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:** 3

Corporate Risk Register

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Approval/Scrutiny route:	Leadership Team (18 June 2026) Corporate Risks are scrutinised and updated by the relevant Directorate Senior Leadership Teams. All Executives have had sight of the Corporate Risk Register via BET.

Purpose

The Leadership Team have delegated responsibility to scrutinise the Corporate Risk Register on behalf of the Business Executive Team and ensure the ongoing management of corporate risks. This paper provides the corporate risks and any notable updates.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☐	☐	☐	☐	☒

The Committee is asked to:

- Take **assurance** that the Corporate Risks are being scrutinised appropriately.

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 required.
Risk and Assurance	This submission is the Corporate Risk Register.
Health and Social Care (Quality and Engagement) (Wales) Act	This report supports the implementation of the Health and Social Care (Quality and Engagement) (Wales) Act, in relation to the Duty of Quality and Candour by ensuring that the organisations most significant risks are being managed appropriately. They relate to all the Health and Care Quality Standards.
Financial implications	The financial implications of failing to manage corporate risk effectively are significant, both in terms of the potential for loss and also the failure to capitalise on opportunities.
People implications	The people implications of failing to manage corporate risks effectively are significant, both in terms of the potential implications to staff and also the failure to capitalise on the effective deployment of the workforce.

1. Purpose / situation

This paper summarises the organisation's corporate risks highlighting any significant updates that require further discussion and any proposals for the escalation/de-escalation of risks onto or from the Corporate Risk Register. The Corporate Risk Register details the highest-level operational risks that are being managed on a day-to-day basis by relevant Directorate Senior Leadership Teams and their associated Executives. Leadership Team consideration provides assurance to the relevant Committees and the Board that corporate risks are being effectively identified and managed.

2. Background

The Corporate Risk Register is submitted to the Leadership Team to ensure compliance with the organisation's Risk policy and procedure. Where corporate risks are in part addressing any strategic risks, these linkages are referenced through the risk reporting template on the electronic risk management system. If further assurance or detail is required in respect of interdependencies between strategic and corporate risk registers, this can be requested through the risk management team.

3. Description/Assessment

The Corporate Risk Register was submitted to the Leadership Team on the 18 June 2026. The following significant points have been summarised to indicate the outcome of the decision making at Leadership Team for risks that sit within the remit of the Business Executive Team.

New risks accepted onto the Corporate Risk Register

- None

Existing risks accepted/escalated onto the Corporate Risk Register

- **2315** - There is a risk that PHW will not be able to deliver an optimal and sustainable sexual health services to meet population requirements.

  This is caused by insufficiently robust processes and procedures, lack of appropriate use of technologies to improve storing, processing and sharing of patient information, and lack of appropriate infrastructure to enable information to be used to provide assurance, support effective quality control

and risk management. Delivery of this is reliant on resources and support from the wider organisation (i.e. IG, Safeguarding, Digital Services).

The impact will be a loss of public confidence, inability to sustain the service which may lead to service users harm and reputational damage to PHW.

Inherent Risk Rating	Residual Risk Rating	Target Risk Rating
20	16	6

Background
The sexual health test and post service was launched in 2020 to provide access to STI testing through an accessible alternative to visiting a sexual health clinic. In January 2024, the service was expanded to include collection of testing kits from community venues to provide an accessible route to testing for those who could not access the on-line portal, or who could not have the test kit delivered by post. This provides vital access to sexual health testing for those who may be subject to domestic violence, or whose sexual activity is hidden, where delivery of a kit in the post presents a risk, or for those who are digitally excluded. In order to continue to develop and deliver an optimal and sustainable service, it will require input and expertise from several teams across the organisation who have their own priorities and workplans.

Rationale
Many existing challenges within the sexual health service have been mitigated but continue to require coordinated action and this is not sufficient to mitigate the level of future risk.

Summary of Leadership Team Discussion
Leadership Team discussed the journey of this risk, where it has been escalated from and the route of escalation. It was noted that the risk had previously been captured as part of the Sexual Health IMT review. Due to the multi-faceted nature of the risk, impacting multiple Directorates across Public Health Wales, it was deemed appropriate for the risk to be escalated onto the corporate risk register.

Risk proposed to be de-escalated

- None.

Risk closed

- **1541** - 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 additional 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.

Rationale for Closure
543 staff are now subscribed to the DBS Update Service, providing ongoing repeat DBS assurance arrangements. The remaining c.30 outstanding cases have been individually escalated to the relevant Executive Directors for completion. Sustainable governance, monitoring, and compliance processes are now in place.

Summary of Leadership Team Discussion
Leadership Team was in agreement to support the closure of this risk.

- **1779** - There is a risk that PHW will lose our ability to monitor its 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 insight to be able to manage our resources effectively and be able to take evidence informed decisions about managing our services.

  Rationale for Closure
  The Office of National Statistics have addressed the issues they were encountering to a level they are content. As such PHW have devised a schedule for the revamped NSW from Welsh Government which includes a much-increased sample size to allow the organisation to move forward.

  Summary of Leadership Team Discussion
  Leadership Team was in agreement to support the closure of this risk.

Changes to Risk Scores

None

Current Risks on the Corporate Risk Register

- **1533** - There is a risk of reputational damage and failure to effectively implement the Health Impact Assessment statutory regulations that form part of the Public Health (Wales) Act which requires Public Health Wales to give assistance to other public bodies carrying out health impact assessments.

  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.

Inherent Risk Rating	Residual Risk Rating	Target Risk Rating
16	9	4

  Progress Update
  WHIASU Team had a dedicated morning session with Legal & Risk, Shared Services 14 May 2026 to discuss the risks around guidance to public bodies, to provide additional assurance and risk mitigation. Further discussions and practical sessions to follow in approximately 2 months.

  Summary of Leadership Team Discussion
  Leadership Team was advised that the controls had been updated on Datix regarding this risk and that the regulations had been approved in the Senedd during May 2026 but would not be enforced until May 2027. In the absence of further clarity on the regulations and associated guidance, the risk remains ambiguous as the requirement is not yet fully understood. Members of Leadership Team requested clear definitions on “assistance to public bodies” as it was agreed that if Public Health Wales are to influence Welsh Government perspective on this, we need to be proportionate and appropriate in respect of the resource we currently have available to undertake this work. It was agreed that this would be an agenda item for the next business meeting of Leadership Team for further discussion.

- **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.

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.

Inherent Risk Rating	Residual Risk Rating	Target Risk Rating
9	6	2

Progress Update
Reviewed at NQIG SMT 26.5.26. Outstanding actions nearing completion- QIA presented at BET and endorsed however request for further information and procedural documents before approval. Clinical Governance Group being created and aims to be established in Q3 26/27.

Summary of Leadership Team Discussion
Leadership Team was advised that following feedback from BET that governance routes around the QIA proposal needed further work, a revised paper had now been presented to BET and approved. It was also noted that the inaugural meeting of the newly established Clinical Governance Group was meeting in July 2026 and should offer further organisational assurance in respect of QIA.

- **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.

  This would result in the loss of Audit+ without a replacement equivalent service would lead to PHW being unable to meet its statutory responsibilities.

Inherent Risk Rating	Residual Risk Rating	Target Risk Rating
20	12	2

Progress Update
A new design for the audit+ replacement has been developed, outside the NDR. The NDR option was rejected by the GPC (General Practitioner Council). It is anticipated that a decision on this design will be made in July.

Summary of Leadership Team Discussion
Leadership Team noted the update as described on the corporate risk register and further acknowledged that DHCW was considering its position and a decision on this was anticipated for July 2026.

- **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.

  This would result in a loss in Board confidence and the omission of reportable risks at all levels. It could also cause failure to instigate improvement projects resulting in potential harm to service users, reputational damage and adverse financial implications.

Inherent Risk Rating	Residual Risk Rating	Target Risk Rating
15	9	4

Progress Update
At the end of 2025, Audit and Corporate Governance Committee was requested to support the closure of the previously endorsed Risk Management Development Plan and the endorsement of the newly developed Risk Management Maturity Plan. This move would adequately reflect the work that had been undertaken organisationally, and would articulate through comprehensive objectives, the strategic and aspirational vision for the PHW risk management agenda. ACGC supported this new plan and approach, and it was agreed that these objectives would continue to be monitored through the Leadership Team and the ACGC. Training level continues to increase with the development of virtual training packages and bespoke training packages being delivered wherever requested and possible.

Summary of Leadership Team Discussion
It was advised that the risk score did not reflect the significant amount of work that had been undertaken in this discipline. Therefore, upon further assessment, it was determined that the residual risk rating would reflect 3x3=9.

- **1758** - There is a risk of further service disruption due to excessive dust damaging the detectors of the mammography units on the Mobile Breast Screening Units. 1 mobile unit is currently out of service due to this issue. 9 other units could potentially be at risk of failure.

  This is caused by dust entering the casing containing the image detector potentially damaging the detector, rendering the machine inoperable.

This would result in delayed and cancelled breast screening appointments, exceeding the 36 month round length screening time, reputational risk and adverse financial implications (detector costs circa 62k).

Inherent Risk Rating	Residual Risk Rating	Target Risk Rating
16	12	2

Progress Update
Task and finish group set up to oversee remedial work on MBSU's.

Summary of Leadership Team Discussion
Michelle's email refers – Dani emailed 24 June to chase the up to date position

- **1946** - There is a risk that the organisation will fail to implement a suitable Datix Web replacement that matches it's current risk maturity when the system is decommissioned in November 2027.

  This is caused by no current funding allocated to procure, develop and implement a replacement system.

  This will result in a failure to effectively manage risks resulting in inability to achieve strategic objectives.

Inherent Risk Rating	Residual Risk Rating	Target Risk Rating
12	12	6

Progress Update
Pre-market engagement exercise has been paused at the request of the Director of Knowledge and Research. This is to determine a way forward with a preference for a national solution. A request to attend DDDA has been received and the Head of Risk Management is seeking further guidance on this as a decision cannot be made as yet as the pre-market engagement exercise has not taken place. Based on this update, recommend increasing the residual risk score likelihood from unlikely (2) to likely (3).

Summary of Leadership Team Discussion
A verbal update was provided to Leadership Team through the Assistant Director of Integrated Governance, who had met with recently with Jonathan Webb, the lead contact for Datix Cymru. It was suggested that an extension was anticipated to the previously agreed deadline of closure of the platform by November 2027. The national risk management group was to be reinstated this summer to establish the specification for a once for Wales solution for risk management module. In conjunction with this, Datix are seeking to relaunch the modules for incidents and complaints, which would be a much broader programme of change for the organisation. It was

agreed that this risk would remain live whilst we await formal communication from Datix Cymru on this.

- **2003** - There is a risk that Public Health Wales will fail to 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.

  This is caused by the inability to accurately measure our carbon emissions for all activities undertaken within Public Health Wales and to understand where 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. Lack of dedicated decarbonisation resources across the organisation and failure to prioritise resources across the organisation to implement actions that would make a measurable difference to the reduction of our carbon emissions. 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.

  This will result in a failure to achieve net carbon zero by 2030. As a result of not being able to measure carbon emissions accurately, it is also likely that our current carbon emissions may be significantly underestimated providing a false position for Public Health Wales on its progress to net zero.

Inherent Risk Rating	Residual Risk Rating	Target Risk Rating
16	12	4

Progress Update
No change as yet, however discussion was had that due to change in political landscape it is likely 2030 net zero target will be scrapped. If this is confirmed, we are happy to reduce the scoring or consider if this is still a corporate risk. Members of the internal delivery group were keen to stress that the importance of the work has not reduced regardless of this target change. Climate change is still the greatest threat to human health and so the actions we take as an organisation should not reduce or slow in pace.

Summary of Leadership Team Discussion
Leadership Team noted the comprehensive update and was advised that Knowledge Research and Information Committee had also discussed this risk alongside the strategic level climate change risk. It was noted that progress was continuing through the Climate Change Board and it was anticipated that the residual risk rating will reduce on the next iteration of the report.

- **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 that an associated infrastructure is in place to respond to the needs of the population.

  The impact will be a fragmented approach to Equality & Inclusion work within PHW and non-compliance with the Public Sector Equality Duty (PSED) including:
  - submission of the Annual Equality Report;
  - development of the Strategic Equality Plan and its implementation;
  - the implementation and monitoring of compliance with the Wales Accessible Information Standards (AIS); and
  - completion of Welsh Government returns such as the Anti-Racist Wales Action Plan, Dementia Action Plan and Learning Disability Action Plan.

  This risk may also further impact on strategic risk 2 if not addressed.

Inherent Risk Rating	Residual Risk Rating	Target Risk Rating
12	9	4

  Progress Update
  Reviewed at SMT 26.5.26 and actions updated.

  Summary of Leadership Team Discussion
  Dani has emailed Angela on 24 June for a more robust update

- **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.

  This is caused by United Kingdom Health Security Agency (UKHSA) withdrawing from existing informal arrangements to support front line service provision meaning that the Environmental Public Health Service will need to be solely responsible for frontline response both in and out of hours, exacerbating resource capacity issues within the team.

  This could result in a negative impact on the quality of Environmental Public Health service delivered to the population of Wales, the Environmental Public Health Team and its constrained resource and on business continuity arrangements.

Inherent Risk Rating	Residual Risk Rating	Target Risk Rating
16	12	3

Progress Update
Risk Subgroup 27th May Meeting Minutes:
1. Head of Operations EM is the new assigned risk owner.
2. EM noted that there are now four actions instead of two (as assigned on the risk register).
3. EM to share the four actions with MY to update the risk register and action plan
No noted changes to the residual risk score.

Summary of Leadership Team Discussion
Dani has emailed Eric, Rebecca Masters and Mona for an update on this.

- **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 by clinicians or PHW staff not following the latest guidance as detailed in the All-Wales consent and decision-making policy and procedure.

  The impact might be poor quality service, service user harm, adverse financial implications (claims) and reputational damage.

Inherent Risk Rating	Residual Risk Rating	Target Risk Rating
12	9	4

Progress Update
Risk reviewed by Quality and Clinical Governance Manager and Risk Manager. Due to current audit results and implementation of action plan, and recent complaint received in relation to a student being in the room without consent - no change to risk score.

Well-being of Future Generations (Wales) Act 2015

This work has been put together following the five ways of working, as defined within the sustainable development principle in the Act, in the following ways:

The effective management of corporate risks supports the longevity of the organisation

The effective management of corporate risks reduces the likelihood or consequence of harm being realised.

The identification and management of risks are integrated into decision making activities.

Owners of corporate risks collaborate within their areas and any relevant Directorates to manage risks effectively.

Senior Managers engage with relevant colleagues to ensure staff are empowered to raise risks.

4. Recommendation

The Committee is asked to:

- Take **assurance** that the Corporate Risk Register is being scrutinised appropriately.