

Risk Reference and Link to Strategic Priority	Risk Description	
SRR4 Strategic Priority 6 <i>“Tackling the public health effects of climate change.”</i>	There is a risk that: we fail to effectively mitigate the public health impacts of climate change on the Welsh population Caused by: 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 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.	
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
8 — 8 — 8 AprilMayJune	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. Current Score = 8 Target Score = 6 Risk Appetite Level Applied = Open, therefore, within tolerance level.	There has been increased demand associated with climate-related incidents, including multiple heatwave events and recent wildfires, which have required significant operational response and diverted capacity from proactive to reactive. Highlights of recent heatwave response included early consistent messaging which provided clear instructions for the public and partners, as well as development of a rapid heat period morbidity and mortality surveillance report. In addition, the recent heatwaves have impacted our ability to

		maintain service delivery, with power outages reported and staff affected by the heat. These challenges will be mapped against our climate risk register to understand what mitigations we are able to make, noting that the challenges in these areas are often in our hosted estates. Learning from the heatwaves is being used to ensure our climate response plan is robust and up to date. We provide strategic leadership through the National Adaptation Board, a subgroup of the Health and Social Care Climate Emergency National Programme Board. We continue to work with partners across the UK and internationally, with UKHSA having proposed an SLA on climate and health. Workforce and organisational capacity pressures have further increased during the reporting period, primarily due to higher levels of sickness absence, creating challenges in maintaining delivery across core programmes of work.
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Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹

C1: Failure to identify and monitor climate change threats to health

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.

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.	Regular updates from the Surveillance Subgroup to Climate Change Programme Board

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 is now a standing agenda item.
C2.2	Climate Change is part of our Policy Advocacy Programme priorities	Policy Advocacy Programme Board	Policy Advocacy Programme Board meets monthly to monitor progress and impact. Post election, this is moving to a new phase to reflect new Government priorities.

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 is a standing agenda item.
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 is 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?
C3.3	Climate Change is part of our Policy Advocacy Programme priorities	Policy Advocacy Programme Board	Policy Advocacy Programme Board meets monthly to monitor progress and impact

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 is a standing agenda item.
C4.2	Work underway to understand resource allocation to each of the strategic priorities.	Business Executive Team	Business Executive Team meeting

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 is dependent upon broader system recognition in the threat of climate change to health and partners’ allocation of sufficient resources. Engagement with Welsh Government and partner organisations through national	Climate Change Programme Board	Climate Change Programme Board meets bi-monthly, and risk is 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?
	meetings and working with partner organisations to support a system approach.		

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 is 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	July 2026: We are working to map our recent experience of heatwaves against our climate risk assessment and response plan to ensure effective mitigation

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
						April 2026: We have developed our Climate Risk Assessment and Response Plan which outline the climate related risks for Public Health Wales, and our plan to manage them.

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	July 2026: Engagement with policy makers has recommenced post-election. April 2026: The Advocacy Programme is paused for the pre-election period.

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
						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	Review of formal arrangements with key strategic partners, including UKHSA, IANPHI, and NRW	Joint actions / approach on climate and health.	Strengthen opportunities for effective collaboration with joint aims.	Sumina Azam	Q4 2025-26	July 2026: UKHSA are looking to confirm an SLA in relation to work on climate and health. This is currently under review between PHW and WG and presents both risks and opportunities.

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
						April 2026: No further changes

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	July 2026: Route map has been completed and delivery plans now being developed to ensure effective delivery aligned to the IMTP and WG mandate. April 2026: This work is on-going in alignment of our Long-Term Strategy and IMTP commitments. High level mapping of resources according to Strategic Priority has been undertaken.

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

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 system alignment and joined up action to protect health.	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	July 2026: Rebecca Masters now chairs the WG Health and Social Care Climate Emergency National Programme Board – National Adaptation Board, with PHW operating as the organisational sponsor for this workstream. April 2026: No further changes

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	July 2026: Under continuous review to ensure alignment. Rebecca Masters recently chaired a WHO climate adaptation webinar which saw the launch of the WHO Heat Health Adaptation Plans as well as the latest research on adaptation for vulnerable groups – this learning is now being incorporated into our heat response April 2026: Climate change is likely to be a topic for the forthcoming IANPHI meeting to be held in Wales in Q3 2026/7, offering opportunity

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
						for international partnership and collaboration for climate action.