GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** People and Organisational Development Committee **Date of Meeting** 15 October 2026 **Agenda item:** 2.1.1

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. The Business Executive Team considered the Strategic Risk Register at its meeting on 7 October 2026.

Colleagues are requested to note the inclusion and removal of action plans and controls, where appropriate.

The People and Organisational Development Committee is requested to acknowledge that the updates in relation to the Strategic Risk Register **reflects the position as of 1st October 2026.** This includes an assessment and enhanced assurance on the controls and mitigating actions that support SR2. This has been undertaken using the same methodology as was used for SR3 in reporting to BET and QSIC, in September 2026.

Appendix 1 includes the full risk assessments for strategic risk 2.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☒	☒	☐	☐	☒

The Committee is asked to:

- Take **assurance** on the management of strategic risk within the remit of the Committee.

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 Business Executive Team (BET) and 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 **1st October 2026**. However, BET and the Committee is requested to note that a significant update to the controls and actions to support the management of SR2 is anticipated for presentation at the November 2026 Board meeting, following updates from 1st October 2026.

In line with the current Risk Management Policy, strategic risks are reviewed and updated every other month, however, BET and the Committee 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 become more mature throughout the organisation enhanced reporting, including the measurement and impact of mitigating actions, will continue to be refined.

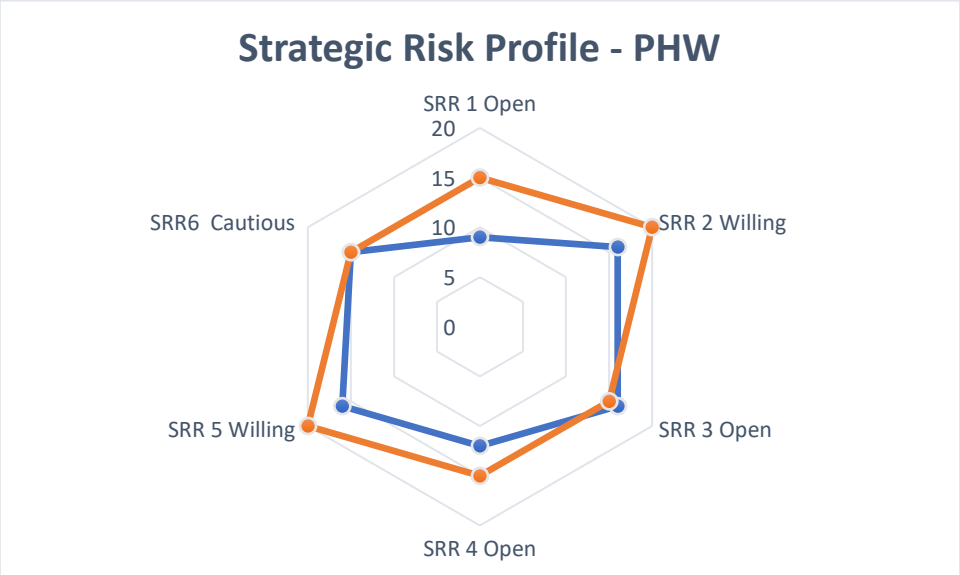
2. Changes Since the Last Reporting Period

The Business Executive Team and the Committee are reminded that a rolling programme of strategic risk deep dive sessions commenced in early 2026. This work has been progressing over the last reporting period and as a result, changes have been made to SR5 and some changes to the causes element of SR2. This has impacted on the current risk scoring to SR2 which was increased and presented to the Board in July 2026. The current risk score for SR2 remains extant at **4x4=16**.

During the last reporting period, **SR4** current risk score has increased from 2x4=8 to a **3x4=12** (an increase to the likelihood by 1 point). The rationale for this increase in articulated within the risk assessment document, however, BET and the Committee is requested to note that although the score has increased, it remains within the risk appetite threshold for the overall risk.

3. Overarching Strategic Risk Profile

The below diagram provides the overarching strategic risk profile for the organisation that incorporates risk appetite tolerance levels/thresholds:



The spider diagram illustrates that 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.

BET and the Committee is asked to acknowledge that Strategic Risk 3 is being managed slightly 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 Business Executive Team and Committee are asked to note that currently, strategic risks 1,2,4,5 and 6 are being managed within an agreed risk appetite level, with all risks 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.

Risk Appetite **compliance** continues to be reported in each of the Strategic Risk templates that are attached to this report at Appendix 1. This enables clarity of reporting to Board members and Executives on where the risk is in relation to its risk appetite level. However, it is recognised that in some circumstances, nuances may need to be applied, and context of each risk understood.

This reflects the level of risk management maturity of the organisation and is a strong indicator that risk appetite is understood and applied appropriately with scrutiny and challenge from Board members and Executives.

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.

ID	Risk Description	Cause	Strategic Risk
1533	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/anaw/2017/2/part/6/enacted)	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.	SR1 SR3 SR4 SR5 SR6
1593	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.	SR1 SR2 SR3 SR4 SR5 SR6

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.	SR1 SR3 SR4 SR5
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 risks are being identified and managed in line with the endorsed Risk Management Procedure and to identify themes, trends and areas requiring improvement.	SR1 SR2 SR3 SR4 SR5 SR6
1758	There is a risk that Breast Test Wales is unable to sustain reliable and resilient mobile screening capacity across Wales	Caused by the continued operation of prematurely ageing and low-quality mobile screening units that are experiencing increasing levels of deterioration	SR1 SR2 SR3 SR6
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 proposed All-Wales solution does not meet Public Health Wales' organisational requirements	SR1 SR2 SR3 SR4 SR5 SR6

2003	There is a risk that: Public Health Wales may not 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. • Limited 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	SR4
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 EPH 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 (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.	SR1 SR2 SR3
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 clinicians or PHW staff potentially not following the latest guidance as detailed in the All-Wales consent and decision-making policy and procedure.	SR1 SR3
2315	There is a risk that PHW will not be able to deliver an optimal and sustainable sexual health services to meet population requirements	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)	SR3

5. Strategic Risks

A full assessment of all Strategic Risks 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 remit of the Committee.