KRIC CORPORATE RISK REGISTER - 24/02/2026

			RISK ARTICULATION				INHERENT SCORING			CONTROLS	RESIDUAL (CURRENT) SCORING			DECISION	OVERALL RISK PROGRESS	ACTION PLAN				TARGET SCORING			RESPONSIBLE GROUP
Risks 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	Proevnss	Likelihood	Consequence	Rating	Group responsible for Risk
1533	Adverse Publicity	14/06/2023	PHW - National Director of Policy and International 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/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.	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.	4 Highly Likely	4 Major	16	Action plan is now in place to support this on going risk. Temporary changes have been put in place to bolster the WHIASU team as it delivers its IMTP deliverables as well as prepares for the duty. A highly experienced Band 7 is remaining as part of retire and return at 0.4 WTE from 0.6 WTE in October. Other preparations include revamping 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	23/01/2026 - The HIA Guide was approved by the Executive Team and will be published on the 24th February 2026.	A comprehensive workplan will be further developed to increase engagement, training, capability and capacity building and to the further develop the guidance to support the requirements of the legislation by end of Q3	31/10/2025	23/09/2025	This action is ongoing, however the publication of the legislation has been delay.	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 in 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 ESR Mandatory safeguarding training for adults and children and appropriate level of training assigned to position numbers and reported monthly to managers DBS audit completed and actions in place to improve the management of risk for established staff Safeguarding incidents reviewed by PTR team and named lead for safeguarding and escalated as required All Safeguarding incident and concerns reported and reviewed at the quarterly safeguarding group and themes identified Availability of DBS workshops advertised on PHW'S intranet	2 Unlikely	5 Critical	10	Treat	10/02/2026 - The project is currently around two months behind schedule due to low completion rates for staff DBS and TrustID checks, with significant time being spent issuing repeated reminders and renewing expired links. Additional resource has been deployed to manage this, and Business and Planning Leads have been asked to reinforce the need for colleagues to prioritise completion in order to recover the timetable and prevent further delays.	Subscription to DBS Update service that will provide repeat checks	31/01/2026		The project is currently around two months behind schedule due to low completion rates for staff DBS and TrustID checks, with significant time being spent issuing repeated reminders and renewing expired links. Additional resource has been deployed to manage this, and Business and Planning Leads have been asked to reinforce the need for colleagues to prioritise completion in order to recover the timetable and prevent further delays.	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 in 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 QNAHPs in April 2024. 2. Planned refresh of the I&I 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 I&I Hub for improvement projects 5.National guidance and support materials and designated sharepoint site available for PHW staff. 6.Annual Quality Report published for 23/24 detailing quality work against 12 standards and available to the public 7. Quality oversight group formal meetings commenced with reporting EDON and EMD 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 QSIC quarterly framed around STEEP domains. 12. Active participation in the NHS Executive Quality Standards Meetings.	2 Unlikely	3 Moderate	6	Treat	16/01/2026 - The risk has been reviewed and the Quality Impact Assessment action updated to reflect progress.	Quality Management System (General) - Quality Management System road map agreed and implementing	31/01/2026		Update 1.2026 Ongoing development work with HPSS and NHSPI Update 12.25- Participating in NHSPI QMS workstreams- QMS Delivery & Learning Network . QMS activities ongoing – always on reporting in development and health and care standards peer review post self assesments	1 Highly Unlikely	2 Minor	2	Quality Oversight Group
																Introduction of Quality Impact Assessment and governance process.	31/01/2026		Update 2.26: QIA and SBAR due to be presented at QLOG in March and schedule for BET in 5.26 to endorse suggested implementation plan and Governance arrangements Update 01.2026: QIA piloting complete with final changes being made. Will be presented to QLOG with agreement for the governance process associated with the tool being sought and then the policy & SOP will go out for consolatation. Update 12.25: QIA pilot testing nearing completion with further changes made and due to be presented at QLOG for discussion re the final governance process . Sops and policy drafted and will be presented for consultation post QLOG presentation				
1648	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. Manage this via the DARC 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	16/01/2026 - DHCW have committed to continue to support all existing and current Audit+ use cases, but the detail regarding how remains unclear. DHCW have now confirmed an extension to the Audit + contract to Apr-27. The PHW team will continue to define the plans for the end of the contract.	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.	30/04/2025		08/07 - Update from Eric Mulijan - It will have an impact on and slow down our sentinel work, and the team will work on contacting GP services directly to gather the information. Therefore, due to the fact that it is not deemed to have direct clinical impact, this specific matters has not been flagged as a business continuity issue and our arrangements have not been specifically updated to address that. HP - Awaiting update to confirm	1 Highly Unlikely	2 Minor	2	Digital and Data Design Authority (DDDA)
																To complete a deep dive risk review at DDDA on 15/09/2025.	30/09/2025		Agenda agreed				
1678	Quality	30/04/2024	PHW - Executive Director of Nursing, Quality and Integrated Governance	Stuart Slicox	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 Datix 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	10/02/2026 - Since the last update was provided, a reasonable assurance rating in relation to the management of corporate risks has been received by the organisation. In conjunction with this, targeted communications have taken place with risk handlers and owners who hold risks at a corporate level, reminding them of process, governance and purpose of updating via Datix. This is also taking place at Directorate SMT meetings, increasingly. It is proposed that the likelihood of this risk is reduced to 3, making the risk a 3x3=9, based on the assurance from internal audit and increased awareness raising across PHW.					2 Unlikely	2 Minor	4	Leadership Team

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 loosing 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 has been confirmed to not be available for one year which will need to be tolerated. 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. 04/12/25: ONS has released the Healthy Life Expectancy (HLE) on Jul 4. HLE for local areas will be released on Feb 26, 2026. The deprivation breakdowns likely to be released in Apr 2026. The National Survey for Wales latest results up to Mar 2025 have been released.	4 Highly Likely	3 Moderate	12	Treat	16/012026 - Mitigation actions are ongoing	Continue to monitor ONS publications and plans.	30/09/2025			2 Unlikely	3 Moderate	6	Digital and Data Design Authority
																	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 Slicox	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	3 Likely	4 Major	12	Treat	10/02/2026 - This project is only considered as 'pipeline' by the organisational change board at the moment, therefore, there is no commitment being demonstrated to take this project forward as a priority within the constraints of the timescales associated with the decommissioning of Data Web. Therefore, the likelihood score of the target not being reached by November 2027 should increase the residual score to 4 making this risk a 4x4=16. This score exceeds the inherent scoring of the risk, fundamentally due to the discussions taking place outside of PHW with procurement and DFW colleagues. The current resource that was allocated to take this project forward is also due to end the fixed term contract by 31st March 2026.	Submission to DDDA for agreement of way forward contained within the options appraisal document.	31/12/2025	03/02/2026	Attended DDDA in August 2025. Further scoping advised and development of a system specification to be drafted.	2 Unlikely	3 Moderate	6	RMS Project Huddle
																	Funding bid submitted	31/12/2025	03/02/2026	No funding or resource confirmed for this project although, National discussions are taking place to determine if an all Wales approach is to be taken forward.				
																	Discussed at NOJG SMT on 28th July 2025, and decision was made to escalate to Leadership Team to request for this risk to be included on the Corporate Risk Register, as the impact of this risk were it to be realised, is organisational wide.	21/09/2025	04/10/2025	The risk was submitted to Leadership Team on the 18/09/2025 and accepted onto the CRR.				
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.	•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	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 fake position for Public Health Wales on its progress to net zero. 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.	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	4 Highly Likely	3 Moderate	12	Treat	21/01/2026 - A meeting is scheduled with the Risk Team on the 10th February to strengthen the reporting at the Climate Change Programme Board and the dependencies between this risk and the related strategic risk.	Development of Decarbonisation and Sustainability Action Plan 2026-28	31/03/2026		Under development. Plan circulated to Climate Change Programme Board for comment ahead of going to Execs and Board in March 2026 for approval.	2 Unlikely	2 Minor	4	Climate Change Programme Board
																	Evaluation Report and recommendations of Decarbonisation and Sustainability Action Plan approved	31/12/2025	10/11/2025	Recommendations discussed at Climate Change Board on 10 November and supported. Action complete				
																	Identify and scope the future resources required to deliver the Decarbonisation Programme	31/03/2026		Early discussions held. To be informed by the Evaluation Report. Session to be held with the Executive Team on 11 February to discuss future resource requirements.				
																	Hold a deep dive with the Leadership Team on Decarbonisation actions.	30/06/2026		Date to be identified. Discussed at Leadership Team on 20 November 2025.				
2076	Statutory Duty	31/10/2025	PHW - Executive Director of Nursing, Quality and Integrated Governance	Stuart Slicox	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 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 along , 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	4 Highly Likely	3 Moderate	12	EDI workforce workstreams being addressed 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 scoping supporting by investment Discussions remain ongoing with NOJG and POD as to the feasibility of 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	3 Likely	3 Moderate	9	Treat	10/02/2026 - The action plan has been updated with next scheduled review in March.	Leadership team to review the newly published accessible information standards and prepare an action plan to address gaps/deficits	31/12/2025	04/11/2025	Discussed on 6.11.25 action completed	2 Unlikely	2 Minor	4	Leadership Team
																	To work with Engagement manager and POD team to develop an outline business case for an EDI post and governance infrastructure	31/12/2025		Doc update: Initial discussion completed with POD and paper currently being written with a proposal of how to take forward and to be discussed with I&ET				
																	A deep dive session requested by leadership team on equalities work and AIS to inform discussion with I&ET	09/01/2026	08/01/2026	Update 1 2026 Presented to Leadership team 8.1.26 and agreed actions for LT include a baseline of current infrastructure & practices in place in each directorate to manage equalities and this data to be reviewed in February.				
																	Leadership team to complete a baseline assessment of current equalities provision and processes /infrastructure detailing how they manage /ensure compliant with equality act. To be brought back to LT in 4 weeks for agreement on next steps.	27/03/2026		Distribution of the survey delayed until 6.2.26 and will report finding back to Leadership team mid march				
2144	Quality	11/12/2025	PHW - Executive Director of Nursing, Quality and Integrated Governance	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 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, service user harm, Financial implications (claims) and reputational damage.	4 Highly Likely	3 Moderate	12	4i 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	3 Likely	3 Moderate	9	Treat	23/02/2026 - The risk was considered at Leadership Team on the 19/02/2026 and it was accepted onto the Corporate Risk Register. It was agreed that the risk would be rearticulated to reflect that the main risk being held is related to individuals having a procedure undertaken without being fully informed and a component to address the risks relates to staff training rather than training being the focus.	Results of the Q3 AI screening programme Consent audit published and improved plans in place for screening areas where compliance below standard expected	31/03/2026		Data collection phase at present. Update 18.2.26: Additional queries raised following initial submission to WRP and have been answered and resubmitted. Awaiting report and recommendation to inform improvement actions. In the meantime role competency being assigned to staff who have now been identified as requiring it.	2 Unlikely	2 Minor	4	
																	To audit Best Interest Decisions in WAASP, BTW and DEWS screening programmes and identify poor compliance and required improvements	30/06/2026		Due to start in Q1 2026				
																	Review the Revised all Wales consent policy once published and identify amendments required to the PHW consent policy	31/03/2026		Awaiting publication of draft revised policy				
																	Consent meeting to be arranged with DMD to review current role specific competency requirements and the required staff groups this need to be assigned to.	12/01/2026	19/02/2026	Meeting arranged for 30.12.25 and 16.2.25				
																	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 t received via ESR /POD				