GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Board **Date of Meeting** 26 November 2026 **Agenda item: 4.2**

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
Director of Knowledge and Research	SR 6 (Private Session)

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 updated position of each Strategic Risk included in this report and acknowledge the updates on the controls and actions for the same, in the **Appendix 1.**

Business Executive Team and Board are asked to acknowledge that the updates in relation to the Strategic Risk Register **reflects the position as of 1st October 2026.**

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.

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 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 October 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. Overall Assessment and Impact on Strategic Risks Since the Last Reporting Period

2.1 SR1 – There is a risk that: We fail to deliver our role to influence a system shift to prevention, reduce health inequalities and address determinants of

health.

As at **1st October 2026,** the score remains at 3x3= **9.** Target score: 6 – within risk appetite.

Following the recent Accountability Meeting with Welsh Government, a review of SRR1 will be undertaken, as part of a wider full risk register review.

This review will seek to strengthen assurance that existing controls are delivering tangible outcomes, including demonstrable system change and improvements in population health. The review will also focus on:

- Strengthening evidence of impact across programmes and interventions.
- Demonstrating the influence of Public Health Wales' system leadership and partnership activity.
- Identifying key delivery risks and associated mitigations.
- Ensuring actions have clear ownership, defined timescales and appropriate governance oversight.

While significant programmes and partnerships are in place to address this risk, achieving sustained improvements in healthy life expectancy will require continued system-wide commitment, collaboration and delivery across Wales.

2.2 SR2 – There is a risk that: The organisation could experience poor organisational health.

As at **1st October 2026** the score remains at 4x4= **16.** Target score: 6 – Within risk appetite

The actions progressed during this period represent important steps in strengthening organisational culture, governance and accountability arrangements.

The forthcoming Staff Survey results, internal audit findings and implementation of the Quality Impact Assessment framework will provide further evidence and assurance on whether these interventions are delivering the intended improvements.

Continued focus will be required to ensure that changes are consistently embedded across all directorates and translated into measurable improvements in staff experience, leadership effectiveness and organisational performance.

Positive progress has been made in strengthening governance, accountability and organisational culture. However, further evidence is required to demonstrate that these improvements are being consistently embedded across the organisation and are resulting in sustainable cultural and performance improvements.

2.3 SR3 – There is a risk that: We fail to deliver our contribution to excellent public health services in population health screening, infection, health protection and emergency response.

As at **1st October 2026**, the risk score remains at 4x4= **16**. Target score: 6 – outside of risk appetite.

Progress has been made in strengthening oversight and leadership arrangements; however, the emergence of a new incident demonstrates that potential assurance gaps remain. BET is asked to acknowledge that a separate paper on the chronology and evolvement of the risk associated with Sexual Health Test and Post Service has been developed for clarity on how the organisation identified and managed the risk within the service.

Overall, the risk should therefore remain at its current level pending completion of investigations, implementation of improvements and evidence that controls are operating effectively and sustainably.

2.4 SR4 – There is a risk that: we fail to effectively mitigate the public health impacts of climate change on the Welsh population

As at **1 October 2026**, the risk score remains unchanged at 3x4= **12**. Target score: 6 – within risk appetite.

The current score reflects continuing concerns regarding organisational capacity and the increasing scale of climate-related health risks. The risk position will be reviewed at the **November 2026 Climate Change Programme Board**, taking account of progress on resource planning, strategic alignment and preparedness activities.

Public Health Wales has taken positive steps to strengthen its strategic approach to climate change and align its priorities with the new Programme for Government. However, current capacity remains insufficient to fully address the growing scale of climate-related health risks. Continued focus on resource mobilisation, strategic prioritisation and system-wide partnership working will be required to maintain resilience and support effective delivery.

2.5 SR5 – There is a risk that: Failure to modernise and transform how we provide and deliver our services

As at **October 2026**, the risk score remains at 4x4=**16**. Target score: 6 – within risk appetite.

The primary factors driving the current risk level remain:

- Limited organisational change and technical delivery capacity.

- Ongoing challenges recruiting and retaining specialist digital and technical staff.
- Dependence on agency and subcontracted resources to maintain programme momentum.
- Slippage in delivery timescales for major strategic programmes, including NDAP.
- Risks to the realisation of intended benefits if programmes cannot be delivered within planned timelines.

While progress continues across several key programmes, there remains a material risk that delivery schedules and anticipated benefits will not be achieved within expected timescales unless capacity and resource challenges are addressed.

It is acknowledged that important milestones have been achieved and delivery continues across major digital transformation programmes. However, sustained workforce and capacity constraints continue to present a significant risk to delivery timescales, programme benefits realisation and overall portfolio affordability.

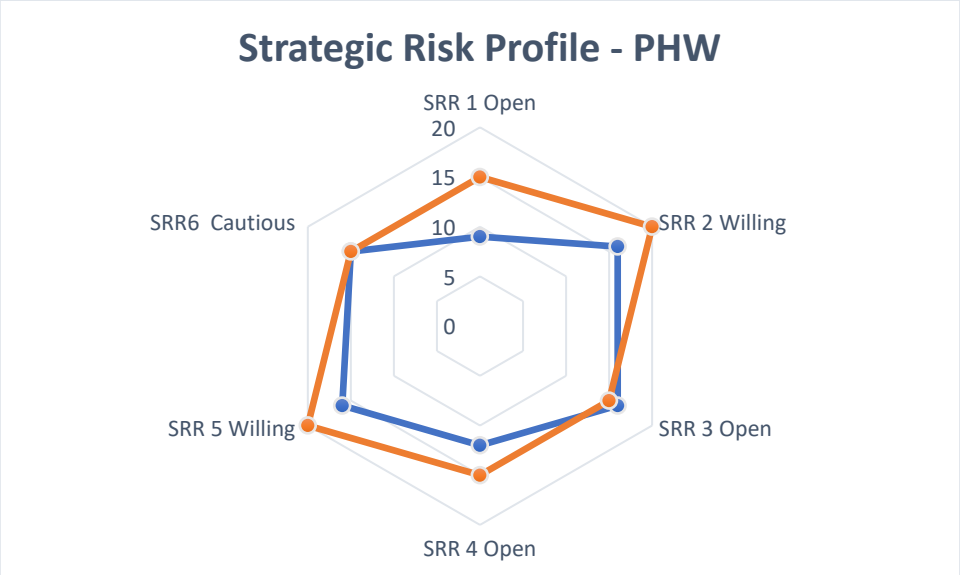
The outcome of the portfolio review will be critical in establishing realistic delivery expectations, prioritising resources and reducing the risk exposure over the medium term.

2.6 SR6

This is reported to the Board in Private Session.

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.

The Business Executive Team are asked to acknowledge that Strategic Risk 3 is being managed slightly outside of its tolerance level, however, the impact of ongoing management arrangements seek to mitigate the risk down to a tolerable risk appetite level.

3.1 Risk Appetite Reporting

The Business Executive Team 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 and relationship between the management of the Corporate and Strategic risks and how these actions impact the management of Strategic level 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	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.	**SRR 1** **SRR3** **SRR4** **SRR5** **SRR6**
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.	**SRR1** **SRR2** **SRR3** **SRR4** **SRR5** **SRR6**
1648	There is a risk that Public Health Wales will lose access to Primary Care data which is widely used across PHW. Areas affected are Data Science and Analysis, Developers, Vaccine Preventable Disease Programme, Health Protection, Primary Care, Screening and the All-Wales Diabetes Prevention Programme.	This is caused by PHW continuing to use Audit+ to gather primary care data when the contract owner has ceased trading and therefore does not provide any support (to address potential service failure & cyber-attacks) from March 2026 onwards.	**SRR1** **SRR3** **SRR4** **SRR5**
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.	**SRR1** **SRR2** **SRR3** **SRR4** **SRR5** **SRR6**
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	**SRR1** **SRR2** **SRR3** **SRR6**

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	**SRR1** **SRR2** **SRR3** **SRR4** **SRR5** **SRR6**
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	**SRR4**
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.	**SRR1** **SRR2**
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.	**SRR1** **SRR2** **SRR3**

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.	**SRR1** **SRR3**
2315	There is a risk that PHW will not be able to deliver an optimal and sustainable sexual health service 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)	**SRR3**

5. Equality Impact Assessment

No decision required.

6. Recommendation

The Board is asked to:

- **Approve** the updates to the Strategic Risks, including actions to be closed, actions to become controls and progress updates which impact the overall management of the risks.