GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** People and Organisational Development Committee **Date of Meeting** 16 July 2026 **Agenda item** 2

Public Health Wales Strategic Risk Register

Director of People and Organisational Development	SR 2

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.

Appendix 1 includes the full risk assessments for each strategic risk.

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 Strategic Plan

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	
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 April 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 becomes 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. We are in the process of working through each strategic risk with a view that this exercise will facilitate discussions at an Executive level and enable the risk

assessment template to continue to be populated as accurately as possible. Interdependencies between strategic, corporate risks and respective Directorates/Programmes of work are considered when undertaking these deep dives. In doing this we are able to track and monitor the synergy and 'golden thread' reporting principles to evidence how the operational management of corporate risks directly impact the management of the strategic level risks.

3. Overarching Strategic Risk Profile

The below diagram provides the overarching strategic risk profile for the organisation that incorporates risk appetite tolerance levels/thresholds, as requested at the December 2025 Audit and Corporate Governance Committee:

The spider diagram illustrates that for the most part, we are operating within an agreed risk appetite tolerance however, SR3 is now just outside of risk tolerance with a score of **16** and a tolerance of **15** for an Open risk appetite level. This score has not changed since the last reporting period. The detail for the management of this specific risk is articulated within the SR3 risk reporting template.

The Business Executive Team are asked to acknowledge that Strategic Risk 3 is being managed outside of its tolerance level, however, mitigations continue to be in place to manage the risk down to a tolerable level.

3.1 Risk Appetite Reporting

The Committee is asked to note that currently, strategic risk 2 is being managed within an agreed risk appetite level, 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.

4. 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.

Risk Ref	Risk Description	Risk Cause	Strategic Risk Link
1541	There is a risk of harm to service users and employees within PHW, specifically in relation to vulnerable groups, due to the absence of regular disclosure and barring service checks.	This is caused by the organisation failing to carry out disclosure and barring service renewal checks in additional to the initial check that is undertaken at recruitment (whilst this is not a legal requirement it is best practice)	SR2 SR3
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 lack of organisational capacity and capability to operationalise and embed due to competing priorities.	SR1 SR2 SR3 SR4 SR5 SR6
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 in the use 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 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 detector, rendering the machine inoperable.	SR1 SR2 SR3 SR6
1779	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.	SR1 SR2 SR3 SR4 SR5 SR6
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
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 Environmental Public Health Service will need to be solely responsible for frontline response both in and out of hours. - Resource capacity issues within the team. 10/02/2026: Further information below: UKHSA has historically provided support to Public Health Wales for the delivery of the duty desk service as a matter of custom and practice. However, no formal or documented arrangements were ever agreed between the two organisations. Following recent developments relating to the revision of arrangements between UKHSA and the devolved administrations, UKHSA colleagues informed Public Health Wales that	SR1 SR2 SR3

		their frontline support for both in-hours and out-of-hours duty desk provision would cease.	

5. Strategic Risks

A full assessment of all Strategic Risk 2 is provided in the attached Strategic Risk Register.

6. Equality Impact Assessment

No decision required.

7. Recommendation

The Committee is asked to:

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