

ACGC CORPORATE RISK REGISTER - 23/04/2026				RISK ARTICULATION			INHERENT SCORING			CONTROLS			RESIDUAL (CURRENT) SCORING			DECISION	OVERALL RISK PROGRESS	ACTION PLAN				TARGET SCORING			RESPONSIBLE GROUP	
Date ID	Risk Theme	Identification Date	Executive Sponsor	Leadership Team Lead	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	Group responsible for Risk	
1533	Adverse Publicity	14/06/2023	PHW - National Director of Policy and International Health	Tracy Black	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/uknw/2017/22/part/6/enacted">https://www.legislation.gov.uk/uknw/2017/22/part/6/enacted</a> )	This is caused by a lack of capacity in the WHASU team and limited knowledge, skills and capacity across PHW, outside of WHASU, 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 WHASU team as it delivers its IMP 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 03 WTE in October. Other preparations include reworking 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	20/03/2026 - Guide was published and webinar occurred as planned. 19/02/2026 Training session provided by Future Gen Office to public bodies. Board Development Session planned for April 30th. LG to do a UK-wide guide on the regulations, this is pending.	Produce a UK-wide guide on the regulations			Pending		2 Unlikely	2 Minor	4	Directorate Senior Management Team (Policy and International Health)
1541	Patients and Clients (Clinical) Risks	06/07/2023	PHW - Director of People and Organisational Development	Rachel Atwood	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 checks in addition to the initial check that is undertaken at recruitment (which 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	13	Appointment of DBS Compliance Officer to monitor organisational position number cleaning 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 appointments 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 ECR Mandatory safeguarding training for adults and children and appropriate level of training assigned to position numbers	2 Unlikely	5 Critical	10	Treat	09/04/2026 - Compliance with the DBS Update Service requirement continues to improve, with almost 500 colleagues now subscribed. There are currently around 90 outstanding cases. Those remaining have been given a final deadline of next week to complete the required actions. Following this, an escalation report will be provided to Executive Directors (via Claire Birchall) to support final compliance. It is anticipated that following escalation, the majority of outstanding cases will be resolved within a further week. Subject to this, the risk will be reviewed for closure shortly after.	Subscription to DBS Update service that will provide repeat checks	30/04/2026		Compliance with the DBS Update Service requirement continues to improve, with almost 500 colleagues now subscribed. There are currently around 90 outstanding cases. Those remaining have been given a final deadline of next week to complete the required actions. Following this, an escalation report will be provided to Executive Directors (via Claire Birchall) to support final compliance. It is anticipated that following escalation, the majority of outstanding cases will be resolved within a further week. Subject to this, the risk will be reviewed for closure shortly after.	1 Highly Unlikely	5 Critical	5	Leadership Team	
1593	Statutory Duty	04/10/2021	PHW - Executive Director of Nursing, Quality and Integrated Governance	Angela Cook	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 ONAHPs in April 2024. 2. Planned refresh of the IBI offer for 2025 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 IBI Hub for improvement projects 5. National guidance and support materials and designated champion site available for PHW staff. 6. Annual Quality Report published for 2024, detailing quality work against 12 standards and available to the public 7. Quality oversight group formal meetings commenced with reporting EDCN 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 listed into the STEEP format and roadmap being formulated 11. Quality Governance report submitted to QMS quarterly framed around STEEP domains. 12. Active participation in the NHS Executive Quality Standards Meetings.	2 Unlikely	3 Moderate	6	Treat	13/04/2026 - Risk reviewed and actions updated along with completion due date	Quality Management System (General) - Quality Management System road map agreed and implementing	31/07/2026		Update 4.26: Attendance at NHSN QMS workshops and self assessment document expected 15.4.26. Work progressing with BTW to introduce QMS approach and dashboards as a pilot site. Action date extended.	1 Highly Unlikely	2 Minor	2	Quality Oversight Group	
1648	Statutory Duty	24/06/2024	PHW - National Director for Public Health Knowledge and Research	Kirsty Little	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 DACR 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	13/04/2026 - PHW are in communication with DHCW regarding the timeline for delivery of the Audit+ solution but we still haven't seen a plan. An escalation has been used to request they share a plan, including what the expectations on PHW, and for when, are, so we can plan what we need to do.	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.	31/07/2026		08/07 - it will have an impact on and slow down our sentinel work, and the team will work on contracting 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 NHS.	1 Highly Unlikely	2 Minor	2	Digital and Data Design Authority (DDAA)	
1678	Quality	30/04/2024	PHW - Executive Director of Nursing, Quality and Integrated Governance	Stuart Sicox	Nursing, Quality and Integrated Governance	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 Data across the organisation, contrary to the approved process.	This would result in a loss in board confidence and omission of reportable risks at all levels. In addition, a failure to investigate improvement projects resulting in potential harm to service users, reputational damage and financial implications.	5 Almost certain	3 Moderate	15	Approved Risk Policy and Procedure	5 Almost certain	3 Moderate	15	Treat	15/04/2026 - Following recent incidents, the lessons learned have been used to highlight the importance of recording all incidents on Data with sufficient detail across the organisation. Staff involved in these incidents have received additional training and support in use of Data.	To complete a deep dive risk review at DDAA on 15/09/2025.	31/07/2026		Agenda agreed	2 Unlikely	2 Minor	4	Leadership Team	
1758	Operational	28/03/2025	PHW - National Director of Health Protection and Screening Services	Michelle Battlemuch	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. 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.	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	3 Likely	4 Major	12	Treat	02/04/2026 - Risk score reduced after discussion at BTW Mtg on 02.04.26. Financial contingency available for remedial work on the mobiles. 30/03/2026 - Actions have been collated from SIT recommendations, further update to follow. Active management of issues is ongoing.	To ensure there are mitigations in place to monitor and reduce dust levels until a suitable permanent solution is identified and implemented	31/03/2026		Use of external generator and air purifiers as necessary visual monitoring of dust and also monitoring of any issues with mammography equipment. Enhanced cleaning in place - mobiles have new hovers, magnetic dusters and increased cleaning schedules (hoovering and dusting every day) in addition to the routine cleaning of equipment/furniture.	1 Highly Unlikely	2 Minor	2	Screening IMTs - BTW MSUs	
1779	Operational	09/04/2025	PHW - National Director for Public Health Knowledge and Research	Kirsty Little	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 (NCSR), 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	08/04/2026 - Risk reviewed. HIE publications confirmed, WG have published their plan for re-starting and improving the National Survey for Wales. Controls and Action Plan have been updated. No change to scores or mitigations.	Continue to monitor ONS publications and plans. Will draft overview of key surveys, issues and improvement plans published for those surveys	30/06/2026		ONS and WG have now published plans on the future of their surveys, allowing PHW to plan future work. Surveys will be continued, and in some cases improved. This will be described in the overview.	2 Unlikely	3 Moderate	6	Digital and Data Design Authority	

