GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Board **Date of Meeting** 30 July 2026 **Agenda item:** 4.1

Public Health Wales Strategic Risk Register

National Director of Health and Well-being	SR 1
Director of People and Organisational Development	SR 2
Medical Director/ National Director	SR 3
National Director of Policy and International Health	SR 4
Director of Knowledge and Research	SR 5

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.

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

Board is requested to note the significant changes that have been applied to SR5 and are asked to approve these changes to the risk descriptor and applicable risk causes and impact, prior to presentation at Board later this month.

Board is also requested to note and approve the changes that have been made to the 'cause' section of SR2 and the increase in the current risk score.

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

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☒	☒	☐	☐	☒

The Board are asked to:

- **Approve** the change requests to the Strategic Risks.
- **Take** assurance on the management of Strategic Risk within the Organisation.

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 the Board 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 June 2026**. In line with the current Risk Management Policy, strategic risks are reviewed and updated every other month, however, the Business Executive Team 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. Risk Description, Architecture and Ownership and Changes Since the Last Reporting Period

The Business Executive Team and the Board 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. The details and rationale for this is outlined in the updated risk reporting templates appended to this report.

3. Risk Appetite Approach and Organisational Framework

Following extensive collaboration and co production with Board members, Executives, and key stakeholders during 2025, a hybrid framework was developed for the organisation that allows a risk appetite level to be applied to each Strategic Priority.

Each Strategic Priority was reviewed, and a revised Risk Appetite level was applied.

The table below shows this and links the relevant corresponding revised Strategic Risk. While some priorities have an obvious related Strategic Risk, some have several relevant Strategic Risks which relate to enabling functions and actions. This has remained unchanged for 2026 and will be presented to the Board for consideration and endorsement as the organisational risk appetite.

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.

Application of risk appetite is demonstrated in the table below:

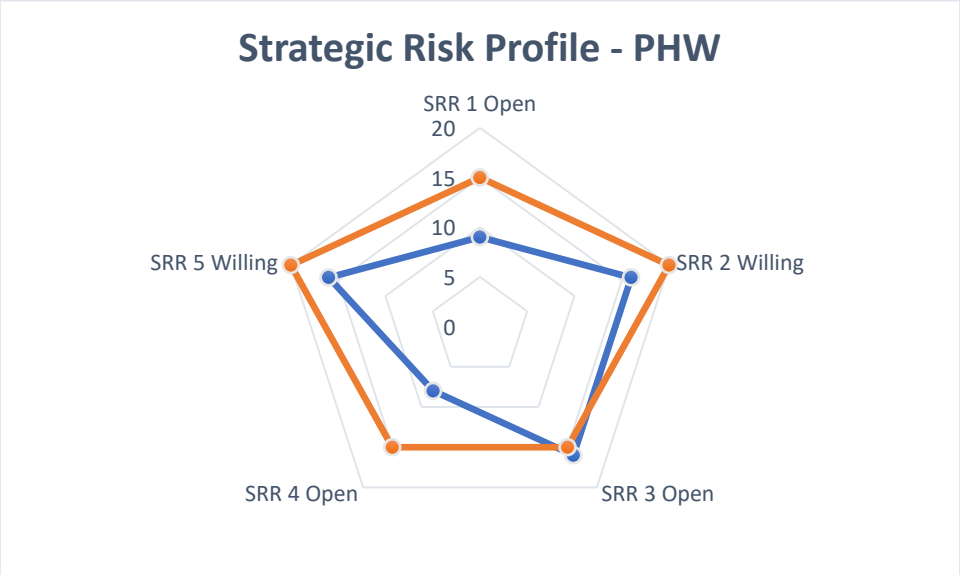
Strategic Priority	Strategic Risk Reference	Risk Appetite Level Applied
Strategic Priority 1 – Influencing the wider determinants of Health	**SRR1** - We fail to deliver our role to influence a system shift to prevention, reduce health inequalities and address determinants of health.	Open
Strategic Priority 2 - Promoting mental and social well-being	**SRR1** **SRR2** **SRR3**	Open
Strategic Priority 3 - Promoting healthy behaviours	**SRR1** **SRR2** **SRR3**	Open
Strategic Priority 4 - Supporting the development of a sustainable health and care	**SRR1** **SRR2** **SRR3** **SRR4**	Open

system focused on prevention and early intervention		
Strategic Priority 5 - Delivering excellent public health services to protect the public and maximise population health outcomes	**SRR3** - We fail to deliver our contribution to excellent public health services in population health screening, infection, health protection and emergency response.	Open
Strategic Priority 6 - Tackling the public health effects of climate change	**SRR4** - We fail to effectively mitigate the public health impacts of climate change on the Welsh population.	Open
Strategic risks that relate to all priorities (with specific risk appetite set for each)	**SRR2** - The organisation could experience poor organisational health.	Willing
	SRR5 - Failure to modernise and transform how we provide and deliver our services	Willing
	SRR6 - The organisation suffers loss of sensitive information and/or disruption to services.	Cautious

4. Overarching Strategic Risk Profile

The below diagram provides the overarching strategic risk profile for the organisation that incorporates risk appetite tolerance levels/thresholds: [1]

[1] The diagram does not include SRR6 as this risk is considered in private session of the Board due to the nature of the risk.



The spider diagram illustrates that for the most part, 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.

SR2 score has also been reviewed and following discussion at People and OD Committee and with the Executive Risk Owner for SR2, it has been determined that the risk has increased to a **4x4=16.** This is reflected in the spider diagram above. The rationale for this change is clearly articulated in the risk assessment template appended to this report.

The Business Executive Team are asked to acknowledge that Strategic Risk 3 is being managed 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 are asked to note that currently, strategic risks 1,2,4 and 5 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. The appetite for SR2 (Willing) will also be reviewed and scrutinised over the next reporting period given the change in score this month.

5. 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 inconsistencies of appropriate utilisation of Datix across the organisation, contrary to the approved process.	SR1 SR2 SR3 SR4 SR5 SR6
1758	There is a risk of further service disruption due to excessive dust damaging the detectors of the mammography units on the MBSU's. 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.	SR1 SR2 SR3 SR6
1946	There is a risk that the organisation will fail to implement a suitable Datix 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 and a lack of strategic direction regarding whether a local or national solution is being taken forward. There is also no organisational commitment to supporting this project from a digital perspective.	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.	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.	SR3

6. Strategic Risks

A full assessment of all Strategic Risks 1-5 is provided in the attached Strategic Risk Register.

Please note that SRR 6 is included in a separate paper.

7. Equality Impact Assessment

No decision required.

8. Recommendation

The Board are asked to:

- **Approve** the change requests to the Strategic Risks.
- **Take** assurance on the management of Strategic Risk within the Organisation.