

QCIS CORPORATE RISK REGISTER - 23/04/2026				RISK ARTICULATION			INHERENT SCORING			CONTROLS			RESIDUAL (CURRENT) SCORING			DECISION	OVERALL RISK PROGRESS	ACTION PLAN				TARGET SCORING			RESPONSIBLE GROUP						
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 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: https://www.legislation.gov.uk/uk/2017/2/part/6/enacted)	This is caused by a lack of capacity in the PHWASU team and limited knowledge, skills and capacity across PHW, outside of WHASU, to meet the anticipated high volume of requests for assistance and training from Welsh Government, internally in PHW and externally from public bodies	This would result in PHW not being able to fulfil 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	10	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 MTP deliverables as well as prepares for the duty. A highly experienced team of 7 is currently in place to retire and return at 0.4 WTE from 0.6 WTE in October. Other preparations include retraining 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. 29/03/2026 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.									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 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 additional 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.	3 Likely	5 Critical	15	Appointment of DBS Compliance Officer to undertake organisational position number cleansing 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 ESAR Mandatory safeguarding training for adults and children and appropriate level of training	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							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 QIMAPS in April 2024. 2. Planned refresh of the IBI offer for 24/25 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 in-appoint 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 EDON and EMO 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 linked 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											Quality Oversight Group	
1548	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 DAHC 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 placed to DHCW 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											Digital and Data Design Authority (DDDA)	
1678	Quality	30/04/2024	PHW - Executive Director of Nursing, Quality and Integrated Governance	Stuart Sileo	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	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 Datax.												Leadership Team		
1758	Operational	28/03/2025	PHW - National Director of Health Protection and Screening Services	Michelle Battlemuth	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 contractors assessing causes 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 IMT 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											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 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. 07/4/2026 HLE was release on 19 Feb as expected	4 Highly Likely	3 Moderate	12	Treat	08/04/2026 - Risk reviewed. HLE publications confirmed. WCI 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												Digital and Data Design Authority

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												04/12/22: QNS Risk Register the Healthy Life Expectancy (HLE) on Jul 4. HLE for local areas will be released on Feb 19, 2026. The population breakdowns likely to be released in Apr 2026. The National Survey for Wales latest results up to Mar 2025 have been released.							Explore Primary Care obesity data in SAIL	30/06/2026		Project is set up in SAIL. Initial data exploration has taken place.											
1946	Finance	23/07/2025	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 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 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.	This would result in a failure to effectively manage risks resulting in inability to achieve strategic objectives.	3 Likely	4 Major	12	None																	RMS Project Huddle				
2003	Strategic Risk	01/04/2025	PHW - National Director of Policy and International Health	Christopher Orr	Policy and International Health	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.	<ul style="list-style-type: none"> •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 	<p>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</p> <p>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.</p>	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						15/04/2026 - Work continues to develop our specification for a replacement risk management module which may be part of an All Wales solution. This follows completion of an initial scoping exercise in March 2026. Assistant Director of Integrated Governance meeting with Welsh Risk Pool in early May.														Climate Change Programme Board	
2076	Statutory Duty	31/10/2025		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 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 enable and demonstrate full compliance with the newly published Accessible Information Standards	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 with the implementation and monitoring of compliance with the Wales Accessible Information Standards (AIS) and completion of Welsh Government returns such as the Anti-Bias 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	EDI workforce: workstreams being delivered through people & organisational development and culture workstreams. Screening programmes have an equity group but not reporting outside of the programme infrastructure. Organisational wide Peoples Experience group in place but no decision making authority. Previous business case developed for EDI post but requires further support including investment. Discussions remain ongoing with NIGG and POD as to the feasibility 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																		Leadership Team			
2143	Operational	11/12/2025		Michelle Battlemuch	Health Protection and Screening Services	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 by United Kingdom Health Security Agency (UKHSA) withdrawing from existing informal arrangements to support front line service provision meaning that the Environmental Public Health Service will need to be solely responsible for front-line response both in and out of hours, exacerbating resource capacity issues within the team	This could result in a negative impact on the quality of Environmental Public Health service delivered to the population of Wales, the Environmental Public Health Team and its constrained resource and on business continuity arrangements	4 Highly Likely	4 Major	16	<p>1) Secure Support from Within the Health Protection Division Task Completed: A staff member from within the Division has been identified and has informally transitioned to support the Environmental Public Health Function. This arrangement has been in place since 01 January 2025 and is scheduled for review by 31 March 2026 due to financial constraints. Result: An additional 1.0 WTE resource has been added to strengthen service resilience and sustainability. Recommendation: Review this arrangement on an ongoing basis to ensure continuity and alignment with transformation timelines.</p> <p>2) Escalate the Risk to the Corporate Risk Register Task Completed: The escalation request was presented and approved at the HPSIS Directorate Management Team meeting on 13 January 2025, reflecting BET's direction. Result: The risk has been formally escalated and will be included in the corporate risk register in due course. Recommendation: Continued monitoring and support from executive colleagues is essential to ensure appropriate oversight and mitigation of the identified risk.</p>																					Business Executive Team
2144	Quality	11/12/2025		Angela Cook	Nursing, Quality and Integrated Governance	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 potentially 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, user harm, financial implications (claims) and reputational damage.	4 Highly Likely	3 Moderate	12	<p>Bi Annual Audits and review of results (Best Interest and Consent) PHW Consent Policy in place Representation on the All Wales Decision making and consent Group Best Interest Decision making framework in place Monitoring compliance with the All Wales consent training and role specific competency for identified staff Reporting to Welsh Risk Pool of consent compliance training Internal consent Working Group initiated</p>																					
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																		Consent eLearning competency t be assigned to staff position numbers/roles and monthly compliance data monitoring in place	29/05/2026		Current mapping of staff roles requiring competency and monthly reports received via ESR /POD				