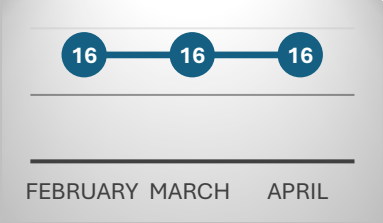


Risk Reference and Link to Strategic Priority	Risk Description			
<p>SRR 5</p> <p>Strategic Priority</p> <p><i>“Enabler Risk and incorporates all Strategic Priorities.”</i></p>	<p>There is a risk that: Failure to modernise and transform how we provide and deliver our services</p> <p>Caused by:</p> <ul style="list-style-type: none"> • Lack of capability and capacity in leading, managing and delivering transformational change • Failure to fully exploit digital and data • Lack of maturity in benefits realisation from change delivery • Lack of ability to deliver improvement at pace <p>Resulting in poorer quality services</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>Current Score = 16 Target Score = 6 Risk Appetite Level Applied = Willing, therefore, within tolerance level.</p>	<table border="1" data-bbox="486 882 1375 962"> <tr> <td data-bbox="486 882 736 962">Willing</td> <td data-bbox="743 882 1375 962">PHW is eager to be innovative and take on a high level of risk, but only in the right circumstance.</td> </tr> </table>	Willing	PHW is eager to be innovative and take on a high level of risk, but only in the right circumstance.	<p>It will be a challenge to deliver the current change portfolio given the level of change maturity within business areas across the organisation.</p> <p>There is also a concern that additional demands, risk destabilising delivery and could render the change portfolio undeliverable.</p> <p>Managing the scale of change is difficult due to the insufficient leadership capability and capacity for transformation and inconsistent levels of change management experience across the directorates.</p>
Willing	PHW is eager to be innovative and take on a high level of risk, but only in the right circumstance.			

		<p>The organisation does not have enough people with the skills, experience, time or authority to lead major change programmes or deliver transformation across the organisation and multiple programmes are not being delivered to the agreed organisation standards.</p> <p>Digital, data and analytics tools exist, however, some tools are procured without considering service redesign or the full-service requirements, and the intended benefits are not clearly defined, tracked or realised.</p> <p>Some PHW Directorates are not following the appropriate governance channels when purchasing and implementing digital solutions which may impact security, IT resilience, supplier management and lack appropriate integrations.</p> <p>These factors collectively increase the complexity and vulnerabilities of delivering initiatives.</p> <p>Many aspects of the portfolio are dependent on external stakeholders, including DHCW and third-party suppliers. Active management of these relationships is required for successful delivery. Additionally, some elements of the proposed portfolio do not have the required funding allocated.</p>
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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	Annual Planning Process, including assessment of IMTP feasibility	IMTP Planning Guidance and Process IMTP Feasibility Assessment	DDDA Digital & Data Portfolio AIDA Change Board BET Board
C1.2	Commissioning of change	Identification and review and pipeline change proposals at Change Board Approval of Programme Brief at Change Board required for a new change programme to be mobilised. Assessment of digital feasibility by DDDA.	DDDA Digital & Data Portfolio AIDA Change Board BET Board
C1.3	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
C1.4	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

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?
			Board
C1.5	Establishment of centralised Business Change expertise in The Research, Digital and Business Transformation Directorate	D&D Portfolio – Monthly Delivery Confidence Assessment. Quarterly Assurance papers to BET/KRIC	DDDA Digital & Data Portfolio AIDA Change Board BET Board
C1.6	Training for staff in programmes and Directorates on Change Management, service design, ETC.	To be confirmed	To be confirmed

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 March 2027	Assurance and Progress reporting	DARC Programme Board Analysis Project Board Data project board
C2.2	Small data science team created and beginning to increase the analytical capability with work now carried out on new tools.	Assurance and Progress reporting	AIDA DARC Programme Board Analysis Project Board
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: <ul style="list-style-type: none"> • One version of the Truth • Confirmation of change required • Capacity for change identified at an earlier point. • Change board for the commissioning of new change 	Change Portfolio and D&D Portfolio – Monthly Delivery Confidence Assessment. Quarterly Assurance papers to BET/KRIC Change Board Assurance report including DCA Reporting against change portfolio programmes Internal assurance reviews of programmes co-ordinated by PMO	Change Board DDDA Digital & Data Portfolio AIDA Change Board BET Board
C3.2	All change programmes must ensure clinical approval is sought and obtained for any changes that impact clinical systems and / or services	Clinical Governance Group	Clinical Governance Group 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?
C4.1	Earlier identification of dependencies on DHCW Active management of DHCW delivery for specific programmes eg LIMS.	IMTP Feasibility Assessment Change Portfolio and D&D Portfolio – Monthly Delivery Confidence Assessment. Quarterly Assurance papers to BET/KRIC Monthly planning meetings between PHW DHCW	Change Board DDDA Dependency identification, mapping and agreement undertaken as part of planning process for internal agreement

		Change Board Assurance report including DCA Reporting against change portfolio programmes	
C4.2	Earlier and more precise identification of supplier dependencies at programme and portfolio levels	Change Board – analysis of dependencies at portfolio level DDDA – analysis of dependencies at portfolio level Tier 1 and 2 programme plans Digital delivery plans	Change Board DDDA Dependency identification, mapping and agreement undertaken as part of planning process for internal agreement
C4.3	Earlier and more precise identification of Local Health Board dependencies at programme and portfolio levels	Change Board – analysis of dependencies at portfolio level DDDA – analysis of dependencies at portfolio level Tier 1 and 2 programme plans Digital delivery plans	Change Board DDDA Dependency identification, mapping and agreement undertaken as part of planning process for internal agreement

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	April 2026 Cloud technical training plan has been developed, and the participants are working in scheduling learning into their work plans.

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>The training matrix for the data (analyst, engineer, scientist, and associated professions like epidemiologists) profession has been developed and is being used in conjunction with on-the-job learning to support migration of analysis into the cloud.</p> <p>The paus on NDR funding from Welsh Government has reduced the number of skilled data engineers we have been able to contract and is an issue for the funding of an additional permanent data engineer,</p> <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</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>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. 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. POD job families steering group has been set up.</p>
AP1.2 & AP2.2	Increase technical skill capability into PHW as a result of	Successful recruitment of Cloud Engineers, Data Engineers, Developers,	Create capacity and depth of skill to meet	Governance & General	31/12/2025	April 2026

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
	additional investment.	Cyber Specialists, Technical Project Managers funded by PHW investment.	deliverables of IMTP/BAU requirements.	Manager - RDDD		<p>Recruitment activity is underway to fill the Cloud Engineer vacancy following a resignation. The Systems Architect is scheduled to commence in May 2026.</p> <p>NDR funding from DHCW has been paused pending review. This is anticipated to impact Cloud and Data Engineer posts funded through this source, including agency-funded technical specialist roles. Completion date changed due to this update.</p> <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> <p>October 2025 Recruitment continues. Successfully appointed Lead Cloud Architect, Principal Data Engineer, Business</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
						Analyst, Senior Cyber Security Engineer, Delivery Manager/Scrum Master. Further work continues with workforce planning and apprenticeship opportunities
AP1.3	Engage technical agency resource to bridge the gap between recurrent resource commencing in post. This is funded using slippage from investment funding only.	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>April 2026</p> <p>As per 1.2. Pausing of NDR funding has created a funding gap. One agency Cloud/Data Engineer terminated as a result. There will be impacts to delivery dates due to reduced capacity.</p> <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>
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	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>April 2026</p> <p>The first are of PHW, RDD, to migrate analysis to the GCP has a green RAG status for completion by end June. The team are building learning into the migration, so they can take</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
	utilise the strategic toolset.					<p>advantage of the new functionality available.</p> <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>
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>April 2026</p> <p>The first are of PHW, RDD, to migrate analysis to the GCP has a green RAG status for completion by end June. The team are building learning into the migration, so they can take advantage of the new functionality available.</p> <p>We have been approved to recruit a UKRI fellow, to start May 2027, to migrate and run a large economic health simulation model in the GCP.</p> <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</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
						manual processes to free up time for value added analysis.
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	April 2026 Action Closed as being reported via 1.1. February 2026 See 1.1 update
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	April 2026 As below. The DARC Programme is currently amber/red, due to the pause of funding for the NDR Programme by Welsh Government, and uncertainties remaining in some planning activities. High-level plans for exploring additional automation to improve timeliness for PHW's disease registers has been completed. Further progress awaits funding confirmation for delivery management.

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>February 2026</p> <p>The automation roadmap is now integrated into the DARC Programme, and assurance will be provided through that 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 practice for safe, legal and ethical adoption of AI	This will provide clear guidance and safe use of PHW approved AI products.	Head of Data Science & Analysis	31/03/2027	<p>April 2026</p> <p>AI is no longer classified as a programme. Assurance is provided to DDDA and BET via updates on approvals granted. These are documented in the PHW AI Register. Datix incidents are being updated to include AI as a cause.</p> <p>February 2026</p> <p>AIDA is now up an running, Assurance is provided through the Delivery Confidence Assessment. 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>

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
AP1.9	Treat Corporate Risk 1780 There is a risk that PHW are unable to deliver our digital agenda due to dependencies on national programmes, DHCW and Welsh Government.	Programmes/activities that have a significant dependency on DHCW remain on track, or early warning if breaches are identified.	Clarity is needed on the role of WG and DCHW and that to be cleared documented. Representation has been strengthened and there is commitment to be more aligned, however it remains a gap which may result in under delivery.	Head of Digital Services	31/12/2026	<p>April 2026</p> <p>Monthly planning meetings between DHCW and PHW have been established for planning and escalation purposes. PHW have been working with DHCW on a number of escalations regarding DHCW Delays that are impacting the delivery of PHW Programmes and are working through the mitigations together.</p> <p>February 2026</p> <p>Specific dependencies that impact deliverables for DARC and DHPP programmes have been escalated 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>
AP1.10	Realise opportunities to create more senior	Specified programmes of work are delivered in line with expectation.	Identifying, sourcing & maximising additional funding where possible	Governance & General Manager RDDD	March 2027	April 2026

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
	management bandwidth.		will build both capacity and capability to meet demands. Sufficient senior management available and utilised to meet organisational change / programme demand capacity.	/ Head of Operations & General Manager HWB		<p>Management capacity is being assessed regularly. It remains challenging across the D&D portfolio with the competing demands having to be balanced.</p> <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>
AP1.11	Ensure there are sufficient programme managers to support change portfolio	All change portfolio programmes resourced with a qualified programme manager	Provide assurance that change portfolio programmes are being delivered to a high standard.	Strategic Programme Lead	30/6/26	May 26 – all change portfolio programmes currently resourced with programme managers. Programme resourcing is reviewed formally every quarter.
AP1.12	Ensure there are sufficient programme resource available to support the change	Ensure the programme team has the appropriate team resource available to deliver the programme of change	Ensure the programme team has the appropriate expertise required to deliver the programme	Strategic Programme Lead, RDD Portfolio Lead	30/05/27	May-26: Action Added
AP1.13	Continuing development of and compliance with PHW PPM Standards	Improving compliance with the PPM standards as measured through programme self-assessment.	Provide assurance that change is being delivered well	Standards and Assurance Lead	30/9/26	May 26 – Action added to risk - reported to Change Board that compliance scores are similar to Oct 25.

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
AP1.14	There is a clear process for appointing SROs to programmes	Relevant SRO candidates for programmes are identified systematically at programme initiation.	SROs are identified with sufficient experience and skills to deliver programmes effectively.	Standards and Assurance Lead	31/3/26	May-26: Action Added

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>April 2026 Work to create a user guide for guidance, assurance and approval of AI use in PHW has been commissioned by AIDA Guidance on the use of Generative AI has been completed, and is being translated.</p> <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</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
						to establish the process for its use, and for the implementation of AI tools in PHW. A paper on AI policy will be presented to AIDA at the next meeting in April.
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. Purview (automated data cataloguing) has been approved for use by DHCW, and implementation will commence in February.</p> <p>October 2025 Formal documentation now nearly completed for data science and analysis team. CDSC should complete</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
						documentation by the end of October. We are iterating the documentation as necessary to ensure that we capture all of the relevant information about each data set. The DDDA has approved our acquisition of Microsoft Purview as a data catalogue, and we are collaborating with DHCW to get access to it as soon as possible.
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>April 2026</p> <p>No further apprentices added. Work is ongoing subject to funding. Delivery day changed to funding availability/</p> <p>February 2026</p> <p>Level 3 Apprentice in User Centred Design now in post. Work to build DDaT pathways is factored as part</p>

Gaps in Assurance / Action Plans for the cause C2 lack of digital and data literacy within PHW as a whole						
Reference	What Action?	How will we measure efficacy?	How will this action impact/mitigate the risk?	Who is Responsible?	By When?	Progress
						of the RDDD Workforce Plan.
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>April 2026 Planning is underway for the impact modelling programme of work for this FY, as part of PHW's measurement system for understanding our impact.</p> <p>Public Health Wales has obtained UKRI funding to host an 18-month academic fellow to work on modelling links between economics and health. Specifically, they will embed and adapt the SimPaths microsimulation framework within Public Health Wales to inform policy on economic inactivity, labour markets and health inequalities in Wales and the UK. The fellowship will be advertised over summer 2026, for a May 2027 start date, and the fellow will work with Data Science,</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>Research, Health Economics, supported by external partners at the University of Essex and the University of Glasgow.</p> <p>February 2026 Due to the NDAP being managed within the DHCW tenancy, there is a dependency on DHCW to deliver some elements of this action.</p>
AP2.6	Maximise the use of M365 tools and/or automation to support internal efficiencies, process improvements and data capture.	<p>DDDA and AIDA sighted on new software being proposed for purchase and assess against current in house paid tools.</p> <p>AIDA will be sighted on AI and Automative tools. Both will be able to drive embed controls.</p> <p>Training for staff on using M365 products from DHCW being promoted.</p>	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	<p>April 2026 Microsoft have introduced a change to the M365 Tools which will be implemented in Jul-26. PHW are working with NHS partners and Microsoft to deliver the change.</p> <p>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.</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
AP3.2	<p>Manage the</p> <p>1) transition to using a new national cancer 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>WCISU cancer registration quality and timeliness do not 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>Minimise or eradicate the risk of worsening timeliness and quality of WCISU population-based cancer registration.</p>	<p>Director of WCISU/Public Health Consultant WCISU</p>	<p>31/03/2027</p>	<p>April 2026 DARC Programme approved the Registries modernisation high level roadmap plan March 2026. Detailed planning and progress can only be made once programme manager in place – but not yet secured. Meanwhile there are signs that the quality of WCDS is improving over time as its clinical users get used to it. Yet, the quality of its 2023 data remained poor. But further technical improvement work is needed on it by DHCW to achieve step change in WCDS data quality. Unclear if this will happen.</p> <p>February 2026</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>As part of the registry work of the 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</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>collaborations have commenced on the digital and AI route.</p> <p>maintaining adequate data quality and standards.</p>
AP3.3	Commence the implementation of Clinical and Digital Safety Standards.	No harm caused as an outcome of new processes being implemented.	All new processes will have been assessed against clinical and digital safety standards to avoid harm as part of the change process. Gaps in assurance will be identified early and mitigations implemented.	Public Health Consultant / Head of Digital Services / Digital Clinical Safety Officer	31/03/2027	<p>April 2026 DCSO work embedded within Digital Health Protection programme with requirement to establish a within programme clinical governance group to provide assurance. DCS training for relevant staff within PHW scheduled for 10 & 11 June 2026. Plans to establish a PHW Clinical Safety Group (we believe to be hosted by the Office of the Medical Director) progressed to draft TORs, however, timelines remain unconfirmed.</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>The DCSSO remains a single point of failure within PHW and is working at capacity, currently prioritising two high profile programmes (Digital Health Protection and Lung Cancer Screening). It is anticipated that asks to support Sexual Health Wales programme will emerge soon. Asks to support other screening programmes have been turned down by the DCSSO as no current capacity to do so. If resource capacity is not increased there will be a need for a transparent mechanism to prioritise the work of the DCSSO.</p> <p>February 2026</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>The DCSSO continues to support high profile programmes according to prioritisation from digital team and executive. The current priority programme is Digital Health Protection. However, the DCSSO is now at capacity and additional requests 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</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
						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.
AP3.4	Implement the required actions as detailed under SRR2					See SRR2 Updates.
AP3.5	Each programme to ensure change management had specific and designated funding to meet the requirements.	The programme will be implemented. The changes will have been managed well to ensure that staff, processes, resources are embedded and aligned to organisational deliverables.	Recognition that each programme changes are funded to support staff to embed the new way/different ways of working.	Portfolio/ Change Managers	31/03/2026	<p>April 2026 No change from last update.</p> <p>February 2026 Programmes managed by RDD are 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</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
						management processes within the programme.
AP3.6	Recruit a Programme/Change Manager for the DARC programme.	All programmes will have a change plan that considers the impacts of change and associated risks are mitigated. Programmes are implemented on budget and on time.	This will provide dedicated resource to ensure that change is recognised, financed and planned for which will help Staff embed any changes needed.	Strategic Programme Lead	30/09/2025 Completed & Closed	October 2025 Programme Manager for DARC programme recruited and in post. Action Closed. August 2025 A PMO Programme Manager is now in post and was assigned to the DARC programme on 01/08/25
AP3.7	Establish the clinical Governance Group Define the clinical governance	Clinical Governance Group established Define the clinical governance requirements	Provide clinical assurance for all change requirements where clinical approval would be required. Define the ownership and formal acceptance process of any residual clinical risk for the management of services.	Clinical Governance Group	TBC	Action added May-26. Further details to be determined in May-26.