviewed by DJ. Risk score remains unchanged, however some actions have been completed but the full value of those meetings hasn't been fully realised at this stage to impact the score. Review in one month.	Implement regular update and escalation meetings with DHCW: SLA meetings (quarterly), planning meetings (quarterly), Programme Leads meetings, specific meetings for projects or programme alignment Review PHW / DHCW SLA annual letter	31/03/2026	29/08/2025	Quarterly meetings set up with DHCW, covering SLA's, planning and specific projects.			
																Ensure attendance at Digital Directors peer group meetings and WG Digital updates.	31/03/2026	29/08/2025	Exec Director attends Digital Directors and Peer group. Intention is the peer group meetings to Head of Digital Services.	2 Unlikely	3 Moderate	6	
																Ensure robust governance and programme management for PHW digital and data portfolio.	31/03/2026		29/08 - Portfolio Lead appointed starting 29/09/2025. Portfolio Lead needs to drive supporting the governance management. Action to remain open.				

