

 GIG CYMRU NHS WALES Iechyd Cyhoeddus Cymru Public Health Wales	Name of Meeting Knowledge, Research and Information Committee Date of Meeting 15 September 2026 Agenda item: 2.1.1
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Public Health Wales Strategic Risk Register	
National Director of Health and Well-being	SR 1
National Director of Policy and International Health	SR 4
Director of Knowledge and Research	SR 5
Purpose	
Receive this revised Strategic Risk Register for the purpose of scrutiny and challenge, noting the updates to action plans and controls and progressing risk maturity going forward since the last reporting period.	
Colleagues are requested to note the inclusion and removal of action plans and controls, where appropriate.	
The Committee is requested to note the significant changes that have been applied to SR5	

Recommendation:				
APPROVE ☐	CONSIDER ☐	RECOMMEND ☐	ADOPT ☐	ASSURANCE ☒
The Committee is asked to:				
• Take assurance on the management of Strategic Risk within the Organisation.				
Link to Public Health Wales <u>Strategic Plan</u>				
Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.				
This report contributes to the following:				
Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives			

Summary impact analysis

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Equality and Health Impact Assessment	No decision is required.
Risk and Assurance	This submission is the Strategic Risk Register.
Health and Care Standards	This report supports and/or takes into account the Health and Care Quality Standards. All themes
Financial implications	The financial implications of failing to manage risk effectively are significant, both in terms of the potential for loss and also the failure to capitalise on opportunities.
People implications	There are both Corporate and Strategic Risk(s) relating to workforce and organisational development.

1. Purpose

This paper updates the Committee on the key developments in the risk agenda.

This paper must be read in conjunction with the Strategic Risk Register (*Appendix 1*). The Strategic Risk Register should be considered as a source of assurance in conjunction with the Board Assurance Framework (BAF), the Integrated Medium-Term Plan (IMTP) and Public Health Wales Strategic Objectives.

In line with due process and the approach of all Health bodies in Wales, risks are measured against a 5x5 risk scoring matrix:

Risk Scoring Matrix					
Likelihood/ Frequency	Consequence/Impact				
	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
5. Almost Certain (91%)	5 (Moderate)	10 (High)	15 (Extreme)	20 (Extreme)	25 (Extreme)
4. Likely (61-90%)	4 (Moderate)	8 (High)	12 (High)	16 (Extreme)	20 (Extreme)
3. Possible (41-60%)	3 (Low)	6 (Moderate)	9 (High)	12 (High)	15 (Extreme)
2. Unlikely (11-40%)	2 (Low)	4 (Moderate)	6 (Moderate)	8 (Moderate)	10 (High)
1. Rare (1-10%)	1 (Low)	2 (Low)	3 (Low)	4 (Moderate)	5 (Moderate)

Organisational risk reporting provides a snapshot of a point in time, and this will continue to be an iterative process. This report outlines the strategic risk position as of **1 June 2026**. In line with the current Risk Management Policy, strategic risks are reviewed and updated every other month, however, the Business Executive Team are asked to acknowledge that the organisational risk profile and landscape is iterative, and work is consistently ongoing to manage the identified strategic risks to the organisation.

As risk management processes and practice become more mature throughout the organisation enhanced reporting, including the measurement and impact of mitigating actions, will continue to be refined.

2. Risk Description, Architecture and Ownership and Changes Since the Last Reporting Period

The Committee is reminded that a rolling programme of strategic risk deep dive sessions commenced in early 2026. This work has been progressing over the last reporting period and as a result, changes have been made to SR5. The details and rationale for this is outlined in the updated risk reporting templates appended to this report.

3. Risk Appetite Approach and Organisational Framework

Following extensive collaboration and co production with Board members, Executives, and key stakeholders during 2025, a hybrid framework was developed for the organisation that allows a risk appetite level to be applied to each Strategic Priority.

Each Strategic Priority was reviewed, and a revised Risk Appetite level was applied.

The table below shows this and links the relevant corresponding revised Strategic Risk. While some priorities have an obvious related Strategic Risk, some have several relevant Strategic Risks which relate to enabling functions and actions. This has remained unchanged for 2026 and will be presented to the Board for consideration and endorsement as the organisational risk appetite.

Risk Appetite **compliance** continues to be reported in each of the Strategic Risk templates that are attached to this report. This enables clarity of reporting to Committee on where the risk is in relation to its risk appetite level. However, it is recognised that in some circumstances, nuances may need to be applied, and context of each risk understood. This reflects the level of risk management maturity of the organisation and is a strong indicator that risk appetite is understood and applied appropriately.

Application of risk appetite is demonstrated in the table below:

Strategic Priority	Strategic Risk Reference	Risk Appetite Level Applied
Strategic Priority 1 – Influencing the wider determinants of Health	SRR1 - We fail to deliver our role to influence a system shift to prevention, reduce health inequalities and address determinants of health.	Open
Strategic Priority 2 - Promoting mental and social well-being	SRR1 SRR2 SRR3	Open
Strategic Priority 3 - Promoting healthy behaviours	SRR1 SRR2 SRR3	Open
Strategic Priority 4 - Supporting the development of a sustainable health and care system focused on prevention and early intervention	SRR1 SRR2 SRR3 SRR4	Open
Strategic Priority 6 - Tackling the	SRR4 - We fail to effectively mitigate the	Open

public health effects of climate change

public health impacts of climate change on the Welsh population.

Strategic risks that relate to all priorities

SRR5 - Failure to modernise and transform how we provide and deliver our services

Willing

4. Overarching Strategic Risk Profile

The below diagram provides the overarching strategic risk profile for the organisation that incorporates risk appetite tolerance levels/thresholds:



The spider diagram illustrates that for the most part, we are operating within an agreed risk appetite tolerance.

3.1 Risk Appetite Reporting

The Business Executive Team are asked to note that currently, strategic risks 1, 4, and 5 are being managed within an agreed risk appetite level, with all risks incorporating a tolerance level, should the risk profile worsen. This makes it easier to identify if the risks are being managed to a satisfactory level or if further interventions or focus is required to manage the risk more effectively.

5. Links to the Corporate Risk Register

The Corporate Risk Register (CRR) reflects the most significant operational risks that impact Public Health Wales. The CRR summary table presented within this report is

provided to demonstrate the synergy between the management of the Corporate and Strategic risks.

ID	Risk Description	Cause	Strategic Risk
1533	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.	SR1 SR3 SR4 SR5 SR6
1593	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.	SR1 SR2 SR3 SR4 SR5 SR6
1648	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.	SR1 SR3 SR4 SR5
1678	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.	SR1 SR2 SR3 SR4 SR5 SR6
1758	There is a risk of further service disruption due to excessive dust damaging the detectors of the mammography units on	This is caused by dust entering the casing containing the image detector potentially	SR1 SR2 SR3 SR6

	the MBSU's. 1 mobile unit is currently out of service due to this issue. 9 other units could potentially be at risk.	damaging the detector, rendering the machine inoperable.	
1946	There is a risk that the organisation will fail to implement a suitable Datix Web replacement that matches the current risk maturity when the system is decommissioned in November 2027	There is no current funding allocated to procure, develop and implement a replacement system and a lack of strategic direction regarding whether a local or national solution is being taken forward. There is also no organisational commitment to supporting this project from a digital perspective.	SR1 SR2 SR3 SR4 SR5 SR6
2003	There is a risk that: Public Health Wales may not achieve our net zero target by 2030 and the carbon negative target by 2035 as set out in the Public Health Wales Long Term Strategy.	Inability to accurately measure our carbon emissions for all activities undertaken in Public Health Wales and understand what areas we can make the greatest impact to reduce carbon emissions • Inadequate pace and scale of organisational response to reduce our carbon footprint over the next five years. • Failure to effectively engage staff in our carbon reduction work across the organisation. • Limited dedicated decarbonisation resources across the organisation and failure to prioritise resources across the organisation to actions that would make a measurable difference to the reduction of our carbon emissions.	SR4



		• Potential need for future investment in response to emerging threats and incidents similar to the Covid-19 pandemic response which will increase our emissions • Decisions not always prioritising the impact on the environment	
2076	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.	SR1 SR2

2143	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.	SR1 SR2 SR3
2144	There is a risk that service users may have a clinical procedure undertaken or make decisions on planned care without being fully informed if the All-Wales consent process is not adhered to. This could be from direct service delivery in PHW or as a result of national advice & guidance being published by PHW without taking consent and decision making into consideration.	This is caused clinicians or PHW staff potentially not following the latest guidance as detailed in the All-Wales consent and decision-making policy and procedure.	SR1 SR3

6. Strategic Risks

Full assessments of Strategic Risks 1, 4 , and 5 are provided in the attached Strategic Risk Register.

7. Equality Impact Assessment

No decision required.

8. Recommendation

The Committee is asked to:

- **Take** assurance on the management of Strategic Risk within the Organisation.