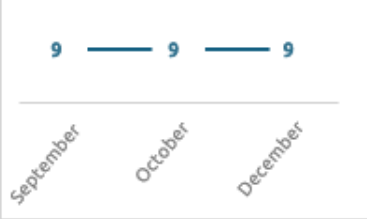


Risk Reference and Link to Strategic Priority	Risk Description			
<p>SRR1</p> <p>Strategic Priority 1, 2, 3 and 4</p>	<p>There is a risk that: We fail to deliver our role to influence a system shift to prevention, reduce health inequalities and address determinants of health.</p> <p>Caused by:</p> <ol 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>		
 <p>9 — 9 — 9</p> <p>September October December</p>	<table border="1" data-bbox="483 959 1384 1099"> <tr> <td data-bbox="483 959 734 1099"> <p>Open</p> </td> <td data-bbox="741 959 1384 1099"> <p>PHW is open to consider all potential options, subject to continued application and/or establishment of controls recognising that there could be a high risk of exposure.</p> </td> </tr> </table> <p>Current Score = 9 Target Score = 6 Risk Appetite Level Applied = Open, therefore, within tolerance level.</p>	<p>Open</p>	<p>PHW is open to consider all potential options, subject to continued application and/or establishment of controls recognising that there could be a high risk of exposure.</p>	<p>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.</p>
<p>Open</p>	<p>PHW is open to consider all potential options, subject to continued application and/or establishment of controls recognising that there could be a high risk of exposure.</p>			

		<p>Our 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, the third sector, policymakers, and the public to build shared understanding and collective action.• Exercising system leadership by convening, coordinating, and collaborating with stakeholders to drive integrated, long-term solutions.• Designing and delivering programmes that are inclusive, evidence-based, and responsive
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		<p>to the needs of our most disadvantaged populations.</p> <p>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.</p>
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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	<ul style="list-style-type: none"> • Public Health Wales Digital and Data Strategy 	<ul style="list-style-type: none"> • Digital, Data and Design Authority (DDDA) • DARC Programme Board

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?
	programmes include built-in evaluation plans with clear metrics and methodologies.	<ul style="list-style-type: none"> • Research and Development Strategy • Programme Deep Dives • Integrated Performance Report • Contribution to the PHW Duty of Quality reporting 	<ul style="list-style-type: none"> • Research and Evaluation Strategy Oversight Group • 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	<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 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. 	<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			
C3: Insufficient/Ineffective public health advice, evidence and action within our remit			
Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
	2. The relevant parts of the workforce are skilled and effective at system leadership and advocacy		

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?
<p>C5.1</p>	<p>Strong working relationships with key partners and stakeholders including the third sector, Welsh Government, Directors of Public Health and Public Service Boards</p> <p>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>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>	<ul style="list-style-type: none"> • Integrated Performance Report • Framework for Healthcare Public Health • Agreed outcomes within the WCVA/PHW partnership agreement (to be developed and presented to Board by end of financial year) 	<ul style="list-style-type: none"> • Board and Executive Team Meetings • Board Committees • Joint Executive Team • Health and Wellbeing Directorate Leadership Team • 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>Further development and implementation of 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>Route maps have been developed and signed off by the 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 and required (dependant on capacity and skill mix)	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 skill mix, you avoid overburdening any one team, ensuring timely delivery of outputs.	National Director of Health and Wellbeing National Director of Policy and International Health National Director of Public Health Knowledge and Research	31 March 2026	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.

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	Improved leadership confidence, behavioural change, increase joint working and partnerships	Ensures that PHW staff and partners have the skills, knowledge, and confidence to lead	National Director of Health and Wellbeing	Ongoing	Group coaching for our consultants in Health and Wellbeing has completed and

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
	programme to build capacity across PHW and partners.	and improved stakeholder feedback of our programmes. Improved confidence when engaging with the public.	collaboratively across organizational boundaries. Strengthens the ability to influence policy, coordinate action, and drive system-wide change.			we are now working on system leadership styles with consultants. 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	December 2025 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.

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
	Development of a model for engaging with the public and third sector which enables us to have oversight of all engagement activity, share learning and reduce duplication or disjointed approaches	Measures for monitoring success and progress to be developed as part of this work	A strategic and aligned approach to our engagement activity, reducing the risk of over-engagement/engagement fatigue. Transparency of insights from previous engagement activity, improving our ability to be agile and better use community insights in our	Director of Nursing, Quality and Integrated Governance	November 2025	<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 supporting a system wide assessment of preventive spend as well as establishment of a prevention advisory group chaired by the CMO.</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
			work. Better use of resources which will increase efficiency			<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 specifically the roles</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>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> <p>Multi-agency governance Programme Boards</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
						(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	<p>January 2026</p> <p>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 of the Primary Care Model for Wales. Two cycles of cluster self-reflection completed and third cycle of</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
	Strengthening strategic leadership across PHW and HB PH Teams through collaborative action and network development	Route Map and IMTP delivery		Interim Health Improvement Directors and Priority leads	Ongoing	<p>cluster peer review taking place in September/ October 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	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	National Director of Health and Wellbeing	31 March 2026	<p>January 2026</p> <p>Healthy Working Wales has been relaunched following a quality review with a</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
	ensuring the review identifies and implement changes/improvements to services		yield from investment towards the Long-Term Strategy outcomes			new offer. The MECC Team have been moved to Primary Care Division to ensure continued emphasis on supporting the primary care workforce to become more preventive and a new training package for the workforce has been launched.