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| GIG CYMRU NHS WALES \| Iechyd Cyhoeddus Cymru Public Health Wales | **Name of Meeting**<br>Audit and Corporate Governance Committee<br>**Date of Meeting**<br>3 September 2026<br>**Agenda item:**<br>10.1 |

| **Corporate Risk Register** | |
|---|---|
| **Executive lead:** | Claire Birchall, Nursing, Quality and Integrated Governance |
| **Author:** | Bethan Osborne, Risk Manager |

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| **Approval/Scrutiny route:** | 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 Risk Register is being appropriately scrutinised.

| **Link to Public Health Wales Strategic Plan**<br><br>Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.<br><br>This report contributes to the following: | |
|---|---|
| **Strategic Priority/Well-being Objective** | All Strategic Priorities/Well-being Objectives |
| **Strategic Priority/Well-being Objective** | All Strategic Priorities/Well-being Objectives |
| **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 risk effectively are significant, both in terms of the potential for loss and also the failure to capitalise on opportunities. |

## 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 Leadership Team on 20th August 2026. The key points arising from the discussion and decisions made by Leadership Team are noted in the next section of this report, under each risk.

In addition, Leadership Team has commenced a series of deep dives for each corporate risk, which are scheduled to conclude in March 2027. The purpose of the deep dives is to provide a structured discussion to assess the current level of assurance, with a focus on the effectiveness of existing controls, assurance activities and governance arrangements. The deep dives will also identify any gaps in assurance and agree subsequent further actions required.

**New risks proposed to be accepted onto the Corporate Risk Register**

- None

**Existing risks proposed to be accepted onto the Corporate Risk Register**

- None

**Risk proposed to be de-escalated**

- None

**Risk closed**

- None

**Changes to Risk Scores**

- **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.

  The residual score was **reduced** from **15** to **9**. This is due to the organisation receiving reasonable assurance from Internal Audit.

- **1946** - There is a risk that Public Health Wales may be unable to maintain an effective risk management system following the decommissioning of the current Datix Web system in November 2027.

  The residual score was **increased** from **12** to **16**. This is due to the lack of clarity in relation to the national solution which is the preferred way forward by the organisation.

- **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 residual score was **reduced** from **12** to **8**. This is due to the Environmental Public Health SBAR being submitted to the Business Executive Team and engagement with UKSA to seek an extension of the out of hours support.

**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**
Action Plan updated - "Lunch & Learn" Action completed 30th June.

20th July - UK wide webinar took place and engaged with Local Authorities and Public Health Boards.

HIA Project Board with WG met on 13th July. All Public Bodies updated on the programme.

**Summary of Leadership Team Discussion**
Leadership Team were content with the management of the risk.

- **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.

  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**
Policy and Procedure written and ready for consultation website once BBU confirm the governance reporting process for QIA's LT or BET. Plan to post for consultation w/c 17.8.28.

**Summary of Leadership Team Discussion**
Leadership Team were content with the management of the risk.

- **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 having been discontinued in July 2024 and there has been no further support of Audit+ from March 2026.

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

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

**Progress Update**
While no formal communication has been released, it is understood that the decision on the solution that was required from GPC Wales was approved in Jul-26. PHW have contacted DHCW for details regarding the planned implementation so that an assessment on the dependencies within the organisation can be completed. It is proposed that the review of the Audit plus risk is submitted to DDDA in Sep-Oct-26 once further details are available from DHCW.

**Summary of Leadership Team Discussion**
Leadership Team were content with the management of the risk.

- **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 the organisation not yet having established a clear and consistent benchmark for good risk management, limiting its ability to assess whether risks are being identified and managed in line with the endorsed Risk Management Procedure and to identify themes, trends and areas requiring improvement.

  This might result in a loss of Board confidence and the omission of reportable risks at all levels. In addition, ineffective identification of themes and trends may result in improvement opportunities not being identified or acted upon, with potential harm to service users, reputational damage and financial implications.

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

**Progress Update**

A deep dive by Leadership Team took place on 6th August to consider risk effectiveness and governance. Members concluded they could take limited assurance at present but that would move to reasonable assurance once the actions are in place.

The articulation of the risk was revised to reflect the need for the organisation to establish what 'good' risk management looks like in order to then assess how effective the organisation is.

A number of actions were identified, which will be subject to regular review, monitoring and scrutiny through Leadership Team and in conjunction with relevant risk handlers and owners. This will ensure traction and progress in relation to the management of this risk.

**Summary of Leadership Team Discussion**
Leadership Team were content with the revision of the risk following the deep dive and were content with the management of the risk.

- **1758** - There is a risk that Breast Test Wales is unable to sustain reliable and resilient mobile screening capacity across Wales.

  This is caused by the continued operation of prematurely ageing and low quality mobile screening units that are experiencing increasing levels of deterioration.

  This would result in reduced service continuity, potential loss of public confidence in Breast Test Wales, reputational risks for Public Health Wales, adverse impacts on workforce wellbeing and engagement, increased financial pressures and accelerated capital replacement requirements.

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

**Progress Update**
Risk re-articulated and approved at BTW mobile unit remediation group and reviewed and approved by LT representatives KL, DG and MB by email. Controls and mitigations were updated to reflect the broader situation and rearticulation of risk.

**Summary of Leadership Team Discussion**
Leadership Team were content with the management of the risk.

- **1946** - There is a risk that Public Health Wales may be unable to maintain an effective risk management system following the decommissioning of the current Datix Web system in November 2027.

This is caused by the proposed All-Wales solution which does not meet Public Health Wales' organisational requirements.

This would result in ineffective identification, monitoring, reporting and escalation of organisational risks.

| Inherent Risk Rating | Residual Risk Rating | Target Risk Rating |
|---|---|---|
| 12 | 16 | 6 |

**Progress Update**
A deep dive by Leadership Team took place on 6th August where members focused on the efficacy of actions and governance/reporting of the risk.

Due to the recent letter received from the Chair of the Once for Wales Concerns Management Programme Board and PHW's decision to move forward with the national replacement rather than a local procurement, the articulation of the risk was updated along with a number of actions and controls.

It was agreed that a short update would be provided to Leadership Team each month to ensure they are aware of any new information of progress of the national replacement project.

Leadership Team concluded that they could take reasonable assurance at this time which was anticipated to change to substantial assurance once the risk element of the Once for Wales Concerns Management Programme has commenced. It was acknowledged that updates/decisions would be submitted to DDDA, BET and Change Board to ensure consistent and equitable reporting of the risk across the organisation.

**Summary of Leadership Team Discussion**
Leadership Team were content with the revision of the risk following the deep dive and were content with the management of the risk.

- **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 consequence 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 to risk score. Risk was presented at CCPB. It was decided to re-review both strategic and corporate risks relating to strategic priority 6 in the November CCPB meeting. Members are still unclear as to whether new government is intending to uphold the 2030 target or whether this will be adjusted.

**Summary of Leadership Team Discussion**
Leadership Team were content with the management of the risk.

- **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**

- A dedicated Equalities Steering Group has now been established, with an inaugural meeting held in June 2026 and monthly meetings planned thereafter.
- Terms of Reference being drafted as set out in the recommended approach agreed by BET.
- Membership of the steering group will remain deliberately small initially and be scaled as and when needed along with engagement and specialist input was required.
- Discussion taking place regarding equalities governance and where the Annual Equality Report and Strategic Equality Plan will be reported to in addition to PODCOM.
- A focus is now on upskilling corporate engagement team in equality specialism.

**Summary of Leadership Team Discussion**

Leadership Team were content with the management of the risk.

- **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 the service being 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.

UKHSA has historically provided support to Public Health Wales (PHW) 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 PHW that their frontline support for both in-hours and out-of-hours duty desk provision would cease.

This could result a negative impact on the quality of Environmental Public Health service delivered to the population of Wales, impact on public health, business continuity and resource constraints.

| Inherent Risk Rating | Residual Risk Rating | Target Risk Rating |
|---|---|---|
| 16 | 8 | 3 |

**Progress Update**
Update from Deputy Head of Operations:
EPH SBAR Paper went to BET as noted below. BET approved interim arrangements (short-term proposals), engagement with wider teams to review long-term solutions follows.

**Summary of Leadership Team Discussion**
Leadership Team were content with the management of the risk.

- **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 and 2 /3 outstanding actions are now completed, one remains open. Awaiting final Publication of the All-Wales consent policy. PHW current consent policy has received a 12m extension at QSIC in June 2026.

**Summary of Leadership Team Discussion**
Leadership Team were content with the management of the risk.

- **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 the risk originated from Sexual Health IMT. Due to insufficiently robust processes and service issues, this risk was identified in IMT as the overarching risk that addresses wider service risk. These issues are: 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 |

**Progress Update**
Update from Senior Service Manager HW:
1) Recruited for Improvement Manager role to embark on improvement plans; completed and awaiting start date.
2) IMT closure pending Hep C report sign off. SRG approved an Improvement Plan to support assurance of governance in the service.

**Summary of Leadership Team Discussion**
Leadership Team were content with the management of the risk.

### 3.1 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 appropriately scrutinised.