



Risk Reference and Link to Strategic Priority	Risk Description			
<p>SRR1</p> <p>Strategic Priority 1</p> <p><i>“Influencing the wider determinants of health.”</i></p>	<p>There is a risk that: We fail to deliver our role to influence a system shift to prevention, reduce health inequalities and address determinants of health.</p> <p>Caused by:</p> <ol style="list-style-type: none"> 1. Poor alignment of PHW specialist resources, capabilities and programmes with our long-term strategy 2. Failure to generate the quality of evidence and supporting data to shape our influencing and delivery 3. Insufficient/Ineffective public health advice, evidence and action <i>within our remit</i> 4. Ineffective engagement with and communication to partners, the public and policymakers 5. Insufficient system leadership and co-ordination with stakeholders and partners 6. Programmes which do not support our population in achieving healthier lives <p>Resulting in:</p> <p>We fail to have the impact required to reverse the worsening healthy life expectancy of the population of Wales. Wales fails to close widening gaps in health outcomes between our most and least deprived populations.</p>			
<p>Executive Director Sponsor</p>	<p>National Director of Health and Wellbeing</p>			
<p>Assuring Committee</p>	<p>Knowledge, Research and Information Committee</p>			
<p>Trend</p>	<p>Current Position of Risk Including Risk Appetite and Risk Decision</p>	<p>Position Statement – Executive Director Update</p>		
<p><i>*to be confirmed via a run chart after monitoring for 3 months, will be produced via excel/pivot table to visualise risk score trend over time*</i></p>	<div data-bbox="432 1002 1373 1374"> <table border="1"> <tr> <td data-bbox="432 1002 685 1155">Open</td> <td data-bbox="685 1002 1339 1155">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> </div>	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>We have completed the first phase of our work on advocacy for this. We advocated for policy messages which support prevention (e.g. the Future Generation Commissioners Report) we are now working to create the conditions for Prevention to be embedded and effective across our own services and others. We have launched our first Prevention based framework for health and care, have seconded someone into Welsh Government to assess the prevention architecture and are supporting a system wide assessment of preventive spend as well as establishment of a prevention advisory group chaired by the CMO. Our</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>Risk Appetite</p> <p> = Current Score</p> <p> = Target Score</p>	<p>next tasks will be to bring together our internal tactical plan for the next phase of the shift to prevention which will cover our role in leading and influencing a system-wide shift towards prevention, tackling health inequalities, and addressing the broader determinants of health. We recognise the risk that, without effective alignment of our resources, evidence, partnerships, and programmes, we may fall short in delivering the transformative impact required to improve the health and well-being of the people of Wales.</p> <p>To mitigate this risk, we are committed to:</p> <ul style="list-style-type: none"> • Aligning our strategic priorities and specialist capabilities to focus on prevention and equity as core drivers of population health. • Generating and mobilising high-quality evidence and data to inform policy, shape delivery, and support system-wide decision-making. • Providing timely, trusted, and impactful public health advice that supports action across sectors and communities. • Strengthening our engagement and communication with partners, policymakers, and the public to build shared understanding and collective action. • Exercising system leadership by convening, coordinating, and collaborating with stakeholders to drive integrated, long-term solutions. • Designing and delivering programmes that are inclusive, evidence-based, and responsive to the needs of our most disadvantaged populations.
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		It should be recognised that this is ongoing work and simply by influencing the system shift to prevention, this alone may not reverse the worsening healthy life expectancy of the population of Wales or reduce the gaps in health outcomes between our most and least deprived populations.
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Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C1: 1. Poor alignment of PHW specialist resources, capabilities and programmes with our long-term strategy			
Control Reference	Internal Control	Internal Sources of Assurance	How/When is it monitored?
C1.1	Delivery of Public Health Wales Route Maps and milestones within the Board approved Integrated Medium-Term Plan	<ul style="list-style-type: none"> Integrated Performance Report Programme Deep Dives 	<ul style="list-style-type: none"> Public Health Wales Board Public Health Wales Committees Joint Executive Team Meetings Mid and End of Year Reviews Health and Wellbeing Directorate Leadership Team

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

¹ Three Lines of Defence Model

First – Operational Management control of organisational risks

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

Third – Internal audit to provide assurance.

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

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

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C4: Ineffective engagement with and communication to partners, the public and policymakers			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
C4.1	Use of multiple communication channels and accessible formats to ensure we meet user needs. Ongoing review of engagement metrics, evaluation and quality assurance of engagement activity through campaigns, social marketing activity and website interactions utilising communications expertise within the organisation.	<ul style="list-style-type: none"> Monthly Communications Report (Publications, Reports and news coverage) Campaign evaluations Forward Look (Plan) Central management of PHW website and PHW social media channels Editorial planning group 	<ul style="list-style-type: none"> Health and Wellbeing Directorate Leadership Team Campaign Oversight Group and Corporate Comms Playbook (under development) Media coverage (reach and sentiment) monitored through Communications Team and HWB Social Marketing Team Website metrics

Internal System of Controls – Linked to ‘Caused By’ section of Risk Description and Source of Assurance ¹			
C5: Insufficient system leadership and co-ordination with stakeholders and partners			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
C5.1	<p>Strong working relationships with key partners and stakeholders including Welsh Government, Directors of Public Health and Public Service Boards</p> <p>A Framework for Healthcare Public Health to influence the NHS to shift systematically towards prevention and Early Intervention</p> <p>Multi-agency governance Programme Boards (e.g. Tackling Diabetes Together)</p>	<ul style="list-style-type: none"> Integrated Performance Report Framework for Healthcare Public Health 	<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			
C6: Programmes which do not support our population in achieving healthier lives			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
C6.1	All programmes of work are evidence based and key milestones are included within the Long-Term Strategy, Route Maps and the Integrated Medium Term Plan.	<ul style="list-style-type: none"> Integrated Performance Report Programme Evaluations 	<ul style="list-style-type: none"> Board and Executive Teams Committee Programme Deep Dives Health and Wellbeing Directorate Leadership Team Programme Boards

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

Gaps in Assurance / Action Plans for the cause C2 Failure to generate the quality of evidence and supporting data to shape our influencing and delivery						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP2.1						

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

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.	Ensures that PHW staff and partners have the skills, knowledge, and confidence to lead collaboratively across organizational boundaries. Strengthens the ability to influence policy, coordinate action, and drive system-wide change.	National Director of Health and Wellbeing	Ongoing	Group coaching for our consultants currently underway. Scoping the rest of the work is subject to resource availability

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	Providing consistent communication methods and channels that comply with relevant standards and regulations will support effective	National Director of Health and Wellbeing	31 March 2026	Healthy Working Wales website has been migrated. Plan for other ancillary sites has been developed

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
		Transformation Programme Board	communication to partners, the public and policymakers.			and work has commenced.

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

Gaps in Assurance / Action Plans for the cause C6 Programmes which do not support our population in achieving healthier lives						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
AP6.1	Undertaking a review of our preventive programmes to understand reach, access,	The outcomes measurement suite which	Our programmes will be reviewed, and resources and activities targeted to	Jim McManus, Executive Director	31 March 2026	Quality Review of Healthy Working Wales and Quality Review of

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
	impact and outcomes and ensuring the review identifies and implement changes/improvements to services	is now being received by Board	evidence of highest impact so we get better yield from investment towards the Long Term Strategy outcomes			Help Me Quit underway