
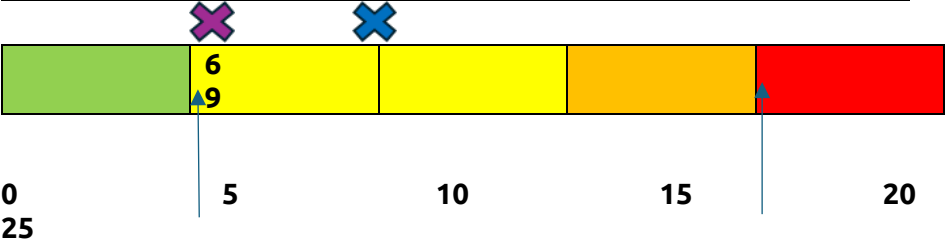


Full Strategic Risk Register

(September 2025)

Risk Reference and Link to Strategic Priority	Risk Description	
<p>SRR1</p> <p>Strategic Priority 1</p> <p><i>“Influencing the wider determinants of health.”</i></p>	<p>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.</p> <p>Caused by:</p> <ol style="list-style-type: none"> 1. Poor alignment of PHW specialist resources, capabilities and programmes with our long-term strategy 2. Failure to generate the quality of evidence and supporting data to shape our influencing and delivery 3. Insufficient/Ineffective public health advice, evidence and action <i>within our remit</i> 4. Ineffective engagement with and communication to partners, the public and policymakers 5. Insufficient system leadership and co-ordination with stakeholders and partners 6. Programmes which do not support our population in achieving healthier lives <p>Resulting in:</p> <p>We fail to have the impact required to reverse the worsening healthy life expectancy of the population of Wales. Wales fails to close widening gaps in health outcomes between our most and least deprived populations.</p>	
<p>Executive Director Sponsor</p>	<p>National Director of Health and Wellbeing</p>	
<p>Assuring Committee</p>	<p>Knowledge, Research and Information Committee</p>	
<p>Trend</p>	<p>Current Position of Risk Including Risk Appetite and Risk Decision</p>	<p>Position Statement – Executive Director Update</p>
<div data-bbox="73 979 383 1230"> <p>Risk Score</p>  <p>JUNE JULY AUGUST</p> </div>	<div data-bbox="432 991 1375 1374"> <p>Open</p> <p>PHW is open to consider all potential options, subject to continued application and/or establishment of controls recognising that there could be a high risk of exposure.</p>  <p>0 5 10 15 20</p> </div>	<p>We have completed the first phase of our work on advocacy for this. We advocated for policy messages which support prevention (e.g. the Future Generation Commissioners Report) we are now working to create the conditions for Prevention to be embedded and effective across our own services and others. We have launched our first Prevention based framework for health and care, have seconded someone into Welsh Government to assess the prevention architecture and are supporting a system wide assessment of preventive spend as well as establishment of a prevention advisory group chaired by the CMO. Our next tasks will be to</p>



= Current Score



= Target Score

Risk Appetite

bring together our internal tactical plan for the next phase of the shift to prevention which will cover our role in leading and influencing a system-wide shift towards prevention, tackling health inequalities, and addressing the broader determinants of health. We recognise the risk that, without effective alignment of our resources, evidence, partnerships, and programmes, we may fall short in delivering the transformative impact required to improve the health and well-being of the people of Wales.

To mitigate this risk, we are committed to:

- **Aligning our strategic priorities and specialist capabilities** to focus on prevention and equity as core drivers of population health.
- **Generating and mobilising high-quality evidence and data** to inform policy, shape delivery, and support system-wide decision-making.
- **Providing timely, trusted, and impactful public health advice** that supports action across sectors and communities.
- **Strengthening our engagement and communication** with partners, the third sector, policymakers, and the public to build shared understanding and collective action.
- **Exercising system leadership** by convening, coordinating, and collaborating with stakeholders to drive integrated, long-term solutions.
- **Designing and delivering programmes** that are inclusive, evidence-based, and responsive to the needs of our most disadvantaged populations.

		It should be recognised that this is ongoing work and simply by influencing the system shift to prevention, this alone may not reverse the worsening healthy life expectancy of the population of Wales or reduce the gaps in health outcomes between our most and least deprived populations.
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Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C1: 1. Poor alignment of PHW specialist resources, capabilities and programmes with our long-term strategy			
Control Reference	Internal Control	Internal Sources of Assurance	How/When is it monitored?
C1.1	Delivery of Public Health Wales Route Maps and milestones within the Board approved Integrated Medium-Term Plan	<ul style="list-style-type: none"> • Integrated Performance Report • Programme Deep Dives 	<ul style="list-style-type: none"> • Public Health Wales Board • Public Health Wales Committees • Joint Executive Team Meetings • Mid and End of Year Reviews • Health and Wellbeing Directorate Leadership Team

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C2: Failure to generate the quality of evidence and supporting data to shape our influencing and delivery			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
C2.1	Implementation of Public Health Wales Digital and Data Strategy and ensuring all programmes include built-in evaluation plans with clear metrics and methodologies.	<ul style="list-style-type: none"> • Public Health Wales Digital and Data Strategy • Research and Development Strategy • Programme Deep Dives • Integrated Performance Report 	<ul style="list-style-type: none"> • Digital, Data and Design Authority (DDDA) • DARC Programme Board • Research and Evaluation Strategy Oversight Group

¹ Three Lines of Defence Model

First – Operational Management control of organisational risks

Second – Risk management and compliance functions, reporting to senior management

Third – Internal audit to provide assurance.

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C2: Failure to generate the quality of evidence and supporting data to shape our influencing and delivery			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
		<ul style="list-style-type: none"> Contribution to the PHW Duty of Quality reporting 	<ul style="list-style-type: none"> Knowledge, Research and Information Committee Board and Executive Team Meetings Health and Wellbeing Directorate Leadership Team

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C3: Insufficient/Ineffective public health advice, evidence and action within our remit			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
C3.1	Professional standards and registration for Public Health Consultants and Practitioners and system of workforce planning ensuring we have the workforce to meet operational and strategic needs. Extensive people development opportunities to maintain and expand knowledge, skills and competency.	<ul style="list-style-type: none"> Job Planning Process Registration and revalidation My Contribution Training attendance records Developing and maintaining of staff competency framework and staff Training Needs Assessments (TNA) 	<ul style="list-style-type: none"> Oversight from OMD Monitoring of workforce plans by People and OD Integrated Performance Report reviewed by Board Training records Training and development spend monitored through Finance

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C4: Ineffective engagement with and communication to partners, the public and policymakers			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
C4.1	Use of multiple communication channels and accessible formats to ensure we meet user needs. Ongoing review of public and third sector engagement activity and metrics,	<ul style="list-style-type: none"> Monthly Communications Report (Publications, Reports and news coverage) Campaign evaluations 	<ul style="list-style-type: none"> Health and Wellbeing Directorate Leadership Team

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C4: Ineffective engagement with and communication to partners, the public and policymakers			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
	evaluation and quality assurance of engagement activity through our research, campaigns, social marketing activity and website interactions utilising engagement and communications expertise within the organisation.	<ul style="list-style-type: none"> • Forward Look (Plan) • Engagement with third sector and the public – strategic planning and forward look (under development) • Central management of PHW website and PHW social media channels • Editorial planning group 	<ul style="list-style-type: none"> • Campaign Oversight Group and Corporate Comms Playbook (under development) • Media coverage (reach and sentiment) monitored through Communications Team and HWB Social Marketing Team • Engagement leads community of practice (under development) • Website metrics

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C5: Insufficient system leadership and co-ordination with stakeholders and partners			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
C5.1	<p>Strong working relationships with key partners and stakeholders including the third sector, Welsh Government, Directors of Public Health and Public Service Boards</p> <p>The development of a strategic partnership with the WCVA</p> <p>A Framework for Healthcare Public Health to influence the NHS to shift systematically towards prevention and Early Intervention</p> <p>Multi-agency governance Programme Boards (e.g. Tackling Diabetes Together)</p>	<ul style="list-style-type: none"> • Integrated Performance Report • Framework for Healthcare Public Health • Agreed outcomes within the WCVA strategic partnership (to be developed) 	<ul style="list-style-type: none"> • Board and Executive Team Meetings • Board Committees • Joint Executive Team • Health and Wellbeing Directorate Leadership Team • Engagement leads community of practice (under development)

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C6: Programmes which do not support our population in achieving healthier lives			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
C6.1	All programmes of work are evidence based, and key milestones are included within the Long-Term Strategy, Route Maps and the Integrated Medium-Term Plan.	<ul style="list-style-type: none"> • Integrated Performance Report • Programme Evaluations 	<ul style="list-style-type: none"> • Board and Executive Teams • Committee Programme Deep Dives • Health and Wellbeing Directorate Leadership Team • Programme Boards

Gaps in Assurance / Action Plans for the cause C1 Poor alignment of PHW specialist resources, capabilities and programmes with our long-term strategy						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP1.1	Further development and implementation of Route Maps for priorities 1,2,3 and 4	Route maps are required to inform IMTPs going forward which will be monitored	By developing a longer term and more coordinated approach to development and implementation of innovation and continuous quality improvement in service provision	National Director of Health and Wellbeing National Director of Policy and International Health	30 August 2025	Route maps have been developed and further refinement required. In progress.

Gaps in Assurance / Action Plans for the cause C2 Failure to generate the quality of evidence and supporting data to shape our influencing and delivery

Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP2.1	Needs further work with Digital colleague's support					For August 2025 update

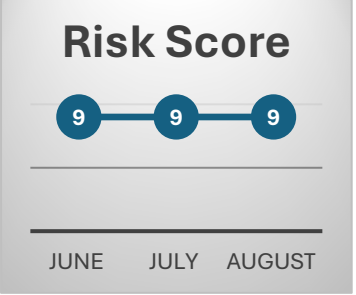
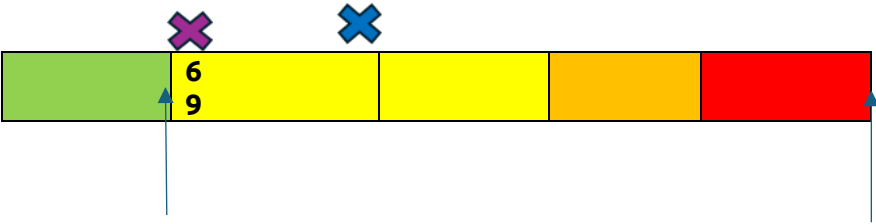
Gaps in Assurance / Action Plans for the cause C3 Insufficient/Ineffective public health advice, evidence and action within our remit


Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP3.1	Training and development needs assessment to inform the development of a system leadership programme to build capacity across PHW and partners.	Improved leadership confidence, behavioural change, increase joint working and partnerships and improved stakeholder feedback of our programmes. Improved confidence when engaging with the public.	Ensures that PHW staff and partners have the skills, knowledge, and confidence to lead collaboratively across organizational boundaries. Strengthens the ability to influence policy, coordinate action, and drive system-wide change.	National Director of Health and Wellbeing	Ongoing	Group coaching for our consultants currently underway. Scoping the rest of the work is subject to resource availability. Development opportunities to support staff engaging with the public (under development)

Gaps in Assurance / Action Plans for the cause C4 Ineffective engagement with and communication to partners, the public and policymakers						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP4.1	Continue to migrate ancillary websites to new Public Health Wales content management system as part of Web Transformation Programme	Benefits and mechanism for monitoring success and progress have been developed and are monitored through Web Transformation Programme Board	Providing consistent communication methods and channels that comply with relevant standards and regulations will support effective communication to partners, the public and policymakers.	National Director of Health and Wellbeing	31 March 2026	Healthy Working Wales website has been migrated. Plan for other ancillary sites has been developed and work has commenced.
	Development of a model for engaging with the public and third sector which enables us to have oversight of all engagement activity, share learning and reduce duplication or disjointed approaches	Measures for monitoring success and progress to be developed as part of this work	A strategic and aligned approach to our engagement activity, reducing the risk of over-engagement/engagement fatigue. Transparency of insights from previous engagement activity, improving our ability to be agile and better use community insights in our work. Better use of resources which will increase efficiency	Director of Nursing, Quality and Integrated Governance	November 2025	August 2025 Baseline assessment of engagement activity paper (using EDGE tool) presented to BET and initial recommendation to proceed endorsed, so work in progress as per plan. In addition, briefing paper of current activity across PHW and associated spending prepared for CEO for further discussion with BET planned in August.

Gaps in Assurance / Action Plans for the cause C5: Insufficient system leadership and co-ordination with stakeholders and partners						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP5.1	Provided strategic leadership, advice and support across primary and community care, to strengthen monitoring and evaluation activities and outputs to measure progress in the delivery of the Primary Care Model for Wales.	suite of outcome measures in discussion with Welsh Government through the Strategic Programme for Primary Care	Health Care Services and Social Care Services will be able to deliver preventive interventions more systematically and effectively	Rachel Andrew, Consultant in Public Health	31 March 2026	Prevention Based Health and Care Launched May 2025

Gaps in Assurance / Action Plans for the cause C6 Programmes which do not support our population in achieving healthier lives						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP6.1	Undertaking a review of our preventive programmes to understand reach, access, impact and outcomes and ensuring the review identifies and implement changes/improvements to services	The outcomes measurement suite which is now being received by Board	Our programmes will be reviewed, and resources and activities targeted to evidence of highest impact, so we get better yield from investment towards the Long-Term Strategy outcomes	Jim McManus, Executive Director	31 March 2026	Quality Review of Healthy Working Wales and Quality Review of Help Me Quit underway

Risk Reference and Link to Strategic Priority	Risk Description			
<p>SRR2</p> <p>Strategic Priority</p> <p><i>“Enabler Risk and incorporates all Strategic Priorities.”</i></p>	<p>There is a risk that: The organisation could experience poor organisational health.</p> <p>Caused by:</p> <ol style="list-style-type: none"> 1. Ineffective organisational leadership and governance 2. Lack of progress towards our ideal organisational culture 3. Inability to appropriately engage, develop and enable our people to deliver our Long-Term Strategy 4. Lack of adequate capacity or capability to deliver BAU/IMTP/SP route maps and flexibility/ adaptability/ readiness for change 5. Lack of integrated and strategic workforce planning <p>Resulting in: diminished ability to deliver strategic priorities, reduced adaptability and innovation, poor attraction, engagement and retention, and erosion of stakeholder confidence.</p>			
Executive Director Sponsor	Director of People and Organisational Development			
Assuring Committee	People and Organisational Development Committee			
Trend	Current Position of Risk Including Risk Appetite and Risk Decision	Position Statement – Executive Director Update		
 <p>Risk Score</p> <p>9 — 9 — 9</p> <p>JUNE JULY AUGUST</p>	<table border="1" data-bbox="454 911 1229 1042"> <tr> <td style="background-color: #92d050;">Willing</td> <td>PHW is eager to be innovative and take on a high level of risk, but only in the right circumstances.</td> </tr> </table> 	Willing	PHW is eager to be innovative and take on a high level of risk, but only in the right circumstances.	<p>Progress continues in addressing the risk of poor organisational health through a co-ordinated programme of strategic actions aligned to our IMTP commitments.</p> <p>Key developments include:</p> <ul style="list-style-type: none"> • The refreshed People Strategy was approved by the Board in Q1 2025–26, setting out our philosophy about our relationship with our people; unifies our Long-Term Strategy and People and OD approaches; and giving some broad direction to the structure and shape the organisation needs for the future. • The Leadership and Management Academy has successfully completed two further cohorts,
Willing	PHW is eager to be innovative and take on a high level of risk, but only in the right circumstances.			

	 <p>0 5 10 15</p> <p>20 25</p> <p>Risk Appetite</p> <p>Blue X = Current Score Pink X = Target Score</p>	<p>supporting our ambition to strengthen leadership capability and confidence at all levels.</p> <ul style="list-style-type: none"> • Embedding our strategic approach to employee engagement, informed by the 2024 staff survey results, which saw an encouraging increase in participation. • Progression toward our ideal organisational culture as articulated in our cultural narrative and further supported by Cultural Advocates throughout the organisation. • Established a strategic workforce planning process and framework, including clear roles and responsibilities. • Ongoing work to embed the Duty of Quality and standardised governance practices, and assessment of our organisational approach to equalities work. <p>While these initiatives are progressing well, we recognise that cultural and behavioural change takes time to embed. We will continue to monitor progress closely, with a view to reassessing the risk score.</p>
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Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ²			
C1: Ineffective organisational leadership and governance			
Control Reference	Internal Control	Internal Sources of Assurance	How/When is it monitored?
C1.1	The refreshed Long-Term Strategy, Strategic Priority Route Maps and Integrated Medium-	<ul style="list-style-type: none"> • BET/Board minutes 	<ul style="list-style-type: none"> • Regular BET/Board meetings

² Three Lines of Defence Model

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ²

C1: Ineffective organisational leadership and governance

Control Reference	Internal Control	Internal Sources of Assurance	How/When is it monitored?
	<p>Term Plans (IMTP), provide clear strategic direction and are monitored through regular reporting cycles.</p> <p>Targeted and regular development of the Business Executive Team (BET) to enhance strategic oversight and decision-making.</p> <p>A systemic programme of work which will increase leadership and management skills, capacity and confidence including formal learning.</p> <p>Compliance with Standing Orders, Scheme of Delegation, and Board Etiquette Protocol.</p> <p>Implementation of an organisation-wide Records Management system.</p> <p>Embedding the Duty of Quality and standardised governance practices.</p> <p>Assessment of our organisational approach to equalities work.</p>	<ul style="list-style-type: none"> • IMTP reporting • PODCOM minutes • Internal Audit and Audit Wales reports 	<ul style="list-style-type: none"> • Ongoing IMTP milestone tracking • Regular PODCOM meetings • Annual accountability reporting to Welsh Government

First – Operational Management control of organisational risks

Second – Risk management and compliance functions, reporting to senior management

Third – Internal audit to provide assurance.

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹
C2: Lack of progress towards our ideal organisational culture

Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
C2.1	<p>Use of the Organisation Culture Inventory (OCI) to assess progress against cultural priorities.</p> <p>A Cultural Narrative which articulates the desired organisational culture and values. Championed by a network of Cultural Advocates across the organisation.</p> <p>Agreement of a strategic and integrated approach to improving staff experience with a focus on embedding behaviours that align with the ‘Being Our Best’ framework and fostering a psychologically safe and inclusive environment.</p>	<ul style="list-style-type: none"> • Staff Survey and OCI results • IMTP reporting 	<ul style="list-style-type: none"> • Employee engagement measures developed in 2024-2025 • Annual staff survey • OCI progress tracking (Culture Pulse survey in Q2 2025/26) • Ongoing IMTP milestone tracking

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹
C3: Inability to appropriately engage, develop and enable our people to deliver our Long-Term Strategy

Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
C3.1	<p>A strategic approach to engagement, and a comprehensive approach to workforce development, underpinned by the People</p>	<ul style="list-style-type: none"> • Learning and development records • Staff survey insights • SWFPs • IMTP reporting 	<ul style="list-style-type: none"> • Performance Assurance Reporting • Annual staff survey • Regular review of SWFPs/ workforce actions

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹
C3: Inability to appropriately engage, develop and enable our people to deliver our Long-Term Strategy

Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
	<p>Strategy and Strategic Workforce Planning (SWFP) framework.</p> <p>Learning and development needs are identified through annual reviews and SWFPs, ensuring alignment with organisational goals. These are supported by a comprehensive learning and development offer.</p>		<ul style="list-style-type: none"> Ongoing IMTP milestone tracking

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹
C4: Lack of adequate capacity or capability to deliver BAU/IMTP/SP route maps and flexibility/ adaptability/ readiness for change

Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
C4.1	<p>Change management support for Tier 1 and 2 organisational change provided by the Programme/Project Management Office and People and OD.</p> <p>Change is delivered in partnership with Trade Unions.</p> <p>Learning and development and supporting guidance for change management, as well as support for those going through change.</p> <p>Organisational change work is embedded within the IMTP, designed to enable effective</p>	<ul style="list-style-type: none"> IMTP reporting Change programme boards Local Partnership Forum / Joint Medical and Dental Negotiation Committee minutes? 	<ul style="list-style-type: none"> Ongoing IMTP milestone tracking Regular programme progress reporting Regular partnership working meetings

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C4: Lack of adequate capacity or capability to deliver BAU/IMTP/SP route maps and flexibility/ adaptability/ readiness for change			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
	delivery of both business-as-usual and strategic initiatives.		

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C5: Lack of integrated and strategic workforce planning			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
C5.1	An established Strategic Workforce Planning (SWFP) process and framework, including clear roles and responsibilities. The framework is designed to align with the timeframe of the Long-Term Strategy.	<ul style="list-style-type: none"> SWFPs IMTP reporting 	<ul style="list-style-type: none"> Regular review of SWFPs/ workforce actions Ongoing IMTP milestone tracking

Gaps in Assurance / Action Plans for the cause C1						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP1.1	Deliver a systemic programme of work which will increase leadership and management skills, capacity and confidence (IMTP Q4).	IMTP milestone reporting	Builds leadership capability and confidence, supports strategic delivery	Director of People and OD	31 March 2026	August 2025 updates: AP1.1/1.2/1.3 on track. Assurance on the development of the on timescales, achievability and deliverability
AP1.2		Participation rates Evaluation feedback Framework adoption Talent pipeline metrics	Ensures leadership continuity and strategic workforce resilience	Director of People and OD	31 March 2026	

Gaps in Assurance / Action Plans for the cause C1						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP1.3	Embed the Leadership and Management Academy.		Robust, standardised approach to organisational governance	Director of People and OD	31 March 2026	provided to PODCOM in Q1.
AP1.4	Establish a clear vision for succession planning and talent management (IMTP Q4). Standardised approach to Governance and Quality Management / Duty of Quality/ Continue to embed the Quality Oversight Group and Duty of Quality.					

Gaps in Assurance / Action Plans for the cause C2						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP2.1	A refreshed People Strategy and Implementation Plan. This strategy is vital for multiple causes, particularly C2-4.	People Strategy Implementation Plan IMTP milestone reporting Implementation milestones	Embeds cultural values and supports inclusive organisational development	Director of People and OD	31 December 2026	August 2025 updates: AP2.1 on track. People Strategy approved by the Board May 2025. Development of the

Gaps in Assurance / Action Plans for the cause C2						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP2.2	PS implementation plan (IMTP 2025/26 deliverable). Deliver the Employee Experience Roadmap (IMTP Q2)	Staff feedback/ Staff survey engagement scores	Clear longer-term roadmap for employee experience Enhances workplace culture and staff satisfaction.	Director of People and OD	30 September 2026	Implementation commenced. AP2.2 on track for delivery, detailed plan in place.



Gaps in Assurance / Action Plans for the cause C3						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP3.1	Links to C2, People Strategy implementation plan, employee experience roadmap, and strategic approach to engagement will engage, develop, and enable our people to deliver.	Staff feedback/ Staff survey engagement scores Take up of performance management approach? IMTP milestone reporting?	Supports engagement, development, and strategic alignment Supports career development and workforce planning	Director of People and OD	31 Dec 2026	August 2025 updates: AP3.1 all actions are on track as per AP2. Assurance on our work on Culture and Engagement provided to PODCOM in Q2.
AP3.2	Develop a performance management approach that focuses on delivery, growth, development and baseline for evaluation (IMTP Q4).			Director of People and OD	31 March 2026	AP3.1 is on track and was the subject of a discussion with SET in Q1.
AP3.3	Implement the Job Families framework (IMTP Q4).			Director of People and OD	31 March 2026	AP3.3 on track. BET approved proposals

Gaps in Assurance / Action Plans for the cause C3						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
						for implanting the Job Family framework in Q1 including the establishment of a JF Steering Group

Gaps in Assurance / Action Plans for the cause C4						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP4.1	Develop the implementation plan for the 'Designed to Deliver' element of the People Strategy	IMTP reporting	Improved capability in the skills to manage change well, and capacity to support organisational change?	Director of People and OD	31 December 2026	August 2025 updates AP4.1 / 4.2 on track. AP4.4, dependency on track for delivery.
AP4.2	Provide change management support and learning and development via PMO and POD.	Change programme reporting Change readiness assessments?	Builds organisational capability and adaptability	Directors of People and OD / Finance and Operations	31 March 2026	
AP4.4	Deliver a sustainable skills development programme aligned to strategic priorities. Also links to C3)	L&D needs analysis/identification of future skills/scarce skills and strategic alignment	Ensures the organisation has the agility to respond to future challenges	Director of People and OD	Dependent upon the People Strategy Implementation plan, milestone date 31 December 2026	

Gaps in Assurance / Action Plans for the cause C5:						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP5.1	Integration of the SWFP process and framework with operational and financial planning / Strategic and operational workforce plan as an embedded element of the IMTP process (IMTP Q4).	IMTP milestone reporting Alignment with IMTP, SEP, and strategic priorities	Ensures long-term workforce sustainability and strategic alignment Improves resource efficiency and strategic delivery	Director of People and OD	31 March 2026	August 2025 Update AP5.1 is being progressed with Strategy & Performance colleagues.

Risk Reference and Link to Strategic Priority	Risk Description											
<p>SRR3</p> <p>Strategic Priority 5</p> <p>“Delivering excellent public health services to protect the public and maximise population health outcomes.”</p>	<p>There is a risk that:</p> <p>We fail to deliver our contribution to excellent public health services in population health screening, infection, health protection and emergency response.</p> <p>Caused by:</p> <ol style="list-style-type: none"> 1. Weakness in clinical governance, clinical and administrative systems and digital processes, service planning and operational delivery. 2. Inability to maintain capacity and capability of the specialist workforce. 3. Absence of innovation and continuous quality improvement. 4. Exceedance in unplanned activities arising from unexpected acute threats to health. <p>Resulting in: Poor quality and unsafe services, sub-optimal population health outcomes for population screening and health threats, and a breach of legal duties on Civil Contingencies and Duty of Quality.</p>											
<p>Executive Director Sponsor</p>	<p>National Director of Screening and Health Protection Services/Medical Director</p>											
<p>Assuring Committee</p>	<p>Quality, Safety and Improvement Committee</p>											
<p>Trend</p>	Current Position of Risk Including Risk Appetite and Risk Decision	Position Statement – Executive Director Update										
<p>Risk Score</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>JUNE</td> <td>9</td> </tr> <tr> <td>JULY</td> <td>9</td> </tr> <tr> <td>AUGUST</td> <td>12</td> </tr> </tbody> </table>	Month	Risk Score	JUNE	9	JULY	9	AUGUST	12	<table border="1"> <tr> <td>Open</td> <td>PHW is open to consider all potential options, subject to continued application and/or establishment of controls recognising that there could be a high risk of exposure.</td> </tr> </table> <p>0 5 10 15 20 25</p>	Open	PHW is open to consider all potential options, subject to continued application and/or establishment of controls recognising that there could be a high risk of exposure.	<p>Work continues to improve operational delivery for services that are not meeting performance targets, particularly for Bowel, Diabetic Eye and Breast screening. The Bowel screening pathway relies on commissioned providers to carry out further diagnostic tests and the wait times for these are sub-optimal. This has been escalated to health boards and Chief executive level</p>
Month	Risk Score											
JUNE	9											
JULY	9											
AUGUST	12											
Open	PHW is open to consider all potential options, subject to continued application and/or establishment of controls recognising that there could be a high risk of exposure.											

	<p style="text-align: center;">Risk Appetite</p> <p>  = Current Score  = Target Score </p>	<p>discussions to agree short- and long-term improvements will conclude in September. Optimisation and transformation of Diabetic Eye Screening continue to develop a sustainable delivery model. Several digital developments are ongoing to support service delivery.</p> <p>The three-week waiting time for assessments for Breast Screening has not achieved the standard for a long period and the reasons are multi-factorial. In order to identify opportunities to improve excellence, a quality review of the programme, taking an end-to-end pathway approach will be carried out during 2025. Workforce capacity across the Health Protection and Screening Services directorate is continuously reviewed, with key mitigations on the health protection and bioinformatics workforce being progressed. The position on screening workforce particularly in North Wales for Breast Test Wales and infection services in North Wales remain key areas of focus to ensure resilient capacity across the clinical team. Work is ongoing to identify priorities for digital support to maintain the delivery of services.</p> <p>Looking ahead to September to October, the EPRR team has been preparing for</p>
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		<p>Exercise Pegasus to ensure that there is sufficient capacity to respond to the demands of the exercise play.</p> <p>In light of the overall position around performance, the current risk score has been escalated to 12 from 9, increasing the ‘likelihood’ score.</p>
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Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ³			
C1: Weakness in clinical governance, clinical and administrative systems and digital processes, service planning and operational delivery.			
Control Reference	Internal Control	Internal Sources of Assurance	How/When is it monitored?
C1.1	Development, implementation, and maintenance of emergency and business continuity arrangements, including participation in EPRR training and exercises, alongside debriefing and implementing lessons identified from incidents and outbreaks.	<ul style="list-style-type: none"> • PHW Emergency Response Plan (V3.2) • PHW Countermeasures Protocol • PHW Business Continuity Arrangements. • Communicable Disease Plan for Wales • PHW Annual Assurance Return to Welsh Government on EPRR 	<ul style="list-style-type: none"> • Annually reviewed, tested by exercise, with written assurance to Board. • Reviewed biennially, tested by exercise. • Annually reviewed by Directorate with assurance via Emergency Preparedness Resilience and Response (EPRR) Group Meetings (Quarterly) reported to Board. • Reviewed biennially, tested by exercise in conjunction with Health Protection • Annually produced, with approval from EPRR Group, HPSS DMT, BET, QSIC & Board.

³ Three Lines of Defence Model

First – Operational Management control of organisational risks

Second – Risk management and compliance functions, reporting to senior management

Third – Internal audit to provide assurance.

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ³			
C1: Weakness in clinical governance, clinical and administrative systems and digital processes, service planning and operational delivery.			
Control Reference	Internal Control	Internal Sources of Assurance	How/When is it monitored?
		<ul style="list-style-type: none"> Work with partners to locally, regionally and nationally to continually review, update, train for and exercise multi-agency plans and procedures for emergencies. NB. This is via Local Resilience Fora (LRF), Wales Resilience Partnership, Wales Resilience Forum and the 4 Nations Public Health (PH) Emergency Preparedness, Resilience & Response (EPRR) Group. 	<ul style="list-style-type: none"> Schedules for meeting, training, testing and exercising vary. For further detail, please contact phw.epr@wales.nhs.uk
C1.2	Development and utilisation of policies and procedures to enable effective and efficient service delivery, including clinical and non-clinical <i>Standard Operating Procedures and Protocols</i> .	<ul style="list-style-type: none"> Comprehensive suite of organisational policies and procedures. HPSS directorate and divisional policies and standard operating procedures aligned where relevant to clinical and operational delivery standards and agreements. Population Screening Programmes delivered in line with UK National Screening Committee recommendations and as approved by the Wales Screening Committee and Welsh Government Policy. 	<ul style="list-style-type: none"> Corporate Policy and Control Document Reviews via Leadership Team. Regular Clinical Audits undertaken against Standard Operating Procedures, policies & NICE Guidance. Clinical audits undertaken on outcomes e.g. Cervical Screening Wales audit of all cervical cancers in Wales. Health Inspectorate Wales routine inspections. Clinical review and also specifically inspection of IR(ME)R regulations in Breast Screening Programme (radiation regulations)

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ³			
C1: Weakness in clinical governance, clinical and administrative systems and digital processes, service planning and operational delivery.			
Control Reference	Internal Control	Internal Sources of Assurance	How/When is it monitored?
		<ul style="list-style-type: none"> HPSS laboratory systems accredited to ISO 15189:2022, with re-validation required yearly. 	<ul style="list-style-type: none"> UKAS inspections and resulting accreditation guarantees the highest levels of impartiality and competence through the continuous assessment processes including walkarounds.
C1.3	Variation / risk-based prioritised approach to directorate delivery assurance.	<ul style="list-style-type: none"> Cross directorate operational delivery reporting. Action plans with appropriate tracking and trajectories , spotlight sessions and reports to HPSS Divisional SMT’s, DMT QSIC. Annual clinical audit programme based on risk and variation Thematic Analysis of NRIs, EWN and Claims Result of Peer review programme/quality walks Safety culture and open incident reporting processes, compliance with PTR regulations and Duty of Quality Health & Care Standards 	<ul style="list-style-type: none"> Performance management with monthly quality monitoring at HPSS Divisional SMT’s on key performance indicators and quality metrics. Focused monthly performance monitoring at HPSS DMT with reporting and insights to PHW Board. Rolling monthly programme at HPSS DMT / SMT monitoring via quality & performance reporting through governance structures of PHW to QSIC & Board Reports to divisional SMT’s and QSIC Monthly Quality performance reviews with Health Boards on their aspects of delivery of screening programmes and recovery trajectories . (SH)

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ³			
C1: Weakness in clinical governance, clinical and administrative systems and digital processes, service planning and operational delivery.			
Control Reference	Internal Control	Internal Sources of Assurance	How/When is it monitored?
C1.4	An HPSS programmatic approach to benchmarking, reviewing and improving corporate and business operational systems and processes within the directorate supported by corporate enabling functions using the Duty of Quality Health & Care Standards to fully operationalise a quality management system.	<ul style="list-style-type: none"> • Excellent operations programme scope • Excellent operations delivery dashboard • Range of diagnostic / review reports • Deliver quality improvements against the quality priorities identified against the Duty of Annual Report & Quality Standards Self-assessment /QOF • Service User Feedback 	<ul style="list-style-type: none"> • Monthly DMT update reporting • Reports into corporate committees and Board • Internal audit reports on programme projects
C1.5	HPSS adoption of the PHW Clinical Governance Framework and the divisional systems of quality monitoring aligned to delivery context and mandated or quality standards and enablers building a safety culture and learning culture	<ul style="list-style-type: none"> • PHW Clinical Governance Framework • Divisional Quality Lead resources • Divisional Quality reports and action plans • Contribution to the PHW Duty of Quality reporting and corporate Governance groups • Compliance with quality inspections (e.g. UKAS) 	<ul style="list-style-type: none"> • HPSS SMT / DMT reporting • Quality Oversight Group participation and workplan • Corporate reporting (patient / service user experience including incidents, NRI & EWN’s complaints, claims and Duty of Candour) Performance monitoring of Interval Cancer reviews • External inspections & Peer Quality Visits • Service User Surveys & associated Improvement plans
C1.6	HPSS mapping of current and future digital transformation needs aligned with strategic priorities and service user and operational needs aligned to the Duty of Quality standards	<ul style="list-style-type: none"> • Comprehensive mapping document • Inclusions in 10 year strategic capital plan • Bi Monthly inter directorate DKR and HPSS executive led meeting • Service user feedback and engagement 	<ul style="list-style-type: none"> • Project/Programme boards for specific initiatives (e.g. Health Protection Digital replacement programme) • Monitored at internal HPSS Programme Meeting • Reporting to HPSS DMT

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹

C2: Inability to maintain capacity and capability of the specialist workforce.

Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
C2.1	Uphold high professional standards: Professional Regulation – Medical, Nursing & Midwifery, and Multi-Professional Staff	<ul style="list-style-type: none"> • Medical, Nursing & Midwifery, HCPC, Allied Health Professional and Multi-Disciplinary Staff Revalidation process and annual audit • Medical Job Planning Process • MYC CPD planning and career professional conversations • Numbers of staff participation in clinical supervision • Mentorship/Preceptorship programmes in place • Nursing Senedd attendance • Nursing & Midwifery Leads attendance and information cascade 	<ul style="list-style-type: none"> • Annual Report to POD COM / QSIC • Oversight by OMD, with assurance reporting via HPSS DMT (or NQIG for Nursing and Midwifery) to BET and Board • HEIW CPD returns • Quarterly reporting of N&M supervision sessions • Pulse/Staff surveys regarding access to CPD
C2.2	Evolving system of workforce planning aligned to future operational and strategic needs	<ul style="list-style-type: none"> • Divisional level workforce plans in development • Use of career pathway tools 	<ul style="list-style-type: none"> • POD oversight • Nursing & Midwifery Professional Leads
C2.3	In addition to being an approved specialist training provider there are a range of professional competency standards and associated “pathways” for internal staff development aligned to current and future operational and strategic needs	<ul style="list-style-type: none"> • Training provider status • Agreed competency standards • Approved professional pathways • NSHCS Training status accreditation with IBMS every 5 years and the • Maintenance of Specialist Scientific workforce skills. 	<ul style="list-style-type: none"> • HEIW contracting, reviews and audits • Workforce development plans • Training completion reporting • External accreditation • Assessed internally every 3 years using defined criteria underpinned by ISO 15189:2022 standards

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C2: Inability to maintain capacity and capability of the specialist workforce.			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
			<ul style="list-style-type: none"> • Number of staff achieving promotions • Equality & Diversity Annual Report /Workforce reports • Nursing & Midwifery retention plan
C2.4	Extensive people development opportunities to maintain and expand knowledge, skills and competency	<ul style="list-style-type: none"> • Training attendance records • Developing and maintaining of staff competency framework and staff Training Needs Assessments (TNA) • Workforce reports 	<ul style="list-style-type: none"> • Training and development spend via financial monitoring • Training records • MYC and CPD requests to HEIW • Number of higher level of awards achieved
C2.5	Working with HEIW and developing strategic links with HEI’s providers to develop future workforce pipeline	<ul style="list-style-type: none"> • Via POD assurance processes • OMD and NQIG student programmes/opportunities 	<ul style="list-style-type: none"> • Organisational workforce planning • Number of Student placements PA

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C3: Absence of innovation and continuous quality improvement.			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
C3.1	Specialist / subject area leads and divisional systems for horizon scanning and staying abreast of service and technological advancements.	<ul style="list-style-type: none"> • Professional leads for scientific areas • Professional Leads for Nursing & Midwifery • Detailed work with procurement specialists to undertake regulated market research to scope and test innovation opportunities/providers 	<ul style="list-style-type: none"> • Documented Leads • Procurement documentation and reports • Nursing & Professional Leads meeting • Management of NICE Technical appraisals and compliance

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C3: Absence of innovation and continuous quality improvement.			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
		<ul style="list-style-type: none"> UK National Screening Committee 	
C3.2	Research and development strategy and agreed directorate priorities	<ul style="list-style-type: none"> HPSS fully engages in PHW wider research structures which includes an organisation wide research strategy and development of priority areas. 	Both specific review of areas of excellent public health service and via PHW wider research structures are reported to the KRIC.
C3.3	See C1.4 and 1.5		

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C4: Exceedance in unplanned activities arising from unexpected acute threats to health.			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
C4.1	Maintenance resilient dedicated 24/7 EPRR On-Call Service which helps to ensure that the organisation meets its statutory obligations under the Civil Contingencies Act 2004 and receives Emergency and Major Incident notifications in a timely manner.	<ul style="list-style-type: none"> 24/7 Resilient EPRR On Call Service Standard Operating Procedure. 	<ul style="list-style-type: none"> Performance monitored monthly via HPSS DMT Metrics, annually reviewed, and reported on via the PHW Annual Assurance Return to Welsh Government on EPRR approved through the EPRR Group, HPSS DMT, BET, Quality, Safety, and Improvement Committee & Board.
C4.2	Extensive system for surveillance of health threats to inform timely and effective response.	<ul style="list-style-type: none"> Exceedance reports and protocols with agreed criteria for escalation and response management Weekly HP issue summary produced 	<ul style="list-style-type: none"> Circulated to PHW Executives

Gaps in Assurance / Action Plans for the cause C1 Weakness in clinical governance, clinical and administrative systems and digital processes, service planning and operational delivery.						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP1.1	Develop resilient, coordinated and effective Pandemic Response Arrangements for PHW.	Arrangements to be validated via an organisation-wide internal desktop exercise.	Align with UK National Respiratory Pandemic Framework (draft) incorporates lessons identified from internal Covid-19 debrief, lookback and reflection processes; as well as recommendations from the UK Covid-19 Module 1 Report. Provides organisational assurance for preparedness.	Huw Williams / Tom Fowler	Q4; 2025/26	<p>August 2025: Work progressing well – currently working on DRAFT 03 of the Pandemic Response Arrangements for PHW.</p> <p>Exercise ANADL to be confirmed in the October EPBC group meeting.</p> <p>February 2025: Work ongoing via the Internal Pandemic Preparedness subgroup. Terms of reference agreed, workstream leads identified and key actions for delivery agreed.</p>
AP1.2	Develop digital programme approach to all digital development activity and improved processes for identifying and agreeing digital activity	Timely delivery of digital programmes	Substantial digital development is required across a variety of systems, coordination on a portfolio level will enable more coordinated and	Tom Fowler/Michelle Battlemuch	Q4; 2025/26	<p>August 2025: It has been agreed with Research Data and Digital on the need to amalgamate actions to mitigate risk will, over</p>

Gaps in Assurance / Action Plans for the cause C1 Weakness in clinical governance, clinical and administrative systems and digital processes, service planning and operational delivery.						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
			therefore more effective delivery with HPSS and identification of the most appropriate forum within digital governance structures for action through the utilisation of digital clinical safety officers.			<p>time, be managed in one space to ensure a joined up approach. Further work on mapping of all digital projects/activities continues.</p> <p>Preliminary mapping of major project alignment to Digital governance structures in place.</p>

Gaps in Assurance / Action Plans for the cause C2 Inability to maintain capacity and capability of the specialist workforce.						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP2.1	Undertake a broader review relating to retention and TNA of regulated professions	This will either provide assurance that we have a stable, competent workforce or require a set of actions to achieve this	By providing relevant information to determine actions.	Tom Fowler/ Ruth Tofton	Mar 26	August 2025: Recent discussions with POD in relation to the work linking with the job families project. BET paper being finalised

Gaps in Assurance / Action Plans for the cause C2 Inability to maintain capacity and capability of the specialist workforce.						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
						<p>outlining proposals for agreement.</p> <p>Initial discussions with Nursing and Midwifery professional leads</p>
AP2.2	Working with HEIW colleagues to broader HEI links offering public health placement opportunities for health professional placements Allied Health professions/Nurses & Midwives	Feedback from participants	This will provide trainees in allied health professions to experience public health placements to support their future careers to promote prevention and healthy lifestyle	Tom Fowler/ Ruth Tofton	Mar 26	<p>August 2025: Paper drafted and will be progressed through the relevant committees proposing future placements (similar to Nursing/Midwifery) for AHPs.</p> <p>HEIW have produced plan, paper being drafted for consideration and agreement by BET to engage.</p>
AP2.3	Improved involvement by OMD in the education commissioning process, working with POD, NQIG and Divisional L&D Leads	N/A	Improved oversight of education commissioning funding and allocation	Tom Fowler/ Eleri Davies/ Ruth Tofton	Mar 26	<p>August 2025: Debrief session being arranged to review and improve PHW's future understanding and response for HEIW's annual education</p>

Gaps in Assurance / Action Plans for the cause C2 Inability to maintain capacity and capability of the specialist workforce.						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
						<p>commissioning requirements.</p> <p>Annual commissioning recently completed – allocation confirmation due May 25.</p>

Gaps in Assurance / Action Plans for the cause C3 Absence of innovation and continuous quality improvement.						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP3.1	Next steps on development and implementation of Route Maps for priority area ‘Excellent public health services’	Route maps are required to inform IMTPs going forward which will be monitored through existing approaches	By developing a longer term and more coordinated approach to development and implementation of innovation and continuous quality improvement in service provision	Meng Khaw (Exec sponsor) Tom Fowler (priority lead)	Route maps	<p>August 2025: An updated route map by the central team has been proposed. An updated version is being developed.</p> <p>A draft route map has been developed and submitted centrally.</p>
AP3.2	Development of approach to assess impact of research activity (IMTP Aim)	Via IMTP objective monitoring	Assessment will include service impact in addition to academic impact metrics enabling	Tom Fowler	March 2026	<p>August 2025: A proposed pilot model has been developed – existing data sources</p>



Gaps in Assurance / Action Plans for the cause C3 Absence of innovation and continuous quality improvement.						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
			assurance that research activity is meeting innovation and improvement needs			are being reviewed to consider feasibility of this approach. Initial discussions with Research, Data, Digital on existing metrics collected
AP3.2	Development of a Directorate approach to assurance and coordination of research an innovation activities	Via IMTP objective monitoring	HPSS Divisions currently have internal review and assurance processes for research and innovation – a Directorate approach is in development that will enable a more coordinated approach	Tom Fowler	March 2026	August 2025: A pilot proposed model has been developed – existing data sources are being reviewed to consider feasibility of this approach. Forum has been set up for working with key leads

Gaps in Assurance / Action Plans for the cause C4 Exceedance in unplanned activities arising from unexpected acute threats to health.						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP4.1	This risk is predominantly monitored on an ongoing	Measurement of efficacy will become relevant if	By undertaken a review to identify potential further	Tom Fowler/Huw Williams	March 2026	August 2025: Planning in place for PHW

Gaps in Assurance / Action Plans for the cause C4 Exceedance in unplanned activities arising from unexpected acute threats to health.

Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
	<p>basis via our business continuity planning process. Current controls are considered to provide an appropriate level of risk mitigation. As part of our pandemic planning activity there is an opportunity to consider if lesson learnt and gaps also apply to this risk scenario. This process will identify further areas of risk mitigation.</p>	<p>further actions are identified to mitigate this risk</p>	<p>risk mitigation activities. Impact/mitigation will only occur if additional actions are identified</p>			<p>evaluation of organisation role in Pandemic exercises (see risk AP1.1)</p>

Risk Reference and Link to Strategic Priority	Risk Description	
<p>SRR4</p> <p>Strategic Priority 6</p> <p><i>"Tackling the public health effects of climate change."</i></p>	<p>There is a risk that: we fail to effectively mitigate the public health impacts of climate change on the Welsh population</p> <p>Caused by:</p> <ol style="list-style-type: none"> 1. Failure to identify and monitor climate change threats to health 2. Failure to effectively inform actions of partner organisations and policymakers so that health is considered as part of their climate action 3. Failure to effectively engage with our population, partner organisations and policymakers 4. Failure to prioritise resources to actions that make a measurable difference to the health of our population 5. Insufficient leadership in Wales to achieve a joined up and aligned system response to climate change. 6. Failure to take co-ordinated actions with partner organisations across the UK 4 Nations and advocate for UK climate policies that protect and promote health <p>Resulting in: Failure to prevent harm to the health of our population as a result of climate change, resulting in worse health outcomes and widening of health inequalities.</p>	
Executive Director Sponsor	National Director of Policy and International Health	
Assuring Committee	Knowledge, Research and Information Committee	
Trend	Current Position of Risk Including Risk Appetite and Risk Decision	Position Statement – Executive Director Update
<div data-bbox="73 1007 405 1283"> <h3>Risk Score</h3> <p>12 12 12</p> <p>JUNE JULY AUGUST</p> </div>	<div data-bbox="432 1074 1375 1369"> <p>Open PHW is open to consider all potential options, subject to continued application and/or establishment of controls recognising that there could be a high risk of exposure.</p> <p>0 5 10 15 20</p> </div>	<p>The critical next step for the climate change strategic priority is the finalisation and operationalisation of the route map for the priority. This sets out the key actions for the organisation to mitigate the impacts of climate change on health in Wales. As part of this process, there has been work to better understand resource gaps.</p> <p>Governance of the work programme is through the Climate Change Programme Board, which was</p>

	<p> = Current Score  = Target Score</p> <p style="text-align: center;">Risk Appetite</p>	<p>initially established to co-ordinate action from across the organisation. Going forward, the Programme Board will monitor this strategic risk as part of its ongoing activities. At the Programme Board meeting in July, the governance architecture of the Board was reviewed, and it was agreed that the governance and decision-making processes could be further strengthened. As a result, an options appraisal will be considered at the next meeting in September. This appraisal will include options designed to provide greater assurance in relation to this strategic risk.</p> <p>The controls and actions were discussed at a Programme Board meeting in July. Some feedback has been received, although it was clear that the Programme Board would benefit from support with understanding the strategic risk process. There will therefore be a discussion in the meeting in September to strengthen the governance around the risk monitoring and assessment. The controls and actions have been reviewed and are appropriately linked to the risk cause. The risk scoring will remain the same until the next meeting in September.</p>
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Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ⁴			
C1: Failure to identify and monitor climate change threats to health			
Control Reference	Internal Control	Internal Sources of Assurance	How/When is it monitored?
C1.1	Climate change and health surveillance system in development, led by CDSC. Active engagement with surveillance partners across the 4 Nations and international system.	Climate Change Surveillance - sub-group of Climate Change Programme Board.	Currently reviewing reporting and monitoring arrangements between Climate Change Programme Board and its sub-groups.

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C2: Failure to effectively inform actions of partner organisations and policymakers so that health is considered as part of their climate action			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
C2.1	Active engagement and collaboration with partner organisations, including Welsh Government, Future Generations Office and the wider public health system in Wales.	Climate Change Programme Board	Climate Change Programme Board meets bi-monthly, and risk will be a standing agenda item.

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C3: Failure to effectively engage with our population, partner organisations and policymakers			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
C3.1	Ongoing active engagement and collaboration with the public, partners and policy makers regarding the threat to the public from climate change as part of the workplan.	Climate Change Programme Board	Climate Change Programme Board meets bi-monthly, and risk will be a standing agenda item.

⁴ Three Lines of Defence Model

First – Operational Management control of organisational risks

Second – Risk management and compliance functions, reporting to senior management

Third – Internal audit to provide assurance.

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C3: Failure to effectively engage with our population, partner organisations and policymakers			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
C3.2	Ongoing collaboration with primary care through Greener Primary Care Team and programme.	Climate Change Programme Board	Climate Change Programme Board meets bi-monthly, and risk will be a standing agenda item.

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C4: Failure to prioritise resources to actions that make a measurable difference to the health of our population			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
C4.1	Distributive leadership model within PHW aiming to ensure that all colleagues have the skills and time to ensure that climate sensitive practice is part of their day job.	Climate Change Programme Board	Climate Change Programme Board meets bi-monthly, and risk will be a standing agenda item.

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C5: Insufficient leadership in Wales to achieve a joined up and aligned system response to climate change.			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
C5.1	This risk is largely outside of our control as it is dependent upon broader system recognition in the threat of climate change to health and partners allocation of sufficient resources.	Climate Change Programme Board	Climate Change Programme Board meets bi-monthly, and risk will be a standing agenda item.

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C6: Failure to take co-ordinated actions with partner organisations across the UK 4 Nations and advocate for UK climate policies that protect and promote health			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
C6.1	Active engagement with 4 Nation colleagues to ensure that our practice is aligned where feasible and we are learning from others’ experiences and advocating for the Welsh population.	Climate Change Programme Board	Climate Change Programme Board meets bi-monthly and risk will be a standing agenda item.

Gaps in Assurance / Action Plans for the cause C1 Failure to identify and monitor climate change threats to health						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP1.1	Climate change programme board and associated sub-groups have mechanisms in place to ensure that we are actively horizon scanning, monitoring, and taking action on climate related threats to health	Log to capture threats to health developed and monitored by CCPB	Regular identification of the risks and monitoring of our actions to mitigate them.	Sumina Azam and Meng Khaw	Q4 2025-26	September 2025: options paper on structure and governance of Climate Change Programme Board reviewed and will be agreed November 2025.

Gaps in Assurance / Action Plans for the cause C2 Failure to effectively inform actions of partner organisations and policymakers so that health is considered as part of their climate action

Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP2.1	Proactive engagement with policy makers on the climate change agenda	Increased engagement with policy makers and a greater reference to health within the climate change agenda	Strengthen the relationship between health and climate change in the policy arena	Sumina Azam	Q4 2025-26	There are already close working relationships with WG officials on climate change and health. Climate change is a key theme in our Public Health Advocacy Programme.

Gaps in Assurance / Action Plans for the cause C3 Failure to effectively engage with our population, partner organisations and policymakers

Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP3.1	Re-engagement with NRW (when feasible) to consider review of MOU and opportunities for future collaboration.	Joint actions / approach on climate and health.	Strengthen opportunities for effective collaboration with joint aims.	Sumina Azam	Q4 2025-26	August 2025: Re-engagement needs to be considered as part of our wider organisational work on strategic partnerships. We are aware that restructuring within NRW has resulted in

Gaps in Assurance / Action Plans for the cause C3 Failure to effectively engage with our population, partner organisations and policymakers						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
						changes to key staff previously involved in health.

Gaps in Assurance / Action Plans for the cause C4 Failure to prioritise resources to actions that make a measurable difference to the health of our population						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP4.1	Development of a route map for Strategic Priority 6 (Climate and health) to enable identification of resource requirements for delivery.	Route maps to be reviewed and approved by Executive Team, with resourcing a consideration.	Resource requirements will also enable identification of resource gaps.	Sumina Azam / Rebecca Masters	Q2 2025-26	August 2026: The route map is being finalised and is going through organisational approval processes.

Gaps in Assurance / Action Plans for the cause C5: Insufficient leadership in Wales to achieve a joined up and aligned system response to climate change.						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP5.1	Discussions with Welsh Government, and participation in Welsh national climate change meetings to enable	Health considered as part of climate action by public bodies.	Participation will enable advocacy for a population health perspective.	Sumina Azam / Rebecca Masters	Q4 2025-26	August 2026: This is ongoing, with recent discussion with Welsh

Gaps in Assurance / Action Plans for the cause C5: Insufficient leadership in Wales to achieve a joined up and aligned system response to climate change.

Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
	system alignment and joined up action to protect health.					Government about adaptation planning.

Gaps in Assurance / Action Plans for the cause C6 Failure to take co-ordinated actions with partner organisations across the UK 4 Nations and advocate for UK climate policies that protect and promote health

Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP6.1	Engagement with 4N, FPH, WHO and IANPHI colleagues, along with international organisations regarding the climate and health agenda.	Review of national and international partnership landscape, including regular updates to CCPB	Alignment of work and methods and sharing of good practice.	Sumina Azam / Rebecca Masters	Q4 2025-26	August 2026: There is positive 4 Nations work underway on climate change.

Risk Reference and Link to Strategic Priority	Risk Description	
<p>SRR 5</p> <p>Strategic Priority</p> <p><i>“Enabler Risk and incorporates all Strategic Priorities.”</i></p>	<p>There is a risk that: we fail to fully exploit digital and data fully to improve public health in Wales.</p> <p>Caused by:</p> <ol style="list-style-type: none"> 1. capacity and capability within PHW and external partners. 2. lack of digital and data literacy within PHW as a whole 3. lack of business change capability across Public Health Wales <p>Resulting in:</p> <p>Poorer public health outcomes for the people of Wales</p>	
<p>Executive Director Sponsor</p>	<p>Director of Knowledge and Research</p>	
<p>Assuring Committee</p>	<p>Knowledge, Research and Information Committee</p>	
Trend	Current Position of Risk Including Risk Appetite and Risk Decision	Position Statement – Executive Director Update
<div data-bbox="73 847 405 1070"> <p>Risk Score</p> <p>16 16 16</p> <p>JUNE JULY AUGUST</p> </div>	<div data-bbox="432 911 1375 1372"> <p>Willing PHW is eager to be innovative and take on a high level of risk, but only in the right circumstance.</p> <p>0 5 10 15 20</p> <p>Risk Appetite</p> <p> = Current Score = Target Score </p> </div>	<p>The nature of this risk has recently changed from reluctance to put forward digital initiatives to an appetite within the organisation for more in this area as reflected in the IMTP. This has moved our mitigations into having the right resources, skills and ways of working to deliver the prioritised changes agreed.</p> <p>This also links to the workforce risk in that the people elements of change are as significant if not more so than the technical.</p> <p>We continue to focus on actions to ensure we have the capability and ways of working to deliver the change agenda planned.</p>

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance			
C1: capacity and capability within PHW and external partners.			
Control Reference	Internal Control	Internal Sources of Assurance	How/When is it monitored?
C1.1	Digital and Data Strategy and Routemap implemented.	D&D Portfolio – Monthly Delivery Confidence Assessment. Quarterly Assurance papers to BET/KRIC	DDDA Digital & Data Portfolio AIDA Change Board BET Board
C1.2	Integration of genomics into our digital and data strategy and delivery routemap has begun.	D&D Portfolio – Monthly Delivery Confidence Assessment. Quarterly Assurance papers to BET/KRIC	DDDA AIDA Digital & Data Portfolio Change Board BET Board

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C2: lack of digital and data literacy within PHW as a whole			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
C2.1	Migration of our data and analysis to the Cloud is being piloted with a view to a full migration of all our analytical resource to the NDR by December 2026	Assurance and Progress reporting	DARC Programme Board Analysis Project Board Data project board
C2.2	Small data science team created and beginning to increase the analytical capability with work now carried out on new tools.	Assurance and Progress reporting	AIDA DARC Programme Board Analysis Project Board

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C2: lack of digital and data literacy within PHW as a whole			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
C2.3	R, Python and Power BI established as tools of choice for most new analysis	Assurance reporting	DARC Programme Board DSAB
C2.4	Strategic Workforce Plan agreed	Assurance reporting	BET

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C3: lack of business change capability across Public Health Wales			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
C3.1	Aligning Digital and Data Portfolio with Strategic Change Portfolio reporting to ensure: One version of the Truth Confirmation of change required Capacity for change identified at an earlier point.	D&D Portfolio – Monthly Delivery Confidence Assessment. Quarterly Assurance papers to BET/KRIC	DDDA Digital & Data Portfolio AIDA Change Board BET Board

Gaps in Assurance / Action Plans for the cause C1 capacity and capability within PHW and external partners.						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP1.1	Create DDaT Job Families and roll out across PHW.	Recruiting the right level of skill to the right roles.	Will bring in a greater talent pool to improve the capability of the existing workforce.	Head of Data Science & Analysis Head of Digital Services	30/06/2027	August 2025 Commenced validation of data job family competency framework. July 2025

Gaps in Assurance / Action Plans for the cause C1 capacity and capability within PHW and external partners.						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
						Cloud workstream of the DARC Programme tasked to identify cloud-related skills and capabilities required to support our move into the cloud and identify learning pathways to support skills growth.
AP1.2 & AP2.2	Increase technical skill capability into PHW as a result of additional investment.	Successful recruitment of Cloud Engineers, Data Engineers, Developers, Cyber Specialists, Technical Project Managers funded by PHW investment.	Create capacity and depth of skill to meet deliverables of IMTP/BAU requirements.	Governance & General Manager - RDDD	31/12/2025	<p>August 2025 Recruitment is ongoing across RDDD. Delays are expected due to a significant A/L time and availability of candidates. Data engineer posts are being shortlisted with an aim of interviews and appointments before September</p> <p>July 2025 Recruitment is ongoing for: Data Engineers x 2 Business Analyst Lead Cloud Architect Cyber Security x 2 Systems Architect Lead Developer</p>
AP1.3	Engage technical agency resource to bridge the gap between recurrent resource commencing in post. This is funded using slippage from	Deliverable are progressing using agency provision. Pay budget balances	Use of agency resource will enable key programmes of work to commence/continue whilst recruitment is ongoing.	Governance & General Manager - RDDD	31/08/2025	<p>August 2025 Technical resource has bridged the gap, however with the exception of 2 roles will all end on 31/08/2025. Exceptions are Lead Cloud Architect and Principal Data Engineer.</p> <p>July 2025</p>

Gaps in Assurance / Action Plans for the cause C1 capacity and capability within PHW and external partners.						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
	investment funding only.					Agency resource in place until Aug 2025. There may be a gap from temp resource to permanent resource due to funding from slippage only.
AP1.3	To develop a strategic platform for analytical data processing and a strategic toolset for analysing our data and commenced the training of staff to utilise the strategic toolset.	New platform is in use and staff can utilise the full toolkit.	This will enable more efficient working, and staff will have the fundamental skills to use tools that are available.	Head of Data Science & Analysis	30/06/2026	<p>August 2025 DARC programme cross-PHW engagement is progressing, to build the roadmap for migration into NDAP. Initial set up of the environment on NDAP is complete. Data mapping, a pre-requisite, has commenced.</p> <p>July 2025 The DARC Programme is now well-established and has responsibility for migrating analysis into our strategic Google Cloud Platform. Cross-organisational engagement has been initiated, emerging priorities identified, and work is underway to support the migration, including the development of guidance and signposting training.</p>
AP1.4	Enhance our capability in creating projections for diseases and conditions, whilst ensuring that the	NHS planning processes are informed, and policies are developed to allow for changes as identified in outputs.	This will both assist with NHS planning and make the case for system and policy interventions to	Head of Data Science & Analysis	31/03/2027	<p>August 2025 Article on cancer projections due for publication in September.</p> <p>July 2025</p>

Gaps in Assurance / Action Plans for the cause C1 capacity and capability within PHW and external partners.						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
	limitations of projections are understood by users.		change course where appropriate.			A series of articles presenting our projections have been published, with more to come over the coming months. The latest publication was on respiratory disease in June 2025.
AP1.5	Establish a Digital, Data and Technology Profession Capability Framework.	Successful recruitment and development pathways for DDaT professions is in place.	This will encourage and embed the technical specialities within both PHW and the NHS and bring talent / skills into the organisation.	Head of Data Science & Analysis Head of Data Head of Digital Services	30/06/2027	<p>August 2025 Commenced validation of data job family competency framework. POD have supported the descriptions for DDaT professions and wish to have similar competency sets for other areas such as research and evaluation before formalising. In the meantime, more roles are using the SFIA competencies or the Welsh interpretation of those. PHW is working with DHCW and other NHS Wales bodies to develop approved job descriptions for many areas. As an example, the Advanced Data Engineer role currently being recruited uses the working/practitioner/advanced/expert classifications for all base skills needed.</p> <p>July 2025 We have commenced using professional competency frameworks to improve our job descriptions for DDAT recruitment. It is proving challenging to have these approved at job evaluation panels, due to the</p>

Gaps in Assurance / Action Plans for the cause C1 capacity and capability within PHW and external partners.						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
						novel nature of the requirements for PHW. This has meant our recruitment activity has been slower than anticipated.
AP1.6	Deliver the automation roadmap.	Roadmap developed and shared with the organisation so there are clear expectations known.	This will provide the organisation with clarity on what can be expected, by when and by whom.	Head of Data	30/09/2025	August 2025 – On hold, data engineers are currently delivering action C2.1 July 2025 A list of tasks being automated and waiting to be automated is being drafted. However, the primary focus for data engineers at present is working on the DARC data documentation and data transfer.
AP1.7	Deliver Phase 1 of the AI Programme.	PHW staff know which products to use follow guidance to ensure compliance with good practice for safe, legal and ethical adoption of AI	This will provide clear guidance and safe use of PHW approved AI products.	Head of Data Science & Analysis	31/03/2027	August 2025 AIDA is up and running. Next step is some planning of the next phases, likely to cover further guidance and support. July 2025 Guidance on the use of Generative AI, to improve productivity at PHW, has been drafted, and awaits final sign off at the AI Design Authority. The next step is to agree what suitable assurance for research and development AI collaborations should look like.
AP1.8	Treat Corporate Risk 1780	Programmes/activities that have a significant dependency on DHCW	Clarity is needed on the role of WG and DCHW and that to be	Head of Digital Services	31/12/2026	August 2025 No further update this month July 2025

Gaps in Assurance / Action Plans for the cause C1 capacity and capability within PHW and external partners.						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
	There is a risk that PHW are unable to deliver our digital agenda due to dependencies on national programmes, DHCW and Welsh Government.	remain on track, or early warning if breaches are identified.	cleared documented. Representation has been strengthened and there is commitment to be more aligned, however it remains a gap which may result in under delivery.			Welsh Government have now shared the governance of DDaT, providing a level of clarity. Communication with our partners to further establish their position in terms of prioritisation / resource/agenda/governance. Escalation process in place within the partner organisations and digital directors. Strengthened our representation at National Programme boards - includes PHW representation at NDR prioritisation board. Early identification has been completed to identify dependencies on DHCW and WG.

Gaps in Assurance / Action Plans for the cause C2 lack of digital and data literacy within PHW as a whole						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP2.1	To establish parameters for the efficient and safe use of AI tools across PHW. Providing 'How to' guidance for staff to follow to ensure best practice compliance.	Lack of data breaches reported using approved AI Tools. Efficiencies in time and quality being realised.	PHW will have clear parameters to work to, which should reduce the poor compliance/use of AI capability.	Head of Data Science & Analysis	Check IMTP deliverable	August 2025 AIDA is collating guidance from trusted sources to share with staff. Generative AI guidance will go to AIDA for approval in September.

Gaps in Assurance / Action Plans for the cause C2 lack of digital and data literacy within PHW as a whole						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
						July 2025 Guidance on the use of Generative AI has been drafted. Once it has been through the approvals process, it will be published on the intranet so that it is available for all staff.
AP2.2	See AP1.2					
AP2.3	Digital & Data processes are documented in line with standards.	New processes will be documented at the point of release as a reference tool for the organisation. This will drive consistency of process and maintain compliance.	There is a formal standard process to follow. This will build confidence and skill for users to be able to follow an approved organisational approach.	Head of Data	30/09/2026	August 2025 The first data sets have been mapped with the new data templates, and there is progress in mapping both the OCAT and CDSC areas. In parallel, teams have considered a variety of data cataloguing tools in collaboration with the NDR data work, and are preparing a paper for Data project board, DARC and DDDA to recommend purchase of licenses and implementation of an automated system to support this manual process.

Gaps in Assurance / Action Plans for the cause C2 lack of digital and data literacy within PHW as a whole						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
						<p>July 2025 A single manual form has been introduced by data and information governance, which Information Asset Owners will fill out. A further, more detailed technical document to capture the required information for data in has been shared with data owners in OCAT and CDSC. In parallel with this work, PHW has signed up to Google Data Plex as the national catalogue system for Wales and is developing a paper on how to bring that software to automate our own data cataloguing work.</p>
AP2.4	Build a Digital and Data Apprenticeship pathway from entry level to degree level	An established career pathway within PHW and partners to 'build and develop' technical capability.	Bring opportunities to school leavers that are non-traditional NHS roles. Established pathways for PHW to be an employer	Governance & General Manager - RDDD	31/12/2026	<p>August 2025 Outline plan submitted to POD.</p> <p>July 2025</p>

Gaps in Assurance / Action Plans for the cause C2 lack of digital and data literacy within PHW as a whole						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
			of choice for technical specialities.			Initial scoping meeting set for September 2025.
AP2.5	To develop and deliver more modelling tools including scenario modelling, screening demand, modelling impact of interventions.	Outputs will be shared with stakeholders to develop policies and plans will reflect the modelling outputs.	Improved decision making and policy development that will benefit stakeholders/users and the population of Wales.	Principal Data Scientist	31/03/2027	<p>August 2025 A cohort within SAIL has been identified and BMI records analysed. Work on identifying comorbidities is progressing, alongside ongoing assessment of data quality and recording patterns in GP records.</p> <p>July 2025 The obesity drug modelling project is about to begin on the SAIL database, focusing on primary care data analysis, comparison with surveys, and modelling of care and rollout scenarios with the working group. A potential project on smoking scenarios is also under</p>

Gaps in Assurance / Action Plans for the cause C2 lack of digital and data literacy within PHW as a whole						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
						consideration following a request from CMO

Gaps in Assurance / Action Plans for the cause C3 lack of business change capability across Public Health Wales						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP3.1	Recruit Portfolio Lead (with designated additional investment)	Successful recruitment.	Role will be the interface between innovation, service delivery, and policy, ensuring programmes are aligned with national and organisational priorities, to meet assurance requirements, and deliver value.	Governance & General Manager - RDDD	31/12/2025	<p>August 2025 Portfolio Lead appointed with an expected start date of end September 2025.</p> <p>July 2025 Interviews set for July 2025.</p>
AP3.2	Manage the change to new supporting digital systems for new cancer data sources.	Successfully managing the change to new digital systems, bringing access to new cancer data sources.	Improve the efficiency and timeliness of receiving and processing cancer data. Improve the timeliness of sharing our data outputs with our partners.	Public Health Consultant	31/03/2027	<p>August 2025 No further action to date, WCDS and automation efficiencies under review until we start to see and process more of the data.</p> <p>July 2025 New data source recently introduced Wales Cancer Dataset</p>

Gaps in Assurance / Action Plans for the cause C3 lack of business change capability across Public Health Wales						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
						(WCDS - Canisc replacement) – increased automated processes used within this data flow for new registrations.
AP3.3	Commence the implementation of Clinical and Digital Safety Standards.	No harm caused as an outcome of new processes being implemented.	All new processes will have been assessed against clinical and digital safety standards to avoid harm as part of the change process. Gaps in assurance will be identified early and mitigations implemented.	Public Health Consultant / Head of Digital Services / Digital Clinical Safety Officer	31/03/2027	<p>August 2025 CDSO has begun integrating Digital Clinical Safety processes into Digital Services and delivered awareness sessions in RDD Directorate and at the Nursing Senedd Forum with plans to extend across the organization to enhance understanding and engagement</p> <p>July 2025 Clinical Digital Safety Officer (CDSO) appointed January 2025. CDSO work prioritised to focus on new processes whilst balancing</p>

Gaps in Assurance / Action Plans for the cause C3 lack of business change capability across Public Health Wales						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
						resource capacity constraints.
AP3.4	Implement the required actions as detailed under SRR2					See SRR2 Updates.
AP3.5	Each programme to ensure change management had specific and designated funding to meet the requirements.	The programme will be implemented. The changes will have been managed well to ensure that staff, processes, resources are embedded and aligned to organisational deliverables.	Recognition that each programme changes are funded to support staff to embed the new way/different ways of working.	Programme / Change Managers	31/03/2026	August 2025 – No update provided. July 2025 Strategy & Planning (PMO) have developed Project and Programme Management standards (will be formally launched in September 2025) and are currently working with the Tier 1 & 2 programme managers to align practices and processes in each of the programmes to the standards.
AP3.6	Recruit a Programme/Change Manager for the DARC programme.	All programmes will have a change plan that considers the impacts of change and associated risks are mitigated.	This will provide dedicated resource to ensure that change is recognised, financed and planned for which will help Staff embed any changes needed.	Strategic Programme Lead	30/09/2025	August 2025 A PMO Programme Manager is now in post and was assigned to the DARC programme on 01/08/25

Gaps in Assurance / Action Plans for the cause C3 lack of business change capability across Public Health Wales						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
		Programmes are implemented on budget and on time.				