

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
	CORPORATE RISKS - 20/01/2026						RISK ARTICULATION			INHERENT SCORING			CONTROLS	RESIDUAL (CURRENT) SCORING			DECISION	OVERALL RISK PROGRESS	ACTION PLAN				TARGET SCORING			RESPONSIBLE GROUP
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2	Data 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	TBC	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: https://www.legislation.gov.uk/naw/2017/22/part/6/enacted)	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 HMTP 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	19/01/2026 - Assuring Group identified upon confirmation from Exec Director of Policy and International Health. The Leadership Team Lead to be confirmed pending staff return from sickness absence. 14/01/2026: HIA Guide has now been approved by the Exec Team					2 Unlikely	2 Minor	4	Directorate Senior Management Team (Policy and International Health)
3	1541	Finance	06/07/2023	Director of POD	Rachel Attwood	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.				Appointment of DBS Compliance Officer to undertake 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 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	18/12/2025 - Considered at Leadership Team on the 18th December. It was agreed to close the risk after the end of January 2026 when the new DBS check and subscribe has been completed.	Subscription to DBS Update service that will provide repeat checks	30/01/2026		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	Leadership Team
4										3 Likely	5 Critical	15														
5	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 in 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.				1. Established innovation and improvement hub creating a culture of improving and innovating for quality within the organisation 2. Refresh of the I&I offer 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, including Simply Do 5.National guidance and support materials and designated sharepoint site available for PHW staff. 6.Annual Quality Report published detailing quality work against 12 standards and available to the public 7. Quality oversight group chaired by EDON and MD 8. Quality standards with key lines of enquiry self assessment completed for 24-25 and Peer Review 9. Draft QIA being piloted 10. Strategic priority 5 - excellent public services now linked into the STEEP format and roadmap being formulated. SR8.3 rearticulated 11. Quality Governance report submitted to QSC quarterly framed around STEEP domains.	2 Unlikely	3 Moderate	6	Treat	16/01/2026 - Risk Reviewed and Quality Impact Assessment action updated to reflect progress	Quality Management System (General) - Quality Management System road map agreed and implementing	31/03/2026		Update 1.2026 Ongoing development work with HPS5 and HSP8	1 Highly Unlikely	2 Minor	2	Quality Oversight Group
6										3 Likely	3 Moderate	9								31/03/2026		Update 01.2026: QIA piloting complete with final changes being made. Will be presented to QUGG with agreement for the governance process associated with the tool being sought and then the policy & SOP will go out for consultation.	1 Highly Unlikely	2 Minor	2	
7																										
8	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 2025.	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	16/01/2026 - DHCW have committed to continue to support all existing and current Audit+ use cases, but the detail regarding how remains unclear. DHCW have now confirmed an extension to the Audit+ contract to Apr-27. The PHW team will continue to define the plans for the end of the contract. To complete a deep dive risk review at DDOA on 15/09/2025.	To update the Business Continuity Impact Assessment and Business Continuity Plans, to reflect the impact of Audit+ removal/hot updating and mitigations. Plans and assessment to be uploaded into this risk as supporting documentation by 30 November 2024.	30/04/2025		16/01/2026 - DHCW have committed to continue to support all existing and current Audit+ use cases, but the detail regarding how remains unclear. DHCW have now confirmed an extension to the Audit+ contract to Apr-27. The PHW team will continue to define the plans for the end of the contract.	1 Highly Unlikely	2 Minor	2	Digital and Data Design Authority (DDDA)
9																				30/09/2025						
10																										

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1678		Quality	30/04/2024	PHW - Executive Director of Nursing, Quality and Integrated Governance	Stuart Silcox	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 instigate 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	18/12/2025 - Considered at Leadership Team on the 18th December. Leadership Team were content with the progress of the risk and the development of an on-line training resource to compliment Levels 1 and 2 risk management training.	Policy and procedure approved	30/09/2025			2 Unlikely	2 Minor	4	Leadership Team			
11	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 MBSUs. 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 £2k).	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	18/12/2025 - At the meeting in September, Leadership Team requested the Risk Manager to contact the Governance, Risk, Quality & Health and Safety Manager for Screening and Head of Programme for Breast Test Wales to highlight the importance of maintaining the risk record to enable suitable scrutiny by Leadership Team. 20/1/26 - With regards to the MSUs a proposal has been received from Lynton's for them completing the required work to the ventilation systems, this was being taken to the Incident Management Team. Concerns raised in the SIT that although dust is one issue, it's not the only one and with the Board Secretary advising IMT would review all the	Identify a suitable air handling solution to mitigate the dust issue (assigned to Paul Veysey as chair of SIT)	16/01/2026	31/12/2025	External independent company have proposed a solution and provided cost to implement. This solution has been presented to the mobile manufacturer to provide a cost to deliver this solution. The cost provided by the manufacturer is prohibitive. The SIT will therefore recommend the independent solution to the IMT as the appropriate solution to conclude this action. This will be presented to the IMT for a decision on 22.01.26.	1 Highly Unlikely	2 Minor	2	Screening IMT - BTW MSUs			
12																		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 hoovers, magnetic dusters and increased cleaning schedules (hoovering and dusting every day) in addition to the routine cleaning of equipment/furniture.								
13	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 (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. 04/12/25: ONS has released the Healthy Life Expectancy (HLE) on Jul 4. HLE for local areas will be released on Feb 19, 2026. The deprivation breakdowns likely to be released in Apr 2026. The National Survey for Wales latest results up to Mar 2025 have been released.	4 Highly Likely	3 Moderate	12	Treat	16/01/2026 - Mitigation actions are ongoing	Continue to monitor ONS publications and plans.	30/09/2025		2 Unlikely	3 Moderate	6	Directorate Leadership Team of RDDO				
14																		Explore Primary Care obesity data in SAIL	30/06/2026		Project is set up in SAIL. Initial data exploration has taken place.								
15	1946	Finance	23/07/2025	PHW - Executive Director of Policy and Integrated Governance	Stuart Silcox	Nursing, Quality and Integrated Governance	There is a risk that the organisation will fail to implement a suitable Data 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	This would result in a failure to effectively manage risks resulting in inability to achieve strategic objectives.	3 Likely	4 Major	12	None	3 Likely	4 Major	12	Treat	18/12/2025 - Consideration at Leadership Team on the 18th December. Leadership Team questioned the risk framing and suggested the risk be rearticulated to focus on the need for an effective risk management system rather than a specific solution.	Submission to DODA for agreement of way forward contained within the options appraisal document.	31/12/2025			2 Unlikely	3 Moderate	6	RMS Project Huddle			
16																		project Manager leading options	31/12/2025										
17	2003	Strategic Risk	01/04/2025	PHW - National Director of Policy and International Health	TBC	Policy and International Health	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.	•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. •Lack of 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. •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	Impact: A failure to achieve net carbon zero by 2030, contributing to the public health impacts of climate change which are within our influence. As a result of not being able to measure carbon emissions accurately, it is also likely that our current carbon emissions are significantly underestimated providing a false position for Public Health Wales on its progress to net zero. Effect: This will lead to potential for reputational damage for the organisation and the need to invest more resources in the future to expedite progress to achieve the net zero targets.	4 Highly Likely	4 Major	16	Climate Change Programme Board Decarbonisation and Sustainability Action Plan 2024-2026 Decarbonisation and Sustainability Action Group Evaluation Report of the Decarbonisation and Sustainability Plan	5 Almost certain	4 Major	20	Treat	16/01/2026 - New governance arrangements in process of being established which includes new internal Group that will report to Climate Change Programme Board. The role of the group will be accountable for ensuring delivery of decarbonisation actions.	Development of Decarbonisation and Sustainability Action Plan 2026-28	31/03/2026		Under development. Plan circulated to Climate Change Programme Board for comment ahead of going to Execs and Board in March 2026 for approval.	31/03/2026		Early discussions held. To be informed by the Evaluation Report. Session to be held with the Executive Team on 11 February to discuss future resource requirements.	2 Unlikely	2 Minor	4	Climate Change Programme Board
18																		Identify and scope the future resources required to deliver the Decarbonisation Programme											
19																		Hold a deep dive with the Leadership Team on Decarbonisation actions.	30/06/2026		Date to be identified. Discussed at Leadership Team on 20 November 2025.								
20	2076	Statutory Duty	31/10/2025	Leadership Team	Stuart Silcox	Nursing, Quality and Integrated Governance	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	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.	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 along, the				EDI workforce workstreams being addressed through people & Organisational Development and culture workstreams. Screening programmes have an equity group but not reporting outside of the programme infrastructure. Organisational wide Peoples					16/01/2026 - Review and further action added following leadership team presentation /deep dive	To work with Engagement manager and POD team to develop an outline business case for an EDI post and governance infrastructure	31/12/2025		Dec update: Initial discussion completed with POD and paper currently being written with a proposal of how to take forward and to be discussed with BET			Leadership Team				
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22							Access to information	High level discussion on the 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		4 Highly Likely	3 Moderate	12	Experienced group in place to support decision making authority Previous business case developed for EDI post but requires further scoping supporting by investment Discussions remain ongoing with NDIS and POD as to the feasibility of of an organisational role with associated governance structure. Various degrees of engagement with diverse community groups occurring but without organisational oversight and coordination Leadership team reviewing the implications of the recently published Accessible information standards	3 Likely	3 Moderate	9	Treat		A deep dive session requested by leadership team on equalities work and AIS to inform discussion with BET	09/01/2026	08/01/2026	Update 1, 2026 Presented to Leadership team 8.1.26 and agreed actions for LT include a baseline of current infrastructure & practices in place in each directorate to manage equalities and this data to be reviewed in February.	2 Unlikely	2 Minor	4	
23																			Leadership team to complete a baseline assessment of current equalities provision and processes /infrastructure detailing how they manage /ensure compliant with equality act. To be brought back to LT in 4 weeks for agreement on next steps.	27/02/2026						