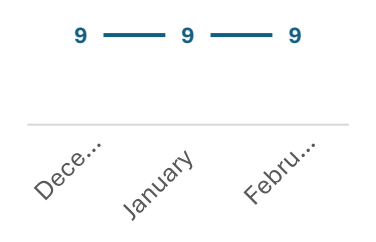


Risk Reference and Link to Strategic Priority	Risk Description			
<p>SRR1</p> <p>Strategic Priority 1, 2, 3 and 4</p>	<p>There is a risk that: We fail to deliver our role to influence a system shift to prevention, reduce health inequalities and address determinants of health.</p> <p>Caused by:</p> <ol 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>		
	<table border="1" data-bbox="483 959 1384 1099"> <tr> <td data-bbox="483 959 734 1099">Open</td> <td data-bbox="741 959 1384 1099">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>Current Score = 9 Target Score = 6 Risk Appetite Level Applied = Open, therefore, within tolerance level.</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>Latest published data shows that for both males and females, in 2022 to 2024, healthy life expectancy decreased compared with 2019 to 2021, with the largest decreases observed in Wales.- Healthy life expectancy, UK - Office for National Statistics. This reinforces the importance and urgency of PHW’s work on prevention and health equity.</p> <p>PHW has completed the first phase of its advocacy work and promoted prevention-focused policy messages (e.g., via the Future Generations Commissioner’s Report). Significant progress includes:</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.			

- Launching the first prevention-based framework for health and care
- Seconding expertise into Welsh Government to review prevention architecture
- Supporting a system-wide assessment of preventive spend
- Establishing a Prevention Advisory Group chaired by the CMO

The next phase will focus on developing an internal tactical plan that brings together PHW's role in leading and influencing the system-wide shift to prevention, tackling health inequalities, and addressing wider determinants of health.

To mitigate the risk, PHW is committed to:

- Aligning strategic priorities and specialist capabilities to embed prevention and equity
- Generating and mobilising high-quality evidence and data to drive policy and delivery
- Providing timely, trusted and impactful public health advice
- Strengthening engagement and communication with partners, policymakers, the third sector, and the public
- Exercising strong system leadership through coordination and collaboration
- Designing and delivering inclusive, evidence-based programmes that address the needs of disadvantaged groups

It is recognised that influencing a system shift toward prevention alone may not be sufficient to reverse current trends in healthy life expectancy or close the widening health inequalities without wider system change.

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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 • Contribution to the PHW Duty of Quality reporting 	<ul style="list-style-type: none"> • Digital, Data and Design Authority (DDDA) • DARC Programme Board • Research and Evaluation Strategy Oversight Group • Knowledge, Research and Information Committee • Board and Executive Team Meetings • Health and Wellbeing Directorate Leadership Team

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
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	<p>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.</p> <p>Workplans reflect drive to ensure that</p> <ol style="list-style-type: none"> 1. the organisation and the workforce remains up to date with best evidence and practice on prevention and on relevant areas. 2. The relevant parts of the workforce are skilled and effective at system leadership and advocacy 	<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 • Annual objective setting and appraisals

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	<p>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, 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.</p> <p>Workplans further develop our ability to nuance approaches to different audiences including policymakers, partners and the public.</p>	<ul style="list-style-type: none"> • Monthly Communications Report (Publications, Reports and news coverage) • Campaign evaluations • 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"> • Monitoring through Comms Team via a Programme Board • Monitoring of impact of campaigns run by social marketing team in HWB • Joint working between Comms and Health and Well Being Directorate • 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	Strong working relationships with key partners and stakeholders including the third sector, Welsh Government, Directors of Public Health and Public Service Boards	<ul style="list-style-type: none"> • Integrated Performance Report • Framework for Healthcare Public Health • Agreed outcomes within the WCVA/PHW partnership agreement 	<ul style="list-style-type: none"> • Board and Executive Team Meetings • Board Committees • Joint Executive Team • Health and Wellbeing Directorate Leadership Team

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?
	<p>Development of joint or shared work plans with Directors of Public Health, HEIW, relevant clinical networks, Community by Design, Sport Wales and Arts Council for Wales are already in place.</p> <p>The development of a partnership agreement with the WCVA, setting out specifically the roles and responsibilities of each respective organisation, is underway.</p> <p>MOU agreed with Sport Wales.</p> <p>A Framework for Healthcare Public Health to influence the NHS to shift systematically towards prevention and Early Intervention has been published and is being incorporated into the community by design work</p> <p>The MECC 2 Pack – a training pack to support the workforce become more preventive through use of psychological skills – has been launched and is being disseminated to the system.</p> <p>Multi-agency governance Programme Boards (e.g. Tackling Diabetes Together)</p>	<p>(to be developed and presented to Board by end of financial year)</p>	<ul style="list-style-type: none"> • WCVA/PHW partnership agreement regular check-ins to monitor progress. Progress presented regularly to Board and Executive Team • Engagement leads meetings

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	<p>Implementation of agreed Route Maps for priorities 1,2,3 and 4 and ongoing engagement with Welsh Government to influence provision of resources to PHW and health boards aligned to All-Wales strategies.</p> <p>Review alignment of resources against agreed route maps</p>	<p>Route maps are required to inform IMTPs going forward which will be monitored</p> <p>Delivery of strategic objectives</p>	<p>By developing a longer term and more coordinated approach to development and implementation of innovation and continuous quality improvement in service provision</p> <p>Review will inform future allocation of resources and prioritisation.</p>	<p>National Director of Health and Wellbeing</p> <p>National Director of Policy and International Health</p> <p>Priority leads</p>	<p>31 October 2025</p> <p>31 March 2026</p>	<p>February 2026 update- IMTP drafted to reflect next three years of route maps. Currently being aligned to the mandate letter received from WG and due to be approved by Public Health Wales Board in March 2026.</p> <p>December 2025 update- Route maps have been developed and signed off by the</p>

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
						<p>Executive Team This will inform future planning and delivery.</p> <p>We are also reviewing key programmes to ensure we have the resource allocated where we need it for delivery.</p>

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	Agreeing a mechanism for balancing evidence and data requests between internal teams (RDD, HI R&E and programme teams) and commissioning external providers where relevant	Agreed & monitored through Divisional workplans	Coordinating requests ensures alignment with organisational priorities and avoids duplication, which can waste resources and create conflicting outputs. By distributing workload based on capacity and	<p>National Director of Health and Wellbeing</p> <p>National Director of Policy and</p>	31 March 2026	<p>February 2026 update- As part of the development of the IMTP 2026-2029, ongoing discussions are taking place to understand the data support requirements to</p>

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
	and required (dependant on capacity and skill mix)		skill mix, you avoid overburdening any one team, ensuring timely delivery of outputs.	International Health National Director of Public Health Knowledge and Research		<p>deliver our plans and mechanism for commissioning work in the future. This is being undertaken in conjunction with the DARC programme and move to NDAP.</p> <p>December 2025 update-This work has initiated by taking most important or urgent work first. A working group has identified and progressed most important workstreams. We intend to ensure appropriate protocols are developed within the timescale. Further discussions to take place with RDD Directorate.</p>

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	<p>February 2026 update- Consultants in Health and Wellbeing continue to access coaching support as part of their development.</p> <p>Discussions have commenced with Directors of Public Health on development of a public health system workforce plan and internally work has commenced to support development of the practitioner workforce in line with the job families work.</p> <p>December update 2025- Group coaching for our consultants in Health and Wellbeing has completed and we are now working on system leadership styles with consultants.</p>

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
						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	February 2026 update- Healthy Weight Healthy You, Help me Quit and Public Health Network Cymru migrations currently in progress and likely to be live in April 2026. Further discussions required to take forward developments within these sites as part of Web transformation BAU process.

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
						<p>December 2025 update- Healthy Working Wales and Hapus websites have now been migrated. Plan for other ancillary sites has been developed and work has commenced. Expected to be completed by 31 March 2026.</p> <p>Coordinated resources on the Wider determinants of health - bringing together our evidence across the organisation and integrating it as part of our new website. Also have seconded someone into Welsh Government to assess the prevention architecture and are</p>

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
	<p>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</p>	<p>Measures for monitoring success and progress to be developed as part of this work</p>	<p>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</p>	<p>Director of Nursing, Quality and Integrated Governance</p>	<p>November 2025</p>	<p>supporting a system wide assessment of preventive spend as well as establishment of a prevention advisory group chaired by the CMO.</p> <p>February 2026 A further workshop is scheduled for 4th March in which the final draft partnership agreement for PHW/WCVA will be reviewed and agree short term activities for year 1 of the partnership.</p> <p>December 2025 A workshop was held with WCVA on 26.11.25 and collaborative working arrangements agreed between the 2 organisations going forward.</p>

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
						<p>In addition, engagement sessions have taken place with young people across Wales in November to understand and inform the requirements of a young people's programme with the suggested model and approach to be presented to BET in March 2026</p> <p>Development of joint or shared work plans with Directors of Public Health, HEIW, relevant clinical networks, Community by Design, Sport Wales and Arts Council for Wales are already in place.</p> <p>The development of a partnership agreement with the WCVA, setting out</p>

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
						<p>specifically the roles and responsibilities of each respective organisation, is underway.</p> <p>A Framework for Healthcare Public Health to influence the NHS to shift systematically towards prevention and Early Intervention has been published and is being incorporated into the community by design work</p> <p>The MECC 2 Pack – a training pack to support the workforce become more preventive through use of psychological skills – has been launched and is being disseminated to the system.</p>

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
						Multi-agency governance Programme Boards (e.g. Tackling Diabetes Together)

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	February 2026 Cluster Peer Review &, Cluster Self-Reflection for 2025/26 completed; findings included in a Triangulation report which also includes information from Cluster round table sessions and Key Indicator Dashboard development. Reports going to PC Leadership group (March) and Cbd Reference & Advisory

Gaps in Assurance / Action Plans for the cause C5: Insufficient system leadership and co-ordination with stakeholders and partners

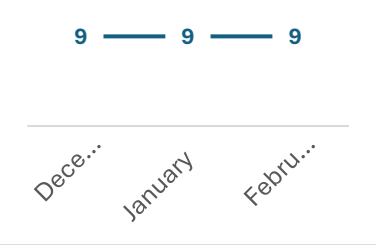
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
	<p>Strengthening strategic leadership across PHW and HB PH Teams through collaborative action and network development</p>	<p>Route Map and IMTP delivery</p>		<p>I Interim Health Improvement Directors and Priority leads</p>	<p>Ongoing</p>	<p>Panel / CbD Programme Board (April 2026) to inform 2026/27 CbD work programme</p> <p>December 2025 Prevention Based Health and Care Launched May 2025, Healthcare Public Health Framework also launched.</p> <p>The Cardiovascular Disease Prevention Plan has also now been published</p> <p>Ongoing monitoring and evaluation if the Primary Care Model for Wales. Two cycles of cluster self-reflection completed and third cycle of cluster peer review taking place in September/ October</p>


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
						<p>2025. Six domains agreed for Primary care Model for Wales key indicators.</p> <p>Continue to work with Directors of Public Health and local teams to identify and agree areas for collective action.</p>

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	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	National Director of Health and Wellbeing	31 March 2026	<p>February 2026</p> <p>Health and Wellbeing continue to review their programmes of work. This work will inform future planning and resource allocation.</p>

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
	changes/improvements to services					<p>Work is also underway in Health Improvement to develop clusters of programmes to support join up between programmes and more effective and efficient ways of working.</p> <p>December 2025</p> <p>Healthy Working Wales has been relaunched following a quality review with a new offer. The MECC Team have been moved to Primary Care Division to ensure continued emphasis on supporting the primary care workforce to become</p>

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
						more preventive and a new training package for the workforce has been launched.

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. This includes capacity and capability for change management and benefits realisation in light of the significant change agenda particularly in the digital and data space. 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>			
<p>Executive Director Sponsor</p>	<p>Director of People and Organisational Development</p>			
<p>Assuring Committee</p>	<p>People and Organisational Development Committee</p>			
<p>Trend</p>	<p>Current Position of Risk Including Risk Appetite and Risk Decision</p>	<p>Position Statement – Executive Director Update</p>		
 <p>Current Score = 9 Target Score = 6 Therefore, within risk appetite tolerance level.</p>	<table border="1" data-bbox="483 948 1256 1075"> <tr> <td data-bbox="483 948 730 1075">Willing</td> <td data-bbox="736 948 1256 1075">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 as at the 1 Feb 2026:</p> <ul style="list-style-type: none"> • Progress has been made with integrating strategic workforce planning in the integrated planning process in 2025/26 and integrated outcomes will be presented to BET and the Board. The focus will shift to improvement and embedding in 2026/27. • At its January 2026 meeting PODCOM:
Willing	PHW is eager to be innovative and take on a high level of risk, but only in the right circumstances.			

		<ul style="list-style-type: none">○ Held a deep dive session into sickness absence including the outcomes of the 2025 audit into mental health support, which concluded reasonable assurance  <p data-bbox="1644 544 1973 571">Reasonable Assurance</p> <ul style="list-style-type: none">○ Took assurance on the delivery of the 2025-2026 IMTP commitment related to leadership and management development○ Took assurance on the Culture action plan, including the results of the 2025 Culture Pulse● IMTP commitments for 2026-2029 have been reviewed as part of the integrated planning process to ensure gaps in controls are targeted. The proposed revised commitments include the following:<ul style="list-style-type: none">○ Developing and commencing delivery of foundational management development to increase skills, capacity, and confidence○ Using workforce planning outputs to continue to build our understanding of the critical skills for the future and identify critical gaps, to inform future learning and development investment.○ Developing a performance management approach that focuses on
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		<p>delivery, growth, development, and recognition,</p> <ul style="list-style-type: none">○ Refreshing the high-level integrated engagement plan using insights from the 2025 NHS Wales Staff Survey and Culture Pulse to identify cultural priorities, strengthen flexible, equitable ways of working and foster a psychologically safe workplace where every colleague can thrive.● When the IMTP commitments have been finalised the action plan which addresses gaps in controls in relation to SR2 will be updated. The People Strategy 2035 implementation plan is on target for delivery at the end of Q4 and will set out the road map for delivering our five people strategy themes and governance arrangements.● There is ongoing work to embed the Duty of Quality and standardised governance practices, and assess our organisational approach to equalities work.● A deep dive into SR2 has been scheduled at Leadership Team. <p>We continue to monitor progress, with a view to reassessing the risk score and consideration will be given to this as part of the deep dive at Leadership Team.</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	<p>The refreshed Long-Term Strategy, Strategic Priority Route Maps and Integrated Medium-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>	<ul style="list-style-type: none"> • BET/Board minutes • IMTP reporting • PODCOM minutes • Internal Audit and Audit Wales reports 	<ul style="list-style-type: none"> • Regular BET/Board meetings • Ongoing IMTP milestone tracking • Regular PODCOM meetings • Annual accountability reporting to Welsh Government

² 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 ²
C1: Ineffective organisational leadership and governance

Control Reference	Internal Control	Internal Sources of Assurance	How/When is it monitored?
	<p>Embedding the Duty of Quality and standardised governance practices.</p> <p>Assessment of our organisational approach to equalities work.</p>		

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 • Mid and end of year review process.

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 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"> • 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 • 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>	<ul style="list-style-type: none"> • IMTP reporting • Change programme boards • Local Partnership Forum / Joint Medical and Dental Negotiation Committee minutes • Training compliance from PMO • Change programmes have benefits realization as a standard reporting outcome. 	<ul style="list-style-type: none"> • Ongoing IMTP milestone tracking • Regular programme progress reporting • Regular partnership working meetings • Audit against PMO standards and SOPs • Gateway reviews • Narrative from staff survey on experience of being part of a change programme.

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?
	<p>Organisational change work is embedded within the IMTP, designed to enable effective delivery of both business-as-usual and strategic initiatives.</p> <p>PMO provide specific training and support on benefits realisation and how this can be implemented and progressed throughout PHW.</p>		

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	<p>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.</p>	<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). Embed the Leadership and Management Academy. Establish a clear vision for succession planning and talent management (IMTP Q4). Action suspended Dec 2025, following RFC approval. Standardised approach to Governance and Quality Management / Duty of Quality/ Continue to embed the Quality Oversight Group and Duty of Quality.	IMTP milestone reporting	Builds leadership capability and confidence, supports strategic delivery	Director of People and OD	31 March 2026	February 2026 updates: AP1.1 & 1.2 are on track. Assurance provided to PODCOM in January 2026. December 2025 updates: AP1.1 & 1.2 are on track. Assurance will be provided to PODCOM in January 2026. AP1.3. Milestone has been suspended. Where required activity will be supported at a directorate level by POD Partners.
AP1.2		Participation rates Evaluation feedback	Ensures leadership continuity and strategic workforce resilience	Director of People and OD	31 March 2026	
AP1.3		Framework adoption	Robust, standardised approach to organisational governance	Director of People and OD	Milestone suspended	
AP1.4		Talent pipeline metrics				

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. PS implementation plan (IMTP 2025/26 deliverable). Deliver the Employee Experience Roadmap (IMTP Q2)	People Strategy Implementation Plan	Embeds cultural values and supports inclusive organisational development	Director of People and OD	31 March 2026	February 2026 updates: AP2.1 on track. AP2.2 complete, will be moved to controls section as part of next updates. December 2025 updates: AP2.1 People Strategy Implementation plan, milestone updated to 31 March 2026. AP2.2 complete.
AP2.2		IMTP milestone reporting Implementation milestones 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	

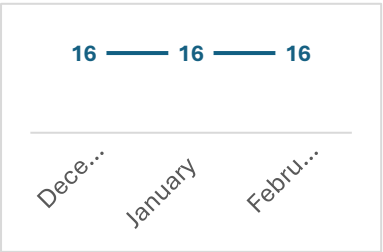
Gaps in Assurance / Action Plans for the cause C3						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP3.1	Links to C2, People Strategy implementation plan, employee experience roadmap, and strategic approach to engagement will engage,	Staff feedback/ Staff survey engagement scores Take up of performance management approach	Supports engagement, development, and strategic alignment Supports career development and workforce planning	Director of People and OD	31 March 2026	February 2026 updates: AP3.1 on track. The due date for the IMTP commitment associated with AP3.2 has been moved to

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
AP3.2	develop, and enable our people to deliver. Develop a performance management approach that focuses on delivery, growth, development and baseline for evaluation (IMTP Q4).	IMTP milestone reporting		Director of People and OD	31 March 2027	<p>31 March 2027 to allow prioritisation of work on strengthening support for people managers, including a detailed review of the current Developing People Managers Programme. AP3.3 is on track</p> <p>December 2025 updates: AP3.1 People Strategy Implementation plan, milestone updated to 31 March 2026. AP3.2 on track. AP3.3 on track. Assurance on progress with the Job Family approach was provided to PODCOM on the 14th October.</p>
AP3.3	Implement the Job Families framework (IMTP Q4).			Director of People and OD	31 March 2026	

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 March 2026	February 2026 updates AP4.1, 4.2, 4.4 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 Ensures the organisation has the agility to respond to future challenges.	Directors of People and OD / Finance and Operations	31 March 2026	December 2025 updates AP4.1, 4.2, 4.4 on track for delivery.
AP4.4	Deliver a sustainable skills development programme aligned to strategic priorities. (Also links to C3)	L&D needs analysis/identification of future skills/scarc skills and strategic alignment		Director of People and OD	Dependent upon the People Strategy Implementation plan, milestone updated to 31 March 2026	
AP 4.5	Ensure DDDA fulfils the role of gatekeeping new change programme proposals	Periodic programme review as per best practice standards. Reports received at the Change Board reflecting the requirements.	Driving up standards and providing senior management oversight of capacity and capability.	DDDA Membership	Ongoing	
AP4.6	BET/Programme Change Board to provide a structured approach to ensure capability and capacity is assessed before formal		Executive/Director oversight and assessment.	Change Board membership and Executive Directors	Ongoing	

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
	agreement and ensure benefits realisation plan links to proposal.					

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	February 2026 updates: AP5.1 on track. December 2025 updates: AP5.1 on track.

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: 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>	<p>Current Position of Risk Including Risk Appetite and Risk Decision</p>	<p>Position Statement – Executive Director Update</p>		
 <p>A line chart with a horizontal axis labeled 'Dece...', 'January', and 'Febru...'. The vertical axis represents a score. A single horizontal line is drawn at the value 16, with three data points labeled '16' corresponding to each month on the axis.</p>	<table border="1" data-bbox="510 1007 1413 1147"> <tr> <td data-bbox="510 1007 763 1147">Open</td> <td data-bbox="763 1007 1413 1147">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>Current Score = 16 Target Score = 6 Risk Appetite Level Applied = Open, therefore, now outside tolerance level.</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>The risk score remains at 16 as the key areas of concern continue in relation to the Sexual Health Test and Post incident, performance of the Breast screening 3 week waits for assessment, and 4 week waits for bowel screening colonoscopy.</p> <p>Additional system fragility remains in relation to the resilience of the Environmental Public Health. In addition, there are temporary business continuity arrangements within the health protection response team. Improvement plans are in place to address performance challenges in Breast Test Wales,</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>Bowel Screening Wales and Diabetic Eye Screening Wales and these are included in Directorate-level controls and reported to QSIC through regular monitoring.</p> <p>The BTW programme review has concluded, and the recommendations are being considered by the Executive Team.</p> <p>A specific action (AP1.8) has been added to mitigate the risks from the Sexual Health Test and Post Incident, with Executive oversight and co-ordination through the Incident Management Team.</p> <p>The HPSS directorate is initiating a transformation programme across the directorate to improve consistency and resilience.</p> <p>Continued dialogue between HPSS and RDD to agree and develop digital improvements to support business process transformation. HPSS and RDD continue to work closely on the organisation's agreed priority programmes—including the Digital Health Protection Programme, secure genomics data transition to the Cloud, lung cancer screening delivery, sexual health case management development, and migration of analytical and surveillance functions to the National Data Resource.</p> <p>In the short term, opportunities to strengthen performance through targeted digital improvements will be explored where these can be</p>
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		<p>delivered without delaying essential longer-term transformation.</p> <p>Workforce resilience remains a key area of focus across Health Protection and Screening Services, with pressures in specialist scientific, bioinformatics and Health Protection functions, and specific challenges in North Wales. Recruitment, training and pipeline development continue to progress. The Directorate is defining workforce capacity indicators to support transparent monitoring of resilience and mitigation effectiveness.</p> <p>Learning from Exercise Pegasus and upcoming internal exercises and the COVID-19 Inquiry modules will inform strengthened emergency planning assumptions. Preparedness performance indicators are being defined to demonstrate increased resilience to acute threats and unplanned activity.</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	<ul style="list-style-type: none"> • PHW Emergency Response Plan (V3.2) • PHW Countermeasures Protocol 	<ul style="list-style-type: none"> • Annually reviewed, tested by exercise, with written assurance to 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?
	<p>continuity arrangements, including participation in EPRR training and exercises, alongside debriefing and implementing lessons identified from incidents and outbreaks.</p>	<ul style="list-style-type: none"> • PHW Business Continuity Arrangements. • Communicable Disease Plan for Wales • PHW Annual Assurance Return to Welsh Government on EPRR • Work with partners to locally, regionally and nationally to continually review, update, train for and exercise multi-agency plans and procedures for emergencies. <p>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.</p>	<ul style="list-style-type: none"> • 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. • Schedules for meeting, training, testing and exercising vary. For further detail, please contact phw.epr@wales.nhs.uk
<p>C1.2</p>	<p>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>.</p>	<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) • UKAS inspections and resulting accreditation guarantees the highest levels

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. 	<p>of impartiality and competence through the continuous assessment processes including walkarounds.</p>
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)
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	<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 	<ul style="list-style-type: none"> Monthly DMT update reporting Reports into corporate committees and Board Internal audit reports on programme projects

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?
	Standards to fully operationalise a quality management system.	the Duty of Annual Report & Quality Standards Self-assessment /QOF <ul style="list-style-type: none"> • Service User Feedback 	
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 <ul style="list-style-type: none"> • 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 • Development of a new Organisation wide clinical governance meeting to provide Trust wide view and assurance • QUOG with strengthened TOR (to be finalised Feb 26)
C1.6	Delivery of agreed future digital transformation needs aligned with strategic priorities and service user and operational needs aligned to the Duty of Quality standards and digital standards	<ul style="list-style-type: none"> • Delivery of PHW’s digital routemap • Comprehensive mapping document of HPSS user requirements • HPSS delivery of future service transformation vision. • Inclusions in 10 year strategic capital plan • 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 through delivery of the digital portfolio and reported to BET and KRIC

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?
C1.7	Strategic oversight of screening programme performance with high-level governance and assurance arrangements in place to oversee performance and population-level risks associated with the national screening programmes.	<ul style="list-style-type: none"> • Monthly screening performance dashboards (strategic indicators only) • DMT and QSIC oversight reports • Welsh Government oversight of national screening standards • Internal Audit of Screening Services (strategic recommendations) • Executive reporting on strategic dependencies, including diagnostics and workforce • Improvement plans for BTW, BSW and DESW implemented by the programme with oversight at the Directorate Management Team and reporting to QSIC 	<ul style="list-style-type: none"> • Monthly strategic performance review (DMT/QSIC) • Quarterly Board reporting through established assurance mechanisms. • Annual reporting to Welsh Government • Escalation through Executive route where strategic risks increase
C1.8	Strategic oversight and governance of Sexual Health service delivery, including risk escalation and assurance.	<ul style="list-style-type: none"> • Incident Management actions and debrief outputs • Divisional governance reports • Quality & safety oversight (clinical governance forums) • Incident reporting and trend analysis 	<ul style="list-style-type: none"> • Monthly divisional SMT and DMT reporting • After-action reviews following incidents • Monitoring via risk registers and escalation logs • Quarterly updates to QSIC
C.1.11	HPSS financial management for directorate-level financial governance and alignment between operational plans and financial capability.	<ul style="list-style-type: none"> • Monthly financial performance reports (M1–M12) • Savings Plan monitoring • Mid-Year Review and year-end position reports • Finance Business Partner oversight • Directorate risk registers financial entries 	<ul style="list-style-type: none"> • Monthly DMT and finance review meetings • Quarterly reporting to QSIC/Board • Regular savings plan tracking cycles • In year variance management process • Annual financial planning and budget risk review

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?
C1.12	Strengthened programme and change-management oversight across the Directorate.	<ul style="list-style-type: none"> • Programme Oversight Team reporting • IMTP alignment and prioritisation decisions • Workforce and leadership capacity reviews • Coordination with enabling functions (Finance, Digital, POD, Strategy & Planning). • Improvement programme milestone reporting • Internal audit outputs related to governance or leadership oversight • Internal audit findings on governance, leadership, or change programme delivery • Transformation programme milestone reporting • Risk register entries relating to delivery capacity or change saturation 	<ul style="list-style-type: none"> • Monthly DMT review of change portfolio capacity and prioritisation • Quarterly reporting to QSIC and Board on transformation progress • Annual IMTP planning cycle • Internal audit follow-up against leadership/governance recommendations • Monthly Delivery Confidence Assessment reporting (Tier 1 & 2 Programmes only) • Assurance report to BET/Board

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 	<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

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"> • 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"> • Pulse/Staff surveys regarding access to CPD • Relevant mandatory compliance data (Datix, DoC, Safeguarding, IG) • Professional appraisal structures in place with assurance reporting for relevant professionals (e.g. Consultants),
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 • Number of staff achieving promotions • Equality & Diversity Annual Report /Workforce reports, and Gender Pay Gap • 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

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?
C2.5	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 • Organisational workforce planning including relevant professional workforce planning (e.g. health care science, Nursing and Midwifery, Public Health specialist) • Delivery of the CNO Strategic Vision

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 • UK National Screening Committee 	<ul style="list-style-type: none"> • Documented Leads • Procurement documentation and reports • Nursing & Professional Leads meeting • Management of NICE Technical appraisals and compliance
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 C1.4,1.5 and C1.11		

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"> Weekly circulation 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.	<ul style="list-style-type: none"> Arrangements to be validated via an organisation-wide internal desktop exercise. 	Align with UK National Respiratory Pandemic Framework (draft) incorporates lessons identified from internal	Deputy National Director Health Protection and	Q4; 2025/26	February 2026: Exercise PEGASUS debrief report finalised, recommendations

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
			<p>Covid-19 debrief, lookback and reflection processes; as well as recommendations from the UK Covid-19 Module 1 and Module 2 Report. Provides organisational assurance for preparedness.</p> <p>Further Covid 19 Enquiry module reports will be reviewed as and when they are released to assess for both direct and indirect implications following the existing approach used for Module 1 and 2.</p> <p>Review and additional input requested from BET and Board for each module.</p>	<p>Screening Services</p> <p>Head of Emergency Preparedness Resilience and Response</p>		<p>incorporated into Pandemic Response Arrangements for PHW, to be showcased at Exercise Anadl on 5th March.</p> <p>December 2025: Exercise PEGASUS concluded. Lessons Identified from debrief being finalised. Outputs to be considered by the Pandemic Preparedness T&F group when finalising the Pandemic Response Arrangements for PHW.</p>
AP1.2	Develop digital programme approach to all digital development activity and improved processes for identifying and agreeing digital	<ul style="list-style-type: none"> Timely delivery of digital programmes, and transparency of reporting of programmes. 	Substantial digital development is required across a variety of systems, coordination on a portfolio level will enable more coordinated	Deputy National Director Health Protection and	Q4; 2025/26	February 2026: Bi-monthly Exec meeting between HPSS & RDD initiated, scoping of areas of focus for the Exec

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
	activity in line with PHW digital and data strategy and DDDA portfolio.		and 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.	Screening Services Assistant Director of Operations Health Protection		<p>meeting underway. Full impact of changes to organisational approach to portfolio reporting still under assessment.</p> <p>December 2025: Re-establishing bi-monthly meeting between HPSS & RDD Execs to ensure strategic alignment with PHW's digital and data strategy</p> <p>October 2025: Organisation portfolio reporting processes have been changed and HPSS are in discussions with RDD to understand the implications and Impact</p> <p>August 2025: It has been agreed with</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
						<p>Research Data and Digital on the need to amalgamate actions to mitigate risk will, over 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>
AP1.7a	Finalise and implement strategic recovery trajectories for national screening programmes.	<ul style="list-style-type: none"> • Trajectory delivery against KPIs • Reduction in pathway delays • Trend improvement against programme standards 	Provides clarity on expected recovery, enables early detection of slippage, and strengthens assurance that screening services can return to compliant and sustainable performance.	Director Screening Division		<p>February 2026: Improvement Implementation plans developed for KPI that not meeting timeliness standard. Timelines of recovery detailed.</p> <p>December 2025: Trajectories in development;</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
						dependency mapping with Health Boards underway.
AP1.7b	Strengthen executive-level engagement on system-wide dependencies (e.g. diagnostics) to support sustainable screening performance	<ul style="list-style-type: none"> Executive to Executive action plan delivery Improved diagnostic capacity/turnaround Evidence of reduced bottlenecks in Bowel Screening 	Addresses the primary external constraint driving screening underperformance, improving end-to-end pathway flow and reducing delays.	National Director Health Protection and Screening Services		<p>February 2026: CEO follow-up correspondence has been issued in relation to agreed action plans. We are now establishing a single, centralised process for review, monitoring, and reporting of progress to the Directorate Management Team of improvement plans for the BTW, BCS and DESW.</p> <p>December 2025: CEO-to-CEO meetings completed; Health Board action themes identified; national performance overview being built.</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
AP1.7c	Provide strategic oversight of the Breast Test Wales Review and ensure alignment of recovery expectations with its recommendations.	<ul style="list-style-type: none"> • Delivery of BTW Review action plan • Improvement in 3-week assessment standard • Workforce resilience metrics (film reader capacity etc.) 	Creates system stability in an area with long-standing non-compliance and directly reduces clinical and reputational risk.	National Director Health Protection and Screening Services		<p>February 2026: The in-depth analysis of the Breast Test Wales (BTW) Review has been completed. The consolidated report will be considered by BET on 04.03.26 to obtain initial executive feedback and agreement on next steps.</p> <p>December 2025: Review conclusions pending; preparatory improvement activity ongoing.</p>
AP1.7d	Ensure strategic assurance of the Diabetic Eye Screening transformation programme	<ul style="list-style-type: none"> • Increase in clinic capacity • Reduced variation in timeliness • Finalised sustainable DESW delivery model 	Stabilises Diabetic Eye Screening performance, reduces backlog risk, supports equitable access and removes ongoing operational fragility.	Director Screening Division		<p>February 2026: Additional mobile clinics in March to target backlog areas. Two new clinic models have been piloted successfully and will be implemented March and April 2026. Evaluation of new technology and</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
						<p>modified usage of eye drops now expected to be in April and May 2026.</p> <p>December 2025: Clinic models piloted; technology change evaluation expected Feb 2026.</p>
AP1.7e	Enhance strategic screening assurance reporting into DMT/QSIC, enabling clearer oversight of risk movement and escalation	<ul style="list-style-type: none"> Quality of reporting Assurance ratings at QSIC Improved visibility of early warning indicators 	Improves organisational oversight, enables earlier action, and strengthens Board assurance on risk mitigation effectiveness.	<p>Head of Directorate Business Operations</p> <p>Head of Operations Screening Division</p>	Q4 2025/26	<p>February 2026: Report reviewed at QSIC, work is ongoing.</p> <p>December 2025: Revised reporting incorporated into deep dive and being aligned with QSIC expectations.</p>
AP1.8	Strengthen governance and delivery of the Sexual Health Test and Post service incident	<ul style="list-style-type: none"> Effectiveness of Incident Management Team Key timely decision-making Timely actions 	Completion of lookback in a timely manner. Delivery of a service aligned with best practice.	Director of Health Protection	Q1 2026/27	February 2026: Incident Management Team and sub-groups in place to co-ordinate

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
		<ul style="list-style-type: none"> Effective stakeholder communication Alignment of service with best practice 				the necessary actions to mitigate the risks.

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	<ul style="list-style-type: none"> Provide assurance that that a stable and competent workforce is in place or require development of actions to achieve this. 	By providing relevant information to determine actions.	Deputy National Director Health Protection and Screening Services Services Business / Workforce Development Manager - Office of Medical Director	Mar 26	February 2026: Paper approved by BET, work to commence on retention and TNA activities. December 2025: Paper submitted to BET regarding approach to professions.

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
AP2.2	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	Deputy National Director Health Protection and Screening Services Business / Workforce Development Manager - Office of Medical Director	Mar 26	February 2026: Paper approved by BET, working group to be established with support from HEIW and NQIG to establish and embed student placement opportunities for AHPs. December 2025: Responding to HEIW review of the PH specialist training scheme.
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	Deputy National Director Health Protection and Screening Services Deputy Medical Director and Head of HARP Programme Business / Workforce	Mar 26	February 2026 Education commissioning requirements submitted by deadline – awaiting final approval due at end of March 26. December 2025: Joint working with POD, NQIG and L&D Leads to determine first draft of commissioning

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
				Development Manager - Office of Medical Director		requirements for end of Jan 26.

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	National Director Health Protection and Screening Services (Exec sponsor) Deputy National Director Health Protection and Screening Services (priority lead)	Route maps	February 2026: Work continues within the IMTP setting space to ensure route maps are fully embedded. An assessment undertaken as part of IMTP setting activity has identified where route map aims are not explicitly reflected in IMTP objectives, this is due to them primarily being delivered through BAU activity or via other organisational programmes. A cross-organisation

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
						<p>workshop held on 28 January 2026 explored how excellence is defined within the 2035 enabling objectives. A follow-up session in April will focus on how colleagues can support delivery of these objectives and inform future IMTP planning.</p> <p>December 2025: Route maps being embedded in IMTP development process for HPSS. Engagement with Strategy & Planning re; embedding priority across organisation and all process.</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 assurance that research activity is meeting	Deputy National Director Health Protection and	March 2026	<p>February 2026: Pilot drafts of standard metrics on academic impact from existing academic databases is being explored. A</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
			innovation and improvement needs	Screening Services		<p>model of gathering internal impact is being considered and how this can link with RDD's offer, with the intent to propose a pilot. We are also exploring RDD's existing processes to assess the impact of our epidemiological reports.</p> <p>December 2025: Continuing to explore RDD's offer in assessment of impact. Initiated reporting of R&D activities to HPSS DMT.</p>
AP3.2	Development of a Directorate approach to assurance and coordination of research and 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	Deputy National Director Health Protection and Screening Services	March 2026	<p>February 2026: Pilot drafts of standard metrics on academic impact from existing academic databases is being explored. A model of gathering internal impact is being considered and how this can link with</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
						<p>RDD's offer, with the intent to propose a pilot. We are also exploring RDD's existing processes to assess the impact of our epidemiological reports.</p> <p>December 2025: Continuing to explore RDD's offer in assessment of impact. Initiated reporting of R&D activities to HPSS DMT.</p>

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 basis via our business continuity planning process. Current controls are considered to provide an appropriate level of risk mitigation. As part of	Measurement of efficacy will become relevant if further actions are identified to mitigate this risk	By undertaken a review to identify potential further risk mitigation activities. Impact/mitigation will only occur if additional actions are identified	Deputy National Director Health Protection and Screening Services	March 2026	<p>February 2026: Exercise PEGASUS debrief report finalised; and C19 Lookback Series published. Lessons from both incorporated into</p>

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
	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.			Head of Emergency Preparedness Resilience and Response		<p>Pandemic Response Arrangements for PHW, and the PHW Emergency Response Plan.</p> <p>December 2025: PHW Exercise PEGASUS Phase 02 & 03 evaluations via internal debrief, and formal exercise evaluation provided to Exercise Control Team in UK Government. Engagement also in National exercise Debrief programme. Lessons to be considered in the development of PHW Pandemic Response Arrangements.</p>
AP 4.2	Strengthen strategic oversight of pathway resilience across national screening programmes ensuring risks arising from unplanned activity and wider system	<ul style="list-style-type: none"> Improved visibility of emerging screening system risks. Evidence of enhanced pathway resilience across national 	<ul style="list-style-type: none"> Maintains organisational resilience to unplanned activity affecting screening performance and population outcomes. 	Director Screening Division		<p>February 2026: Improvement implementation plans have been developed and are being implemented and monitored for</p>

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
	dependencies are identified, escalated and addressed through established governance routes.	<p>screening programmes</p> <ul style="list-style-type: none"> • Strengthened workforce sustainability indicators at a strategic level. • Digital capabilities aligned with strategic assurance requirements 	<ul style="list-style-type: none"> • Strengthens the organisation's resilience to variation in screening demand and wider system pressures. • Provides assurance that screening pathways remain stable and that risks are escalated effectively. • Supports sustained compliance with national screening standards 			<p>the three main areas of improvement on timeliness of screening pathway that is focussed. Deep dive on Screening at QSIC on 24 February with deep dive presentation and detailed papers on Breast Screening, Bowel Screening and Diabetic Eye Screening focused on timeliness performance specific areas.</p> <p>Letter of escalation to BCU CEO on assessment pathway in BCU sent with CEO meeting arranged for 10 March.</p> <p>CEO letters sent to Health Boards for follow up of recovery plans for Bowel Screening</p>

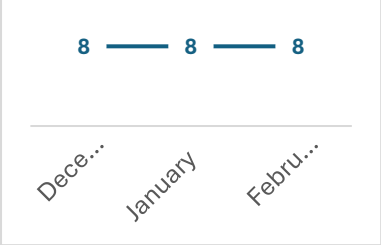
Gaps in Assurance / Action Plans for the cause C4 Exceedance in unplanned activities arising from unexpected acute threats to health.						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
						<p>Colonoscopy waiting times.</p> <p>Breast Screening Programme has initiated Performance Improvement group to take improvement plan forward.</p> <p>Bowel Screening has initiated Screening Colonoscopy Improvement Project to identify options to strengthen core screening colonoscopy capacity and improve the resilience of the screening endoscopy services across Wales.</p> <p>Representatives from across all health boards and partner organisations to contribute to project Input from clinical leads, Screening</p>

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>Colonoscopists, operational managers, Lead SSPs, senior nurses and colleagues with an interest in service improvement. Your support to nominate representatives is valued.</p> <p>Diabetic Eye Screening managing improvement plan through project group and transformation programme structure.</p> <p>December 2025: Pathway resilience work continues across regions, with risks in meeting assessment standards escalated through established Health Board and Executive routes. Strategic oversight</p>

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>remains focused on addressing system and workforce dependencies, with operational improvements monitored through programme governance.</p> <p>Bowel Screening: Risks arising from system and diagnostic pathway dependencies continue to be overseen through Executive level engagement with Health Boards. A whole system approach to addressing these dependencies is in development, with detailed operational recovery activity monitored through programme governance and the</p>

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>Corporate Risk Register.</p> <p>Diabetic Eye Screening - Strategic transformation of the programme continues, focused on strengthening capacity, equity and resilience. Oversight is maintained through DMT and QSIC, while detailed operational testing is undertaken.</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>			
<p>Executive Director Sponsor</p>	<p>National Director of Policy and International Health</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>		
	<table border="1" data-bbox="483 979 1386 1070"> <tr> <td data-bbox="483 979 730 1070">Open</td> <td data-bbox="736 979 1386 1070">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>Current Score = 8 Target Score = 6 Risk Appetite Level Applied = Open, therefore, within tolerance level.</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>The new structure of Climate Change Programme Board has been implemented, with two subgroups having met for the first time. This governance structure is now aligned to delivery of the route map. Risk is a standing agenda item at Programme Board, with ongoing monitoring of controls and actions of both strategic and corporate risks. Progress is being made to understand climate threats to health through the launch of the Climate and Health Research Network and developing partnerships for climate change, for</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.			

		example through a national Health and Social Care Climate Emergency Leadership Day. Alongside this, we are also progressing our organisational commitment to reduce our carbon footprint (which is on our Corporate Risk Register), for example through developing our Climate Response Plan.
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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.	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

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?
C3.1	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.
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 Assurance¹**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	<p>This is dependent upon broader system recognition in the threat of climate change to health and partners allocation of sufficient resources.</p> <p>Engagement with Welsh Government and partner organisations through national meetings and working with partner organisations to support a system approach.</p>	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 Assurance¹**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	<p>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.</p>	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	February 2026: Our Climate and Health Research Network has been successfully launched, and we are mandated to continue this work from WG.

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	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	Feb 2026: As part of the review of our governance arrangements, CCPB will be commencing work to map out the wider system linkages and ensure that we are appropriately represented in these areas.

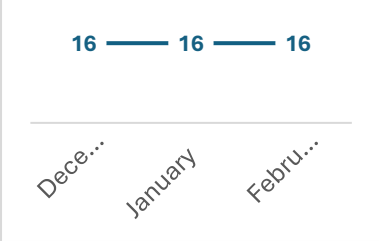
Gaps in Assurance / Action Plans for the cause C4 Failure to prioritise resources to actions that make a measurable difference to the health of our population						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
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	February 2026: Route map has been launched, and sub-groups will commence developing their action plans aligned to IMTP and LTS delivery.

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	February 2026: We are active participants in national climate change meetings, for example Health and Social Care Climate Emergency Leadership Day (organised by Welsh Government).

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	February 2026: Giri Shankar is now the Chair of the IANPHI Climate and Health Committee. Rebecca Masters meets regularly with 4N and

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
						international colleagues regarding progression of this agenda, including alignment of work plans and resources.

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 4. dependency on other organisations <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		
 <p>The chart shows a score of 16 for December, January, and February. The x-axis is labeled with 'Dece...', 'January', and 'Febru...'. The y-axis has a value of 16. A horizontal line is drawn at the 16 level, with three data points connected by a line, all at the value of 16.</p>	<table border="1" data-bbox="481 879 1384 986"> <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 circumstance.</td> </tr> </table> <p>Current Score = 16 Target Score = 6 Risk Appetite Level Applied = Willing, therefore, within tolerance level.</p>	Willing	PHW is eager to be innovative and take on a high level of risk, but only in the right circumstance.	<p>The current digital and data portfolio is deliverable within our existing capability and capacity although this is a stretch given the level of change maturity within business areas.</p> <p>There is concern that additional demands risk destabilising delivery and could render the portfolio undeliverable. Managing the scale of change is difficult due to constraints in technical expertise, limited availability of senior management, and inconsistent levels of change management maturity across different business areas. These factors collectively increase the complexity and vulnerabilities of delivering initiatives.</p>
Willing	PHW is eager to be innovative and take on a high level of risk, but only in the right circumstance.			

		Many aspects of the portfolio are dependent on DHCW and active management of the relationship is required for successful delivery
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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

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?
C2.2	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
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

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C4: Dependency on external organisations			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
C3.1	Earlier identification of dependencies on DHCW Active management of DHCW delivery for specific programmes eg LIMS.	D&D Portfolio – Monthly Delivery Confidence Assessment. Quarterly Assurance papers to BET/KRIC	DDDA

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	<p>February 2026 We are developing a training plan for cloud and data (analyst, engineer, scientist, and associated professions like epidemiologists) professions, to support our migration of data, analysis and processes into the cloud. This will give the data professions the skills they need to work in the cloud and build new cloud technical capability in our teams. These training plans will be incorporated into the supporting resources for the job family competency frameworks, and the skills will be reflected in the framework. The plans will initially be rolled out to stakeholders in the Data, Analysis, Registers and Cloud (DARC) Programme.</p> <p>December 2025 Competency framework for data analysis and data science ready for DDDA approval. Delay on data engineering until Principal Data Engineer is in post, 5 Jan 2026.</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
						<p>People & OD workstream learning and development matrix will be aligned with the competency frameworks and support the L&D pathways.</p> <p>Cloud professions L&D pathways have been identified to support PHW staff in migration to the cloud.</p> <p>POD job families steering group has been set up.</p>
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>February 2026 Agency Data Engineer staff in post until 31/03/2026.</p> <p>December 2025 Unsuccessful recruitment for Data Engineers. To meet the shortfall, 2 agency staff have been approved to meet the gap with 1 to be engaged.</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>February 2026 Agency Data Engineer staff in post until 31/03/2026. Action proposed for closure, additional technical staff reflected in Action 1.1 & 1.2.</p> <p>December 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.					Unsuccessful recruitment for Data Engineers. To meet the shortfall, 2 agency staff have been approved to meet the gap with 1 to be engaged.
AP1.4	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>February 2026 Due to the The GCP environment being managed within the DHCW, there is a dependency on DHCW to deliver some elements of this action.</p> <p>December 2025 DARC Programme remains at amber-red, with the expectation to return to amber at the next programme board, 18 December. Good progress has been made in identifying and planning the areas to migrate to the Google Cloud Platform (NDAP first: RDD, CDSC and medusa. Planning has started to address disaster recovery needs for genomics data. L&D pathways being identified and shared as part of the DARC Programme, to support staff in the migration.</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
AP1.5	Enhance our capability in creating projections for diseases and conditions, whilst ensuring that the limitations of projections are understood by users.	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 change course where appropriate.	Head of Data Science & Analysis	31/03/2027	<p>February 2026 Migration of analysis into NDAP is underway and will improve our capability through access to modern tools and technologies for projections and modelling, and through automation, reducing manual processes to free up time for value added analysis.</p> <p>December 2025 An emerging plan has been developed for modelling to support the PHW measurement system / IMTP & strategic priority delivery. Automating updates of existing work to be explored as part of the migration of analysis to the cloud. Analysis of BMI, weight-loss drugs and comorbidities in SAIL underway, comms plan under development.</p>
AP1.6	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 Digital Services	30/06/2027	<p>February 2026 See 1.1 update</p> <p>December 2025 Competency framework for data analysis and data science ready for DDDA approval. Delay on data</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
						engineering until Principal Data Engineer is in post, 5 Jan 2026. People & OD workstream learning and development matrix will be aligned with the competency frameworks and support the L&D pathways. Cloud professions L&D pathways have been identified to support PHW staff in migration to the cloud.
AP1.7	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	01/02/2026	<p>February 2026 The automation roadmap is now integrated into the DARC Programme, and assurance will be provided through that programme.</p> <p>December 2025 Automation is an important component of the DARC programme. Work with the priority areas – CDSC, RDD, Medusa, has already identified areas for reducing risk and manual labour through automation, and these will be implemented as part of the DARC Programme.</p>
AP1.8	Deliver Phase 1 of the AI Programme.	PHW staff know which products to use follow guidance to ensure compliance with good	This will provide clear guidance and safe use of PHW approved AI products.	Head of Data Science & Analysis	31/03/2027	<p>February 2026 AIDA is now up and running, Assurance is provided through the Delivery Confidence Assessment.</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
		practice for safe, legal and ethical adoption of AI				<p>In the last 2 months, 3 significant tools have been approved, subject to final DPIA and cyber sign-off: StopForLife, a smoking cessation app; Gamban, an app to block gambling sites, and ambient voice technology to support note taking for Breast Test Wales.</p> <p>December 2025 Workshop is paused whilst the guidance and good practice is developed. Guidance on generative AI and AI in Research and Development is at the review stage. AI guidance for procurement, and for behavioural science are next to be addressed. An AI Register has been created, which is an important part of our AI assurance. A number of AI tools: including tools for smoking cessation, lung cancer screening, radiology training have been presented at AIDA for approval.</p>
AP1.9	Treat Corporate Risk 1780 There is a risk that PHW are unable to	Programmes/activities that have a significant dependency on DHCW remain on track, or early	Clarity is needed on the role of WG and DCHW and that to be cleared documented.	Head of Digital Services	31/12/2026	<p>February 2026 Specific dependencies that impact deliverables for DARC and DHPP programmes have been escalated</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
	deliver our digital agenda due to dependencies on national programmes, DHCW and Welsh Government.	warning if breaches are identified.	Representation has been strengthened and there is commitment to be more aligned, however it remains a gap which may result in under delivery.			<p>to Exec level. PHW continue to engage strategically with national programmes, as evidenced by Exec Director RDD agreeing to chair NDR Board. However, risks remain that require continuous senior involvement and mitigations that consider alternative options for delivery.</p> <p>December 2025 Quarterly Service Level Agreement meeting and Planning meeting held with DHCW to discuss support response and delivery and to align digital programme routemaps. Ongoing attendance in national programme meetings such as LIMS and National Target Architecture. 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.</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
AP1.10	Realise opportunities to create more senior management bandwidth.	Specified programmes of work are delivered in line with expectation.	Identifying, sourcing & maximising additional funding where possible will build both capacity and capability to meet demands. Sufficient senior management available and utilised to meet organisational change / programme demand capacity.	Governance & General Manager RDDD / Head of Operations & General Manager HWB	March 2027	<p>February 2026 Temporary senior support in place to support Gambling Harms work. Other programmes will continue to require support at senior level to ensure programmes progress in line with target.</p> <p>December 2025 Following successful procurement process additional senior support has been commissioned to commence in January 2026.</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
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	March 2026 (Check IMTP deliverable)	<p>February 2026 The AI Design Authority has approved the implementation of an AI register, which is now up and running, the next step is to establish the process for it's use, and for the implementation of AI</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
						<p>tools in PHW. A paper on AI policy will be presented to AIDA at the next meeting in April.</p> <p>December 2025 On track. Guidance on generative AI and AI in Research and Development is at the review stage. AI guidance for procurement, and for behavioural science are next to be addressed. An AI Register has been created, which is an important part of our AI assurance.</p>
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 <i>Completed, to be closed</i>	<p>February 2026 This action is proposed for closure following the Dec updated.</p> <p>December 2025 Data documentation – this is complete for CDSC, Medusa and RDD data science and analysis, using the approved template.</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
						Purview (automated data cataloguing) has been approved for use by DHCW, and implementation will commence in February.
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 of choice for technical specialities.	Governance & General Manager - RDDD	31/12/2026	<p>February 2026 Level 3 Apprentice in User Centred Design now in post. Work to build DDaT pathways is factored as part of the RDDD Workforce Plan.</p> <p>December 2025 Interviewing process in progress for L3 apprentice. Workforce plan updated and when approved completion dates may be amended.</p>
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>February 2026 Due to the SAIL being managed within the DHCW tenancy, there is a dependency on DHCW to deliver some elements of this action.</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
						December 2025 ON TRACK
AP2.6	Maximise the use of M365 tools and/or automation to support internal efficiencies, process improvements and data capture.	DDDA and AIDA sighted on new software being proposed for purchase and assess against current in house paid tools. AIDA will be sighted on AI and Automative tools. Both will be able to drive embed controls. Training for staff on using M365 products from DHCW being promoted.	Utilising and realising the use of M365 suite of tools that are available as part of the tenancy, to drive efficiency and collaboration across the organisation without incurring additional expense.	Head of Digital Services / Head of Data	31/03/2027	February 2026 Due to the M365 tools being managed within the DHCW tenancy, there is a dependency on DHCW to deliver some elements of this action. December 2025 Group formed to discuss support models for automations in PowerApps. Meetings held with NHS P&I developers to understand their mechanisms for support and development.

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
AP3.2	Manage the 1) transition to using a new national cancer	WCISU cancer registration quality and timeliness do not	Minimise or eradicate the risk of worsening timeliness and quality of	Director of WCISU/Public Health	31/03/2027	February 2026 As part of the registry work of the

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
	<p>patient data form (WCDS) as a main data source into the existing WCISU cancer registration system (CATRIN), through CATRIN developments with NHS England, and input to the governance processes of WCDS implementation.</p> <p>2) Risk of worsening data quality as a result of new WCDS use and the consequent impact on WCISU cancer registration</p>	<p>appreciably deteriorate in terms of time to complete a single calendar year of registrations. There is no deterioration of UK and Ireland Association of Quality Indicators for the WCISU cancer registry as WCDS is introduced</p>	<p>WCISU population-based cancer registration.</p>	<p>Consultant WCISU</p>		<p>DARC programme, a series of workshops have been conducted. Workshop outcomes include drafting of a Roadmap High-level Plan (2026-2028) that includes: modernisation, digitisation of Population-Based Disease Registries, and prioritising the timeliness of the Cancer Registry. This will be presented to DARC in March 2026. The digitisation outlined in the draft Roadmap is intended for the Cancer Registry to comply with international standards using automated coding, classification via AI and deep language learning models. Additional collaborations have</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
						<p>commenced on the digital and AI route.</p> <p>December 2025 Early indications that the 2023 registrations partially derived coming from WCDS are of better quality than anticipated, although concerns remain.</p> <p>WCISU and Pan-Registries Collaborative are now engaged in early stages of scoping for 2026/27 onward DARC Programme Board and IMTP registry developments that will contribute to improving registry timeliness whilst maintaining adequate data quality and standards.</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
						WCISU are represented at strategic and operational level at further improvements in phase 2 of WCDS development. In part, this is aimed at improving the MVP's issues contributing to poor functionality, and poor data quality, completeness and inefficiencies.
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	February 2026 The DCSO continues to support high profile programmes according to prioritisation from digital team and executive. The current priority programme is Digital Health Protection. However, the DCSO is now at capacity and additional requests

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
						<p>cannot currently be actioned without additional resource. The DCSSO is also in the process of organising training to selected colleagues in PHW in quarter 2 of 2026/27 to increase the knowledge and capacity for ensuring digital clinical safety. There remains gaps in the governance process for the DCSSO, although, a new Clinical Governance group hosted by the OMD is expected to resolve this. In the meantime, alternative pragmatic solutions have been agreed, for example within the Digital Health protection Programme.</p> <p>December 2025</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
						Clinical Risk Management Plans have commenced for top-tier programmes to ensure compliance with Digital Clinical Safety standards. The CDSO remains focused on the agreed priority programmes while offering responsive support to other areas as capacity allows. Work is ongoing with RDDD and NQIG to develop strengthened governance arrangements for digital clinical safety across the organisation.
AP3.4	Implement the required actions as detailed under SRR2					See SRR2 Updates.
AP3.5	Each programme to ensure change management had specific	The programme will be implemented. The changes will have been	Recognition that each programme changes are funded to support staff	Portfolio/ Change Managers	31/03/2026	February 2026 Programmes managed by RDD are

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
	and designated funding to meet the requirements.	managed well to ensure that staff, processes, resources are embedded and aligned to organisational deliverables.	to embed the new way/different ways of working.			<p>defining their resources and cost requirements and have appropriate governance measures in place to review any change of scope that may arise within the programme. Any changes of scope are managed through appropriate change management processes within the programme.</p> <p>December 2025 DHPP – A Senior Change Lead was included in the resource profile and Full Business Case for the programme. That resource is now in place.</p>