Knowledge, Research and Information Committee / Y Pwyllgor Gwybodaeth, Ymchwil a Hysbysrwydd

Tuesday 15 September 2026, 13:00 - 16:00

Agenda

13:00 - 13:05
5 min

1. Welcome and Apologies for Absence / Croeso ac Ymddiheuriadauam Absenoldeb

Catherine Purcell
Non-Executive Director and Committee Chair / Cyfarwyddwr Anweithredol a Chadeirydd y Pwyllgor

Deep Dive / Golwg Manwl

13:05 - 13:30
25 min

2. Risk Assurance and the Role of Board/Committees / Sicrwydd Risg a Rôl y Bwrdd/Pwyllgorau

13:05 - 13:30 (25 mins)

Danielle Gething
Head of Risk Management / Pennaeth Rheoli Risg

2.1. Managing Risk / Rheoli Risg

2.1.1. Strategic Risk Register / Cofrestr Risg Strategol

Danielle Gething
Head of Risk Management / Pennaeth Rheoli Risg

- 2.1.1a KRIC 2026_09_15 - Strategic Risk Assurance Cover Report.pdf (10 pages)
- 2.1.1b KRIC 2026_09_15 - Strategic Risk 1.pdf (26 pages)
- 2.1.1c KRIC 2026_09_15 - Strategic Risk 4.pdf (11 pages)
- 2.1.1d KRIC 2026_09_15 - Strategic Risk 5.pdf (26 pages)

2.1.2. Corporate Risk Register / Cofrestr Risg Corfforaethol

Danielle Gething
Head of Risk Management / Pennaeth Rheoli Risg

- 2.1.2a KRIC 2026_09_15 - Corporate Risk Register Cover Paper.pdf (5 pages)
- 2.1.2b KRIC 2026_09_15 - Corporate Risk Register.pdf (1 pages)

13:30 - 15:50
140 min

3. Items for Assurance / Eitemau i'w sicrhau

3.1. Data and Digital Strategy / Strategaeth Ddigidol a Data

13:30 - 13:45 (15 mins)

Dafydd James
Head of Digital Experience and Services / Pennaeth Profiad a Gwasanaethau Digidol

Jenna Goldsworthy
Portfolio Lead (Research, Data and Digital Directorate) / Arweinydd Portffolio (Cyfarwyddiaeth Ymchwil, Data a Digidol)

Louisa Nolan
Head of Data Science / Pennaeth Gwyddor Data

3.1 KRIC 2026_09_15 - Digital and Data Assurance Report.pdf (61 pages)

3.2. International Health Strategy / Strategaeth Iechyd Rhyngwladol

13:45 - 14:00 (15 mins)

Sumina Azam

National Director of Policy and International Health / Cyfarwyddwr Cenedlaethol Polisïau ac Iechyd Ryngwladol

Liz Green
Consultant in Public Health / Ymgynghorydd Iechyd y Cyhoedd
Mariana Dyakova
Head of International Health and Well-being Economy Lead / Pennaeth Arweinydd Economi Iechyd a Llesiant Rhyngwladol
Laura Holt
Senior International Health Coordination Officer, Policy and International Health / Uwch Swyddog Iechyd byd-eang, Polisi ac Iechyd Rhyngwladol

3.2 KRIC 2026_09_15 - International Health Strategy Update.pdf (21 pages)

3.3. Outcomes Framework / Fframwaith Canlyniadau

14:00 - 14:15 (15 mins)

Louisa Nolan
Head of Data Science / Pennaeth Gwyddor Data
Alisha Davies
Head of Research & Development / Pennaeth Ymchwil a Datblygu

3.3 KRIC 2026_09_15 - Outcomes Framework Update.pdf (10 pages)

3.4. Digital Opportunities in Screening / Cyfleoedd Digidol yn Sgrinio

14:15 - 14:35 (20 mins)

Iain Bell
National Director of Public Health Knowledge and Research / Cyfarwyddwr Data, Gwybodaeth ac Ymchwil Iechyd Cyhoeddus

3.4 KRIC 2026_09_15 - Digital Opportunities in Screening.pdf (7 pages)

Break / Egwyl

14:35 - 14:45 (10 mins)

3.5. Strategic Priority 2 - Promoting mental and social well-being / Blaenoriaeth Strategol 2 - Hyrwyddo lles meddyliol a chymdeithasol

14:45 - 15:10 (25 mins)

Jim McManus
National Director of Health and Wellbeing / Cyfarwyddwr Cenedlaethol Iechyd a Lles

Emily van de Venter

Consultant in Public Health (Mental Wellbeing) / Ymgynghorydd Lechyd Cyhoeddus (Lles Meddyliol)

3.5 KRIC 2026_09_15 - Strategic Priority 2 Update.pdf (12 pages)

3.6. Strategic Priority 5 - Health Protection and Infection Services / Blaenoriaeth Strategol 5 - Amddiffyn Iechyd a Gwasanaethau Heintiau

15:10 - 15:35 (25 mins)

Tom Fowler

Deputy National Director Health Protection and Screening Services / Dirprwy Cyfarwyddwr Cenedlaethol

Gwasanaethau Diogelu Iechyd a Sgrinio

- 3.6 KRIC 2026_09_15 - Strategic Priority 5 Update.pdf (29 pages)

3.7. PHW Monitoring Impact / Monitro Effaith ICC

15:35 - 15:50 (15 mins)

Kirsty Little

Consultant in Public Health / Health Intelligence, Public Health Data, Knowledge and Research / Ymgynghorwraig Iechyd y Cyhoedd/ Cudd-wybodaeth Iechyd, Cyfarwyddiaeth Data, Gwybodaeth ac Ymchwil Iechyd Cyhoeddus

- 3.7a KRIC 2026_09_15 - Annual Impact Report Cover Paper .pdf (6 pages)
- 3.7b KRIC 2026_09_15 - Impact Framework Report.pdf (18 pages)

15:50 - 16:00
10 min

4. Items for Approval / Eitemau i'w Cymeradwyo

15:50 - 16:00 (10 mins)

4.1. Minutes, Action Log and Matters Arising of meeting (16 June 2026) /Cofnodion,Log Gweithredu a Materion yn codi Cyfarfod (16 Mehefin 2026)

Liz Blayney
Deputy Board Secretary and Deputy Head of the Board Business Unit / Dirprwy Ysgrifennydd y Bwrdd a Dirprwy Bennaeth Uned Fusnes y Bwrdd

- 4.1a KRIC 2026_09_15 - Unconfirmed Public Minutes 2026_06_16.pdf (12 pages)
- 4.1b KRIC 2026_09_15 - Unconfirmed Public Minutes 2026_06_16 (Cymraeg).pdf (13 pages)
- 4.1c KRIC 2026_09_15 - Action Log.pdf (1 pages)

4.2. Policies for Approval / Polisïau i'w cymeradwyo

Elen de Lacy
Research and Evaluation Strategic Partnership Lead / Arweinydd Partneriaeth Strategol Ymchwil a Gwerthuso

- Research Misconduct Policy / Polisi Camymddwyn Ymchwil

- 4.2a KRIC 2026_09_15 - Research Misconduct Policy Cover Paper.pdf (5 pages)
- 4.2b KRIC 2026_09_15 - Research Misconduct Policy.pdf (3 pages)
- 4.2c KRIC 2026_09_15 - Research Misconduct Policy and Procedure EHIA.pdf (14 pages)

16:00 - 16:00
0 min

5. Items to Note / Eitemau i'w Nodi

5.1. Committee Workplan / Cynllun Gwaith Pwyllgor

- 5.1 KRIC 2026_09_15 - Committee Work Plan.pdf (2 pages)

5.2. Audit Recommendations Tracker Update / Diweddariad Traciwr Argymhellion Archwilio

- 5.2a KRIC 2026_09_15 - Audit Tracker Cover Paper.pdf (6 pages)
- 5.2b KRIC 2026_09_15 - Audit Recommendations Tracker.pdf (1 pages)

16:00 - 16:00
0 min

6. Closing Administration / Materion Gweinyddol i Gloi

- Any Other Business / Unrhyw Fusnes Arall
- Committee Feedback / Adborth y Pwyllgor
- Date of Next Meeting / Dyddiad y Cyfarfod Nesaf:
  - 15 December 2026 / 15 Rhagfyr 2026

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Knowledge, Research and Information Committee **Date of Meeting** 15 September 2026 **Agenda item:** 2.1.1

Public Health Wales Strategic Risk Register

National Director of Health and Well-being	SR 1
National Director of Policy and International Health	SR 4
Director of Knowledge and Research	SR 5

Purpose

Receive this revised Strategic Risk Register for the purpose of scrutiny and challenge, noting the updates to action plans and controls and progressing risk maturity going forward since the last reporting period.

Colleagues are requested to note the inclusion and removal of action plans and controls, where appropriate.

The Committee is requested to note the significant changes that have been applied to SR5

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☐	☐	☐	☐	☒

The Committee is asked to:

- **Take** assurance on the management of Strategic Risk within the Organisation.

Link to Public Health Wales Strategic Plan

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives

Summary impact analysis

Equality and Health Impact Assessment	No decision is required.
Risk and Assurance	This submission is the Strategic Risk Register.
Health and Care Standards	This report supports and/or takes into account the Health and Care Quality Standards. All themes
Financial implications	The financial implications of failing to manage risk effectively are significant, both in terms of the potential for loss and also the failure to capitalise on opportunities.
People implications	There are both Corporate and Strategic Risk(s) relating to workforce and organisational development.

1. Purpose

This paper updates the Committee on the key developments in the risk agenda.

This paper must be read in conjunction with the Strategic Risk Register (*Appendix 1*). The Strategic Risk Register should be considered as a source of assurance in conjunction with the Board Assurance Framework (BAF), the Integrated Medium-Term Plan (IMTP) and Public Health Wales Strategic Objectives.

In line with due process and the approach of all Health bodies in Wales, risks are measured against a 5x5 risk scoring matrix:

Risk Scoring Matrix					
Likelihood/ Frequency	Consequence/Impact				
	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
5. Almost Certain (91%)	5 (Moderate)	10 (High)	15 (Extreme)	20 (Extreme)	25 (Extreme)
4. Likely (61-90%)	4 (Moderate)	8 (High)	12 (High)	16 (Extreme)	20 (Extreme)
3. Possible (41-60%)	3 (Low)	6 (Moderate)	9 (High)	12 (High)	15 (Extreme)
2. Unlikely (11-40%)	2 (Low)	4 (Moderate)	6 (Moderate)	8 (Moderate)	10 (High)
1. Rare (1-10%)	1 (Low)	2 (Low)	3 (Low)	4 (Moderate)	5 (Moderate)

Organisational risk reporting provides a snapshot of a point in time, and this will continue to be an iterative process. This report outlines the strategic risk position as of **1 June 2026**. In line with the current Risk Management Policy, strategic risks are reviewed and updated every other month, however, the Business Executive Team are asked to acknowledge that the organisational risk profile and landscape is iterative, and work is consistently ongoing to manage the identified strategic risks to the organisation.

As risk management processes and practice become more mature throughout the organisation enhanced reporting, including the measurement and impact of mitigating actions, will continue to be refined.

2. Risk Description, Architecture and Ownership and Changes Since the Last Reporting Period

The Committee is reminded that a rolling programme of strategic risk deep dive sessions commenced in early 2026. This work has been progressing over the last reporting period and as a result, changes have been made to SR5. The details and rationale for this is outlined in the updated risk reporting templates appended to this report.

3. Risk Appetite Approach and Organisational Framework

Following extensive collaboration and co production with Board members, Executives, and key stakeholders during 2025, a hybrid framework was developed for the organisation that allows a risk appetite level to be applied to each Strategic Priority.

Each Strategic Priority was reviewed, and a revised Risk Appetite level was applied.

The table below shows this and links the relevant corresponding revised Strategic Risk. While some priorities have an obvious related Strategic Risk, some have several relevant Strategic Risks which relate to enabling functions and actions. This has remained unchanged for 2026 and will be presented to the Board for consideration and endorsement as the organisational risk appetite.

Risk Appetite **compliance** continues to be reported in each of the Strategic Risk templates that are attached to this report. This enables clarity of reporting to Committee on where the risk is in relation to its risk appetite level. However, it is recognised that in some circumstances, nuances may need to be applied, and context of each risk understood. This reflects the level of risk management maturity of the organisation and is a strong indicator that risk appetite is understood and applied appropriately.

Application of risk appetite is demonstrated in the table below:

Strategic Priority	Strategic Risk Reference	Risk Appetite Level Applied
Strategic Priority 1 – Influencing the wider determinants of Health	**SRR1** - We fail to deliver our role to influence a system shift to prevention, reduce health inequalities and address determinants of health.	Open
Strategic Priority 2 - Promoting mental and social well-being	**SRR1** **SRR2** **SRR3**	Open
Strategic Priority 3 - Promoting healthy behaviours	**SRR1** **SRR2** **SRR3**	Open
Strategic Priority 4 - Supporting the development of a sustainable health and care system focused on prevention and early intervention	**SRR1** **SRR2** **SRR3** **SRR4**	Open
Strategic Priority 6 - Tackling the	**SRR4** - We fail to effectively mitigate the	Open

public health effects of climate change	public health impacts of climate change on the Welsh population.	
Strategic risks that relate to all priorities	**SRR5 -** Failure to modernise and transform how we provide and deliver our services	Willing

4. Overarching Strategic Risk Profile

The below diagram provides the overarching strategic risk profile for the organisation that incorporates risk appetite tolerance levels/thresholds:



The spider diagram illustrates that for the most part, we are operating within an agreed risk appetite tolerance.

3.1 Risk Appetite Reporting

The Business Executive Team are asked to note that currently, strategic risks 1, 4, and 5 are being managed within an agreed risk appetite level, with all risks incorporating a tolerance level, should the risk profile worsen. This makes it easier to identify if the risks are being managed to a satisfactory level or if further interventions or focus is required to manage the risk more effectively.

5. Links to the Corporate Risk Register

The Corporate Risk Register (CRR) reflects the most significant operational risks that impact Public Health Wales. The CRR summary table presented within this report is

provided to demonstrate the synergy between the management of the Corporate and Strategic risks.

ID	Risk Description	Cause	Strategic Risk
1533	There is a risk of reputational damage and failure to effectively implement the HIA statutory regulations that form part of the Public Health (Wales) Act which requires the Public Health Wales to give assistance to other public bodies carrying out health impact assessments (see Part 6 here: https://www.legislation.gov.uk/anaw/2017/2/part/6/enacted)	This is caused by a lack of capacity in the WHIASU team and limited knowledge, skills and capacity across PHW, outside of WHIASU, to meet the anticipated high volume of requests for assistance, guidance and training from Welsh Government, internally in PHW and externally from public bodies.	SR1 SR3 SR4 SR5 SR6
1593	There is a risk that we are unable to demonstrate that the quality standards and the Duty of Quality are in embedded in all aspects of PHW business.	This is caused by organisational capacity and capability to operationalise and embed due to competing priorities.	SR1 SR2 SR3 SR4 SR5 SR6
1648	There is a risk that Public Health Wales will lose access to Primary Care data.	This is caused by Audit+ (the current tool) used to gather primary care data is being discontinued in July 2024 and there will be no further support of Audit+ from March 2026.	SR1 SR3 SR4 SR5
1678	There is a risk that the organisation will fail to provide sufficient assurance that it is identifying and managing risks effectively through the endorsed Risk Management Procedure and failing to identify themes and trends.	This is caused by inconsistencies of appropriate utilisation of Datix across the organisation, contrary to the approved process.	SR1 SR2 SR3 SR4 SR5 SR6
1758	There is a risk of further service disruption due to excessive dust damaging the detectors of the mammography units on	This is caused by dust entering the casing containing the image detector potentially	SR1 SR2 SR3 SR6

	the MBSU's. 1 mobile unit is currently out of service due to this issue. 9 other units could potentially be at risk.	damaging the detector, rendering the machine inoperable.	
1946	There is a risk that the organisation will fail to implement a suitable Datix Web replacement that matches the current risk maturity when the system is decommissioned in November 2027	There is no current funding allocated to procure, develop and implement a replacement system and a lack of strategic direction regarding whether a local or national solution is being taken forward. There is also no organisational commitment to supporting this project from a digital perspective.	SR1 SR2 SR3 SR4 SR5 SR6
2003	There is a risk that: Public Health Wales may not achieve our net zero target by 2030 and the carbon negative target by 2035 as set out in the Public Health Wales Long Term Strategy.	Inability to accurately measure our carbon emissions for all activities undertaken in Public Health Wales and understand what areas we can make the greatest impact to reduce carbon emissions • Inadequate pace and scale of organisational response to reduce our carbon footprint over the next five years. • Failure to effectively engage staff in our carbon reduction work across the organisation. • Limited dedicated decarbonisation resources across the organisation and failure to prioritise resources across the organisation to actions that would make a measurable difference to the reduction of our carbon emissions.	SR4

		• Potential need for future investment in response to emerging threats and incidents similar to the Covid-19 pandemic response which will increase our emissions • Decisions not always prioritising the impact on the environment	
2076	There is a risk that PHW is unable to meet the legal duties set out in the Equality Act 2010/Public Sector Equality Duty and respond to the needs of the population. It may be unable to enable and demonstrate full compliance with the newly published Accessible information standards	This is caused by the lack of an organisational capacity with overall responsibility for Equality Diversity & inclusion to ensure both a strategic and coordinated approach and associated infrastructure is in place to respond to the needs of the population.	SR1 SR2

2143	There is a risk that we will be unable to deliver an effective long-term sustainable and excellent Environmental Public Health service to the population of Wales.	The service is provided by Public Health Wales & Environmental Public Health and the UKHSA, underpinned by an MOU signed in 2013. The MOU was later re-negotiated with UKHSA withdrawing from existing informal arrangements to support front line service provision (can be traced to risk ID 1633; risk materialised). - UKHSA withdrawing from existing informal arrangements to support front line service provision will mean that the EPH service will need to be solely responsible for frontline response both in and out of hours. - Resource capacity issues within the team.	SR1 SR2 SR3
2144	There is a risk that service users may have a clinical procedure undertaken or make decisions on planned care without being fully informed if the All-Wales consent process is not adhered to. This could be from direct service delivery in PHW or as a result of national advice & guidance being published by PHW without taking consent and decision making into consideration.	This is caused clinicians or PHW staff potentially not following the latest guidance as detailed in the All-Wales consent and decision-making policy and procedure.	SR1 SR3

6. Strategic Risks

Full assessments of Strategic Risks 1, 4 , and 5 are provided in the attached Strategic Risk Register.

7. Equality Impact Assessment

No decision required.

8. Recommendation

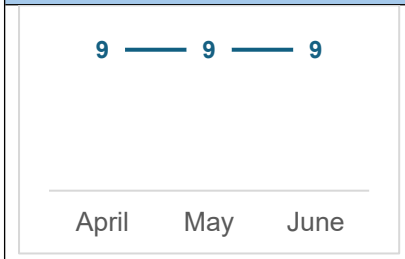
The Committee is asked to:

- **Take** assurance on the management of Strategic Risk within the Organisation.

<table>
<tr><td>Risk Reference and Link to Strategic Priority</td><td colspan="2">Risk Description</td></tr>
<tr><td>SRR1

Strategic Priority 1, 2, 3 and 4</td><td colspan="2">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.

Caused by:
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 within our remit
4. Ineffective engagement, advocacy and communication with 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

Resulting in:
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.</td></tr>
<tr><td>Executive Director Sponsor</td><td colspan="2">National Director of Health and Wellbeing</td></tr>
<tr><td>Assuring Committee</td><td colspan="2">Knowledge, Research and Information Committee</td></tr>
<tr><td>Trend</td><td>Current Position of Risk Including Risk Appetite and Risk Decision</td><td>Position Statement – Executive Director Update</td></tr>
<tr><td> 
</td><td><table><tr><td>Open</td><td>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>
Current Score = 9
Target Score = 6
Risk Appetite Level Applied = Open, therefore, within tolerance level.</td><td>July 2026 Update

Summary
Healthy life expectancy in Wales continues to worsen and PHW action alone will not reverse this without wider public health system change, including collaboration with and action by Health Boards, Local Authorities and the voluntary and community sector. PHW is therefore strengthening controls against SRR1 by:
1. Strengthening delivery and demonstrating impact through the revised IMTP response,</td></tr>
</table>

		with sharper priorities, clearer accountability and a stronger focus on measurable impact. 2. **Building national prevention pathways** to embed prevention across the system. Two examples are OPIP, which brings £8m to develop a bilingual digital obesity pathway for Wales and the hypertension pilot, with around 38,000 people identified with hypertension and treated to target. 3. **Refocusing programmes and resources** across the Health and Wellbeing Directorate so that tobacco, healthy weight, diabetes, physical activity, food systems, community approaches and wider determinants work are better aligned to improving healthy life expectancy and reducing inequalities. 4. **Embedding prevention in the system through Community by Design** by co-leading the prevention and population health management workstream, developing national prevention standards, shaping the national prevention architecture, influencing NHS workforce skills and development framework to embed prevention and creating a practical route for NHS Wales to act earlier and reduce avoidable deterioration. Embedding our Prevention Based Health and Care (PBHC) framework, within the Community by Design prevention work to embed prevention in the health and care system in Wales. **Detail** Healthy life expectancy in Wales continues to worsen. The latest ONS data shows that Wales had the largest fall in healthy life expectancy for both males

		and females between 2019–2021 and 2022–2024. This confirms that SRR1 remains live and that PHW must accelerate action on prevention, inequalities and the wider determinants of health. During June, PHW strengthened the controls against this risk. The revised IMTP response to Welsh Government revised delivery, with sharper priorities, stronger accountability and a more explicit focus on prevention, inequalities, access, system pressures and measurable impact. There is evidence of direct programme impact. The National Quality Improvement Programme for Hypertension has delivered early pilot outcomes, with around 38,000 people identified with hypertension and treated to target. This is a significant prevention gain: better detection and control of high blood pressure will reduce avoidable cardiovascular disease, stroke and premature mortality over time, and the pilot provides a scalable model for using population health management and primary care quality improvement to deliver measurable outcomes. The Healthy Weight Systems and Pathways Programme has secured £8 million through the UK-wide Obesity Pathway Innovation Programme. This will enable development of a bilingual, digitally enabled obesity pathway for Wales. OPIP moves the work from general prevention messaging into a structured pathway model, with potential to improve access, reduce variation, strengthen outcomes and build the evidence base for national delivery.

		Other major prevention programmes are also being sharpened. Tobacco, vaping and nicotine work is supporting health boards to prepare for implementation of the Tobacco and Vapes Act and has provided timely advice to Welsh Government on vaping among children and young people. The All Wales Diabetes Prevention Programme continues to move towards mainstreaming, supported by an updated protocol and work with health boards on sustainable delivery, although financial pressures remain a barrier to universal roll-out. Continued national leadership and coordination of Gwen am Byth, our national oral health improvement programme for older people in Wales has continued to expand its reach across Wales, with strong engagement from care homes and wider health and social care partners. Activity focused on supporting participating homes, delivering staff training, carrying out quality assurance visits, and strengthening partnership working across local health boards. 85% of eligible care homes engaged in the programme (497 homes) training 3,792 care home staff, 866 domiciliary care staff and 1,107 healthcare professionals with links to care homes trained across Wales in 2025/26. The Health and Wellbeing Directorate is continuing to review and refocus programmes to improve reach, access, impact and outcomes. Healthy Working Wales and Tobacco Control have already been

		reviewed and refocused. Further work is bringing together healthy weight, diabetes, physical activity, food systems, community approaches and wider determinants into a more coherent prevention ecosystem, reducing duplication and focusing effort where it can make the greatest contribution to healthy life expectancy and inequalities. Because PHW action alone will not change this, Community by Design is now a key additional control for SRR1. PHW is co-leading the prevention and population health management workstream to make prevention a practical operating model for NHS Wales. During May and June, PHW helped establish programme governance, drafted the initial National Model for Prevention and National Standards for Prevention, defined the first prevention architecture, and convened a number of multi-agency Task and Finish Groups with Welsh Government, NHS Executive, HEIW, DHCW and health boards. This gives NHS Wales a practical route to act earlier, identify risk sooner, target support more effectively and reduce avoidable deterioration. It also creates a mechanism for systematically embedding prevention across primary, community and secondary care, with clearer expectations on workforce, data, delivery and accountability. PHW is continuing to develop and strengthen our partnership agreement with the Wales Council for Voluntary Action (WCVA). Being 'partners in prevention' is a key element of this. (see detail below)

		In addition, PHW's refreshed Young People's Engagement Programme was launched this month, employing 12 young people from across Wales to work alongside us. For more detail on both the PHW-WCVA Partnership Agreement and the Young People's Engagement Programme please progress update on actions below. Overall, the July position demonstrates strengthened controls against SRR1. PHW is aligning resources to priorities, using Community by Design to embed prevention in the health and care system, generating stronger evidence and data, providing timely advice to Welsh Government and NHS Wales, and refocusing programmes towards measurable population impact. PHW action alone will not reverse the decline in healthy life expectancy or close inequalities without wider system change. However, the current position shows that PHW is moving from advocacy and frameworks into standards, delivery architecture, national pathways, programme review and measurable prevention outcomes. **April/May 2026 Update** 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.

		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: • 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. Health and Wellbeing Directorate continues with reviewing and refreshing programmes of work to ensure we focus on actions which will address healthy life expectancy. A number of programmes including Healthy Working Wales, Mental and Social Wellbeing and Tobacco Control programmes have been reviewed and refocused. The National Quality Improvement Programme for Hypertension has in its first quarter ensured 38,000 people have been identified with hypertension and treated to target.

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	• Integrated Performance Report • Programme Deep Dives	• Public Health Wales Board • Public Health Wales Committees • Welsh Government Accountability Meetings • Mid and End of Year Reviews • 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] **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?**
			• Programme Boards for Wider Determinants of Health; and Climate Change

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.	• 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	• 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

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	• Job Planning Process • Registration and revalidation • My Contribution • Training attendance records	• Oversight from OMD • Monitoring of workforce plans by People and OD • Integrated Performance Report reviewed by Board

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?**
	opportunities to maintain and expand knowledge, skills and competency. Workplans reflect drive to ensure that 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	• Developing and maintaining of staff competency framework and staff Training Needs Assessments (TNA)	• 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] 1. **C4:** Ineffective engagement, advocacy and communication with 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 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	• Monthly Communications Report (Publications, Reports and news coverage) • Campaign evaluations • Forward Look (Plan) • WCVA-PHW Partnership Agreement workplan monitoring	• 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

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] 1. **C4:** Ineffective engagement, advocacy and communication with partners, the public and policymakers			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
	communications expertise within the organisation. Workplans further develop our ability to nuance approaches to different audiences including policymakers, partners and the public. Public Health Advocacy Programme to support effective organsiational engagement and advocacy with policymakers	• Young People's Engagement Programme workplan monitoring Central management of PHW website and PHW social media channels • Editorial planning group • Public health advocacy programme monitoring and evaluation	• Campaign Oversight Group and Corporate Comms Playbook (under development) • Media coverage (reach and sentiment) monitored through Communications Team and HWB Social Marketing Team • WCVA-PHW monthly progress meetings • Engagement leads community of practice (under development) • Website metrics • Public Health Advocacy Programme Board

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 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.	• Memoranda of understanding • Shared work programmes • IMTP	• Board and Executive Team Meetings • Board Committees • 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] **C5:** Insufficient system leadership and co-ordination with stakeholders and partners			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
	The PHW-WCVA Partnership Agreement was formerly agreed by both organisations alongside a joint staff launch event in May 2026. MOU agreed with Sport Wales. 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 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. Multi-agency governance Programme Boards (e.g. Tackling Diabetes Together)		

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.	• Integrated Performance Report • Programme Evaluations	• 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	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. Review alignment of resources against agreed route maps	Route maps are required to inform IMTPs going forward which will be monitored Align resources, programmes and delivery plans to the revised IMTP,	By developing a longer term and more coordinated approach to development and implementation of innovation and continuous quality improvement in service provision Ensures prioritisation of short-term action is aligned to a longer-term plan to enable change. Strengthening of cross-organisational working to make best use of resource, expertise and	National Director of Health and Wellbeing Priority leads	31 March 2027 31 March 2027	**July 2026 Update** As part of the Quarter 1 baseline review, Public Health Wales is currently reviewing and assessing how resources are deployed across the organisation and aligned to Government priorities and 2026/27 remit letter. This will help support identification of opportunities for optimisation, efficiency and re-

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**
		focusing on prevention, inequalities, access and measurable population impact. Review resource allocation annually against priority outcomes and strategic delivery requirements. Delivery of IMTP milestones; monitoring and review of Routemap Milestones; evidence of resource shifts towards agreed priorities; delivery against performance and outcomes measures. Delivery of strategic objectives	stakeholder relationships across the organisation. Ensures specialist resources and programmes are focused on actions most likely to improve healthy life expectancy, reduce inequalities and support system shift to prevention. Review will inform future allocation of resources and prioritisation.			prioritisation. This will also support future work to revise and update organisational plans. **April/ May 2026 Update** IMTP agreed by Board for 2026-29. Currently being aligned to the mandate letter received from WG and due to be approved by Public Health Wales Board in March 2026.

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 Research, Data and Digital	31 March 2027	**July 2026 update** Health and Wellbeing Directorate is working closely with the Research, Data and Digital Directorate (RDDD) to strengthen the way we use data, intelligence and evidence to inform decision-making and demonstrate impact. This collaboration is focused on ensuring that programmes are underpinned by robust evidence, have access to the right analytical support, and are able to demonstrate their contribution to Public Health Wales priorities and Welsh Government outcomes. Work is underway through the DARC programme to support this and also

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**
						how we can increase data analytical capacity in Health and Wellbeing to support future planned work. **April 2026 update-** As part of the development of the IMTP 2026-2029, ongoing discussions are taking place to understand the data support requirements to 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.

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	Develop capability in system leadership, prevention pathways, population health management, behavioural science and implementation across PHW and key partners. Support Welsh Government, NHS Wales and the CMO's work to strengthen prevention.	Workforce capability measures; completion of targeted development programmes; partner feedback; evidence of contribution to prevention standards and pathway implementation.	Strengthens PHW's ability to influence, lead and deliver system-wide prevention and population health improvement.	National Director of Health and Wellbeing National Director Policy and International Health	Ongoing	**July 2026 update** Good progress has been made in strengthening capability for prevention across Public Health Wales and the wider system. Through our Prevention Based Health and Care Framework and our system leadership for the Community by Design programme, PHW is co-leading the prevention and population health management workstream, with governance arrangements established, draft National Standards for Prevention and a National Model Architecture for Prevention developed. PHW continues to provide

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**
						leadership and support to Welsh Government, NHS Wales and the Chief Medical Officer on prevention policy, standards, inequalities and population health management, helping to embed prevention as a practical operating model across the health and care system and strengthening the evidence base for future delivery. **April 2026 update-** Consultants in Health and Wellbeing continue to access coaching support as part of their development. Change training will be further embedded in 2026-27 Discussions have commenced with

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**
						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.

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	**July 2026 update** Complete. All ancillary sites have now been moved to new content management system as part of Web Transformation Programme. Action to be closed.

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**
	Strengthen engagement, communications and partnership approaches to support adoption of prevention priorities, pathways and wider determinants interventions by policymakers, partners and communities.	Campaign and engagement evaluations; website and digital reach; stakeholder feedback; evidence of use of PHW advice, resources and frameworks.	Improves the effectiveness of PHW's influence and communication, increasing uptake of prevention policies, evidence and interventions.	National Director of Health and Wellbeing	31 March 2027	**April 2026 update-** First set of migrations on schedule - Healthy Weight Healthy You, Help me Quit and Public Health Network Cymru migrations currently in progress completion early May 2026. Further discussions required to take forward developments within these sites as part of Web transformation BAU process.
	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	Ongoing as part of NQIG workplan	**July 2026 update** A launch event hosted by PHW in May was attended by over 180 colleagues from both PHW and WCVA. As an organisation PHW also had a co-ordinated presence at WCVA's annual

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			conference, Gofod3. A number of teams shared their work and made connections with the voluntary sector through the PHW stall, and PHW hosted two workshops. A PHW consultant spoke at a panel session, and our CEO recorded an interview with WCVA's Chief Executive to be used to promote the partnership. PHW's refreshed Young People's Engagement Programme was launched this month, bringing 12 young people aged 18-25 together in person in Cardiff for a 2 day induction. Each member of the programme is employed on a bank

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**
						contract for approximately 6 hours a month. As well as contributing to work across the organisation they will also be supporting the development of a Wales-wide network, to better enable us to engage and hear from existing groups representing young people from across the country. **May 2026** Formally signed partnership agreement with WCVA and staff session held 21.5.26 to share aims and how to get involved

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	Co-lead Community by Design prevention and population health management work, including development of prevention standards, prevention architecture and national approach for population health management and data sharing in Wales Strengthening strategic leadership across PHW and HB PH Teams through collaborative action and network development	Delivery of prevention standards and architecture; partner adoption; implementation milestones achieved; reporting through Community by Design governance arrangements. Suite of outcome measures in discussion with Welsh Government	Creates a practical mechanism for embedding prevention across NHS Wales and strengthens system leadership, Health Care Services and Social Care Services will be able to deliver	National Director of Health and Wellbeing Interim Health Improvement Directors and Priority leads	31 March 2028 Ongoing	**July 2026 update** Through Community by Design, Wales has established a national transformation programme focused on delivering care closer to home through prevention, population health management and integrated community services. Key outputs to date include the creation of national governance structures, establishment of three transformation pillars, and the design of a community-by-default approach to service planning. Public Health Wales is co-leading the Prevention and Population Health

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**
		through the Strategic Programme for Primary Care Route Map and IMTP delivery	preventive interventions more systematically and effectively			Management pillar and supporting the development of the prevention, data and population health infrastructure required to deliver the programme. **April 2026** We continue to work with the Community by Design workstream and have created draft prevention standards and architecture for the programme.

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	Complete and embed the review and refocus of prevention programmes, ensuring resources are directed towards interventions and pathways with the greatest impact on healthy life expectancy and inequalities.	Outcomes Measurement Framework Integrated Performance Report Evidence of programme reviews informing decisions; outcome measures reported through Board reporting; improvements in reach, uptake, outcomes and reduction in variation.	Ensures programmes contribute demonstrably to healthier lives, improved outcomes and reduced inequalities, maximising impact from available resources.	National Director of Health and Wellbeing	31 March 2028	**July 2026** Ongoing work in Health and Wellbeing to review programmes with a particular focus on assessing impact. This work will continue during quarter 2 and 3 of 2026/27. Service reviews such as in help me Quit have also informed improvement actions which are currently being implemented. **April 2026** Health and Wellbeing continue to review their programmes of work. This work will inform future planning and resource allocation. Work is

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**
						also underway in Health Improvement to develop clusters of programmes to support join up between programmes and more effective and efficient ways of working.

<table>
<tr><td>Risk Reference and Link to Strategic Priority</td><td colspan="2">Risk Description</td></tr>
<tr><td>SRR4

Strategic Priority 6

“Tackling the public health effects of climate change.”</td><td colspan="2">There is a risk that: we fail to effectively mitigate the public health impacts of climate change on the Welsh population

Caused by:
1. Failure to identify and monitor climate change threats to health
2. Failure to effectively inform actions of partner organisations and policymakers so that health is considered as part of their climate action
3. Failure to effectively engage with our population, partner organisations and policymakers
4. Failure to prioritise resources to actions that make a measurable difference to the health of our population
5. Insufficient leadership in Wales to achieve a joined up and aligned system response to climate change.
6. Failure to take co-ordinated actions with partner organisations across the UK 4 Nations and advocate for UK climate policies that protect and promote health

Resulting in: Failure to prevent harm to the health of our population as a result of climate change, resulting in worse health outcomes and widening of health inequalities.</td></tr>
<tr><td>Executive Director Sponsor</td><td colspan="2">National Director of Policy and International Health</td></tr>
<tr><td>Assuring Committee</td><td colspan="2">Knowledge, Research and Information Committee</td></tr>
<tr><td>Trend</td><td>Current Position of Risk Including Risk Appetite and Risk Decision</td><td>Position Statement – Executive Director Update</td></tr>
<tr><td> 
</td><td><table><tr><td>Open</td><td>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>
Current Score = 8
Target Score = 6
Risk Appetite Level Applied = Open, therefore, within tolerance level.</td><td>There has been increased demand associated with climate-related incidents, including multiple heatwave events and recent wildfires, which have required significant operational response and diverted capacity from proactive to reactive. Highlights of recent heatwave response included early consistent messaging which provided clear instructions for the public and partners, as well as development of a rapid heat period morbidity and mortality surveillance report. In addition, the recent heatwaves have impacted our ability to</td></tr>
</table>

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

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1]
C1: Failure to identify and monitor climate change threats to health

[1] Three Lines of Defence Model
First – Operational Management control of organisational risks
Second – Risk management and compliance functions, reporting to senior management
Third – Internal audit to provide assurance.

Control Reference	Internal Control	Internal Sources of Assurance	How/When is it monitored?
C1.1	Climate change and health surveillance system in development, led by CDSC. Active engagement with surveillance partners across the 4 Nations and international system.	Climate Change Surveillance - sub-group of Climate Change Programme Board.	Regular updates from the Surveillance Subgroup to Climate Change Programme Board

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] **C2:** Failure to effectively inform actions of partner organisations and policymakers so that health is considered as part of their climate action			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
C2.1	Active engagement and collaboration with partner organisations, including Welsh Government, Future Generations Office and the wider public health system in Wales.	Climate Change Programme Board	Climate Change Programme Board meets bi-monthly, and risk is now a standing agenda item.
C2.2	Climate Change is part of our Policy Advocacy Programme priorities	Policy Advocacy Programme Board	Policy Advocacy Programme Board meets monthly to monitor progress and impact. Post election, this is moving to a new phase to reflect new Government priorities.

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] **C3:** Failure to effectively engage with our population, partner organisations and policymakers			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
C3.1	Ongoing active engagement and collaboration with the public, partners and policy makers regarding the threat to the public from climate change as part of the workplan.	Climate Change Programme Board	Climate Change Programme Board meets bi-monthly, and risk is a standing agenda item.
C3.2	Ongoing collaboration with primary care through Greener Primary Care Team and programme.	Climate Change Programme Board	Climate Change Programme Board meets bi-monthly, and risk is a standing agenda item.

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] **C3:** Failure to effectively engage with our population, partner organisations and policymakers			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
C3.3	Climate Change is part of our Policy Advocacy Programme priorities	Policy Advocacy Programme Board	Policy Advocacy Programme Board meets monthly to monitor progress and impact

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] **C4:** Failure to prioritise resources to actions that make a measurable difference to the health of our population			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
C4.1	Distributive leadership model within PHW aiming to ensure that all colleagues have the skills and time to ensure that climate sensitive practice is part of their day job.	Climate Change Programme Board	Climate Change Programme Board meets bi-monthly, and risk is a standing agenda item.
C4.2	Work underway to understand resource allocation to each of the strategic priorities.	Business Executive Team	Business Executive Team meeting

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] **C5:** Insufficient leadership in Wales to achieve a joined up and aligned system response to climate change.			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
C5.1	This is dependent upon broader system recognition in the threat of climate change to health and partners' allocation of sufficient resources. Engagement with Welsh Government and partner organisations through national	Climate Change Programme Board	Climate Change Programme Board meets bi-monthly, and risk is a standing agenda item.

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] **C5:** Insufficient leadership in Wales to achieve a joined up and aligned system response to climate change.			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
	meetings and working with partner organisations to support a system approach.		

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] **C6:** Failure to take co-ordinated actions with partner organisations across the UK 4 Nations and advocate for UK climate policies that protect and promote health			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
C6.1	Active engagement with 4 Nation colleagues to ensure that our practice is aligned where feasible and we are learning from others' experiences and advocating for the Welsh population.	Climate Change Programme Board	Climate Change Programme Board meets bi-monthly and risk is a standing agenda item.

Gaps in Assurance / Action Plans for the cause C1 Failure to identify and monitor climate change threats to health						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP1.1	Climate change programme board and associated sub-groups have mechanisms in place to ensure that we are actively horizon scanning, monitoring, and taking action on climate related threats to health	Log to capture threats to health developed and monitored by CCPB	Regular identification of the risks and monitoring of our actions to mitigate them.	Sumina Azam and Meng Khaw	Q4 2025-26	July 2026: We are working to map our recent experience of heatwaves against our climate risk assessment and response plan to ensure effective mitigation

Gaps in Assurance / Action Plans for the cause C1 Failure to identify and monitor climate change threats to health						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
						April 2026: We have developed our Climate Risk Assessment and Response Plan which outline the climate related risks for Public Health Wales, and our plan to manage them.

Gaps in Assurance / Action Plans for the cause C2 Failure to effectively inform actions of partner organisations and policymakers so that health is considered as part of their climate action						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP2.1	Proactive engagement with policy makers on the climate change agenda	Increased engagement with policy makers and a greater reference to health within the climate change agenda	Strengthen the relationship between health and climate change in the policy arena	Sumina Azam	Q4 2025-26	July 2026: Engagement with policy makers has recommenced post-election. April 2026: The Advocacy Programme is paused for the pre-election period.

Gaps in Assurance / Action Plans for the cause C2 Failure to effectively inform actions of partner organisations and policymakers so that health is considered as part of their climate action						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
						There are already close working relationships with WG officials on climate change and health. Climate change is a key theme in our Public Health Advocacy Programme.

Gaps in Assurance / Action Plans for the cause C3 Failure to effectively engage with our population, partner organisations and policymakers						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP3.1	Review of formal arrangements with key strategic partners, including UKHSA, IANPHI, and NRW	Joint actions / approach on climate and health.	Strengthen opportunities for effective collaboration with joint aims.	Sumina Azam	Q4 2025-26	July 2026: UKHSA are looking to confirm an SLA in relation to work on climate and health. This is currently under review between PHW and WG and presents both risks and opportunities.

Gaps in Assurance / Action Plans for the cause C3 Failure to effectively engage with our population, partner organisations and policymakers						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
						April 2026: No further changes

Gaps in Assurance / Action Plans for the cause C4 Failure to prioritise resources to actions that make a measurable difference to the health of our population						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP4.1	Development of a route map for Strategic Priority 6 (Climate and health) to enable identification of resource requirements for delivery.	Route maps to be reviewed and approved by Executive Team, with resourcing a consideration.	Resource requirements will also enable identification of resource gaps.	Sumina Azam / Rebecca Masters	Q2 2025-26	July 2026: Route map has been completed and delivery plans now being developed to ensure effective delivery aligned to the IMTP and WG mandate. April 2026: This work is on-going in alignment of our Long-Term Strategy and IMTP commitments. High level mapping of resources according to Strategic Priority has been undertaken.

Gaps in Assurance / Action Plans for the cause C4 Failure to prioritise resources to actions that make a measurable difference to the health of our population						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**

Gaps in Assurance / Action Plans for the cause C5: Insufficient leadership in Wales to achieve a joined up and aligned system response to climate change.						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP5.1	Discussions with Welsh Government, and participation in Welsh national climate change meetings to enable system alignment and joined up action to protect health.	Health considered as part of climate action by public bodies.	Participation will enable advocacy for a population health perspective.	Sumina Azam / Rebecca Masters	Q4 2025-26	July 2026: Rebecca Masters now chairs the WG Health and Social Care Climate Emergency National Programme Board – National Adaptation Board, with PHW operating as the organisational sponsor for this workstream. April 2026: No further changes

Gaps in Assurance / Action Plans for the cause C6 Failure to take co-ordinated actions with partner organisations across the UK 4 Nations and advocate for UK climate policies that protect and promote health						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP6.1	Engagement with 4N, FPH, WHO and IANPHI colleagues, along with international organisations regarding the climate and health agenda.	Review of national and international partnership landscape, including regular updates to CCPB	Alignment of work and methods and sharing of good practice.	Sumina Azam / Rebecca Masters	Q4 2025-26	July 2026: Under continuous review to ensure alignment. Rebecca Masters recently chaired a WHO climate adaptation webinar which saw the launch of the WHO Heat Health Adaptation Plans as well as the latest research on adaptation for vulnerable groups – this learning is now being incorporated into our heat response April 2026: Climate change is likely to be a topic for the forthcoming IANPHI meeting to be held in Wales in Q3 2026/7, offering opportunity

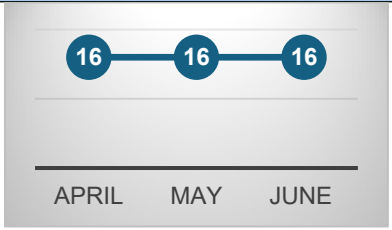
Gaps in Assurance / Action Plans for the cause C6 Failure to take co-ordinated actions with partner organisations across the UK 4 Nations and advocate for UK climate policies that protect and promote health						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
						for international partnership and collaboration for climate action.

<table>
<tr><td>Risk Reference and Link to Strategic Priority</td><td colspan="2">Risk Description</td></tr>
<tr><td>SRR 5

Strategic Priority

“Enabler Risk and incorporates all Strategic Priorities.”</td><td colspan="2">There is a risk that:
Failure to modernise and transform how we provide and deliver our services

Caused by:
• Lack of capability and capacity in leading, managing, delivering and communicating 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

Resulting in poorer quality services, outcomes, value and organisational effectiveness</td></tr>
<tr><td>Executive Director Sponsor</td><td colspan="2">Research, Data and Digital</td></tr>
<tr><td>Assuring Committee</td><td colspan="2">Knowledge, Research and Information Committee</td></tr>
<tr><td>Trend</td><td>Current Position of Risk Including Risk Appetite and Risk Decision</td><td>Position Statement – Executive Director Update</td></tr>
<tr><td> 
</td><td><table><tr><td>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>Current Score = 16
Target Score = 6
Risk Appetite Level Applied = Willing, therefore, within tolerance level.</td><td>It will be a challenge to deliver the current change portfolio given the level of change maturity across the organisation.

We need a clear narrative for strategic and transformational change that helps our staff and stakeholders to understand what we are trying to achieve through our change portfolio, how it will affect them, the overarching benefits we are looking to deliver.

There is currently limited visibility of the cumulative impact of change across the organisation, making it difficult to assess overall change capacity and the impact on staff and services. There is therefore a</td></tr>
</table>

		risk that additional demands could destabilise the existing change portfolio. 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. There is a desire to simply replace what already is in place rather than look at most efficient ways of delivering our services and meeting user needs. There have been some examples of inconsistent adherence to governance processes which compromises appropriate standards being followed. These factors collectively increase the complexity and vulnerabilities of delivering initiatives. 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.

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance **C1: Lack of capability and capacity in leading, managing and delivering transformational change**			
Control Reference	**Internal Control**	**Internal Sources of Assurance**	**How/When is it monitored?**
C1.1	Annual Planning Process, including assessment of IMTP feasibility, to include a	Strategic planning process (including formal approval and change control) covering:	Portfolio review Change Board

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance **C1: Lack of capability and capacity in leading, managing and delivering transformational change**			
Control Reference	**Internal Control**	**Internal Sources of Assurance**	**How/When is it monitored?**
	high level 3–5-year road map for expected delivery	• Long Term Strategy • Strategic Priority Routemaps • IMTP, inc assessment of IMTP feasibility • Digital and Data Strategy and Route Map IMTP • Directorate and Divisional level planning • Programme Plans	BET Board DDDA AIDA
C1.2	Annual planning process including BAU Planning from all directorates to assess delivery feasibility, to include a high-level 3–5-year road map for expected delivery	Directorate Business Leads • Directorate planning of BAU requirements • Directorate procurement forward look • Organisational plan • Digital assurance reporting and Delivery Confidence Assessments • Programme reporting and Delivery Confidence Assessments	• Directorate • DDDA • AIDA • Change Board • BET • Board
C1.3	**Organisational Change Capacity and Demand Management** • Establish and maintain a single organisational view of all change activity (operate, improve and transform), including assessment of	• Integrated portfolio dashboard (change demand vs capacity) • Directorate validation of impact on BAU and workforce	• Change Board • BET • Board

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance **C1: Lack of capability and capacity in leading, managing and delivering transformational change**			
Control Reference	**Internal Control**	**Internal Sources of Assurance**	**How/When is it monitored?**
	cumulative impact on services, teams and workforce capacity • Formal prioritisation and sequencing of change activity aligned to organisational strategy and available capacity		
C1.4	Communication of change Develop a clear and compelling narrative that helps staff and stakeholders understand our overarching strategic vision for transformation, how it will support our organisational strategy and what it will mean for staff and stakeholders.	Creation of an organisation strategic objective that aligns with the business need	All enabling functions Change Board BET
C1.5	Digital and Data Strategy and Routemap implemented.	D&D Portfolio – Monthly Delivery Confidence Assessment. Quarterly Assurance papers to BET/KRIC	Change Board BET Board
C1.6	Include resource provision for programme enabling functions as part of the discovery phase of a programme. Enabling functions offer to be developed to provide a more equitable proposition across the portfolio.	Plan to be created Strategic Risk 2 Strategic Risk 2.docx	• Directorate management • Programme Management • Change Management across the whole organisation
C1.7	**Organisation-wide Change Capability Framework** • Development and implementation of a consistent organisational approach to	• Creation of a change capability framework • Leadership development participation and feedback	Change Board BET Board

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance **C1: Lack of capability and capacity in leading, managing and delivering transformational change**			
Control Reference	**Internal Control**	**Internal Sources of Assurance**	**How/When is it monitored?**
	building change capability across leaders, managers and staff • Defined expectations for leadership behaviours in leading and sustaining change	• Staff engagement and change readiness indicators • Change management processes implemented across the organisation successfully	
C1.8	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	Change Board BET Board
C1.9	Commissioning of change: All proposed business change discussed and planned as early as possible with all relevant parts of the organisation through the planning process	• Commissioning of all significant business change (defined as Tier 1 or 2) through Change Board including: ○ Identification and review of pipeline change proposals at Change Board ○ Use of prioritisation criteria to identify the programme tier (1, 2 or 3) ○ Approval of Programme Brief at Change Board required for a new change programme to be mobilised. ○ Review of monthly Delivery Confidence Assessments by all programmes/ projects on the Change and Digital Portfolios	Change Board BET Board DDDA / AIDA, where required

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance **C1: Lack of capability and capacity in leading, managing and delivering transformational change**			
Control Reference	**Internal Control**	**Internal Sources of Assurance**	**How/When is it monitored?**
		• Assessment of digital feasibility by DDDA required for all programmes that involve digital • Assessment of feasibility by specific Directorates and Divisions, including enabling functions such as Communications, Finance, Digital, Estates and People and OD.	

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] **C2: Failure to fully exploit digital and data**			
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	Ensure agile User Centred Design approach is used in the planning and discovery phase of a digital change programme	User Needs Log User Requirements linked to user needs Programme Specification	Service Users/Owners Programme Board DDDA AIDA

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] **C2: Failure to fully exploit digital and data**			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
C2.4	R, Python and Power BI established as tools of choice for most new analysis	Assurance reporting	DARC Programme Board DSAB
C2.5	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
C2.6	**Digital and Data Workforce Capability** -Strategic Workforce Plan in place, aligned to digital and data transformation priorities -Clear identification of current and future digital, data and analytical skills requirements -Defined workforce pipelines including recruitment, apprenticeships and upskilling pathways -Ongoing development of digital and data literacy across all staff, including leadership	**Assurance:** -Workforce metrics (vacancies, time to recruit, retention in key roles) -Skills gap analysis and workforce capability assessments -Uptake and completion of digital and data training programmes -Evidence of increased use of digital tools and data in decision-making	BET Workforce / People & OD governance DDDA / AIDA (for alignment to digital strategy) Strategic Risk 2

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] **C3: Lack of maturity in benefits realisation from change delivery**			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
C3.1	A clear Benefits Realisation Framework is designed, implemented and applied consistently across all change programmes, including: • Defined benefits, baselines and metrics • Named benefit owners within business areas • Tracking of benefits during delivery and post-implementation into BAU	Benefits Framework to include the organisation benefit acceptance rules, named benefit owners, calculation metrics and baseline requirements which must be used by all programmes **Benefits Realisation into BAU** Benefits must be tracked and reported beyond programme closure to demonstrate sustained value **Source of Assurance:** Portfolio reporting of planned vs realised benefits Post-implementation reviews (6–12 months post-delivery)	Programme Boards Benefit Owners Change Board DDDA
C3.2	All change programmes must ensure clinical approval is sought and obtained for any changes that impact clinical systems and / or services, where required	Clinical Governance Group Service Owner Programme Managers	Clinical Governance Group BET Board
C3.3	Discovery of benefits and delivery requirements for each proposed change to be completed prior to the creation of the Business Case	Discovery reports to be submitted to change board. These will identify and quantify key financial benefits of the proposed change and the estimated resource requirement to allow for effective decision making	Programme Lead DDDA/AIDA if digital proposal Change Board BET
Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] **C4: Lack of ability to deliver improvement at pace**			

Control Reference	Internal Control	Source of Assurance	How/When is it monitored?
C4.1	Identification of the internal resource that is required to complete a programme of change successfully with active collaboration to meet the programme requirements together	Defined change management process Appropriate programme initiation reviews ensuring the right experts are in the room Resource requirements for change programmes to be defined	TBD – Check with all directorates on their current processes
C4.2	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 Assurance report including DCA Reporting against change portfolio programmes	Programme Board 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 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	Programme Board Change Board DDDA Dependency identification, mapping and agreement undertaken as part of planning process for internal agreement
C4.4	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	Programme Board Change Board DDDA

		Tier 1 and 2 programme plans Digital delivery plans	Dependency identification, mapping and agreement undertaken as part of planning process for internal agreement
C4.5	Regular portfolio reviews to be undertaken at an organisation level (every 6 months) to assess the viability of the change portfolio and to ensure all programmes still align with the organisation's strategic goals	Programme delivery timelines Decision turnaround times IMTP Delivery Assessment (6-Monthly) All directorates to review and update plan based on current and planned priorities Change Board – analysis of dependencies at portfolio level DDDA – analysis of dependencies at portfolio level Tier 1 and 2 programme plans Digital delivery plans	Portfolio Review Change Board DDDA Dependency identification, mapping and agreement undertaken as part of IMTP planning process for internal agreement

Gaps in Assurance / Action Plans for the cause C1 Lack of capability and capacity in leading, managing and delivering transformational change						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP1.2 & AP2.2	Increase Digital, Cloud, Cyber and Data management technical skills capability into PHW as a result of additional investment.	Successful recruitment of Cloud Engineers, Data Engineers, Developers, Cyber Specialists, Technical	Create capacity and depth of skill to meet deliverables of IMTP/BAU requirements.	Governance & General Manager – RDDD / Director of PoD	31/12/2025	**June 2026** Multiple roles are currently being progressed to support delivery

Gaps in Assurance / Action Plans for the cause C1 Lack of capability and capacity in leading, managing and delivering transformational change						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
		Project Managers funded by PHW investment.				requirements across Lung, DHP and OPIP. However, all posts are being offered as fixed-term contracts and, due to current recruitment restrictions, this is creating operational challenges. There is a significant risk that programme delivery will be affected, as the limited duration and constraints attached to these roles make them less attractive to candidates who have alternative employment options. **April 2026** Recruitment activity is underway to fill the Cloud Engineer

Gaps in Assurance / Action Plans for the cause C1 Lack of capability and capacity in leading, managing and delivering transformational change						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
						vacancy following a resignation. The Systems Architect is scheduled to commence in May 2026. 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.
AP1.3	Engage technical agency resource to bridge the gap between recurrent resource commencing in post. This is funded using	Deliverable are progressing using agency provision. Pay budget balances	Use of agency resource will enable key programmes of work to commence/continue	Governance & General Manager – RDDD	31/08/2025	**June 2026** Due to pause in NDR funding agency support for Data Engineers

Gaps in Assurance / Action Plans for the cause C1 Lack of capability and capacity in leading, managing and delivering transformational change						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
	slippage from investment funding only.		whilst recruitment is ongoing.			roles are required to avoid non delivery digital programmes including DARC. Recruitment is ongoing but this is a significant RDDD cost pressure that could impact break even position. The risk of not doing so impacts deliverables. **April 2026** 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.
AP1.4	Ensure there is sufficient resource available to	All organisation programmes	Provide assurance that change	All enabling functions leads	30-Jun-27	Jun-26: Action expanded to include

Gaps in Assurance / Action Plans for the cause C1 Lack of capability and capacity in leading, managing and delivering transformational change						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
	support the organisations change portfolio	resourced with the required team for delivering the change	programmes implemented across PHW are being delivered to a high standard.			all change programmes across the organisation.
AP1.5	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
AP1.6	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.
AP1.7	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. Consideration will also be given to leaders across the organisation who	Standards and Assurance Lead	31/3/27	May-26: Action Added

Gaps in Assurance / Action Plans for the cause C1 Lack of capability and capacity in leading, managing and delivering transformational change						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
			may bring transferrable skills, or SRO skills across organisational boundaries			
AP1.8	Create and manage a delivery plan for IMTP Milestones – plan over three years considering resource availability and business impact	Review of the delivery plan against organisation priorities to be held regularly (minimum every 6 months)	This will allow successful delivery of change programme without impacting BAU Operations	Strategic Programme Lead, RDD Portfolio Lead		Jun-26: Action Added
AP1.9	Define an appropriate Programme to BAU handover process to embed the change across the intended area of the organisation	Programme Closure Documentation Training Plans Update PPM Standards User /employee feedback Process improvements	Ensure the change programmes are embedded successfully, once complete	Portfolio Lead RDD Service owners/ Service Users, Programme Manager / SRO	31/12/2026	Jun-26 Action added
AP1.10	Develop a change pre-discovery and discovery process that all programmes must complete to assess viability and estimated delivery requirements and benefits of the change	Develop a pre-discovery and discovery approach that all programmes complete to explore the problem space, understand user and business needs, and	Ensure the organisation understands the needs of the users and the change before initiation	Portfolio Lead RDD Service owners/ Service Users, Programme Manager / SRO	31-Mar-27	Jun-26: Action added

Gaps in Assurance / Action Plans for the cause C1 Lack of capability and capacity in leading, managing and delivering transformational change						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
		assess the viability and value of proposed changes. Build a shared understanding of user and organisational needs to inform how change should be shaped and delivered. Ensure the organisation has a clear understanding of the problem, users, and intended outcomes before initiating delivery.				
AP1.11	Ensure the change portfolio refresh for 27/28 arrives at a feasible portfolio, taking full account of operate, improve and change activity, in line with good portfolio management practice.	Reviewing the planning process for the change portfolio and providing the approved process to the organisation to allow for effective change management and understanding Defining and implementing the	This will allow successful delivery of change programme without impacting BAU Operations	Strategic Programme Lead	31/3/28	Proposed new action for SR5

Gaps in Assurance / Action Plans for the cause C1 Lack of capability and capacity in leading, managing and delivering transformational change						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
		development of portfolio analysis tools, such as a dashboard to understand change feasibility, in conjunction with the wider planning community				
AP1.12	Develop a business case framework for the organisation.	Programmes resourced and delivering successfully	Business case led change	Strategic Programme Lead	9/9/26 (Change Board)	Proposed new action for SR5
AP1.13	Develop and implement a consistent organisational approach to building change capability across leaders, managers and staff	Agreed change management approach for the organisation, Understanding of existing change capability. Learning and development offer defined and implemented	Having change capability in place across the organisation and across all staff grades will increase the likelihood of successful change.	Strategy and Planning, People and OD, Communications, Digital	Date tbd	**Jun 2026** No change from last update. **February 2026** Programmes managed by RDD are defining their resources and cost requirements and have appropriate governance measures in place to review any

Gaps in Assurance / Action Plans for the cause C1 Lack of capability and capacity in leading, managing and delivering transformational change						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
						change of scope that may arise within the programme. Any changes of scope are managed through appropriate change management processes within the programme.

Gaps in Assurance / Action Plans for the cause C2 Failure to fully exploit digital and data						
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)	**June 2026** A plan to mitigate the risks of shadow AI has been approved by the AI Design Authority. This includes training and comms. An AI policy is in the draft stages.

Gaps in Assurance / Action Plans for the cause C2 Failure to fully exploit digital and data						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
						The consultation period for generative AI guidance has been completed. **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 pf Generative AI has been completed and is being translated.
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	31/12/2027	**June 2026** There is no additional funding available for apprenticeships currently. It remains an ambition to develop the pathways, but a funding stream needs to be identified to realise this. Delivery date changed to next financial year. **April 2026** No further apprentices added. Work is ongoing

Gaps in Assurance / Action Plans for the cause C2 Failure to fully exploit digital and data						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
						subject to funding. Delivery date changed to funding availability.
AP2.5	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	**Jul-26** Microsoft Fabric was implemented on 2-Jul-26 which is one of the core M365 Platform upgrades supporting the Power BI platform among other Power Automate tools. **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.
AP2.6	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	**Jun 26** **This action will be closed as it is now complete.** **April 2026** AI is no longer classified as a programme. Assurance

Gaps in Assurance / Action Plans for the cause C2 Failure to fully exploit digital and data						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
						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.
AP2.7	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	**Jun-26** Decisions made in DHCW over recent months which include decisions on tolls implemented and the pause on review of key national programmes implemented by WG have had an impact on PHW Key programmes, impacting timelines and requiring workarounds to be implemented to maintain delivery. **April 2026** Monthly planning meetings between DHCW and PHW have been established for planning and escalation

Gaps in Assurance / Action Plans for the cause C2 Failure to fully exploit digital and data						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
						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.

Gaps in Assurance / Action Plans for the cause C3 • Lack of maturity in benefits realisation from change delivery						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP3.1	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 Consultants / Head of service/Head of Digital Services / Digital Clinical Safety Officer	31/03/2027	**June 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

Gaps in Assurance / Action Plans for the cause C3 • Lack of maturity in benefits realisation from change delivery						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
						the Office of the Medical Director) progressed to draft TORs, however, timelines remain unconfirmed. The DCSO 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 DCSO 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 DCSO.
AP3.2	Implement the required actions as detailed under **SRR2**					See SRR2 Updates.
AP3.3	Establish the clinical Governance Group	Clinical Governance Group established Define the clinical governance	Provide clinical assurance for all change requirements	Executive Director of Nursing Quality and Integrated	June 2026	**June 2026**

Gaps in Assurance / Action Plans for the cause C3 • Lack of maturity in benefits realisation from change delivery						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
		requirements and metrics.	where clinical approval would be required. Define the ownership and formal acceptance process of any residual clinical risk for the management of services.	Governance and Medical Director.		First meeting took place early June 2026. An update will be provided at the next meeting.
AP3.4	Create and manage a benefits framework for the organisation that all change programmes must adhere too	Tangible benefits identified for proposed change programmes and key measures and baselines identified that can clearly assess the impact of the change Benefits will be reported on through Change Board. Benefits tracker to manage benefit realisation through programme implementation and BAU	Ensure the proposed change will provide adequate tangible benefits for the organisation Implementing a benefits tracking process to ensure benefits are tracked through to completion whether that happens during the programme or in BAU	Head of Planning, Strategy & Corporate affairs. Strategic Programme Lead, Senior Programme Manager, Programme Design Lead, RDD Portfolio Lead	9/9/26 (Change Board)	Jun-26: Action Added

Gaps in Assurance / Action Plans for the cause C4 • Lack of ability to deliver improvement at pace						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP4.1	Identification of the internal resource that is required to complete a programme of change successfully with active collaboration to meet the programme requirements together	Ensure the programme is resourced effectively to increase the ability to implement the change successfully	Support the successful delivery of change programmes	All enabling function leads; Comms, RDD, PoD, S&P		**April 2026** Management capacity is being assessed regularly. It remains challenging across the D&D portfolio with the competing demands having to be balanced.
AP4.2	Earlier identification of dependencies on DHCW Active management of DHCW delivery for specific programmes eg LIMS.	Support the mitigation of delays when change programmes include external stakeholders	Support the successful delivery of change programmes	RDD Portfolio Lead,		Jun-26 – Action added
AP4.3	Earlier and more precise identification of supplier dependencies at programme and portfolio levels	Ensure the programme is resourced effectively to increase the ability to implement the change successfully	Support the successful delivery of change programmes	RDD Portfolio Lead, Strategic Programme Lead		Jun-26 – Action added
AP4.4	Earlier and more precise identification of Local Health Board dependencies at programme and portfolio levels	Support the mitigation of delays when change programmes include external stakeholders	Support the successful delivery of change programmes	RDD Portfolio Lead, Strategic Programme Lead		Jun-26 – Action added

Gaps in Assurance / Action Plans for the cause C4 • Lack of ability to deliver improvement at pace						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP4.5	Regular portfolio reviews to be undertaken at an organisation level (every 6 months) to assess the viability of the change portfolio and to ensure all programmes still align with the organisation's strategic goals	Ensure the change portfolio continues to align with the organisation's strategic objectives, the delivery of change is still on track and has sufficient resource. Provide the appropriate evidence to the executive team to make informed decisions on the prioritisation of the change portfolio on a frequent basis	Support the successful delivery of change programmes	RDD Portfolio Lead, Strategic Programme Lead		Jun-26 – Action added

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Knowledge, Research and Information Committee **Date of Meeting** 15 September 2026 **Agenda item:** 2.1.2

Corporate Risk Register

Executive lead:	Claire Birchall, Nursing, Quality and Integrated Governance
Author:	Bethan Osborne, Risk Manager

Approval/Scrutiny route:	Corporate Risks are scrutinised and updated by the relevant Directorate Senior Leadership Teams. All Executives have had sight of the Corporate Risk Register via BET. Business Executive Team – 21 June 2026 Leadership Team – 20 August 2026

Purpose

The Leadership Team have delegated responsibility to scrutinise the Corporate Risk Register on behalf of the Business Executive Team and ensure the ongoing management of corporate risks. This paper provides the corporate risks and any notable updates.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☐	☐	☐	☐	☒

The Committee is asked to:

- Take **assurance** on the management of Corporate Risks within the remit of the Committee.

Link to Public Health Wales Strategic Plan Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives. This report contributes to the following:	
Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives

Summary impact analysis	
Equality and Health Impact Assessment	No decision required.
Risk and Assurance	This submission is the Corporate Risk Register.
Health and Social Care (Quality and Engagement) (Wales) Act	This report supports the implementation of the Health and Social Care (Quality and Engagement) (Wales) Act, in relation to the Duty of Quality and Candour by ensuring that the organisations most significant risks are being managed appropriately. They relate to all the Health and Care Quality Standards.
Financial implications	The financial implications of failing to manage corporate risk effectively are significant, both in terms of the potential for loss and also the failure to capitalise on opportunities.
People implications	The people implications of failing to manage corporate risk effectively are significant, both in terms of the potential for loss and also the failure to capitalise on opportunities.

1. Purpose / situation

This paper summarises the organisation's corporate risks highlighting any significant updates that require further discussion and any proposals for the escalation/de-escalation of risks onto or from the Corporate Risk Register. The Corporate Risk Register details the highest-level operational risks that are being managed on a day-to-day basis by relevant Directorate Senior Leadership Teams and their associated Executives. Leadership Team consideration provides assurance to the relevant Committees and the Board that corporate risks are being effectively identified and managed.

2. Background

The Corporate Risk Register is submitted to the Leadership Team to ensure compliance with the organisation's Risk policy and procedure. Where corporate risks are in part addressing any strategic risks, these linkages are referenced through the risk reporting template on the electronic risk management system. If further assurance or detail is required in respect of interdependencies between strategic and corporate risk registers, this can be requested through the risk management team.

3. Description/Assessment

The following significant points have been summarised to support the consideration of the Corporate Risk Register.

Current Risks on the Corporate Risk Register

- **1648** - There is a risk that Public Health Wales will lose access to Primary Care data.

  This is caused by Audit+ (the current tool) used to gather primary care data having been discontinued in July 2024 and there has been no further support of Audit+ from March 2026.

  This results in the loss of Audit+ without a replacement equivalent service leading to PHW being unable to meet its statutory responsibilities.

Inherent Risk Rating	Residual Risk Rating	Target Risk Rating
20	12	2

Progress Update
While no formal communication has been released, it is understood that the decision on the solution that was required from GPC Wales was approved in Jul-26. PHW have contacted DHCW for details regarding the planned implementation so that an assessment on the dependencies within the organisation can be completed. It is proposed that the review of the Audit plus risk is submitted to DDDA in Sep-Oct-26 once further details are available from DHCW.

- **2315 -** There is a risk that PHW will not be able to deliver an optimal and sustainable sexual health services to meet population requirements.

  This is caused the risk originated from Sexual Health IMT. Due to insufficiently robust processes and service issues, this risk was identified in IMT as the overarching risk that addresses wider service risk. These issues are: lack of appropriate use of technologies to improve storing, processing and sharing of patient information, and lack of appropriate infrastructure to enable information to be used to provide assurance, support effective quality control and risk management. Delivery of this is reliant on resources and support from the wider organisation (i.e. IG, Safeguarding, Digital Services).

  The impact will be a loss of public confidence, inability to sustain the service which may lead to service users harm and reputational damage to PHW.

Inherent Risk Rating	Residual Risk Rating	Target Risk Rating
20	16	6

Progress Update
Update from Senior Service Manager HW:
1) Recruited for Improvement Manager role to embark on improvement plans; completed and awaiting start date.
2) IMT closure pending Hep C report sign off. SRG approved an Improvement Plan to support assurance of governance in the service.

3.1 Well-being of Future Generations (Wales) Act 2015

This work has been put together following the five ways of working, as defined within the sustainable development principle in the Act, in the following ways:



The effective management of corporate risks supports the longevity of the organisation



The effective management of corporate risks reduces the likelihood or consequence of harm being realised.



The identification and management of risks are integrated into decision making activities.



Owners of corporate risks collaborate within their areas and any relevant Directorates to manage risks effectively.



Senior Managers engage with relevant colleagues to ensure staff are empowered to raise risks.

4. Recommendation

The Committee is asked to:

- Take **assurance** on the management of Corporate Risks within the remit of the Committee.

CORPORATE RISK REGISTER - 12.08.2026						RISK ARTICULATION			INHERENT SCORING			CONTROLS	RESIDUAL (CURRENT) SCORING			DECISION	OVERALL RISK PROGRESS	ACTION PLAN				TARGET SCORING			RESPONSIBLE GROUP
Datix ID	Risk Theme	Identification Date	Executive Sponsor	Leadership Team Lead	Directorate	Risk Description	Cause	Effect	Likelihood	Consequence	Rating	Key Controls	Likelihood	Consequence	Rating			Action Summary	Action Due date	Action Done date	Progress	Likelihood	Consequence	Rating	Group responsible for Risk
1648	Statutory Duty	24/06/2024	PHW - National Director for Public Health Knowledge and Research	Kirsty Little	Research, Data and Digital	There is a risk that Public Health Wales will lose access to Primary Care data.	This is caused by Audit+ (the current tool) used to gather primary care data is being discontinued in July 2024 and there will be no further support of Audit+ from March 2026.	This would result in the loss of Audit+ without a replacement equivalent service would lead to PHW being unable to meet its statutory responsibilities.	5 Almost certain	4 Major	20	Start a programme of work to ensure that all regular reports from Audit+ are migrated to the NDR by DHCW, and that any new requirements are developed in the NDR by either PHW or DHCW. Managed via the DARC Programme. Requirement merged with Lung Screening and on DHCW list of action. DHCW have committed that those services that are current users will be unaffected.	3 Likely	4 Major	12	Treat	10/08/2026 - While no formal communication has been released, it is understood that the decision on the solution that was required from GPC Wales was approved in Jul-26. PHW have contacted DHCW for details regarding the planned implementation so that an assessment on the dependencies within the organisation can be completed. It is proposed that the review of the Audit plus risk is submitted to DDDA in Sep-Oct-26 once further details are available from DHCW.	To update the Business Continuity Impact Assessment and Business Continuity Plans, to reflect the impact of Audit+ removal/not updating and mitigations. Plans and assessment to be uploaded into this risk as supporting documentation by 30 November 2026. Action to be completed by Jul-26.	31/07/2026		08/07 - Update from Eric Mallan - It will have an impact on and slow down our sentinel work, and the team will work on contacting GP services directly to gather the information. Therefore, due to the fact that it is not deemed to have direct clinical impact, this specific matters has not been flagged as a business continuity issue and our arrangements have not been specifically updated to address that. HP - Awaiting update to confirm this covers HP only or whole of HPSL. Date moved due to capacity and change with DHCW continuing to support.	1 Highly Unlikely	2 Minor	2	Digital and Data Design Authority (DDDA)
																		To complete a deep dive risk review at DDDA by Aug 26.	31/08/2026		Agenda agreed				
2315	Quality	26/05/2026		Michelle Battlemuch	Health Protection and Screening Services	There is a risk that PHW will not be able to deliver an optimal and sustainable sexual health services to meet population requirements	Risk originated from Sexual Health IMT. Due to insufficiently robust processes and service issues, this risk was identified in IMT as the overarching risk that addresses wider service risk. These issues are: lack of appropriate use of technologies to improve storing, processing and sharing of patient information, and lack of appropriate infrastructure to enable information to be used to provide assurance, support effective quality control and risk management. Delivery of this is reliant on resources and support from the wider organisation (i.e. IG, Safeguarding, Digital Services)	The impact will be a loss of public confidence, inability to sustain the service which may lead to service users harm and reputational damage to PHW.	5 Almost certain	4 Major	20	12/08/26 update - Head/ Deputy Head of Operations: Implemented Tarian as a phase 1 system to record clinical record and safeguarding. 16/07/2026 update: Proactive safeguarding process now embedded for children and young people. Retrospective review of safeguarding cases now complete, providing assurance and compliance with legislative requirements. SOP development ongoing, key SOPs already developed covering safeguarding, and orders processing. Clearly defined escalation routes have been clearly implemented with key roles such as lead nurse and lead service managers both in place. There is now clarity on incident reporting, numbers remain high as digital developments have not yet been completed	4 Highly Likely	4 Major	16	Treat	07/08/2026 - Update from Senior Service Manager HW: 1) Recruited for Improvement Manager role to embark on improvement plans; completed and awaiting start date. 2) IMT closure pending Hep C report sign off. SRG approved an Improvement Plan to support assurance of governance in the service.	Review and Revise Condoms SOP	31/07/2026		08/26 from HW: sign off of SOP in process	2 Unlikely	3 Moderate	6	Sexual Health IMT
																		RDD led digital group exploring phase 2 of system to implement post January 2027	31/01/2027						
																		RDD led digital group integrating data flow and management between third party suppliers queries.	31/01/2027						
																		Review data sharing arrangements with Health Boards.	30/09/2026						
																		Review and revise testing SOP	31/07/2026		08/26 from HW: In progress still				
																		Review and revise kit distribution SOP and transition to operations.	31/07/2026		08/26 from HW: Transferred to business and operations SOP still work in progress as BBV route was missing.				
																		Adopt recommendations from BPAG	30/09/2026						

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Knowledge, Research and Information Committee **Date of Meeting** 15 September 2026 **Agenda item:** 3.1

Digital and Data Design Authority Assurance – August 2026

Executive lead:	Iain Bell, Director of Research, Data & Digital Directorate
Author:	Jenna Goldsworthy, Portfolio Lead Mat Friedlander Moseley, Portfolio Lead Louisa Nolan, Head of Data Science

Approval/Scrutiny route:	Iain Bell, Executive Lead Business Executive Team – 2 September 2026

Purpose

The purpose of this paper is to provide assurance to The Knowledge Research and Information Committee (KRIC) through Business Executive Group (BET) on the implementation and delivery of PHW's Digital and Data Route map.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☐	☐	☐	☐	☒

The Committee is asked to:

- Receive **assurance** that Public Health Wales (PHW) is delivering its Digital and Data Strategy through the agreed Route map and has robust governance in place for managing digital and data work.

Link to Public Health Wales Strategic Plan and Digital and Data Strategy Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives. This report contributes to the following:	
Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives

Summary impact analysis	
Equality and Health Impact Assessment	No decision is required.
Risk and Assurance	Detailed in the assurance report
Health and Social Care (Quality and Engagement) (Wales) Act	This report supports the Health and Care Standards for NHS Wales quality themes, because the portfolio of work is dedicated to improving quality of care and service, including through creating accessibility for everyone, promoting wellbeing in a reliable, continuous, and sustainable way.
Financial implications	No direct financial implications. These are managed at relevant Directorate level, through IMTP planning or through individual programmes and business cases.
People implications	No direct implications

1. Purpose / situation

The purpose of this paper is to provide assurance to the Knowledge Research and Information Committee (KRIC) on the implementation of the Digital and Data Strategy (including Artificial Intelligence, or AI).

2. Governance and Assurance of delivery of the strategy

The Digital and Data Strategy is supported in its delivery by several different governance and assurance mechanisms.

- The Digital and Data Design Authority (DDDA) is a cross-organisation group which provides support, challenge, and assurance for digital, data, and technology work within, or affecting, Public Health Wales. It seeks alignment with the Digital and Data Strategy, visibility and understanding of the landscape and compliance with the standards. The DDDA oversees the digital and data portfolio and reports to Change Board. It also ensures compliance with the adopted digital standards of NHS Wales and Public Health Wales.
- The Artificial Intelligence Design Authority (AIDA) is a cross-organisation group with delegated authority from BET to provide support, challenge, and assurance of AI across PHW. It is responsible for the oversight of the specific risks and opportunities that artificial intelligence (AI) brings to digital and data, as part of the suite of governance and guidance activities set out in the paper Guidance and Governance for AI (February 2025). It will embed governance, develop business processes for managing AI and drive the adoption of good practice frameworks across PHW.
- Programme and Project Boards have been established to lead and plan the delivery of our agreed priorities
    - Data, Analysis, Registers and Cloud (DARC) programme
    - Digital Health Protection programme
    - Lung Screening programme IT workstream
    - Sexual Health Case Management
    - Gambling Prevention
    - Digital Weight Management

AI is managed through the AI Design Authority. An update from AIDA is included in this paper.

- Knowledge Research and Information Committee (KRIC) has oversight of the exploitation of Digital and Data to maximise impact against our long-term strategy. The Audit and Corporate Governance Committee (ACGC) have

oversight of the Cyber Improvement Plan (a Digital and Data route map priority) as well as monitor progress against cyber and digital resilience audits and reviews, for example reviews against the Cyber Assessment Framework.
- Internal and external audits.

The Digital and Data Design Authority ensures delivery of our Data and Digital Route-map, digital needs in line with an agreed set of standards. The current core standards in PHW are:

- Welsh Digital Public Service Standard
- Welsh Language Standards
- Accessibility Standards (WCAG 2.2)
- Code of Practice for Statistics
- HL7 FHIR (WHC/2023/018)
- ONS Geographic Codes (WHC/2024/014)
- SCCI0052 Dictionary of Medicines and Devices (dm+d) (WHC/2024/042)

No new standards have been proposed for agreement since the last update.

3. Digital and Data Route map and overview of Delivery

Since the update to BET in June 2026, and the most recent monthly programme reports at the beginning of August 2026, some significant milestones have been completed:

- In the Data, Analysis, Registers and Cloud (DARC) Programme, Monthly Real-Time Suspected Suicide Surveillance outputs are the first to be run in production on the GCP. Primary Care Clusters was signed off week commencing 22 June, and Medusa awaits final sign off for their systems. We have also stood up the first ad hoc analysis on the platform. The RDD outputs completed phase 1 of the migration at the end July 2026.
- The Lung Screening Programme team have completed the procurement process for the participant administration system (PAS), with a preferred supplier identified and approvals for contract award to be sought through the appropriate groups in PHW through August. The procurement process for the 4 x mobile CT scanning units has commenced, with supplier visits under way and evaluation panels planned for late August. A specification for the radiology reporting solution (computer aided detection / volumetry software plus outsourcing capacity) is complete and will be presented to AIDA on 05.08.26, in advance of seeking approvals to commence the procurement process. Two independent Thoracic Radiologists have been recruited to support this process.

- The Digital Health Protection Programme delivered Phase 1 in July as scheduled. The main element of Phase 1 is building the underlying infrastructure for DHP and proving cloud connectivity. Development pace has increased to ensure go-live of Phase 2 in January 2027 as scheduled with close attention being given to product development, readiness and upcoming testing. An alternative source of LIMS2 data has been identified that removes the dependency on the NDR programme. An interim solution has been identified to ensure a January 2027 DHP go live with a longer-term strategic solution being scoped and commissioned - subject to approval. The DHP change plan has been approved by the DHP Programme board and a detailed training plan is being developed.

The key challenges for delivery remain our dependency on DHCW and Welsh Government with confused governance and need to ensure delivery. This is being managed through PHW Strategic Risk 5.

The main programmes impacted by this are:

1. LIMS2 which is a national programme being delivered by DHCW and timelines are very tight. Tranche 3 is planned for go live on August 10th. Defect resolution is challenging and generally 'to be confirmed' or undeliverable to allow safe testing which is affecting overall confidence. CSIMS, Datastore and TARIAN all ready but there may be no Live-Live testing feasible before the planned go live date. Signoff fully complete and 3 UAT reports completed and accepted by DHCW 29/07/2026. Hypercare arrangements are being discussed with DHCW and there is currently no assurance in place for access to legacy data.

Additionally, there is concern that additional demands for support from the Research, Data and Digital Directorate risk destabilising delivery and could render the portfolio undeliverable. The directorate already has a significant portfolio of work to deliver by March 2027 and there are several national programmes that will also require support from the directorate. There is a risk to delivery if all programmes are added to the portfolio at the same time. A portfolio review that will involve the digital and change portfolio teams is scheduled for Aug-26.

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. This risk is managed as part of the Public Health Wales Strategic Risk Register (SRR 5). Strategic Risk 5 has recently been updated to include change management across the organisation, in addition to the digital delivery risks and have been taken for formal approval through BET and Board in July 2026.

4. Major programmes

4.1. Digital Health Protection Programme:

Phase 1 completed delivery in July 2026. Phase 2 requires close attention to remain on track for delivery in Jan 2027. Completion of the programme remains Jan 2028. Benefits, readiness and an approach to roll out still need close attention. Whilst the dependency on the NDR has been removed and an alternative route for accessing LIMS data has been identified, this has not been fully scoped or commissioned. DCA remains 'amber'. The work to move Datastore to the cloud for DHP to access LIMS data needs to be commissioned and monitored closely to ensure timely delivery. The roll out approach needs to be finalised. Phase 2 requires attention to remain on schedule.

4.2. Lung Cancer Screening Programme:

Procurement activities continue to be a key area of focus for the programme. The procurement process for the participant administration system (PAS) is now complete, with a preferred supplier identified and approvals for contract award to be sought through the appropriate groups in PHW through August. The procurement process for the 4 x mobile CT scanning units has commenced, with supplier visits under way and evaluation panels planned for late August. A specification for the radiology reporting solution (computer aided detection / volumetry software plus outsourcing capacity) is complete and will be presented to AIDA on 05.08.26, in advance of seeking approvals to commence the procurement process. Two independent Thoracic Radiologists have been recruited to support this process.

Progress has continued with the integration prototype, focusing on the scheduling and reporting interfaces. The prototype now demonstrates the end-to-end "happy path" workflows, validating the exchange and processing of information through the agreed event-driven architecture. Planning has also commenced for the next phase of development, which will expand the prototype to support exception handling and alternative workflow scenarios. Work has started to incorporate user journey considerations into the prototype, initially focusing on cohort ingestion. This will help demonstrate how technical integrations align with operational processes across the screening pathway and provide greater confidence that the solution meets both user and system requirements. Significant progress has also been made in developing testing standards and the wider testing strategy.

It is understood that a review of mobile connectivity has been undertaken by the digital team and that a paper is due to be presented to the DDDA in relation to this, however it is not yet clear what the outcome/ implications will be for the lung cancer screening programme. As noted above, the feedback from the NHS Wales Leadership Board was clear in relation to expectations relating to the digital enablement of the programme, and so any decisions in relation to this would need to be considered in this context.

There has also been discussion with WAST in relation to the handheld devices that they use and follow up discussions are planned in relation to this.

4.3. Data, Analysis, Registers, Cloud (DARC) Programme:

The DARC Programme is currently amber/red.

Monthly Real-Time Suspected Suicide Surveillance outputs were the first to be run in production on the GCP. Primary Care Clusters was signed off week commencing 22 June, and Medusa awaits final sign off for their systems. We have also stood up the first ad hoc analysis on the platform. All the RDD outputs completed phase 1 of the migration by the end July 2026.

A Programme Manager for Registers was confirmed and joined the team in Jun-26 with the first action to define the plan and any key dependencies for the register's teams.

Resources continue to be a challenge. The cost pressure arising from the WG pause and review of digital funding has now (end July) been resolved, although we still await the formal funding letter. The pause and review meant we could not recruit the additional data engineers we had hoped so we are operating at 60-75% data engineering capacity. In addition, for both CDSC and RDD repeated rounds of recruitment for data engineers have failed to appoint, so we are considering alternative options.

For the Genomics Phase 1b development work, this work has paused due to a resource issue in the cloud team. The digital team will spend the rest of Jul-26 defining the proposed development plan and the remaining work in phase 1b will be added to phase 2. Planning meetings for phase 2 are scheduled for W/C 3-Aug-26.

Delays to the programme have also occurred due to pre-requisite work to understand planning, scope and ways of working with business areas taking longer than anticipated.

In August, additional support for planning and project / programme management in key areas, and the creation of evidenced longer term plans will support a request for an extension to the DARC completion deadline, from March 2027 to March 2028. The new plan will take account of the volume and complexity of the work still to be done, and the challenges we have had with resourcing over the summer leading to delays to expected delivery. The revised plan is due to be reviewed at DARC Programme Board in Aug-26.

4.4. Update from the Artificial Intelligence Design Authority (AIDA)

AIDA continues to operate as Public Health Wales' governance and assurance mechanism for artificial intelligence (AI), providing oversight of AI technologies, organisational risks, governance arrangements and AI-enabled initiatives across the organisation. During the reporting period, AIDA's focus has continued to mature from establishing governance foundations towards implementation of organisational controls, adoption activities, assurance of operational use cases and active management of AI-related risks. Significant progress was made during the period through the formal adoption of the AIDA Governance Process, providing a structured end-to-end operating model for AI governance, assurance and ongoing oversight across Public Health Wales.

AIDA also reviewed the organisation's approach to AI Governance and Shadow AI risks, endorsing the proposed risk management approach and establishing ongoing oversight arrangements through its regular governance processes. Assurance activity continued across several AI-enabled initiatives, including GitHub Copilot, Ambient Voice Technology (AVT) and Lung Cancer Screening AI assurance. The Oversight & Forward Look Tracker remain the primary mechanisms through which AIDA maintains visibility of AI-related activity, assurance outcomes, governance priorities and emerging organisational risks.

4.4.1. AI tools approved since July 2026

During the reporting period, AIDA undertook assurance and governance activity across several AI-enabled initiatives, supporting both organisational governance and programme delivery.

GitHub Copilot was reviewed and approved for use within defined software engineering and analytical coding activities. Discussions focused on balancing productivity benefits with appropriate governance controls, including management of code quality, security, sensitive information and responsible use of AI-generated outputs. Follow-up work has commenced to strengthen organisational guidance and control measures for AI-enabled software development activities.

AIDA also reviewed the proposed use of **computer-aided detection and volumetry technologies within the Lung Cancer Screening Programme**. Members supported the proposed testing and assurance approach and agreed that procurement activity could proceed. Additional work was commissioned to strengthen statistical validation, assurance thresholds and ongoing monitoring arrangements before final approval is completed through correspondence.

Assurance activity relating to **Ambient Voice Technology (AVT)** within Breast Test Wales also progressed during the period. Evidence provided has strengthened assurance across both the medical secretary and Breast Care Nurse use cases, supporting continued progression of the initiative and movement towards closure of outstanding approval requirements.

4.4.2. Oversight and Assurance Tracker

The AI Oversight & Assurance Tracker continues to provide visibility of AI-related governance, assurance, policy, programme and risk activity across Public Health Wales. During the reporting period, a few governance foundations transitioned further into operational implementation, including adoption of the AIDA Governance Process and progression of Shadow AI mitigation activities. The organisation has also begun to formalise management of AI-related risks through established governance and reporting arrangements, supporting a more structured approach to monitoring AI adoption and associated risk exposure across Public Health Wales.

Current oversight activity remains focused on implementation of the approved Shadow AI action plan, delivery of communications and training activities, progression of AI incident reporting arrangements, development of the organisation-wide AI Policy and ongoing assurance of active AI-enabled initiatives. Work also continues to strengthen governance processes, clarify assurance pathways and further embed AI governance within organisational processes and decision-making activities.

4.4.3 Current Position:

- **Governance foundations established:** AI Register, AI Assurance Framework & FAQs, Generative AI Guidance, AI Research Governance, and the AIDA Governance Process & Operating Model.
- **August assurance outcomes:** Approval of GitHub Copilot for defined software engineering and analytical coding use cases; progression of Lung Cancer Screening AI assurance activity; and continued advancement of assurance activity relating to Ambient Voice Technology within Breast Test Wales.
- **Active governance priorities**: Shadow AI implementation and risk management, AI Policy development, AI Incidents & Datix Integration, Procurement & AI Governance, and implementation of the AIDA Governance Process.
- **Communications and adoption:** Communications, training and adoption activities are progressing to support awareness, capability development and safe adoption of approved AI technologies across Public Health Wales, including mitigation of Shadow AI risks.
- **Emerging governance topics:** Priorities for the coming period include implementation of the approved AIDA Governance Process, progression of Shadow AI mitigation activities, development of genomics-related AI assurance

arrangements, review of Detected X evaluation findings, continued progression of AI Policy development, and completion of outstanding assurance activities relating to Ambient Voice Technology and Lung Cancer Screening.

The tracker reflects AIDA's increasing focus on maintaining organisational oversight of AI adoption, associated risks and emerging use cases. Priorities for the coming period include progressing the AI Policy towards approval, implementing the approved Shadow AI action plan, advancing AI incident reporting arrangements, reviewing the AIDA Governance Process, and maintaining assurance oversight of active programme submissions and emerging AI use cases.

5. Digital and Data Risks

Work continues in building an organisational Digital and Data Risk Register via Datix Web. Currently 38 live risks have been initially identified, and work has commenced with the risk owners to obtain further clarity on the risk and its digital and/or data dependency.

As programme and project risks are identified through programmes, more risks may be identified.

RDD have implemented a risk management process where all risks raised are reviewed to ensure appropriate mitigations are in place and to ensure any risks that require escalation, are managed appropriately.

A review of all live risks in PHW will be undertaken in September 2026 to assess if there are any requirements on RDD or if any support can be provided to mitigate any digital risks that may not be on the RDD Risk register.

Corporate Risks

1648 This risk relates to the loss of Primary Care Data due to the discontinuation of Audit+. The risk is currently scored at 12, due to the significant reliance on DHCW. DHCW have committed to continue to support all existing and current Audit+ use cases, but the detail regarding how remains unclear. DHCW have now confirmed an extension to the Audit + contract to Apr-27. A new design for the audit+ replacement has been developed, outside the NDR. The NDR option was rejected by the GPC (General Practitioner Council). The GPC Agreed the alternate proposal in July and DHCW have begun building the solution for the Audit + replacement and DHCW have reported there are currently no blockers in the way of delivery by Apr-27. Additionally, following a meeting held on 25-Aug-26, discussions have re-commenced between PHW and DHCW to complete an agreed design for the data provision and integration for the cohort identification workstream.

6. Recommendation

The Committee is asked to:

- Receive **assurance** that Public Health Wales (PHW) is delivering its Digital and Data Strategy through the agreed Route map and has robust governance in place for managing digital and data work.

DDDA Portfolio Delivery Confidence Narrative August 2026
(Reporting period is Jul-26)

Project name	Description	Previous Month RAG	Current Month RAG	Assurance Narrative
DP01 Digital health protection system replacement	A programme to put in place a new digital health protection service, including replacement of Tarian and a CRM which is interoperable and suitable for the needs of a post-COVID Wales	Amber	Amber	Phase 1 completed delivery in July 2026. Phase 2 requires close attention to remain on track for delivery in Jan 2027. Development effort has significantly increased and will be tracked closely for the next reporting period. Benefits, readiness and an approach to roll out still need close attention. Whilst the dependency on the NDR has been removed and an alternative route for accessing LIMS data has been identified, this has not been fully scoped or commissioned. A funding source for this (repurposing of existing DHP allocated budget) must first be approved. DCA remains amber with close attention on the increased development effort in readiness for phase 2 delivery in January 2027.
DP02 Newborn Screening Enhancements	Public Health Wales (PHW) host a legacy system that is used by clinical professionals for a variety of tasks, including the data entry of newborn screening results. The system consists of an Oracle database to record screening results and	Green	Green / Amber	Work to finalise phase 2 developments remains on pause in line with the plan to deploy the remaining changes at the same time as the LIMS2.0 system is deployed within the newborn bloodspot laboratory (C&VUHB). C&V LIMS deployment date is currently estimated as week commencing 28/09/26, hence amber status (based on end date linked to this project. No

Project name	Description	Previous Month RAG	Current Month RAG	Assurance Narrative
	an Oracle Forms front-end. The current Newborn system is end of life and requires redevelopment so that it can continue to support clinical service delivery. The service is hosted on PHW infrastructure; however, the system is supported by DHCW.			concerns around timely completion of remaining works, issue is merely associated with scheduling of these due to external LIMS changes.
DP06 All Wales sexual heath case management system	Following completion of discovery work in March 2025 on the needs for a sexual health case management system, a Business Case has been requested by Welsh Government.	Red	Red	Funding has not yet been agreed. As the alpha has been completed, the work to complete a business case has begun. Following meetings with the supplier in Jun-Jul--26, an Internal review of the proposal is underway. Further scoping is required into the All-Wales position and requirements, and the team have agreed to discuss next steps and requirements with Health Boards. Exploration of the options to complete the business case are underway.

Project name	Description	Previous Month RAG	Current Month RAG	Assurance Narrative
DP06B All Wales sexual heath case management system	This programme will deliver the improvements required for the current sexual heath case management system	Amber	Amber	The Data Protection and Digital Group has agreed the objectives for delivery with the service. The objectives have been agreed within the programme, and the governance is currently being redefined with the group ToR to be updated in line with programme governance. **Workstream Two** – The MDT Review for cohort 2 has now completed. Workstream two is now closed. **Workstream Three** - Automation of end-to-end manual data processing and creation of service database – Commenced **Test and Post Service improvements** A requirements gathering session has been scheduled with the team for 17-Aug-26 with requirements to be confirmed by end of Aug-26. Meetings with the suppliers to discuss integrations and process enhancements including costs are scheduled for w/c 3-Aug-26 and w/c 16-Aug-26. **C-Card** • A paper to propose the commission of an ISO review for C-Card is currently with HPSS SMT

Project name	Description	Previous Month RAG	Current Month RAG	Assurance Narrative
				for review and approval before submitting to PHW SIRO for review. • The programme has agreed to an objective of defining the service requirements and explore the requirements needed to reduce/remove the risks and for improvements. **Risk Assessments** • Risk assessment on C-Card and underage orders through the test and post service have been rescheduled for 1-Jul-26. **Workstream Four -** Support to maintain the telephony lines until the HEP C MDT is completed is expected to be closed in Aug-26. **Workstream One** Setup the Helpline and enquiry forms for the initial issues raised and **Workstream Five –** The process review of the HEP C process. Workstreams are now closed.
DP08 PHW Web estate transformation	This Web Transformation is a complex transformation project. Our aim with the Web Estate Transformation Programme to create a consistent, user-centred, compliant web estate in	Green	Green	The programme was formally closed at the June programme board, which is due to be confirmed at September Change Board.

Project name	Description	Previous Month RAG	Current Month RAG	Assurance Narrative
	line with our brand strategy. Within this are a set of statutory requirements that must be met including meeting Welsh Language Standards and WCAG.2.2 Accessibility Standards. Healthy weight, Healthy you and Healthy Working Wales are now included in this programme			
DP09 Lung Cancer screening	Scoping project to inform a recommendation to Welsh Government as to how a targeted lung cancer screening programme could be delivered in Wales in the future. This will include all elements of the pathway, including IT requirements, phasing strategy, estimated cost etc	Green / Amber	Green / Amber	Procurement activities continue to be a key area of focus for the programme. The procurement process for the participant administration system (PAS) is now complete, with a preferred supplier identified and approvals for contract award to be sought through the appropriate groups in PHW through August. The procurement process for the 4 x mobile CT scanning units has commenced, with supplier visits under way and evaluation panels planned for late August. A specification for the radiology reporting solution (computer aided detection / volumetry software plus outsourcing capacity) is complete and will be presented to AIDA on 05.08.26, in advance of seeking approvals to commence the procurement process. Two independent Thoracic Radiologists have been recruited to support this process.

Project name	Description	Previous Month RAG	Current Month RAG	Assurance Narrative
				The 2 critical risks on the programme risk register remain unchanged in terms of scoring, both 4 x 4 = 16 ('critical' risk). In relation to 'cohort identification', it is understood that DHCW have made an internal recommendation regarding the Audit+ replacement system and this is now being approved internally before being shared. Once that is confirmed, it will be possible to progress discussions around how this will be used to extract the required cohort data for lung cancer screening. Progress has been made with the legal basis for the processing of data for lung cancer screening, with Welsh Government sharing a draft of the Directions letter and noting that this has been shared with the Information Commissioners Office for review. Work has continued with the DHCW Primary Care Data Team on the population sizing exercise. At present, data is only available at cluster level; however, a request to provide data at Lower Layer Super Output Area (LSOA) level has now been approved by the DQS Board. Cluster-level data is expected to be available in early August, with LSOA-level data to follow. **Integrations:**

Project name	Description	Previous Month RAG	Current Month RAG	Assurance Narrative
				Progress has continued with the integration prototype, focusing on the scheduling and reporting interfaces. The prototype now demonstrates the end-to-end "happy path" workflows, validating the exchange and processing of information through the agreed event-driven architecture. Planning has also commenced for the next phase of development, which will expand the prototype to support exception handling and alternative workflow scenarios. Work has started to incorporate user journey considerations into the prototype, initially focusing on cohort ingestion. This will help demonstrate how technical integrations align with operational processes across the screening pathway and provide greater confidence that the solution meets both user and system requirements. Significant progress has also been made in developing testing standards and the wider testing strategy. Integration activities continue to be actively managed within Azure DevOps, providing visibility of progress, dependencies, and priorities, while supporting coordinated delivery across teams. **Mobile Connectivity:**

Project name	Description	Previous Month RAG	Current Month RAG	Assurance Narrative
				It is understood that a review of mobile connectivity has been undertaken by the digital team and that a paper is due to be presented to the DDDA in relation to this, however it is not yet clear what the outcome/ implications will be for the lung cancer screening programme. As noted above, the feedback from the NHS Wales Leadership Board was clear in relation to expectations relating to the digital enablement of the programme, and so any decisions in relation to this would need to be considered in this context. In the meantime, the proof of concept testing has not progressed over the previous month, with the team focussed on infrastructure upgrades that would ultimately help to facilitate mobile connectivity. There has also been discussion with WAST in relation to the hand held devices that they use and follow up discussions are planned in relation to this.
DP10 Cyber Action Plan	The aim of the Cyber Improvement Plan is to make use of the Cyber Assessment Framework (CAF) to plan our approach to cyber security priorities and inform how we are managing risks associated with our digital infrastructure. Key areas include threat intelligence, risk management, managing our	Green	Green	Good progress being made on key Cyber Improvement initiatives: Firewall's - FW replacement programme nearing completion - 1 outstanding FW left to deploy. Firewalls - Mass update/ grade of PHW FW's to ensure latest secure/ stable release and remediate known vulnerabilities.

Project name	Description	Previous Month RAG	Current Month RAG	Assurance Narrative
	legacy estate and cyber security resources.			SIEM - More log sources ingested into our national logging platform, coverage now extends fully to our Azure Environments. SIEM - Integration with the PHW web filtering solution to assist with automation and efficiency of restricting/ block malicious domains. Phishing - additional phishing simulations have been undertaken and user awareness initiated.
DP11 Data, Analysis, Registers, Cloud	A programme to • Use the right infrastructure, so that our use of data and analysis is safe, efficient and demonstrates value for money, and • Improve our data and data quality, so that we make the best use of our data for service, monitoring, analysis and research.	Amber / Red	Amber / Red	Monthly Real-Time Suspected Suicide Surveillance outputs are the first to be run in production on the GCP. Primary Care Clusters was signed off week commencing 22 June, and Medusa awaits final sign off for their systems. We have published the first official statistics – cancer mortality – produced from NDAP. We have also stood up the first ad hoc analysis on the platform. All the RDD outputs are on track to have completed phase 1 of the migration by end July 2026. Resources continue to be a challenge, with a current pause on the Genomics Phase 1b development work due to a resource risk escalating to an issue in the cloud team. The digital team will spend the rest of Jul-26 defining the proposed development plan and

Project name	Description	Previous Month RAG	Current Month RAG	Assurance Narrative
				the remaining work in phase 1b will be added to phase 2. Planning meetings for phase 2 are scheduled for W/C 3-Aug-26. In Jun-26, WG confirmed the review of the DHCW NDR Programme would end and most of the funding for the programme was agreed to be released. This is currently being assessed and will be used to reduce the resource risk in the programme. A Programme Manager for Registers was confirmed and joined the team in Jun-26 with the first action to define the plan and any key dependencies for the register's teams. The cloud resource recruitment was successful, and we are awaiting confirmation of a start date. For finance, we have a good understanding of our current cloud and cloud-associated software costs and can model these as more work migrates to our cloud infrastructure. Questions remain about what will be required for BAU, both in terms of cloud costs, and supporting functions, such as FinOps. We will work through these in the coming weeks. Given the recent delays in the programme and the

Project name	Description	Previous Month RAG	Current Month RAG	Assurance Narrative
				resource issues that have continued, this has impacted the delivery of the programme, an extension of the programme completion date from Mar-27 to Mar-28 is requested to support delivery of the programme. In August, additional support for planning and project / programme management in key areas, and the creation of evidenced longer term plans will support a request for an extension to the DARC completion deadline, from March 2027 to March 2028. The new plan will take account of the volume and complexity of the work still to be done, and the challenges we have had with resourcing over the summer leading to delays to expected delivery. The revised plan is due to be reviewed at DARC Programme Board in Aug-26.
DP15 ICNET Wales implementation		Amber / RED	Amber / Red	No Update in DCA

Project name	Description	Previous Month RAG	Current Month RAG	Assurance Narrative
DP16 Diabetic Eye Screening transformation	This is the digital part of the wider programme of transformation for Diabetic Eye Screening in Wales	Amber / Red	Amber / Red	The programme is likely to be continued as screening improvement, pending an expected decision at September Change Board.
DP26 LIMS	Implementation of LIMS 2.0 system to replace WLIMS which goes out of support Dec 2025. Includes data migration from numerous legacy systems.	Red	Red	Tranche 3 is planned for go live on August 10th. Defect resolution is challenging and generally 'to be confirmed' or undeliverable to allow safe testing which is affecting overall confidence. CSIMS, Datastore and TARIAN all ready but there may be no Live-Live testing feasible before the planned go live date. Signoff fully complete and 3 UAT reports completed and accepted by DHCW 29/07/2026. Hypercare arrangements are being discussed with DHCW and there is currently no assurance in place for access to legacy data.
DP28 Infection Services & Genomics	Develop and implement a roadmap for Public Health Wales to transition to the use of cloud services for genomics, aligning this with the Genomics Partnership Wales digital blueprint and approach of other UK Public Health Agencies.	Amber	Amber	No Update in DCA

Project name	Description	Previous Month RAG	Current Month RAG	Assurance Narrative
Gambling Related Harm Reduction Programme	Gambling Related Harm Reduction Programme is currently being established following a requirement for Public Health Wales to manage the gambling prevention programme for Wales	Amber	Green / Amber	Launch announcement of grant scheme took place 26th July. Information webinar planned 12th August with application window open from 31st August to 19th October. Excellent relationship with WCVA established to progress this work. BET approval for service design given 21st July. Procurement now proceeding with competition running in August and evaluation of bids early September. Ministerial approval given for access to funds of £1.45m for 26/27 via a remit letter to Tracey Cooper sent 27th July. The letter mentions £2m for grants to be spent by March 2029, this will need discussion with Welsh Gov. Letter of intent has been sent for additional questions in September prevalence survey.
DP15 ICNET Wales recontract		Green	Amber / Red	DHCW have reviewed the New Service Request for the WPAS Surgery interface and responded 24/07 that they require further clarification on a number of points. PHW HARP team are currently seeking information from Supplier, CDSC Clinical scientist and digital colleagues before responding.

Project name	Description	Previous Month RAG	Current Month RAG	Assurance Narrative
OPIP - Obesity Pathway Innovation Programme	Design, build, and operate a bilingual national digital service that provides a single point of entry for self-referral, assessment and automated triage, while ensuring seamless interoperability with core NHS Wales systems The programme aims to create a unified, digitally enabled and community-led healthy-weight pathway for Wales.	N/A	Amber	The WP2 Digital workstream is progressing, has established scrum cadence and team ceremonies and governance is under development, has improved alignment with the Governance team. The service design approach was agreed through the 30 June requirements workshop. However, noted are several dependencies and issues that are affecting progress, including the availability of the clinical triage questionnaire, access to programme documentation, confirmation of authority for September milestone acceptance. The current RAG status set to Amber whilst the team confirm achievability of September milestone in the report. The digital team continues to progress the WP2 Digital workstream through governance development, requirements activities and service design planning. Work is focused on establishing delivery foundations, progressing stakeholder engagement and defining requirements to support agreement of the workstream deliverables, and achievement of the workstream actions, subject to identified dependencies and decisions. Contact has been made with Hywel Dda. Meeting required to establish support for initial discovery work. Proposal for September milestone is being drafted with prototypes for triage form to be tested with users.

Project name	Description	Previous Month RAG	Current Month RAG	Assurance Narrative
				Progress this reporting period - Alignment to Governance team with Digital Workstream to improve and sustain regular communications and continuity across both the Programme Team & Digital Project Team - WP2 Digital Governance development; in progress and drafted to define key roles & responsibilities, reporting and project assurance (RAID in place) - Service design approach agreed in requirements workshop 30th June - Requirements workshop(s); (27th July booked) to discuss the triage questionnaire (pre supplied by Clinical team to Digital Team by no later than 22nd July for timely review in advance of the meeting), with a follow-up requirements workshop on the 18th August 2026; **Key Dependency.** - **Planned Progress next reporting period** - Delivery approach and outputs for the Digital workstream to be formalised – digital workstream proposal being drafted; to establish what can be delivered (MVP) within the timelines (see WM_RSK 10 to be clarified also).

Project name	Description	Previous Month RAG	Current Month RAG	Assurance Narrative
				- Full alignment of governance from both a Workstream and Programme perspective, with clearly established roles & responsibilities, management approach, reporting arrangements and requirements - Quarterly plan (Q2 26/27) for digital workstream to be approved - Requirements review (28/07/26) to review triage/assessment tool requirements - Hywel Dda engagement to commence discovery activities (reliant on service design resource to plan discovery) - UCD/Product owner to attend DHCW Public and Patient engagement group to facilitate awareness and assistance in user panel creations
North Wales Lab Replacement	To deliver a new automated testing platform in the PHW microbiology laboratory in Ysbyty Glan Clwyd,	Red	Red	**Digital Portfolio RAG Status is red due to lack of agreed funding. Programme status is currently Amber.** **Note - RAG Status for previous month also amended from green to Red as per above**

Project name	Description	Previous Month RAG	Current Month RAG	Assurance Narrative
				Headlines **Business case approved at BET on 21 July** and submitted to Board for information on 30 July. Note from BET discussion and further queries raised: *PL and LF presented the revised business case, noting strengthened five-case model structure, clearer strategic option narrative, confirmation that the proposal was a full replacement rather than partial refresh, a formal benefits register, and revised financial assumptions. LF advised that the capital ask had increased to £3.25m to reflect a higher optimism bias and uncertainty on digital/data capacity costs.* • *Iain Bell queried whether IT and infrastructure staffing costs were included, noting broader cumulative pressure on digital and infrastructure teams from multiple business cases.* • *Zoe Pietrzak supported the increased capital cost but asked to be involved early in productivity and efficiency discussions to manage future revenue pressures.* • *Sumina Azam requested clearer totals in the summary table and queried a possible figure*

Project name	Description	Previous Month RAG	Current Month RAG	Assurance Narrative
				error for option three. • *Neil Lewis requested clearer articulation of workforce and ways-of-working benefits rather than simply headcount reduction.* • *Tracey Cooper supported the proposal subject to amendments, including provision for digital support in revenue costs.* Subsequent meetings with Iain Bell and digital colleagues revealed misunderstanding about server and hosting requirements, which were likely to require significant additional capital and revenue funding than had been allocated in the Business Case. Agreement to **submit as Outline Business Case to Board** and to increase capital request to £3.85m and uplift revenue projections to show a **potential annual revenue shortfall of between £150k and £280k** over the lifetime of the contract. Changes discussed with Tom Fowler and approved by Meng Khaw prior to submission to Board. Procurement colleagues have confirmed that a call off award from the Framework to the incumbent supplier is a compliant route, but justifications for this

Project name	Description	Previous Month RAG	Current Month RAG	Assurance Narrative
				will still need to be approved by NHS Supply Chain. This will include incompatibility of consumables (liquid swabs) required by alternative suppliers, and undeliverable digital and IT requirements of a transfer to alternative servers and system software and middleware. The request to escalate risks 2036 (risk of total failure) and 2248 (financial impact) were due to be discussed at DMT on 14 July – an update has been requested from DOT on the outcome. The amended Outline Business Case was taken to PHW Board on 30 July. Concerns were raised about: • a lack of "due diligence" relating to the proposal for a call off award, which suggested that the market was not being sufficiently tested • a lack of evidence relating to Kiestra breakdown frequency and impact of equipment failures on service delivery. The outline **business case approved in principle**, but it was agreed that these areas of the business case would be strengthened and that the business case would be recirculated to Non-Executive

Project name	Description	Previous Month RAG	Current Month RAG	Assurance Narrative
				Directors and Board members via email, for final review before it was submitted to Welsh Government. **Key Achievements** • Business Case approved at BET and taken to Board • Business case has been updated to incorporate feedback from BET and update costs for associated digital and IT requirements • Digital and IT colleagues have been in discussion with Supplier to clarify technical requirements and server specification **Next Period** • Update Outline business case to incorporate additional points raised at Board relating to Kiestra breakdown frequency and appropriate procurement due diligence • Submit business case to Welsh Government, following approval at Board (30.07.26). • Obtain quotes from BCU HB for associated lab reconfiguration, estates and enabling works • Once confirmation on funding and procurement routes has been confirmed, arrange site visits with potential suppliers to view proposed solutions in operation.

Project name	Description	Previous Month RAG	Current Month RAG	Assurance Narrative
				• Slippage and remedial action • Submission of business case to Welsh Government has been delayed by requirement to update and re-submit to BET and Board in July. Capital planning group colleagues are aware and keeping Welsh Government contacts updated on progress and anticipated date of submission. • Work to progress total failure business continuity planning has been delayed whilst work focused on completing the business case, and also to accommodate LIMS testing and annual leave over the summer which has meant colleagues have not had sufficient capacity to provide necessary data and updates to support information gathering. **Issue or concerns** • Escalating costs relating to digital and IT solution required as part of transfer to a new platform • Capacity concerns remain for essential involvement of IT, Estates and Facilities colleagues to support project development • Potential demand from other laboratories within the UK for imminent system upgrade

Project name	Description	Previous Month RAG	Current Month RAG	Assurance Narrative
				may limit supplier capacity and availability to manage multiple concurrent upgrade projects
NHS Wales App PHW steering Group	Define and agree the PHW Prioritisation and requirements for the NHS Wales App	Amber	Amber	An NHS Wales Steering group is currently being established. Lead of the steering group to be changed and confirmed in Aug-26.
Smoking and Vaping System Improvement	To develop a vaping cessation module for the Smoking Cessation app	Green	Green	• The HMQ smoking cessation app launched on No Smoking Day, 11 March 2026 • App is available on the Apple store and Google Play • Comms has highlighted app availability across the smoking cessation and wider system, we are continuing to ensure visibility across a range of settings though updating materials, ensuring signposting from health and social care services etc • Our supplier, ICE Creates have developed real time dashboards which we can access, and we check in with them regularly on progress • The vaping module has been commissioned and expected delivery is in Sept 2026

Project name	Description	Previous Month RAG	Current Month RAG	Assurance Narrative
				• We are working with PHW R&E on plans for evaluation
Power BI - Fabric	Migration of Power Automate tools to Fabric	Amber	Green	Transfer completed 2-Jul-26. Review of Power BI Reports underway.
Service Desk Software Replacement	Replacement of Service desk software	Red	Green	• Funding for the licenses and implementation fee has been agreed to proceed • DHCW has confirmed that ServicePoint will remain available until 31 March 2027, removing the risk associated with the previously proposed December 2026 read-only date. • Digital Services has completed and submitted all procurement documentation required by NWSSP Procurement Services and is awaiting progression through the remaining approval stages. • A draft Project Board Terms of Reference is currently being finalised to establish governance and oversight arrangements for the HaloITSM implementation

Project name	Description	Previous Month RAG	Current Month RAG	Assurance Narrative
ESR Replacement	Transformation programme with digital and data requirements	Amber	Amber	Programme brief development ongoing, working group constitution request sent to Change Board, while awaiting additional details from the central programme.
Datix Replacement	Replace Datix risk management module is due to expire in Nov-27	N/A	N/A	Datix risk management module is due to expire in Nov-27. PHW will require a risk management tool. An options paper is due to be submitted to DDDA; date TBC.
NBSS	Enhancements to the Breast Test Wales System which is required to ensure the system runs as required for the service to be maintained.	N/A	Amber	Added to Digital portfolio Aug-26 following approval at DDDA Jul-26 Workstream 1 – NBSS Software Update • NBSS base changes review is coming to an end with a summary of the report having been delivered on the 10/08/2026 from Mike. • Mike and Peace will now work to identify any areas that require clinical digital assurance before going to the service with their recommendations. Workstream 2 – new Daybook development • Basic form structures have been built

Project name	Description	Previous Month RAG	Current Month RAG	Assurance Narrative
				• Adherence to the NHS Digital Service Manual is currently taking place with Jack building out Figma styling files • Authentication work is taking place to ensure security concerns are handled NBSS ongoing support • There are still concerns and risks surrounding the future support of the NBSS software post-Jan 2026, these should be answers once we meet with the supplier.
Cervical Screening Self-Sampling	A pilot to introduce cervical screening self-sampling for the patients of Wales. This is a regulated requirement.	N/A		Added to Digital portfolio Aug-26 following approval at DDDA Jul-26

Appendix B: AI Register - August 2026

Excerpt from the AI Registers, including some of the associated information. The full details can be found in the AI Register.

Title	Purpose/Function	Use Case Description	Benefit / Intended Outcome	AIDA Assurance Outcome	Decision Date	Deployment Status	Risk Classification
Microsoft Copilot (Enterprise)	AI productivity assistant embedded in Microsoft 365 applications	Used by staff to summarise emails, generate documents and assist in meeting preparation	Increases efficiency in document creation, improved meeting productivity and supports digital literacy	Approved	N/A	In Use	Low
ChatGPT (Team Version - Pilot)	Generative AI chat assistant for text generation, summarisation and research support	Used by select pilot group for drafting, summarising and exploring AI-assisted research ideas	Explores efficiency gains in communication, and supports staff innovation and experimentation	Approved	N/A	Retired	Medium
Google Gemini (Enterprise)	Secure generative AI platform supporting analytics and data summarisation within NHS Wales	Used for structured data analysis, summarising reports and internal	Enhances efficiency in research data handling, and supports NHS Wales analytics and insight	Approved	N/A	In Use	Low

		knowledge discovery					
Smoking Cessation App (Help Me Quit)	An all-Wales application to supports smokers to quit smoking, and if they cannot with the app, link into the Help Me Quit (HMQ) service.	For smokers who do not want or are not ready or face obstacles from accessing the full service and wants support to quit smoking	To help smokers quit smoking	Approved	Feb 11, 2026	In Use	Low
Gamban (Gambling Harms Prevention)	Translation of customer support queries and agent responses. Local Firefox translation models are used for both customer tickets and agent responses, and DeepL is only used for agent responses to fill quality gaps	Incoming user support queries are automatically translated to English using a privacy-preserving local tool and presented to support agents. When agents who do not speak the language of the incoming query have to respond to it, they will translate their response from English back to	Service improvement, user satisfaction	Approved	Mar 10, 2026	In Use	Low

		the language of the user					
Ambient Voice Technology - Breast Test Wales	AI-enabled ambient voice transcription and summarisation of MDT discussions to support creation of structured clinical documentation, operating in shadow mode alongside existing processes	AVT is used during weekly Breast Test Wales MDT meetings to transcribe and summarise discussions in real time, supporting secretaries in producing structured MDT documentation while existing processes remain authoritative	Reduce administrative burden on medical secretaries, improve consistency and timeliness of MDT documentation, and assess value, accuracy, and safety of AVT in a real-world MDT environment before any wider adoption	Approved with conditions	Mar 10, 2026	Pilot	Medium
Detected X Radiology Learning Platform	AI-supported adaptive learning platform for radiology education and CPD. Uses performance analytics to tailor	BTW radiologists and film readers use the platform during Supporting Professional Activity (SPA) time for CPD, reviewing training	Improve diagnostic skills, confidence, and ongoing CPD for Breast Test Wales radiologists and film readers;	Approved	Apr 14, 2026	Pilot	Low

	educational case mix to individual users	cases and receiving AI-assisted recommendations to target learning gaps	support appraisal and revalidation requirements through validated educational resources				
GitHub CoPilot	AI-powered coding assistant providing code suggestions, code generation, debugging assistance, explanations and conversational support through development-environment integrations and chat functionality	Used by analysts and data scientists to support software development through AI-assisted code generation, explanation, debugging and development guidance, including repetitive coding activities and National Data & Analytics Platform (NDAP) migration work	Improve developer productivity, reduce repetitive coding effort, accelerate software development, support code understanding and provide on-demand coding assistance for analysts and data scientists	Approved	Aug 5, 2026	In Use	Low

Appendix C: Oversight and Assurance Tracker – August 2026

Excerpt from the AI oversight and assurance tracker. This lists items that have or will come to AIDA for discussion, assurance and approval. This includes guidance and policy, as well as AI tools. Full details can be found via the link.

Item ID	Item / conversation title	Item description / notes	AIDA's role	Decision status	Decision Date	Does AIDA need to act again	What's the latest?	Blockers / risks / drifts, if any	Next checkpoint / Trigger for AIDA re-touch
AIDA-001	AI Register: Establishment & Operation	Establishment and operation of the PHW AI Register, including ownership model, mandatory assurance fields, and integration with standards and clinical digital safety	Approve	Approved	**10-Mar-26**	No	Framework and ownership model for the AI Register are established, with supporting assurance guidance and an agreed governance process. Ongoing operation is now managed	Risk of incomplete or inconsistent assurance if supporting guidance, clinical digital safety requirements and operational processes are not maintained.	Re-touch only if material changes to the governance model, assurance requirements or operation of the AI Register arise.

							through the AI Register and the AIDA Governance Process.		
AIDA-002	AI Assurance Framework & FAQs	Reusable assurance framework and FAQs to standardise evidence expectations and reduce bespoke AIDA requests	Endorse	Approved		No	The Assurance Framework and FAQs are embedded within the AI Register and supporting assurance process and are being used to guide submissions.	Risk of guidance becoming outdated if it is not maintained alongside changes to standards, policy and governance arrangements.	Re-touch only if the regulatory, standards, policy or assurance landscape changes.
AIDA-003	Generative AI Guidance	Organisation-wide guidance on approved generative AI tools, conditions of	Approve	Approved		No	Guidance was approved and published on the PHW Policies and	Rapid changes in AI technologies and available tools may require the guidance and	Re-touch following a material change to approved tools, organisation

		use and pilot arrangements					Procedures page on 29 April 2026, setting out approved tools and conditions of use.	associated communications to be refreshed.	al tenancy arrangements, policy or governance requirements.
AIDA-004	Shadow AI	Identification and management of unapproved AI use, including awareness, monitoring options and policy alignment	Assure	Approved	**08-Jul-26**	Yes	The Shadow AI action plan was approved in July. Baseline analysis of current use has been completed, and mitigation activity is progressing through ongoing monitoring, communications, use-case discovery,	Visibility of unapproved AI use remains limited. Effective mitigation depends on communications, implementation of governance controls, availability of approved alternatives and organisational adoption activity.	Progress update on implementation of agreed mitigation activities, ongoing monitoring outputs, communications activity and linkage with organisational AI risk management.

							approved alternatives, technical controls and organisational risk-management arrangements. The associated AI governance and Shadow AI risk-management approach was endorsed by AIDA in August.		
AIDA-005	AI Policy (Organisation-wide)	Development of a single organisation-wide AI policy aligned to the AIDA governance	Assure	Deferred		Yes	A revised AI Policy has previously been reviewed by AIDA, with further refinement	A governance gap remains while policy consultation, refinement and formal approval activities	Return following stakeholder engagement, revision and resolution of outstanding

		model and supporting artefacts					required in relation to scope, governance, AI definitions, procurement and supporting content. The policy was scheduled for discussion in August but was not reached due to time constraints. No further AIDA decision was taken.	continue. Interim guidance, communications and controls remain important as organisational AI adoption grows.	comments, with a verbal progress update scheduled for the September AIDA meeting.
AIDA-006	AI Incidents & Datix Integration	Definition of AI incidents and integration into Datix and	Approve	Approved with conditions	**10-Mar-26**	Yes	The AI incident definition has been approved, but	Progress depends on national Datix redesign and approval processes.	Update following national Datix discussions and

		organisational risk and incident-reporting processes					integration into Datix remains in progress. The planned July demonstration of the redesigned national incident form did not take place and was moved to a subsequent Local System Leads meeting. A PHW development request can be prepared once the new incident design and flow are understood.	The proposed change is not currently considered system-critical, which may delay implementation and prolong inconsistent capture of AI-related incidents.	confirmation of the redesigned incident form, followed by submission of the PHW development request for AI incident categorisation.

AIDA-007	Procurement & AI Governance	AI-specific procurement guidance to ensure early identification, proportionate assurance and alignment with national standards	Assure	Pending		Yes	Procurement and AI Governance remains a standalone governance priority. Previous activity has stalled and the item has not materially progressed during the current reporting period. It is expected to be revisited as AIDA's governance arrangements mature and further AI-enabled procurements arise.	Risk of inconsistent handling of AI procurement and unclear entry routes across AIDA, DDDA/TDA, IGNITE and procurement processes. Progress depends on renewed ownership, coordination and alignment with the adopted AIDA Governance Process.	Re-touch when procurement guidance activity is revived, ownership is confirmed and the relationship between procurement and wider AI governance pathways is clarified.

AIDA-008	Smoking Cessation App (Help Me Quit / Stop for Life)	Assurance and approval of AI-enabled behavioural support within the smoking cessation app ahead of service launch	Assure	Approved	**11-Feb-26**	No	The application is live, with dashboard information on usage and AI interactions available. Evaluation activity is underway with identified leads, and the initiative has transitioned into BAU monitoring.	Low risk. Evaluation outputs should be captured and proportionate monitoring maintained.	Re-touch only if evaluation findings raise assurance concerns or future AI-enabled modules or material functionality changes require AIDA review.
AIDA-009a	Ambient Voice Technology: Breast Test Wales, Medical Secretaries	Assurance and approval of an AVT digital-scribe pilot supporting medical secretaries	Assure	Approved with conditions	**10-Mar-26**	Yes	Cyber assurance requirements have been satisfied. Cyber has confirmed that the Cyber Risk	Pilot progression remains dependent on completion and approval of the DPIA and confirmation	Confirmation of DPIA approval and formal closure of the outstanding assurance conditions,

		in Breast Test Wales MDT documentation processes					Assessment provides sufficient assurance for the medical-secretary element of the project. The DPIA remains outstanding and is the principal remaining approval dependency.	that the remaining assurance conditions are closed.	followed by confirmation of the pilot and evaluation arrangements.
AIDA-009b	Ambient Voice Technology: Breast Test Wales, Breast Care Nurses	Assurance and approval of an AVT pilot supporting Breast Care Nurses during patient consultations and associated	Assure	Deferred		Yes	Supplementary information has been provided covering the proposed evaluation approach and patient-satisfaction feedback.	DPIA approval remains the principal outstanding dependency. Patient consent, Welsh language arrangements and the final evaluation	Completion and approval of the DPIA and confirmation of outstanding assurance evidence, followed by consideratio

		administrative processes					Cyber has confirmed that the Cyber Risk Assessment provides sufficient assurance for the patient-facing Breast Care Nurse use case. The DPIA remains outstanding.	approach must remain clearly evidenced within the assurance record.	n of approval through the agreed correspondence or approval-by-exception route.
AIDA-010	Gamban: Gambling Harms Prevention	Assurance and procurement discussion for Gamban within the Gambling Harms Prevention Programme	Assure	Approved with conditions	**10-Mar-26**	Yes	AIDA approved the proposal subject to completion of the DPIA, cyber assurance and required procurement waivers. No confirmed	Risk of delay or non-compliance if the outstanding approval conditions are not formally completed and evidenced.	Confirmation of DPIA approval, cyber sign-off and procurement status, followed by closure or transition into programme

							change to the recorded assurance position has been provided during the current reporting period.		and BAU governance as appropriate.
AIDA-011	Lung Cancer Screening: AI Assurance	Oversight of AI assurance within Lung Cancer Screening, including CAD and volumetry technologies, procurement, testing and standards alignment	Assure	Pending		Yes	AIDA reviewed the procurement specification and proposed testing approach on 5 August 2026. The testing approach was supported, and procurement activity may proceed. Further work	Statistical significance, testing thresholds, representativeness of the test dataset, bias monitoring and procurement-assurance requirements require further refinement before assurance can close.	Receipt of the revised testing plan, statistical review and updated procurement-assurance requirements, followed by final AIDA review and approval by correspondence or the agreed approval-by-

							was commissioned to strengthen statistical validity, power and sample-size calculations, sensitivity and specificity assessment, testing thresholds, bias considerations, algorithmic transparency and ongoing performance monitoring. Final assurance will be completed by		exception route.

							correspondence.		
AIDA-012	Detected X Radiology Learning Platform	Assurance discussion for an AI-enabled radiology learning platform used for education and continuing professional development, with no patient data used	Assure	Approved	**14-Apr-26**	Yes	The revised submission was approved following incorporation of required updates. A 12-month educational pilot and evaluation approach were agreed, with findings intended to inform the longer-term position. Evaluation findings are scheduled for consideration at the September	Risk is limited to ensuring the evaluation is completed, findings are clearly reported and any longer-term use or procurement decision is subject to proportionate assurance.	Return to AIDA with evaluation findings on 9 September 2026 to confirm the ongoing assurance and governance position.

							AIDA meeting.		
AIDA-013	Reading Age Calculator	Requested use of the Hemingway App reading-age assessment tool for accessibility purposes	Assure	Pending		Yes	The item remains pending and is expected to return to AIDA with updated evidence and greater clarity on applicable compliance requirements. No substantive progression has been confirmed during the current reporting period.	Risk of piecemeal approval without a complete assurance narrative or sufficient evidence of compliance, benefit and appropriate use.	Return to AIDA when an updated submission and supporting assurance evidence are available. If progression is no longer active, consider moving the item to Paused status.
AIDA-014	AI in Research & Development Governance	Governance model for AI within research, aligned to	Approve	Approved		Conditional	The governance process was approved through	Risk arises only if the agreed review cadence is not maintained,	Scheduled annual review, or earlier re-touch if a

		PHW research-governance processes and the AI Register					corresponde nce, with an annual review agreed. The item has transitioned into BAU research-governance arrangement s.	ownership becomes unclear or material governance requirements change.	material change to research, ethics, assurance or AI governance requirement s occurs.
AID A-022	NHS Wales eLibrary: AI Policy and PHW Implications	NHS Wales eLibrary AI policy covering AI use for information discovery, copyright and licensed content, including implications for PHW	Endor se	Approv ed		Conditio nal	The policy and proposed approach were endorsed by AIDA, including communicati on through AIDA channels. Further consideratio n may be required if PHW-	Risk of limited staff awareness or misapplication of the policy. The position also depends on external policy updates and the effectiveness of internal communicatio ns.	Re-touch only if PHW-specific guidance is required or the external policy materially changes.

							specific guidance is needed beyond the eLibrary context.		
AIDA-023	AIDA Governance Process & Operating Model	Development and adoption of a structured end-to-end governance process for AI within PHW, covering submission, intake, triage, assurance, approval and ongoing monitoring	Approve	Approved	**05-Aug-26**	Yes	AIDA Governance Process v1.2 was reviewed and adopted in August, subject to minor feedback and agreed implementation actions. Follow-up work covers communications and training, the formal publication and approval route,	Risk of inconsistent application until the process is formally published, communicated and embedded across business areas. Dependencies remain on alignment with the AI Policy, clinical digital safety requirements and existing organisational	Update on communications and training integration, publication route, enhanced intake requirements and implementation support. Progress update scheduled for the September AIDA meeting.

							enhanced intake requirements, consideration of non-AI alternatives, justification of AI use and assessment of expected value and outcomes.	governance routes.	
AIDA-024	AI Usage in Recruitment	Consideration of AI use within recruitment, including job applications, assessment activities and interviews, and the implications for fairness, transparency and	Advise	Pending		Conditional	The topic has been identified for future AIDA consideration following emerging questions about AI use in recruitment and candidate-assessment activities. No	Absence of an organisational position or guidance may lead to inconsistent approaches across recruitment activities.	Return to AIDA when a proposal, paper or organisational position is available for discussion.

		organisational guidance					formal proposal or organisational position has yet been presented.		
AIDA-025	AI Communications, Training & Adoption	Development and implementation of communications, learning resources, awareness activity and adoption support to promote safe and effective use of approved AI tools, including mitigation of Shadow AI risks	Endorse	Pending		Yes	AIDA has endorsed a phased communications and training approach. Internal Communications has been briefed and detailed planning and delivery activity is progressing, with further alignment expected around communications capacity.	Delivery depends on communications capacity, staff engagement and alignment with the emerging AI Policy, Shadow AI mitigation activity and AIDA Governance Process.	Progress update on Phase 1 communications and training delivery, supporting resources, uptake and proposed refinements at the September AIDA meeting.

							The workstream also supports implementation of the approved AIDA Governance Process.		

AIDA-026	GitHub Copilot for VS Code	Assurance review of GitHub Copilot Free for software engineering and analytical coding use cases, including security, governance, quality and operational controls	Assure	Approved	**05-Aug-26**	Yes	AIDA reviewed and approved GitHub Copilot for the proposed software-development and analytical-coding use case. Benefits were recognised in relation to productivity, repetitive coding and development support. Follow-up actions were agreed to update the AI Register entry, define technical	Risks include insecure or inaccurate code generation, over-reliance on AI outputs, use of code not fully understood by developers, inadvertent disclosure of sensitive information, model-training concerns and inconsistent governance across AI-enabled development tools.	Update on agreed technical controls, AI Register and guidance updates, security mitigations, repository and file exclusions, model-training controls and development of wider organisational guidance for AI use in software engineering.

							controls and strengthen wider organisational guidance for AI-enabled software engineering and software development.		

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Knowledge, Research and Information Committee **Date of Meeting** 15 September 2026 **Agenda item:** 3.2

International Health Strategy – Progress Update

Executive lead:	Sumina Azam, National Director of Policy and International Health
Author:	Liz Green, Consultant Lead, Policy and International Health Laura Holt, Senior International Health Officer, Policy and International Health Mariana Dyakova, Deputy Director Policy and International Health

Approval/Scrutiny route:	Reviewed by the National Director of Policy and International Health

Purpose

The purpose of the report is to provide a progress update on Public Health Wales' International Health Strategy.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☐	☒	☐	☐	☒

The Committee is asked to:

- **Consider** the work that has been undertaken and future plans for Public Health Wales' International Health Strategy.
- **Take assurance** on the progress to date.

Link to Public Health Wales Strategic Plan Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives. This report contributes to the following:	
Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives

Summary impact analysis	
Equality and Health Impact Assessment	No Equality and Health Impact Assessment has been undertaken as no decision is required.
Risk and Assurance	Risks are being managed in accordance with the Board Assurance Framework.
Health and Social Care (Quality and Engagement) (Wales) Act	This report supports the implementation of the Health and Social Care (Quality and Engagement) (Wales) Act by identifying how Public Health Wales' international health activity supports delivering improvement, in line with the Duty of Quality.
Financial implications	Financial implications are being considered as part of this work programme.
People implications	People implications are being considered as part of this work programme.

1. Purpose / situation

This paper provides assurance to the Committee on progress being made with implementation of Public Health Wales' International Health Strategy.

2. Overview

Public Health Wales's International Health Strategy 2023-2035 was updated and published in October 2023 to align with, and enable, Public Health Wales' Long Term Strategy and to better reflect the significant changes in the global landscape since the original International Health Strategy was published in 2017. A wide consultation process, supported by a literature review and mapping of international partnerships, research and collaborations across the organisation, enabled us to identify and articulate our vision, aims and enabling activities for the next ten years. This work on the Strategy was carried out by the International Health Coordination Centre (IHCC), Policy and International Health Directorate, who facilitate the work of the organisation, carry out enabling activities themselves and monitor the Strategy implementation.

Our international health vision is to be a globally connected and inspiring national public health organisation addressing worldwide challenges and shared goals, working towards a healthier and fairer Wales.

The aims of the International Health Strategy are to:

- Maximise benefits for the health and well-being of the people in Wales
- Develop globally responsible people and organisations
- Respond to global health threats and benefit from international opportunities

The six enabling international health activities which underpin the aims are:

1. Strengthen partnerships, collaborations, and networks
2. Drive best practice and innovation
3. Build globally responsible citizens through building relationships nationally and internationally and fulfilling international commitments
4. Provide an 'International Health Forum'
5. Create an international health repository and Newsletter
6. Support international opportunities for funding and capacity building.

The Strategy has taken a high-level overarching approach to our international work and collaborations, allowing dynamic reflection, flexibility and response to emerging global, European and UK developments, challenges and opportunities.

Successful implementation involves:

- Facilitation and sharing of knowledge, expertise and good practice with the UK and international / global health organisations and partners
- High-level cross-directorate strategic action
- Integration into existing planning models

- Strengthening existing, and developing new, international collaborations, networks and sustainable partnerships
- Generating international learning (horizon scanning) to inform Wales's policies, strategies and public health practice
- Dissemination and communication to raise awareness of global learning and knowledge exchange
- Monitoring and evaluation of implementation and impact of the International Health Strategy.

3. Progress Update

Feedback from the Committee and Strategic Executive Team (SET) in 2025 highlighted the need to articulate more clearly the benefits of international health activity and to strengthen the evidence base on its socio-economic value. In response, the following actions have been taken:

- A report on the *"Wider Social and Economic Impacts of International Health Partnerships"* has been produced and is progressing to publication.
- *International Health Champions* from several directorates have been invited to join the IHCC Network and participate in quarterly International Health Activity Group meetings in order to act as conduits for information sharing in their Directorates and wider networks.
- An *animation* has been created to explain how international health work contributes to improved health and well-being for the people of Wales.
- Interim findings from an independent impact report on the WHO Collaborating Centre (WHOCC) on Investment for Health and Well-being, Policy and International Health Directorate provides evidence of value and impact on policy in Wales and internationally, across diverse areas such as Adverse Childhood Experiences, Wellbeing Economy and Health Impact Assessment *(see Appendix 1)*.

During 2026-27, the IHCC as an enabling vehicle for International Health activity across the NHS in Wales, has facilitated the implementation and delivery of the International Health Strategy through focusing on direct activity which can mobilise knowledge and actions to benefit the people of Wales.

Examples of actions include:

- Strengthening partnerships, collaborations and networks by providing space for teams to connect and learn from one another through our International Public Health Forum and International Health Activity Group
- Sharing insight and learning via newsletters and providing information on best practice and how it can be adapted to Public Health Wales' and Wales wide context
- Facilitating global citizenship and global health learning across NHS Wales via workshops and webinars

- Presenting and facilitating sessions and events with international and national partners for example, RIVM (Netherlands national Public Health institute) who delivered two long term thinking / Foresight sessions to Public Health Wales and stakeholders and Global Health Partnerships Cymru (GHPC).

International learning shared via these platforms has covered a wide range of topics, including healthy behaviours, social determinants of health, digital health equity and Artificial Intelligence, long term thinking, climate resilience, mental health, emergency preparedness, and immunisation and vaccine access.

3.1 Monitoring and Evaluation

The evaluation for Year 2 (2025/26) of the International Health Strategy implementation has drawn upon a range of evidence sources, for example newsletter 'opens', forum attendance, publications and feedback from workshops and lectures. **Table 1** sets out international health activity indicators where the IHCC and Policy and International Health Directorate have the lead.

Table 1. International Health Strategy implementation – January 2025 to Present for the PIH/WHOCC Directorate, including the IHCC

Key indicators (activities and outreach)	International Health Strategy enabling activities
3 International Health Forums held with 13 presenters, attended by 106 participants in total.	4, 2, 5
11 Global Citizenship workshops, and presentations delivered in person and online, to a recorded attendance of over 200 people.	3, 6
7 NHS Wales International Health Activity Group meetings held, with guest speakers presenting work from across the world. The group now has 56 members, including NHS health boards and Trusts, Welsh Government, third sector partners and academia	1, 2, 6
13 UK based international / global health meetings attended, online and in person, including 1 Chief Medical Officer Four Nations Global Public Health Forum	1, 3, 6
8 high-level events and webinars co-organised with WHO/Europe, including two high level policy dialogues in Wales on health equity and wellbeing economy; and Regions for Health Network (RHN) two webinars and the annual meeting in Austria.	1, 2, 6

6 International Health Newsletters published, with 1,016 unique opens	2, 5
The International Health stakeholder mailing list has risen from 133 to 270 – a 103% increase in interest and reach.	1, 2, 6
IHCC Progress Report 2022-2024 (published in 2025), includes 13 case studies from across Wales (196 unique opens)	1, 2, 3, 6
Report 'Strengthening Health with Equitable International Partnerships: Key Learning and Best Practices' published (515 unique opens)	2
Report on the economic and social return of international partnerships (pending publication)	1, 2, 6
WHOCC redesignation webinar with WHO and Welsh Government participation; and Impact Report (interim findings), covering eight years of work across investment in prevention and the well-being economy, health equity, Adverse Childhood Experiences (ACEs) and violence prevention, HIA and international health (Appendix 1)	1, 2, 6
Approximately $450,000 of income generated for 2025-2027 through the Wellbeing Economics and Value Team (WEAVE) partnership with the Pan American Health Organization (PAHO), alongside additional income through WHO commissioned work on violence prevention, ACEs cost estimation and social connection	6
3 International Insights (Horizon Scanning) reports published with a total of 992 unique opens; and two internal reports produced	2, 6
7 guest global health lectures at Cardiff and Warwick Universities, 2 for the masters in public health and 2 for nursing students in the School of Healthcare Sciences Two students and two PH trainees hosted, providing additional capacity for applied research	3, 2

These activities demonstrate progress in establishing networks for sharing international learning and knowledge exchange and promoting international health capability across the public health workforce.

Wider Organisation

There is considerably more international health activity across the organisation. For example, the designation of the new WHO Collaborating Centre for Digital Health Equity in the Research Digital and Data Directorate; supporting international learning and research in genomics; leading on International Association of National Public Health Institutes (IANPHI) topics such as climate change and preparing to host the IANPHI Europe meeting in Cardiff (October 2026). This is contained in **Table 2**.

A broader organisational review including mapping of international partnerships and activity will be carried out at the end of year three of the Strategy (2026/27). This will be a significant undertaking for the IHCC, which has staffing of a 1.0 WTE Band 7 practitioner and 0.2 WTE Consultant in Public Health.

Table 2. Public Health Wales strategic international partnerships

WHO Regional Office for Europe (WHO EURO) and the WHO European Regions for Health Network (RHN)	The renewed MOU between WHO Europe and Welsh Government (2023-2026 & 20026/27) is advancing health equity and well-being economies in Wales and globally. Public Health Wales delivers against the MOU through work such as the Welsh Health Equity Status Report initiative (WHESRi) and Health Equity Solutions Platform (WHESP); the joint Wales-WHO Special Initiative on Health and the Well-being Economy; and innovative tools for sustainable investment in prevention. In November 2025, the Research Digital and Data Directorate, Public Health Wales was designated by WHO as a new Collaborating Centre for Digital Health Equity. This will help shape regional and global priorities by contributing to technical reviews, research, and evidence development. The partnership aims to advance progress in digital health equity across the region. The WHO Collaborating Centre (WHOCC) on Investment for Health and Well-being has been re-designated for a further four years (2026-30). The WHOCC is a participant in the new WHO European Public Health Innovation Platform. Wales is supporting WHO to advance the adoption of well-being economies across Europe and globally. The first WHO and Public Health Wales Policy Dialogue on the Well-being Economy, held in Cardiff in March 2025, brought together the four Wellbeing Economy Governments of Finland, Iceland, Scotland and Wales and produced a synthesis report and four country overviews. A second Policy Dialogue followed in Cardiff in January 2026, examining how impact investment can catalyse and complement public funding for prevention and launching the WHO report “Unlocking funding for well-being, health and equity”. Dr Mariana Dyakova is the National Focal Point for Wales for the WHO Regions for Health Network and a member of its Advisory Group and has been appointed to the WHO Strategic and Technical Advisory Group on the Prevention and Control of Noncommunicable Diseases.

	The Wales Health Impact Assessment Support Unit (WHIASU) provides expert advice and peer review of policy briefs for the WHO Regional Office for Environment and Health in Bonn, supporting practice and advocacy for HIA in ministries for health and national public health institutes. WHIASU has also written a case study on the health impact assessment of the Comprehensive and Progressive Transpacific Trade Agreement for the first WHO Global Report on the Commercial Determinants of Health, due in 2026. The Public Health Collaborating Unit, Policy and International Health Directorate, has contributed to the WHO Global Report on Social Connection.
The International Association of National Public Health Institutes (IANPHI)	Public Health Wales has full IANPHI membership, and its role has been strengthened with Prof. Meng Khaw, National Director of Screening and Health Protection Services, serving as an IANPHI Focal Point Lead. This includes representing Public Health Wales at the IANPHI annual meeting and leading on IANPHI engagement across the organisation. Meng Khaw also chairs the Pandemic Preparedness, Response and Recovery Committee and Giri Shankar chairs the Climate Change Committee. The partnership has been further strengthened by Tracey Cooper (CEO), who sits on the IANPHI Executive Board. The Building Bridges to Resilience work undertaken by the Emergency Preparedness, Resilience and Response team forms a key element of a collaborative project led by IANPHI. The IANPHI European Regional Network annual meeting will be held in Cardiff in October 2026.
Pan American Health Organization (PAHO)	The WEAVE team is progressing a three-year project with PAHO and its Comprehensive Immunization Special Program on the social value of immunisation, examining the wider benefits and outcomes of vaccines that traditional economic measures do not capture. Phase I (2025-26) gathered the global evidence base and adapted Social Return on Investment methods to immunisation programmes; Phase II will support implementation and policy application across the Americas and bring learning to address vaccine hesitancy and inequalities in Wales.
EuroHealthNet	Public Health Wales is a member of EuroHealthNet, which advocates for policies that target the determinants of health, fostering collaboration and cross-sectoral engagement and improving the sustainability of health systems. Membership has enabled Public Health Wales to promote its work to a European audience, take part in cross-country exchanges and working groups on relevant topics, and draw on learning from public health policy, research and practice from across Europe.

	Sumina Azam, National Director of Policy and International Health, is Vice President of the EuroHealthNet Executive Board.
UK Health Security Agency (UKHSA)	Public Health Wales' relationship with UKHSA is strengthened by Amanda Daniel, Infection Prevention and Control Specialist Community Nurse and Trustee of Global Health Partnerships Cymru, who is part of the UKHSA Public Health Rapid Support Team. UKHSA's quarterly Global Health Security group meetings are attended by Public Health Wales representatives Liz Green and Meng Khaw. In February 2026, at the invitation of UKHSA, and with Foreign, Commonwealth and Development Office funding, the Violence Prevention team delivered a three-day violence prevention workshop in Anguilla using the WHO INSPIRE framework. Outputs included a national violence prevention strategy, a national coordination mechanism and an Anguillian pledge for the Global Ministerial Conference on INSPIRE. Participants' understanding of the public health approach to violence prevention increased from 0% to 85%.
The UK Faculty of Public Health (FPH)	Public health professionals across Wales take part in FPH Special Interest Groups (SIGs) covering a range of topics, such as global violence prevention, sustainable development and global health, as well as specific geographical areas including Europe, Africa, India, Pakistan, Yemen and Sudan. Giri Shankar, Director of Health Protection, is co-chair of the FPH India SIG. In 2025 Jo Peden, Consultant Lead, Policy and International Health, was appointed lead for the Advocacy SIG. Liz Green, Consultant Lead for the IHCC, sits on the Faculty in Wales Committee as the global health representative. Public Health Wales, via the IHCC, is a member of the Global Health Committee, a quarterly meeting of these SIGs which also includes representation from Scottish and English public health organisations. The IHCC provides the Welsh perspective and enables the sharing of information and learning, and collaboration on joint projects.
Wales and Africa programme, Hub Cymru Africa, Global Health Partnerships Cymru and Cymru Global (formerly the Welsh Centre for International Affairs)	Public Health Wales continues a strong relationship with Wales and Africa, Hub Cymru Africa and Global Health Partnerships Cymru. Representatives from each organisation are members of the International Health Activity (IHA) Group, whose members include health boards, NHS trusts, Welsh Government, third sector partners and academia. The group meets quarterly to discuss international health updates and opportunities. Four presentations were delivered in IHA Group meetings during 2025-6, and Public Health Wales representatives attended two Hub Cymru Africa events.

	Hub Cymru Africa have worked collaboratively with Public Health Wales, for example on the Charter for International Partnerships Toolkit refresh. The Chair of Global Health Partnerships Cymru (Israa Mohammed, Advanced Epidemiological Scientist, Public Health Wales) collaborates regularly with the IHCC. The annual GHPC conference was held at Public Health Wales in September 2025, where Public Health Wales chaired sessions, facilitated a workshop and delivered the keynote talk. A further presentation was delivered at the GHPC annual conference in June 2026. Global Health Partnerships UK and Public Health Wales jointly wrote the IHCC 2022-24 progress report. The IHCC works in partnership with Cymru Global (formerly the Welsh Centre for International Affairs) on the Global Citizenship Programme across NHS Wales, including e-learning, workshops and webinars.

3.2 Global Citizenship

Global Citizenship learning is an indicator of the Well-being of Future Generations Act's Globally Responsible Well-being Goal. The IHCC facilitates this via two main pathways:

- Global Citizenship E-learning is available to all NHS staff. The Core and climate change modules have been updated, and the other modules are under review. A Global Health e-learning module is in development with the Cymru Global, aimed at a wider range of stakeholders including those outside NHS Wales.
- Webinars, workshops, lectures and presentations. Audiences included teams from Health Boards, the School of Healthcare Sciences at Cardiff University, Cymru Global, the Global Health Partnerships Cymru conference, and a Cardiff University student visit from Grenada. Topics covered gender equity, respecting different cultures, the wider determinants of health and partnership working in global health.

Feedback has been consistently positive. Participants describe committing to more culturally sensitive care, greater awareness of health inequalities and applying global learning in their own practice.

4. Strategic alignment

Table 3 provides examples of how international partnerships and knowledge exchange contribute to our Strategic Priorities.

Table 3. International Health Partnerships and Long-Term Strategy Strategic Priorities

PHW Strategic Priority	Example of International Activity
Influencing Wider Determinants of Health	• Identifying solutions with WHO for health equity and supporting the NHS and wider system in Wales to reduce the health gap via the the Welsh Health Equity Solutions Platform (WHESP), • The Research Digital and Data Directorate was designated by WHO as a new Collaborating Centre for Digital Health Equity. • Chairing of International HIA conferences and events • Wales HIA Support Unit have advised several national public health institutes for example from The Netherlands and New Zealand and national governments for example, the Federal German Commission on Prevention.
Promoting Mental and Social Well-being	• ACE Hub Wales, Policy and International Health, has driven Wales' emergence as an early and internationally referenced model of ACE-informed, trauma-informed practice, working across health, justice, education and community sectors through the Trauma-Informed Wales Framework, the Wales Violence Prevention Team. The work has been presented internationally at conferences. • Members of the Five Nations Public Mental Health Network. • Working with WHO and international partners on the first Global Report on social connection and health.
Promoting Healthy Behaviours	• The Behavioural Science Unit, Policy and International Health, has a working relationship with WHO, applying behavioural science across topics such as vaccination, screening, smoking cessation, healthy weight, climate action and health communications. The Unit's own enabling plan draws directly on the WHO European regional action framework for behavioural and cultural insights for health 2022-2027, and on WHO Europe's guide to setting up behavioural insight units for improved health outcomes. The

	Unit has provided advice to WHO Europe Offices in Geneva and Venice.
Supporting a Sustainable Health and Care System Focused on Prevention and Early Intervention	• Strengthening our global role as a live innovation site for sustainable, value-based spending and investment in health and well-being through WHOCC on Investment for Health and Wellbeing • Providing leadership on a range of global health risks, including Health Care Acquired Infections (HCAI) and Anti-Microbial Resistance (AMR) and vaccine preventable diseases
Delivering Excellent Public Health Services	• The Vaccine Equity Toolkit was published in 2026, co-produced with the Wales Vaccine Equity Network, and is being shared more widely including with WHO Europe. • UK-wide plans for pathogen genomics services have identified, where possible, a shared roadmap for service development and adoption. • Membership of UK Health Protection Committee and Four Nations Oversight Group. • There is significant involvement with IANPHI in Health Protection and Screening Services, particularly through Meng Khaw's focal point role. • Public Health Wales' two WHO Collaborating Centres bring access to international evidence, shared standards and shared learning that help strengthen its own public health services.
Tackling the Public Health Effects of Climate Change	• Collaborative working with national public health institutes across Europe and globally to address the health impacts of climate change. • Presenting our HIA on climate change internationally. • Working with four nations colleagues to address data and evidence gaps for climate change and health.

International Health Insights have been used to support evidence-informed policy and practice across all priorities through gathering actionable intelligence and best practices on public health programmes and NHS system transformation.

4.1 Alignment with the Research and Evaluation Strategy

Public Health Wales' Research and Evaluation Strategy highlights collaboration with researchers across Wales, UK and internationally with the aim of strengthening and extending these relationships.

Examples of alignment between the International Health Strategy and the Research and Evaluation Strategy include:

- Supporting novel pathways for international and applied research and teaching partnerships to deliver meaningful and practice-oriented research and evaluation initiatives.
- Enhancing research and evaluation through global knowledge exchange by facilitating sharing of international policy, practice, and research insights.
- Building research capacity and leadership globally, supporting the development of globally responsible people and organisations, contributing to a culture of research and continuous professional development.
- Insights gained from international best practices and networks help Welsh Government, NHS P&I and Public Health Wales shape research and inform innovative approaches to address challenges, such as inequalities, mental health, climate impacts.

4.2 Alignment with the Digital and Data Strategy

Public Health Wales' Digital and Data Strategy aims to 'Build in Alignment – Connecting to Global Goals and Standards.' Examples of alignment between the two strategies include:

- Facilitating Global Collaboration and Shared Digital Learning for example, via digital channels such as the International Health Forum.
- Enabling Workforce Digital Literacy & Global Responsiveness - through digital enabled capacity building, such as the Global Citizenship e-learning module.
- Platforms such as the Welsh Health Equity Solutions Platform (WHESP), enable co-development and knowledge exchange through digital tools and global linkages in data and evidence.
- Global collaboration and insight are accelerators for improving the accessibility, quality, security, and utility of organisational digital and data systems.
- The designation of the Collaborating Centre for Digital Health Equity will help shape regional and global priorities and advance progress in digital health equity.

4.1 International Health Partnerships and Opportunities

Public Health Wales has many UK and International partners for a range of purposes outlined in **Table 4.**

Table 4. Policy, Practice, Research and Funding

Engagement Type and Purpose	Example partners - UK	Example partners - international
Policy and Advocacy Driving public health policy through advocacy and engagement at all levels	Department of Health and Social Care (DHSC); UK Faculty of Public Health (FPH); UK Health Security Agency (UKHSA); Public Health Scotland; Institute of Public Health, Ireland; Global Health Partnerships Cymru (GHPC); Four Nations Forums/Groups; NHS Confederation	UN and WHO bodies; IANPHI; EuroHealthNet; European Public Health Association; Global Network for Health in All Policies (GNHiAP); Wellbeing Economy Governments (WEGO) and Well-being Economy Alliance.
Practice and Implementation Translating evidence/ innovation into action through system leadership, capacity and capability building	UKHSA; FPH; Four Nations Forums/ Groups; National Institute for Health and Care Excellence (NICE); NHS England.	WHO & WHO Collaborating Centres; IANPHI; EuroHealthNet; Organisation for Economic Co-operation and Development (OECD) Centre on Well-Being, Inclusion, Sustainability and Equal Opportunity (WISE); country National Public Health Institutes.
Research and Evaluation Advancing evidence, research, and innovation to guide public health decisions and investments	National Institute for Health and Care Research (NIHR); UKHSA; UK Research Councils (RC); Wellcome Trust; King's Fund; Institute of Health Equity; universities e.g. University College London.	WHO & WHO Collaborating Centres; Universities e.g. Maastricht, The Netherlands, Cork, Ireland and New South Wales, Australia; EUPHA; EuroHealthNet; The Lancet Commissions.
Funding and Income Generation Securing existing and new funding for strategic priorities and interventions	UK Research Council & Think Tanks; the Health Foundation; Wellcome Trust; Joseph Rowntree Foundation	WHO/ Pan American Health Organization; EU Horizon Europe Cluster 1: Health, Impact Investment alliances and funders.

5. Next steps for 2026-2027

The following activities are planned to further embed the International Health Strategy across all directorates and maxmise impact:

- Publication of a report on economic and social return of international partnerships.
- An organisational international health activity mapping exercise to identify strengths, gaps, overlaps and opportunities for better coordination.
- The IANPHI European Regional Network annual meeting hosted in Cardiff in October 2026 where Public Health Wales will play a key role.
- Continued collaboration with WHO Europe and Welsh Government, delivering to the MOU and a Special Initiative on Well-being Economy and Health.
- Publication of the reviewed Global Citizenship e-learning and creation of a Global Health e-learning module with Cymru Global.
- Continuous engagement with key networks such as the WHO Regions for Health Network and Healthy Cities.
- Monitoring and Evaluation of year three of the International Health Strategy
- Publication of the IHCC Progress Report 2024-6.
- International Health briefings prepared for Welsh Government.

6. Recommendation

The Committee is asked to:

- **Consider** the work that has been undertaken and future plans for Public Health Wales' International Health Strategy.
- **Take assurance** on progress to date.

Appendix 1

Delivering Impact in Wales and Beyond

Working as a WHO Collaborating Centre on Investment for Health and Well-being

Interim Executive Summary

August 2026

Background

The Policy and International Health Directorate, Public Health Wales has been designated as a World Health Organization (WHO) Collaborating Centre on Investment for Health and Well-being (WHOCC) since 2018. It has delivered a comprehensive and impactful programme of work, positioning Wales as a global leader in prevention, health equity, and well-being-oriented cross-sector public policy. Through this recognition and partnership with the WHO, Welsh Government and other key partners, the Centre operates as both a national asset and an international platform for innovation, collaboration, and policy influence.

The Centre's work builds on a clear premise: improving population health and reducing inequalities requires sustained investment in prevention, the social determinants of health, and a whole-system approach that extends beyond the healthcare sector. This aligns strongly with the Well-being of Future Generations (Wales) Act and reinforces Wales's role as a "live innovation site" for translating global public health frameworks into practical, scalable solutions.

This report highlights the impact of WHO Collaborating Centre work in Wales from 2018 to the present. It defines achievements as a combination of activities, key outputs and measurable outcomes and by systematically reviewing evidence through desk review, stakeholder interviews and structured analysis.

Key areas of work

Over the past eight years, the Centre has combined robust evidence generation, policy support, capacity building, and international engagement to deliver measurable benefits for the population of Wales while contributing to global knowledge and practice. Its work demonstrates how prevention-led, equity-focused systems can be embedded into governance, policy, and service delivery.

The Centre's activity is organised across four interconnected pillars, each addressing critical determinants of health and contributing to system-wide change.

Pillar 1: Investment in Prevention and the Well-being Economy

The WHOCC has played a leading role in strengthening the economic and policy case for prevention through pioneering and advancing well-being economics and Value-Based approaches. It has been supporting policy makers and budget holders to move beyond short-term, reactive thinking towards commitments to long-term funding and investment for population health and equity, health system resilience, societal prosperity and sustainable economic development. This includes developing novel evidence, guidance, tools, and frameworks that demonstrate the broader (social, economic and environmental) value of public health to inform budget shift and investing in prevention.

Pillar 2: Health Equity

The WHOCC has played a key role in advancing health equity in Wales through the Welsh Health Equity Status Report Initiative (WHESRi) highlighting how wider determinants drive health inequalities and informing a more equitable post-pandemic recovery. By generating intelligence, data and applying innovative analyses, the Centre strengthened the evidence for cross-sector action. Implementation is progressed through establishing a unique Welsh Health Equity Solutions Platform (WHESP), knowledge-sharing activities and international collaboration, helping embed health equity in policy and practice in Wales while sharing Welsh learning across Europe and beyond.

Pillar 3: Adverse Childhood Experiences (ACEs) and Violence Prevention

The WHOCC has advanced a public health approach to violence prevention, addressing adverse childhood experiences through system-wide, trauma-informed strategies. Its work spans evidence generation, policy development and implementation tools that support multi-sector action. Enhanced use of data and strengthened collaboration across agencies have notably improved prevention, early intervention and response.

Pillar 4: Health in All Policies (HiAP), including Sustainability, HIA and Behavioural Science

The WHOCC has played a critical role in embedding health and equity into policymaking across all sectors. Through a HiAP approach, it has supported broader recognition of how decisions outside the health sector shape population health outcomes and vice versa. Embedding Health Impact Assessment (HIA), Sustainable Development practices and Behavioural science have been key enablers, improving both the design and implementation of policies and interventions.

Shared impact across pillars

Across the four pillars, the WHOCC has delivered impact that is greater than the sum of its individual programmes. Its distinctive contribution lies in combining

robust evidence generation, practical policy tools, system-level implementation support, and international leadership within a single, prevention-focused mandate. While this analysis focuses on impact per pillar, it is also important to recognise the integrated impact across all four pillars. Several themes recur, as outlined below, highlighting the comprehensive and integrated nature of the work delivered by the WHOCC.

- **Prevention as a system principle:** Work in all pillars reinforced prevention as the primary route to sustainability, whether through early years investment, violence prevention, equity-focused policy, or anticipatory impact assessment.
- **Equity at the core:** Health equity is now actively embedded across investment cases, well-being economy work, violence prevention frameworks and HiAP processes, rather than being treated as a standalone agenda item.
- **From evidence to action:** The Centre has consistently bridged the gap between analysis and implementation, translating complex evidence into practical frameworks, tools, platforms and guidance used by policymakers and practitioners.
- **Whole-of-government approach:** Work across pillars has strengthened governance, commissioning, budgeting and accountability mechanisms beyond the health sector, aligning with the Well-being of Future Generations (Wales) Act.
- **Crisis-ready public health:** Experience across COVID-19, cost-of-living pressures, climate change and violence prevention have demonstrated the Centre's ability to support rapid, evidence-informed decision-making under uncertainty.
- **Global relevance, local application:** Wales is now positioned as a live test-bed for WHO-aligned innovation, with learning exported internationally and global expertise continually feeding back into national policy.

Key Messages for Policy and decision making

The following key messages are relevant across all four pillars of the WHOCC's work and can help guide policy and decision-making.

- Prevention, equity, and well-being must be treated as system fundamentals, not policy add-ons.
- Long term impact depends on investing in capacity, capability, national and international intelligence and governance, not just individual programmes.
- Integrated public health functions such as evidence generation, health impact assessment, policy development, cross-sector partnership working, knowledge translation, capacity building and prevention-focused public

health action have enabled governments to respond better to both chronic challenges and acute crises.

- Embedding health, equity and well-being early in policy design avoids costly downstream harms.
- Continued impact requires stable partnerships between government, academia, public and international institutions.

Benefit to the population of Wales

The work of the WHOCC has delivered tangible benefits for the population of Wales, specifically:

- **Helped improving health outcomes** through providing evidence and know-how on high value prevention and early intervention programmes. For example, the "Investing in a Healthier Wales: Prioritising Prevention" work identifies interventions with the highest return on investment (ROI) along the life course to improve population health.
- **Helped reducing inequalities through targeted, cross-sector action** which is evident in the WHESP work and the HIA Guidance where public bodies can assess impacts on disadvantaged communities and relevant stakeholders are engaged and committed to contribute to reductions in health inequities.
- **More efficient use of public resources** by addressing root causes supported by the Centre's prevention investment reports and value-for-money evidence support shifting spending towards prevention and the wider determinants of health.
- **Increased resilience across communities and systems** is linked to work supporting well-being economy approaches and the Health and Sustainability Hub which promotes stronger communities, sustainable development and resilient public services.
- **Better-informed decisions through robust, accessible evidence** are now available from resources such as the Centre's HIA toolkits, behavioural science reports, toolkits and evidence briefings providing practical evidence for policymaking.

These new approaches have benefit the population both directly and indirectly.

Cross-cutting themes

Across the four pillars, the following themes arose showing how the Collaborating Centre dedicated time and resources to the following cross-cutting areas.

Leadership

Work across pillars manifest many forms of leadership. Strategic leadership was evident at national and international level on well-being economy, prevention and

social value, including ministerial engagement and WHO policy dialogues. Health equity measurement and policy, including contributions to WHO and regional fora illustrated visionary leadership. The WHOCC demonstrated national and international leadership in framing violence as a preventable public-health issue. HIA served as staunch advocacy for embedding health and equity across non-health policy domains (e.g. climate, trade, housing, planning) and informed national legislation and regulation.

Service delivery

Work across all four pillars has led to development and implementation of frameworks, toolkits, campaigns and systems used by partners across Wales. HIAs and economic analyses carried out support real-time policy decisions at national and local levels. International horizon scanning and insights now dynamically inform the development and implementation of new strategies, policies and NHS system transformation and innovation.

Capacity building

The WHOCC strengthens capacity around development of investment frameworks, novel tools and guidance which enables policymakers and practitioners to build stronger prevention cases. Strengthening of systems to use equity data and evidence across sectors and levels of government has also been evidenced. Capacity has also been enhanced by offers of training, creation of communities of practice, statutory support for Welsh HIA Regulations, violence and ACEs prevention across sectors and services, and behavioural-science capability development.

Knowledge sharing

Guidance, reports, infographics and case studies translate HiAP and Behavioural Science into practice. WHESRi has been a fountain of knowledge and a live laboratory for Welsh and European health equity work, a good practice that other countries could get knowledge from. Products such as the WHESP, spotlight features, webinars and animations have been instrumental in translating complex equity evidence for diverse audiences.

Research

The WHOCC's work has led to aapplied health-economics research linking prevention, equity and financial sustainability across the board. Innovative analytical methods (e.g. decomposition analysis) and high-impact peer-reviewed publications have included systematic reviews, economic burden studies and evaluations. The innovative areas of behavioural insights had led to

methodological development and applied research on cumulative policy impacts and behaviour change.

Fostering international learning and cooperation

Collaboration and active engagement have been strengthened with the WHO Regional Office for Europe (WHO/Europe), including the WHO Venice Office on Investment for Health and Development; the WHO Bonn Office on Environment and Health, and the WHO Regions for Health Network (RHN). This has also resulted in participation in WHO expert groups, platforms and network, engagement in WHO initiatives and country deep dives, multi-country sharing and peer learning, policy dialogues, joint publications and forums. The WHOCC is working closely with other WHO regions and offices, such as with WHO Headquarters and the Pan American Health Organization (PAHO). It has also supported expressions of interest from other countries, such as Ireland and Northern Ireland, related to work on investment in health and well-being.

Financial and in-kind contributions

Work of the WHOCC has fostered collaboration, ranging from in-kind staff and expert contributions and has also resulted in monetary income generation. This speaks to the value given to the Centre's work both inside and outside of Wales. It is worth noting that secondments and advisory roles (e.g. WHO guideline development, regional networks, innovation platform and global commissions) represent a significant, largely uncosted contribution, strengthening WHO outputs while drawing on the Centre's expertise.

Overall, the WHOCC has demonstrated substantial, system-wide impact by embedding prevention, equity, well-being and sustainability across policy, practice and international leadership, positioning Wales as a global exemplar of integrated, evidence-to-action public health. Going forward and building on existing success, efforts may consider scaling up of proven tools and approaches (e.g., HIAs, WHESP, TrACE, BeSci, SROI) across sectors, supported by sustained funding and workforce capacity. Increased focus on implementation at scale, particularly understanding enabling conditions, removing barriers, and aligning governance and policy levers, will be essential to translate documented achievements into sustained, measurable population-level impact.

Next steps

A valuable addition would be the engagement of external stakeholders with which collaboration has taken place such as the WHO and the Welsh Government to get an outside perspective on the value of the Centre's work, triangulation of findings and identify where improvements can be made for greater future impact.

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Knowledge, Research and Information Committee **Date of Meeting** 15 September 2026 **Agenda item:** 3.3

Outcomes Measurement Framework for Public Health Wales - Update

Executive lead:	Iain Bell, Director of Research, Data and Digital Directorate
Author:	Louisa Nolan, Head of Data Science Esther Mugweni, Deputy Head of Evaluation Alisha Davies, Head of Research and Evaluation Lizzie Augarde, Lead Analyst

Approval/Scrutiny route:	Executive Lead – Iain Bell KRIC

Purpose
This paper provides assurance on the Public Health Wales outcomes measurement system, and the approach to strengthening its use in driving prioritisation and decision-making in Public Health Wales.

Recommendation:				
APPROVE ☐	CONSIDER ☐	RECOMMEND ☐	ADOPT ☐	ASSURANCE ☒
The Committee is asked to: - Take **assurance** on the implementation and use of the PHW measurement system.				

- Take **assurance** on the work to further embed the measurement system into our IMTP and performance reporting.

Link to Public Health Wales Strategic Plan. Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives. This report contributes to the following:	
Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives

Summary impact analysis	
Equality and Health Impact Assessment	None required, the paper provides and update on the PHW outcomes measurement system, which is designed to reduce inequalities and health inequalities.
Risk and Assurance	This links to Strategic Risk 5: Failure to fully exploit digital and data to improve the health and wellbeing of the people of Wales. The measurement system helps mitigate this by ensuring that we fully understand the impact of Public Health Wales' activity
Health and Social Care (Quality and Engagement) (Wales) Act	All themes
Financial implications	Not Applicable
People implications	No direct implications. However, the culture of monitoring impact is not yet embedded within Public Health Wales and will require leadership to ensure this change in approach is embedded.

Purpose

This paper provides assurance on the development of the Public Health Wales outcomes measurement system, and the approach to strengthening its use in driving prioritisation and decision-making in Public Health Wales.

Background

Our measurement system is designed to assess how well we are delivering our strategic ambitions for improving health and well-being and reducing inequalities in the people of Wales in 2035. The measurement system therefore supports the delivery of our long-term strategy. It is intended to help us:

- Understand, monitor and evaluate our impact
- Drive prioritisation and decision-making
- Focus our resources
- Identify gaps in our delivery, including where we need to work with partners.

Further details of the measurement system can be found in the KRIC paper Proposal for the system to measure the impact of delivering our strategic priorities from June 2025.

Progress and next steps for the measurement system were reported to KRIC in December 2025: KRIC - outcomes framework December 2025.docx.

Updates for assurance on the measurement system are now provided regularly to KRIC, since March 2026.

Progress and challenges since March 2026

This section provides an update on progress since March 2026, achievements, and challenges.

A horizon-scanning group for the Wider Determinants of Health (Strategic Priority 1) is being set up. This will ensure that PHW understand the impact of work in this priority, is well-sighted on trends, risks, issues and opportunities, and that impact is measured and reported appropriately. Once this approach has been trialled, we will consider extending it to other priorities.

Performance and impact indicators

- Outcome and performance indicators are now well-established, and are regularly reported to the Board, together with updates on evaluation and modelling. The latest report to the Board on 22 May 2026 can be found in Section 4, 4.3 PHW 2026_05_28 – Performance and Insight Report – Month 1 26-27 – Board

Healthy life expectancy analysis

- The latest analysis of healthy life expectancy, including the impact of waiting lists, was presented to BET and Board in March:
  - 4.2 PHW 2026_03_26 – HLE analysis update
  - 4.2 PHW 2026_03_26 – Appendix 1 Healthy Life Expectancy Analysis
- This has been shared widely for discussion with the Chief Medical Officer, Health Boards and internally.
- This and other healthy life expectancy analysis has also been presented to strategic priority groups and DLTs, enabling discussion of the relationship to areas of work and how PHW's work is expected to influence HLE.

Impact modelling (including policy and implementation modelling)

- Work on modelling the costs and impacts of weight-management drugs is complete and has been shared with Health Boards. This will inform the work of the Obesity Programme Innovation Programme (OPIP), a UKRI-funded programme led by PHW.
- Following a competitive process, PHW has been successful in securing funding for a UKRI Fellow to develop a sustainable, state-of-the-art micro-macro modelling for Wales, within our cloud infrastructure, on life course inequalities, working with the University of Glasgow.
- The emerging plan is presented in the Annex. The next step is to validate the plan with strategic leads and assign resources. This is the first time PHW has been awarded a UKRI Fellow.

Outcome and process evaluation

The Central Evaluation Team is leading the design and delivery of robust evaluations across PHW, aligned to the PHW's Measurement Framework and agreed IMTPs, to generate actionable evidence on what works, for whom, and why, and to support improvement in programme implementation, investment and accountability across public health programmes in Wales.

Since March 2026, the team has delivered the following against our strategic priorities;

- **Hapus Strategic Partnership** evaluation aims to examine the impact of the partnership on cross-sectoral collaboration to promote mental wellbeing and address inequalities in mental wellbeing outcomes. Progress includes a series of focus groups with Hapus Strategic Partners in July 2026, and analysis of findings.
- The **Hapus National Conversation** one-year post-implementation evaluation report was published in June 2026. The findings from a national survey found increased reach and digital engagement with Hapus' social media platforms (Facebook and Instagram), but relatively low population awareness, indicating that exposure and salience are the key constraints on impact. Findings indicated small improvements in wellbeing but this was not of statistical significance due to small numbers who

recalled seeing the campaign. Persistent barriers to action for mental wellbeing include low motivation, low confidence, cost, time and contextual constraints such as travel, safety and limited local opportunities. Year 2 data collection runs from 7th to 25th August 2026. Analysis will follow once data is received.

- **Diabetic Eye Screening Wales** evaluation of a non-dilated approach to imaging. A quantitative analysis of patients attending the service in April-June 2026 has been completed, alongside qualitative data from 24 staff members delivering the programme. The reports are being drafted to inform the national diabetic eye screening programme.
- **Urine Albumin to Creatinine Ratio testing among people living with diabetes** – progress has focused on completing the analysis of data collated.
- **Welsh Network of Health and Wellbeing Promoting Schools** evaluation protocol was completed in June 2026 to examine the impact of the programme on supporting Welsh schools to adopt whole-school approaches to health and well-being. The baseline system mapping workshop was conducted in July 2026 with Healthy Schools Coordinators from across Wales and the map is being refined with input from stakeholders. Data sources for the baseline assessment are being scoped.
- **Health Information for Parents Programme: *Your Pregnancy and Birth* and *Newborn to Age 2*** evaluation examined the reach, acceptability, and perceived value of new health information resources for parents. A Omnibus survey and focus groups amongst parents and caregivers were completed in March 2026, and the findings analysed. The report is in draft, being shared with the team before publication.
- We are progressing the development of robust evaluation plans to support Public Health Wales national programmes including the **Lung Cancer Screening programme**, and **Tobacco Vapes and Nicotine Addiction Programme**, as per our 2026/27 workplan.
- In May 2026, Public Health Wales were successful in securing a UKRI Policy Fellowship, to strengthen capacity for the evaluation of **climate surveillance** approaches. This role will start in May 2027.
- Since March 2026, the Central Evaluation Team have also continued to support Welsh Government to shape evaluation of national initiatives including
    - **Food (Promotion and Presentation) (Wales) Regulations 2025 – High Fat, Sugar, Salt (HFSS)** - advising on the data collection.
    - **Health Equity Wales** - stakeholder engagement to support the development of a **Theory of Change,** to strengthen understanding of the programme's anticipated impacts and the mechanisms through which those impacts may be achieved. Draft report was shared with Welsh Government in July 2026, and final submission expected by September 2026. The agreed Theory of Change will subsequently be used to inform the design of the programme evaluation.

- The Central Evaluation Team were also part of the team who secured £8m investment from Innovate UK for the *Healthy weight, healthy Wales; Obesity Programme Innovation Programme.* Since announcement of award in Summer 2026, we have begun recruiting to the additional evaluation capacity to deliver.
- The evaluation plans for 2026/27 against strategic priorities are presented in Table 1 in the Annex.

Risks and Mitigations

As reported in March, linking the outcome indicators to our PHW activities remains challenging, as does identifying high-value activity appropriate for modelling from the IMTP. Work across directorates has helped to mitigate this, as can be seen from the emerging modelling and evaluation plans.

Other challenges include the pressure on analytical capacity as more indicators are brought online, and the modelling programme expands. We will manage expectations, explore how we can work with others, including academia, and seek to streamline our reporting wherever possible. The Data, Analysis, Registers and Cloud (DARC) Programme offers an opportunity to automate pipelines and improve our management of data to support this.

It is also recognized that the measurement system has yet to fully embed into the work of PHW. The Director of Strategy, Finance and Planning and the Director of Research, Data and Digital are commencing a piece of work on how to more comprehensively embed measurement system into the work of all the strategic priorities.

Recommendations

The Committee is asked to:

- Take **assurance** on the implementation and use of the PHW measurement system.
- Take **assurance** that we are working to further embed the measurement system into our IMTP and performance reporting.

Table 1: draft evaluation programme for 2025/27, with description of the planned evaluation

Evaluation			
Year	Programme	Type of programme	Planned Evaluation
2026/7 - committed	1 MyPath Cymru	National Programme	A process evaluation will assess implementation fidelity, reach and key barriers and facilitators to engagement and delivery across settings. The outcome evaluation will use a stepped-wedge design to understand the impact of the programme on clinical, behavioural and equity outcomes.
	2 Hapus National Conversation and Strategic Partnership-	National programme	Process and outcome evaluations to understand inequities in mental wellbeing and taking actions to support mental wellbeing between those engaging with the programme and those who are unable to engage
	3 Tackling Diabetes Together- Point of Diagnosis (POD) Pack; Diabetic Eye Screening Wales Programme (DESW); Urine ACR pilot project in CTM	National Programme	Process evaluation to understand the implementation of the PoD, Urine ACR and DESW pilot projects, including the barriers and facilitators to delivery, the feasibility of implementation, the acceptability of the services to both service users and professionals, and the equity implications of access and engagement
	4 Welsh Network of Health and Wellbeing Promoting	National programme	Process evaluation to understand the implementation of the programme and outcome evaluations to understand the impact of the WNHWPS on student health and wellbeing outcomes

	Schools (WNHWPS)		
	5 Every Child health information leaflet for parents	National Programme	Process evaluation to understand whether all parents can access, understand, and use the information to support them in parenting.
	6 High fat, salt and sugar legislation	National programme – WG request	Process evaluation to understand what contribution the policy has made to the Welsh Government's aim of nudging people to purchase healthier options, towards reducing overweight and obesity, and equity of impact. Outcome evaluation to examine the impact of the HFSS promotion restrictions in Wales in consumer purchasing patterns of prepacked food items over the first year of the HFSS policy in Wales
2026/7 - scoping	7 Lung cancer screening	National programme	A process and outcome evaluation will assess implementation, feasibility and acceptability for patients and staff, and programme impact on patient outcomes (such as stage at diagnosis) and lung cancer inequalities. We will also undertake an economic evaluation.
	8 Prevention of gambling harms digital offer		
	9 Climate change surveillance programme		Using established best practice for surveillance system evaluation, we will assess the system's effectiveness and performance, its equity implications, and its policy and operational utility. Findings will inform national resilience planning, and will identify opportunities for system improvement.

	10 Health Equity Wales (HEW)	National programmes – WG request	We are developing a theory of change to underpin the Health Equity Wales evaluation. We will also support WG colleagues with developing the evaluation framework for HEW.
	Smoking Cessation Services • Services / intervention • Outcomes		We will develop a theory of change for the smoking cessation programme and undertake nested evaluations of key components to assess implementation, effectiveness across population groups to understand and help address smoking related inequalities.
	Screening • Services / intervention • Outcomes		
	Healthy weight, healthy Wales; Obesity Programme Innovation Programme		

Impact modelling – draft plan

Agreed or in progress

- Diabetes projections – complete
- Healthy Weight, Healthy Wales and OPIP – weight loss drugs modelling, initial work complete, further modelling likely to be requested
- Help Me Quit - modelling policy outcomes 2025/6, 2026/7, academic collaboration, in progress
- Healthy Life expectancy analysis, including waiting lists – latest results shared with Board, BET, Health Boards, CMO and Welsh Government
- Wider determinants of health – modelling the interaction between economic policies and health, UKRI Fellow funding agreed, to start May 2027
- The cost of mental ill health – similar piece to the cost of diabetes, or obesity, expected to complete summer 2026

In scoping

- Monitoring screening outcomes – timing tbd, in conjunction with the screening transformation programme and migration of analysis into the cloud (DARC Programme)

- Early years outcomes and profiles – initial scoping under way
- Healthy Start Scheme – potential to model for recommendations
- Fair work – impact of PHW activity and policy on fair work and health
- Child Poverty Strategy – analysis and modelling.

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Knowledge, Research and Information Committee **Date of Meeting** 15 September 2026 **Agenda item:** 3.4

Digital Opportunities in Screening

Executive lead:	Iain Bell, Director of Research, Data and Digital
Author:	Iain Bell, Director of Research, Data and Digital

Approval/Scrutiny route:	Cleared with Claire Birchall, Executive Lead for Screening Business Executive Team – 2 September 2026

Purpose

This paper was requested for at the Quality, Safety and Improvement Committee in June to present on the opportunities for digital in screening services.

The paper sets out the digital work underway, and the transformation plans for screening.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☐	☐	☐	☐	☒

The Committee is asked to:

- **Note** the picture for digital opportunities in screening and agree that we should prioritise the replacement of NBSS this year.
- Take **assurance** that work is underway to strengthen the digital underpinnings of screening alongside work to establish a transformation programme for screening, as the full benefits of digital will not be enabled without a transformation of business processes and ways of working.

Link to Public Health Wales Strategic Plan Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives. This report contributes to the following:	
Strategic Priority/Well-being Objective	4 - Delivering Excellent Public Health Services

Summary impact analysis	
Equality and Health Impact Assessment	No EHIA has been carried out at this stage. These will be carried out by the transformation programme, once established
Risk and Assurance	Risks will be managed by the transformation and assurance provided through DDDA monitoring and management of the portfolio and reporting to Change Board
Health and Social Care (Quality and Engagement) (Wales) Act	
Financial implications	There are three aspects to this 1) existing items on the digital and data portfolio are funded 2) Welsh Government agreement to utilise a share of the £522k identified in the baseline review for replacement of NBSS this year 3) wider we will need to build the invest to save business case for a transformation of screening
People implications	As transformation progresses there will be impacts on roles and responsibilities which will be managed in line with organisational and NHS policies and procedures. At this stage, however, there are no impacts.

1. Purpose / situation

This paper was requested to come to September Knowledge, Research and Information Committee (KRIC) by the Quality, Safety and Improvement Committee in June. It sets out the progress made over the past few years; the current digital programme for screening and the establishment of a wider screening transformation programme.

2. Description/Assessment

Screening division deliver 7 national screening programmes, manage the Antenatal Screening Wales managed clinical network, and are working towards the implementation of targeted lung cancer screening in Wales. There are also several other conditions that there are either recommendations for or consideration of by the UK national Screening Committee for implementation including additional conditions for the bloodspot programme and the recent recommendation around targeted prostate cancer screening.

Digital transformation is an essential underpinning to wider transformation and the two must move together to ensure that we maximise the benefits of investment in digital capability. This will sometimes require a wholesale redesign of business processes. Sometimes the existing processes have been constrained by current functionality

<u>Digital improvements over past few years</u>

We have improved the digital underpinning of our screening services over the past 3 years. The major deliverables were:

- **Breast cancer screening cohort tool.** In June 2024, we successfully migrated from a legacy tool to a new supported tool within PHW. This mitigated our cyber and clinical risks. It also decoupled us from the NHS in England enabling development of our systems in line with our long-term strategy and digital and data strategy.
- **Newborn Screening re-platform.** In 2025, we successfully re-platformed our Newborn Screening system from an unsupported Oracle platform to a modern system. This has significantly lowered the cyber threat for this system. It also enables our system to be developed for new screening types such as tyrosinemia.
- **Screening digital discovery.** We completed a discovery into our screening digital discovery in 2023 that identified the significant commonality across all screening services that would enable a move to a component-based architecture in the future.

Current screening digital programme

It is well understood from the discovery work the sheer challenge of our digital estate in screening. However, we also understand that the full benefits of digital transformation will only be enabled with changes and transformation of the model of delivery for screening itself. Our work programme is; therefore, a balance of activity that will help improve performance in screening or be core foundations for future transformation.

The current digital programme is as follows:

- **Lung Cancer screening programme.** We are undertaking the necessary digital development to enable go live of the new lung screening programme in early 2028. This involves procurement and integration of a new Pathway Administration System and integration across the full suite of systems necessary for successful delivery of the end-to-end pathway for lung cancer screening.
- **Mobile connectivity pilot.** While the lung screening programme requires connectivity to be solved, we recognise this is already an issue for breast cancer screening. The initial work has identified the need for external support to further pilot a range of options including satellite internet. This pilot has just begun and will complete in Mar-27. Although we are exploring options for this to deliver quicker
- **Upgrade to Daybook functionality.** The Day Book system is used within breast cancer screening to provide a snapshot of NBSS that provides enough function to allow screening to happen on mobile units without requiring connection to the online version. This system had become outdated and requires modernisation to ensure successful delivery of other elements of our breast cancer screening development work. This will be delivered by March 2027.
- **Text messaging.** We know that the ability to send reminders through a text messaging system has the potential to increase uptake and reduce the number of people missing appointments. DESW have the functionality to send text messages currently, and uptake in DESW is above the standard of 80% and participants often reference the text message as to why they attended. We are therefore starting this from AAA screening and then will develop outwards from there. The AAA team are now initiating a project team to implement.
- **Cervical self-sampling.** This is a pilot this year that is designed as phase one towards implementation of a UK National Screening Committee recommendation. The pilot will be an opportunistic offer, working with 20 GP surgeries. Phase 2 is planned for 2027/8 and is the rollout of the offer of HPV self-sampling to participants who are overdue for screening, on an age stratified basis, to reduce inequities in access to cervical screening. By 2029, we plan to offer self-sampling to all overdue participants on a business-as-usual basis. A critical dependency for Phase 2 is the development of an opt-in

portal allowing participants offered a self-sampling test to request their test kit, and to track the kit from request to result.

Breast Cancer screening

Over the past month, it has emerged that there will be a need to quickly establish a new Pathway Administration System for breast cancer screening within Wales. While we had long known of the need, the expectation was that we would be able to maintain the existing system for another 20 months or so while our strategic transformation was set out.

This is no longer the case, and we will be looking urgently at how to expedite the move to a new Pathway Administration System. This will include all available options through procurement and build out from existing systems in Wales. The overriding principles will be to maintain service continuity, protect patient safety, and ensure future sustainability, while also ensuring that any opportunities to enhance processes and functions are taken.

While this is unwelcome in some respects it may also be able to accelerate transformation and improvement. A new PAS will support the move from a regional variation model of delivery to a single national model; ability to send text reminders and more features that will be of benefit to delivery of the service.

The programme is being developed rapidly and there will have been progress since submission of the paper to date of Committee, and I will update the Committee verbally on the latest position.

We will also be seeking Welsh Government agreement to utilise elements of the £522,000 identified through the baseline review for this work.

Use of Artificial Intelligence in Screening systems

There are 3 key areas where we are looking at use of Artificial Intelligence for screening:

- Lung screening – use of AI-based algorithms in computer-aided detection / volumetry software
- Ambient Voice Technology pilot – AI-enabled ambient voice transcription and summarisation of MDT discussions to support creation of structured clinical documentation. This will operate in parallel with existing processes during the pilot phase, to enable evaluation of the pilot
- Edith trial for breast cancer screening – participation by PHW in the proposed trial, across thirty pilot sites in the UK. AI will assist radiologists by analysing mammograms to detect early signs of breast tissue abnormalities. Women already scheduled for routine NHS breast screenings will be invited to participate.

In addition, the UKNSC are currently reviewing the evidence in relation to use of AI for grading in diabetic eye screening. It is anticipated that there will be a recommendation related to AI use in grading with a planned in-service evaluation in NHS England initiated this financial year. AI in grading is currently not part of the pathway within DESW but exploring this was part of the DESW digital transformation plan.

Transformation of screening services

Delivering digital improvements as an integral part of a wider transformation programme for screening will allow the maximum benefit to be realised. There is recognition of the need for large scale modernisation and transformation and to look at service delivery models. Our aim is to move to a component-based architecture where we deliver user-centred, clinically safe services.

The component-based architecture in effect means that we will have the same functionality delivered using the same tool for all screening and PHW services – for example an appointment booking system.

We will look to build out from national infrastructure wherever possible. For example, the NHS Wales App will be building a booking system for vaccination appointments this year. We will look to build out from functionality such as this, wherever possible.

Alongside this, we will need to look holistically at the model for screening and consider several elements of delivery. At its most simple level flexible appointment booking would require changes to how we invite participants for screening now. So, if we need to change, we need to look at the models for delivery of screening. This will include demand and capacity modelling and reconsideration of the delivery model including looking at using mobiles versus regional hubs.

We are therefore establishing a screening transformation programme that will rapidly establish a vision for the future of screening services and look to design and build a digitally enabled system. This is currently being initiated with Iain Bell as SRO and Liam Williams leading the development of the programme.

The aim is to build a vision around the following form: **'to make sure that everyone in Wales who is eligible for screening can easily get their screening test and has a fair chance to take part. We want the service to be designed around the needs of our users, clinically safe and easy to adapt and expand to include new screening types as they are approved'**. We aim to have the screening service vision agreed by mid-September and to have scoped the transformation work as soon as possible afterwards.

This work on transformation of services is essential so that the digital opportunities can maximise the opportunities afforded from digital.

The programme is being established at present and will report to Change Board and up to Board in line with the management of all our major programmes

3. Well-being of Future Generations (Wales) Act 2015

This supports the wellbeing of future generations act by:



Long term: A transformation of screening services will enable a more flexible service to expand to new screening types quickly and easily.



Prevention: Screening is one of the most effective population health programmes. By improving and transforming the delivery of our screening services we are improving our prevention services.



Integration: The proposed transformation will provide more integrate services both within screening and along the entire pathway with Health Boards



Collaboration: The transformation will have User Centred Design at its core to ensure that it is designed and built for the population served



Involvement: we will involve all staff and partners in the design of the transformation.

4. Recommendation

The Committee is asked to:

- **Note** the picture for digital opportunities in screening and agree that we should prioritise the replacement of NBSS this year.
- Take **assurance** that work is underway to strengthen the digital underpinnings of screening alongside work to establish a transformation programme for screening, as the full benefits of digital will not be enabled without a transformation of business processes and ways of working.

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Knowledge, Research and Information Committee **Date of Meeting** 15 September 2026 **Agenda item:** 3.5

Strategic Priority 2 – Promoting Mental and Social Wellbeing

Executive lead:	Jim McManus, National Director of Health and Wellbeing
Author:	Emily van de Venter, Consultant in Public Health, Mental Wellbeing & Interim Co-Director of Health Improvement

Approval/Scrutiny route:	Executive Lead

Purpose

KRIC to note contents of the report which provides an update on research, data, evidence and evaluation activity related to Strategic Programme 2: Promoting Mental and Social Wellbeing.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☐	☐	☐	☐	☒

The Committee is asked to:

- **Receive assurance** that research, data, evidence and evaluation activity is progressing to support Strategic Priority 2: Promoting Mental and Social Wellbeing

Link to Public Health Wales Strategic Plan Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives. This report contributes to the following:	
Strategic Priority/Well-being Objective	2 - Promoting mental and social wellbeing

Summary impact analysis	
Equality and Health Impact Assessment	N/A
Risk and Assurance	N/A
Health and Social Care (Quality and Engagement) (Wales) Act	N/A
Financial implications	N/A
People implications	N/A

1. How does the work support the Long-term Strategy?

Work outlined in this paper is focused on progressing Strategic Priority 2 of PHW's Long-term Strategy (LTS): *Promoting Mental and Social Wellbeing*. The work develops our understanding of where to focus our efforts in delivering change, either directly or through influencing the work of partner organisations, and the impact of our activities on population mental and social wellbeing.

Our objectives in the LTS Strategic Priority 2 in relation to Knowledge, Research and Information are that by 2035 we will have:

- Synthesised, interpreted and disseminated evidence for effective action to support policy development, legislation and systemwide action to promote mental and social wellbeing to reduce inequalities
- Mobilised and enabled evidence-based action to promote and protect mental wellbeing across the system, including in key settings such as education, at work and in communities
- Supported the system to review or evaluate policy or programmes for their impact on mental and social wellbeing and inequalities, taking a life-course approach
- Worked with partners to enable children to achieve optimum social and emotional development

2. How does the work align to the Research and Evaluation Strategy?

- **Open by default:** Our research and evaluation activity is developed collaboratively and findings are shared with key partners and the public in formats appropriate to influence relevant action.
- **Inclusive:** Our work involves those with lived experience to inform action that meets their needs and improves experience and outcomes for people in Wales.
- **Multidisciplinary:** Our work is delivered in collaboration with academic and NHS partners, Welsh Government, education and community organisations.
- **Influential:** We work collaboratively with Welsh Government, NHS and academic partners to highlight areas where further research is needed
- **Joined up:** We work with RDD research and evaluation leads to ensure work developed is of a high standard and develop partnerships to bring together expertise in research, policy and practice.

3. How does the work align to the Digital and Data Strategy?

- **User needs first:** We work to understanding the lived experience and needs of the people in Wales whose outcomes we aim to influence is central to all our work.
- **Accessible and equal:** We publish findings from research we've commissioned or carried out in accessible formats to maximise reach.
- **Open by default:** We are open about findings from our research and evaluation activity in order that others can benefit from the insights we've gained.

4. What did we say we were going to do and what have we achieved so far?

The below sections outline research, data, evidence and evaluation work completed or underway in support of Strategic Priority 2.

4.1 By 2035 we will have: *Synthesised, interpreted and disseminated evidence for effective action to support policy development, legislation and systemwide action to promote mental and social wellbeing to reduce inequalities*

4.1.1 **Babies, Children and Young People Mental Health Needs Assessment (May 2026):** The report has been published and disseminated to key partners. It brings together evidence on prevalence, risk and protective factors, service utilisation, lived experience and evidence-informed approaches. The work is already being used to shape policy discussion, service transformation and knowledge exchange across Wales.

Key findings highlight a rise in poor mental wellbeing and mental health conditions among babies, children and young people in Wales, with emotional difficulties, self-harming behaviours and eating disorders identified as priority concerns. The assessment estimates that over 135,000 children and young people aged 8 to 24 years in Wales have a diagnosable mental health condition, with increasing prevalence across age group.

The report emphasises the need to strengthen prevention and early intervention, action on poverty, school-work pressure, body image, sleep, physical activity, bullying and trusted relationships.

4.1.2 **Financial well-being advice delivered within the context of social prescribing in the UK and the Republic of Ireland:** A grant collaboration was undertaken with University of South Wales to conduct a scoping review to explore financial well-being advice and support, delivered within the context of social prescribing in the UK and the Republic of Ireland.

The research found most articles related to financial well-being support targeted at welfare benefits, debt and legal issues, delivered by specialist advisors co-located in healthcare settings. The delivery of targeted support in this manner was reported as having a number of positive outcomes for patients and healthcare staff, and several strategies were identified to increase the efficacy of such support e.g. allowing advisors access to medical records and integrating advisors into the healthcare team. The review was published in Frontiers in Public Health.

While there is potential for social prescribing to play a more integral role in the delivery of financial well-being advice and support, further research is required.

4.1.3 **Mental wellbeing as a protective factor for physical health:** The relationship between mental wellbeing and physical health outcomes is a growing area of research. We worked with Cardiff Metropolitan University to provide a summary of evidence on the impact that mental wellbeing has on cardiovascular health.

Findings from longitudinal cohort studies show better mental wellbeing is associated with lower cardiovascular mortality and lower disease risk. Poor mental wellbeing is associated with higher risk of heart disease and stroke.

4.1.4 **Drugs and Alcohol Health Needs Assessment:** A comprehensive health needs assessment based on a review of data, evidence and stakeholder views was published in April 2026. The needs assessment highlights changing patterns of drug and alcohol use, persistent inequalities and fragmented pathways to support. Recommendations are made to develop a more co-ordinated systemwide approach to strengthen prevention and early intervention and improving outcomes.

4.1.5 **Children and Young Peoples Mental Health and Wellbeing:** A collection of three reports on CYP mental health, wellbeing and experiences of accessing services are being published in mid-September based on research using SHRN, SAIL and engagement with young people.

4.2 By 2035 we will have: Mobilised and enabled evidence-based action to promote and protect mental wellbeing across the system, including in key settings such as education, at work and in communities

4.2.1 New national Standards for the Welsh Network of Health and Wellbeing Promoting: The Welsh Network for Health and Well-being Promoting Schools (WNHWPS) national Standards provide a comprehensive framework for developing and embedding health and well-being across the whole school community. Emotional and mental well-being are integral to this framework and the new Standards align closely with the Whole School Approach to Emotional and Mental Well-being. The standards provide an evidence-based approach for schools to review and improve action to support health and wellbeing. They are due to be launched in the autumn subject to Ministerial approval.

4.2.2 Principles of Community Engagement for Empowerment: A previously published resource aimed at PHW staff has been refreshed and redeveloped for a wider audience. The updated guidance brings in the latest evidence on approaches for community engagement and empowerment. The updated principles were presented at the National Social Prescribing Conference in March 2026 and the full guidance is due to be published on the Hapus website.

4.2.3 Healthy Working Wales: Evidence-based guides for young people and employers have been co-produced and published. The guides aim to improve experiences of and support for young people in work:

- 'Thriving at work - A young person's guide': a support guide for young workers around the 'soft skills' and health and wellbeing aspects of work
- 'Supporting young people at work – An employers guide': a support guide for employers of young people

In addition 'Ready, Set, Thrive' workshops will be delivered over the autumn and winter for 16-24year olds who are about to start their first job or who have recently begun work. The workshops will support young people to feel more prepared for employment, understanding how to look after their health and wellbeing in work and know what advice and support is available.

4.2.4 Making Every Contact Count - Healthy Conversations: Evidence based information and generic MECC Level 1 and Level 2 E Learning training modules updated to include specific key messages and signposting for mental health and well-being.

MECC is an evidence-based approach to behaviour change that makes the most of the millions of day-to-day interactions we have with others. Every conversation, big or small, can help someone make healthier choices. MECC gives professionals the tools to use brief, evidence-based discussions to support behaviour change and reduce the risk of chronic disease.

The MECC Level 2 course is designed to build on existing knowledge from MECC Level 1, helping to explore behaviour change in greater depth and was launched in Dec 2025.

4.2.5 Enhancing knowledge, skills and confidence in the voluntary sector: Following identification of the need to improve monitoring and evaluation of wellbeing impacts among voluntary sector organisations PHW collaborated with WCVA to deliver a workshop on the use of WEMWBS. This was delivered jointly with Professor Stewart-Brown (Warwick University) in February 2026. The sector has since requested further support and a subsequent series of workshops will be delivered through autumn and winter 2026/27.

4.3 By 2035 we will have: Supported the system to review or evaluate policy or programmes for their impact on mental and social wellbeing and inequalities, taking a life-course approach

4.3.1 **Hapus evaluation:** The Hapus programme aims to increase action to protect and promote mental wellbeing in Wales through a national conversation and partnership working to increase opportunities for people to take action. The RDD R&E Division is supporting a 3-year evaluation of the national conversation and the partnership working.

The Hapus National Conversation one-year post-implementation evaluation found increased reach and digital engagement, but relatively low population awareness, indicating that exposure and salience are the key constraints on impact. Data collection through a nationally representative survey in August 2025 found:

- 5.6% of survey participants recalled seeing or hearing about Hapus and 1.8% recognised the logo.
- Among those who had seen or heard about the campaign in the past month, 41.5% reported taking action afterwards.
- Persistent barriers to action for mental wellbeing, including low motivation, low confidence, cost, time and contextual constraints such as travel, safety and limited local opportunities.
- Findings indicated small improvements in SWEMWBS but not to the level of statistical significance due to relatively small sample size of those seeing the campaign.

The evaluation findings have informed action to strengthen promotion and brand awareness, improving website user journey and increasing opportunities for non-digital engagement. Yr 2 data collection commenced 7th August 2026.

4.3.2 **Health Information for Parents evaluation:** A process evaluation of the HI4Ps (previously Every Child) resources covering pregnancy to age 0-2 has been completed in partnership with the RDD R&E Division. Learning is feeding into future developments to ensure parents have access to the information they need in formats suitable to their needs and an outcome evaluation is due for completion by March 2026.

Books 3 and 4 of the Health Information for Parents offer were published in January 2026, extending the universal evidence-informed offer for parents of toddlers and pre-school children.

An options appraisal for Health Information for Parents identifies (June 2026) highlights variation in use and ordering of printed resources across Wales, limited data on reach and impact, and an opportunity to improve equity and efficiency through a stronger digital offer while mitigating digital exclusion. Options for improvement include a strengthened hybrid model, a dedicated digital platform or integration within the Handi App. Discussions are underway regarding preferred options.

4.3.3 **Evaluation of the Welsh network of Health and Well-being Promoting Schools Programme:** A mixed methods evaluation informed by the RE-AIM framework has commenced which aims to assess the implementation of new Standards for Health and Well-being Schools (due to launch during 2026/27). The Research, Digital and Data Directorate are leading the evaluation. A key aim is to strengthen our understanding of the programme's impact and effectiveness, including in relation to emotional and mental well-being.

4.3.4 **The Healthy and Sustainable Pre-school Scheme:** A review of the delivery of the HSPSS is currently underway, bringing together stakeholder views and an assessment of alignment with the wider early years policy landscape to identify impacts and opportunities to strengthen outcomes.

The Healthy and Sustainable Pre-school Scheme (HSPSS) supports early years settings to embed health and well-being across their whole setting. It

contributes to emotional and mental well-being by promoting nurturing environments, positive relationships, play, social and emotional development, and early action to support children and families, aligning with the wider life-course approach to promoting mental and social well-being. The scheme compliments the national NEST/NYTH framework.

4.3.5 **Cynefin - A Creative Health Review for Wales:** Cynefin is an AHRC funded multi-partner research programme, delivered by Arts Council Wales, the Wales Arts, Health and Wellbeing Network, the Wellbeing of Future Generations Office and Public Health Wales. It explores how placing the arts and culture as a frontline public service could effect a step-change for public health in Wales.

There has been a rapid increase in the evidence base around arts and population health in the past few years. It is now clear that people who engage in arts and culture have better health and wellbeing outcomes across the lifespan: from less hyperactivity and healthier behaviours in youth, to better mental health in adulthood, and even improved cognitive reserve and mobility in later life.

A series of four network meetings are bringing together health and arts leaders to hear the evidence, share learning from real-life projects and listen to lived experience. Cynefin will use insights from the process to shape practical policy recommendations for improving health and wellbeing through the arts in Wales.

4.4 *By 2035 we will have: Worked with partners to enable children to achieve optimum social and emotional development*

4.4.1 **Early Years Framework for Action:** Public Health Wales is working with Welsh Government and partners to align implementation of the Framework with the Early Years Care, Learning and Play Building Block. The Framework is being used to inform discussions on childcare expansion, supporting a whole-system approach that considers the wider impact of policy decisions on child development, health, wellbeing and inequalities. This will help ensure that investment and policy development across the early years system are aligned to achieve the best outcomes for babies, young children and families.

4.4.2 **Review of child development assessment tools to support effective delivery of the Healthy Child Wales Programme:** Public Health Wales has completed a review of evidence and practice relating to early childhood

development assessment tools, including professional and parent perspectives. The review concluded that a universal measure of early childhood development is needed in Wales to support consistent assessment and population-level understanding of child development outcomes. In response, Welsh Government has commissioned PHW to advise on the feasibility and implementation of a proposed national approach, with recommendations to be provided by December 2026.

4.3.6 **Health and Wellbeing Curriculum:** To support schools to implement the health and wellbeing area of learning a number of 'Knowledge Banks' have been developed in collaboration with teachers. Knowledge banks on key topics aligned to promoting mental and social wellbeing have been published:

- **Health-promoting behaviour - Focus on Sleep**
- **Addiction and risk-taking behaviours - Behind the screen: Understanding gaming and gambling harms**
- **Emotional and mental wellbeing – Focus on Healthy Relationships**

4.4.3 **Strengthening system action on child poverty:** Continued delivery of the Public Health Wales Child Poverty Programme includes mapping activity across PHW; development of pathways out of poverty; and alignment with wider determinants, Marmot and prevention priorities. Furthermore PHW has:

- Strengthened the evidence base on the links between child poverty, mental wellbeing, educational outcomes, housing and early years development to support policy and system action.
- Established a Five Nations Child Poverty Collaboration to support shared learning, common narratives and evidence-informed action.
- Supported Welsh Government priorities relating to childcare expansion, free school meals, the proposed Welsh Child Payment (Cynnal), and strengthening accountability through child poverty metrics and outcomes frameworks.
- Embedded lived experience and co-production approaches, including links with Youth Ambassadors and wider engagement mechanisms.

5. What are the gaps in delivery of research, data, information and how are we addressing them?

5.1. **Babies, Children and Young People Knowledge Development and Exchange Group (KDEG):** HWB and RDDD teams are collaborating with

partners in the Wolfson Centre to establish the KDEG as part of the Strategic Programme for Mental Health. This will work with academics, clinicians and voluntary sector representatives to strengthen the translation of evidence in to practice and to develop practice-based evidence.

Evidence gathered through the children and young peoples' mental health needs assessment identified gaps in evidence on the drivers of the declining state of young peoples' mental health. Whilst poverty and inequalities, parental mental health and schoolwork pressures are known to play a role evidence on other factors is less strong. RDDD colleagues have undertaken work to explore the relationships between mental health, mental wellbeing, risk and protective factors and levels of unmet need is due to be published in September. A research bid has been developed to gain funding to enable further explore the relationships between sleep, social connectedness and screentime with mental health outcomes.

5.2. Understanding the impact of service transformation: The implementation of open access models of mental health support could lead to significant benefits for people in Wales. Service developments are based on international evidence which show improved process measures, however less is known about whether this leads to improved patient or population outcomes, and whether the approach is transferable to Wales. PHW supported NHS Performance and Improvement to secure funding from NIHR to evaluate the early implementation of 'Open Access Mental Health Services'. We will continue to work with partners to ensure evaluation findings further strengthen future delivery.

5.3. **Child Poverty:** Key gaps in the evidence base on child poverty in Wales include understanding the depth and persistence of poverty, better integration of poverty, health and wellbeing data, and strengthening evaluation of interventions. Current work is focused on developing child poverty indicators, outcomes frameworks, population modelling and improved use of lived experience evidence to inform policy and delivery.

6. What are the digital and data deliveries and how are we progressing them?

6.1 PHW Web-transformation: Healthy Working Wales and the Hapus website migrated on to the PHW web-estate in 2025/26. We are now working with the digital communications team to implement planned improvements.

6.2 **Health Information for Parents:** Insights from parents have highlighted the need for digital developments for the Health Information for Parents offer. We are engaging with RDD colleagues to explore potential options and timescales for delivery.

6.3 **Open Access Mental Health:** We are working with NHS P&I to advocate for and inform a user-centred design and service-improvement approach for the planned development of a coherent digital self-help and peer-support offer for people in Wales. NHS P&I are developing a strategic case for investment in digital and community-based mental health support, due to be shared with Welsh Government in December 2026.

6.4 **Child Poverty:** Work is progressing to develop child poverty metrics, accountability measures and population-level modelling to assess the impact of interventions on child poverty, mental wellbeing and inequalities. This includes supporting improved use of linked data and intelligence to better understand outcomes for children and target action where need is greatest.

Recommendation

The Committee is asked to:

- **Receive assurance** that research, data, evidence and evaluation activity is progressing to support Strategic Priority 2: Promoting Mental and Social Wellbeing

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Knowledge, Research and Information Committee **Date of Meeting** 15 September 2026 **Agenda item:** 3.6

Strategic Priority 5 – Delivering Excellent Public Health Services – Health Protection and Infection Services

Executive lead:	Professor Fu-Meng Khaw National Director Health Protection and Screening Services and Executive Medical Director
Author:	Tom Fowler, Deputy National Director of Health Protection and Screening Services

Approval/Scrutiny route:	HPSS Directorate Management Team Meeting – 11 August 2026 Executive Lead - Professor Fu-Meng Khaw

Purpose

This paper provides assurance to the Knowledge, Research and Information Committee (KRIC) on Strategic Priority 5: Delivering Excellent Public Health Services.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☐	☐	☐	☐	☒

The Committee is asked to:

- Receive **assurance** that appropriate progress is being made on Strategic Priority 5 within Health Protection and Infection Services.

Link to Public Health Wales Strategic Plan Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives. This report contributes to the following:	
Strategic Priority/Well-being Objective	4 - Delivering Excellent Public Health Services

Summary impact analysis	
Equality and Health Impact Assessment	An Equality and Health Impact Assessment has not been carried out as no decision is required.
Risk and Assurance	The report provides assurance regarding the delivery of Delivering Excellent Public Health Services through established governance, performance management and risk management arrangements.
Health and Social Care (Quality and Engagement) (Wales) Act	This paper supports the implementation of the Health and Social Care (Quality and Engagement) (Wales) Act by demonstrating how the principles of continuous quality improvement, learning, co-production, evidence-based decision-making and service user experience are being embedded across HPSS to support delivery of Delivering Excellent Public Health Services.
Financial implications	Whilst individual programmes and workstreams may carry associated financial implications, there are no direct financial implications arising from this report. The report is presented solely to provide KRIC with an update on delivery progress and assurance activity.
People implications	Whilst individual programmes and workstreams may have associated workforce implications, there are no immediate workforce decisions required as a result of this report. However, workforce capacity, succession planning, specialist capability, and organisational resilience remain critical enablers for the successful delivery of *Delivering Excellent Public Health Services.*

1. Purpose / situation

This paper provides assurance to the Knowledge, Research and Information Committee (KRIC) on Strategic Priority 5: Delivering Excellent Public Health Services.

2. Overview

Achieving excellence in our services is a fundamental strategic priority for Public Health Wales, aligned with our long-term strategy and well-being objectives. It means providing high-quality, equitable and continuously improving health protection and health improvement services that protect the public and maximise population health outcomes. The Delivering Excellent Public Health Services Route Map serves as the overarching framework guiding this work, outlining long-term ambitions to 2035 with clear medium- and short-term milestones. In this paper we outline the Delivering Excellent Public Health Services route map core principles, the activity being undertaken to align planning with those principles (particularly via IMTP processes), steps being taken to embed this approach more broadly than HPSS alone and update specifically on KRIC relevant delivery of IMTP objectives within Infection Services and Health Protection Services.

3. Strategic Context

Our public health services play a vital role in improving health outcomes across Wales. Excellent Public Health Services has been defined within PHW as a system of health protection and promotion that is equitable, evidence-based, responsive, and continuously improving—designed to prevent disease, prolong life, and promote health through organised efforts and informed choices of society, organisations, communities, and individuals.

Our mission is to achieve Excellent Public Health Services by delivering high-quality, responsive public health services that meet community needs. These services need to be safe, data-driven, equitable, innovative, and continuously improving. We are embedding the use of co-design and co-production to enhance care and user experience, ensuring a focus on better health outcomes and reducing inequalities.

As part of the route map development, the original nine strategic objectives set for 2035 have been refined into eight overarching priorities, providing a clearer and more focused direction for achieving long-term public health outcomes:

- Deliver excellent, people-centred screening programmes that improve health outcomes by ensuring equitable access, implementing new UK National Screening Committee recommendations, and continuously adapting to current evidence and innovation.

- Deliver individually tailored and person-centred health protection services that prevent or reduce the impact of communicable diseases and environmental harm.
- Provide clinicians with state-of-the-art diagnostic tools, enhancing the speed and accuracy of patient treatment through the implementation of innovative microbiology services.
- Ensure an effective response to public health emergencies through data-driven and science-based leadership, specialised public health expertise, and coordinated advice and action.
- Have fully integrated genomics into the full spectrum of its public health services, enhancing existing services with genomic advancements and developing transformative new capabilities that use genomic data and associated technologies.
- Ensure fewer infections associated with health and social care settings and promote the appropriate use of antibiotics.
- Deliver excellent public services that have co-production, evidence, and engagement embedded in their design.
- Have excellent public services that establish bilateral partnerships locally, nationally, and internationally to drive knowledge sharing and innovative practices, improving health outcomes for all.

The new approach repositions Public Health Wales as a system leader, embedding co-production, evidence, and engagement across all services. This ensures that public health delivery is inclusive, responsive, and equitable at every level.

The priorities are outcome-driven, focusing on long-term health improvement, equity, and resilience. They aim to transform how services are designed and delivered, creating the conditions necessary for better health outcomes across the population. These priorities recognise the need for streamlined innovative enabling services.

The route map recognises the three types of services that we deliver:

- **Direct Services:** Delivered directly to the public (e.g. Infection, Screening, Health Protection), with quality fully managed by Public Health Wales.
- **Indirect Services:** Support external partners (e.g. training for Health Boards). Public Health Wales influences quality but not the end-user experience.
- **Enabling Services**: Internal functions (e.g. governance, planning, finance) that underpin the delivery of all services and are essential to achieving excellence.

Integrating the route map into our planning processes has been a major step in how we will take forward Strategic Priority 5, and a particular focus of this has been our activity around developing and agreeing Integrated Medium Term Plan (IMTP). This should ensure that progress towards service excellence is embedded in everything

from daily operations to multi-year strategy. It is a systemic approach, building on historical work and underpinned by the Duty of Quality in health care, and while needs to be kept under review, in principle should mean improvements in service quality and impact are being pursued in a coherent, planned and sustainable way.

3.1. Embedding Excellence in Planning

IMTP Setting

HPSS divisional plans (including those for Health Protection and Infection services) have been developed using a system-wide approach to reflect Route Map priorities, with clear milestones that feed into the IMTP.

As part of the 2026/27 IMTP setting activity HPSS Directorates and relevant teams (HARP, Office of the Medical Directorate, EPRR, Public Health Genomics) were asked to develop their IMTPs based on commitments and principles outlined in the route map. Of relevance to KRIC is the strong emphasis in route map on the need for the use of data, evidence and evaluation. Digital infrastructure and analytical capabilities are highlighted as key to enhanced to support intelligence-led decision making, and continuous learning is promoted through our research and evaluation functions.

It is fully recognised that embedding the route map as the mechanism to drive more formal integration of the strategic priority into the planning cycle will be an evolution of the current approach and will not yield immediate results. However, an analysis of existing IMTP objectives within HPSS against the route map identified a strong alignment with short term milestones, particularly in Screening, Infection and EPRR. Alignment is more variable in the medium and long term where milestones are not yet included in IMTP, particularly for Health Protection, Genomics and Infection.

Work is being undertaken with enabling functions to ensure that future plans are aligned with route map objectives.

The table below provides an overview of the gaps between the Route Map milestones and the IMTP milestones.

Term	Number of approved milestones in the route map	Number of milestones in the route map NOT mapped to IMTP
By 2035 we will deliver excellent, people-centred screening programmes that improve health outcomes by ensuring equitable access, implementing new UK National Screening Committee recommendations, and continuously adapting to current evidence and innovation.		
Long term	5	3
Medium Term	5	3
Short Term	20	2 (deemed BAU - not for IMTP)

Term	Number of approved milestones in the route map	Number of milestones in the route map NOT mapped to IMTP
By 2035 we will deliver individually tailored and person-centred health protection services that prevent or reduce the impact of communicable diseases and environmental harm.		
Long term	3	2
Medium Term	3	2
Short Term	7	5 (4 part of digital transformation and 1 progressing outside of IMTP)
By 2035 we will provide clinicians with state-of-the-art diagnostic tools, enhancing the speed and accuracy of patient treatment through the implementation of innovative microbiology services.		
Long term	3	2
Medium Term	10	4
Short Term	9	3 (deemed BAU - not for IMTP)
By 2035 we will ensure an effective response to public health emergencies through data-driven and science-based leadership, specialised public health expertise, and coordinated advice and action.		
Long term	3	1
Medium Term	4	2
Short Term	10	1 (deemed BAU – not for IMTP)
By 2035 we will have fully integrated genomics into the full spectrum of its public health services, enhancing existing services with genomic advancements and developing transformative new capabilities that use genomic data and associated technologies.		
Long term	2	0
Medium Term	4	2
Short Term	10	3 (2 milestones included in another priority area within IMTP, 1 removed following review)
By 2035 we will ensure fewer infections associated with health and social care settings and promote the appropriate use of antibiotics.		
Long term	2	2
Medium Term	4	1
Short Term	5	2 (1 deemed BAU – not for IMTP, 1 removed owing to finance / capacity issues)
By 2035 we will deliver excellent public services that have co-production, evidence, and engagement embedded in their design.		
Long term	4	4
Medium Term	5	5
Short Term	8	8

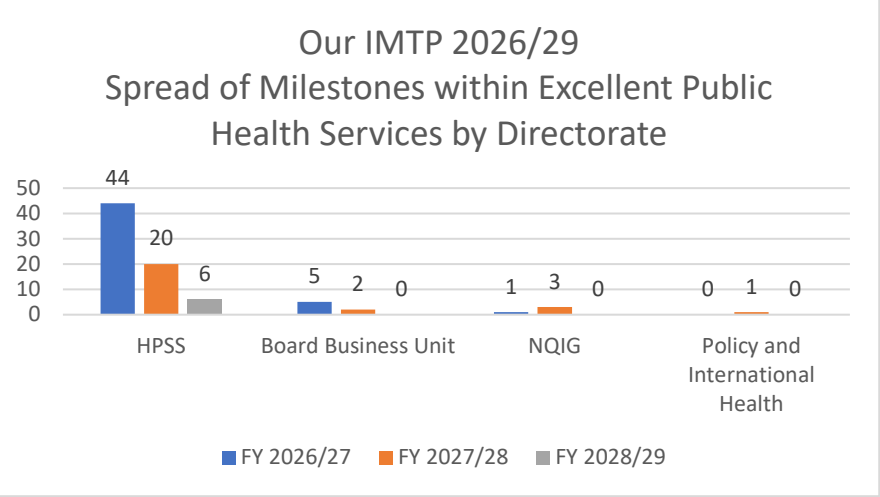
Term	Number of approved milestones in the route map	Number of milestones in the route map NOT mapped to IMTP
By 2035 we will have excellent public services that establish bilateral partnerships locally, nationally, and internationally to drive knowledge sharing and innovative practices, improving health outcomes for all.		
Long term	3	3
Medium Term	6	6
Short Term	6	6

Taking into account this analysis a further review was undertaken to ensure alignment across short-, medium- and long-term ambitions. Where gaps were identified, these were addressed through targeted refinement, with additional activity continuing through divisional workplans where not explicitly captured within the IMTP.

Overall, the IMTP reflects a coherent and integrated approach in which knowledge, research and information act as core enablers of delivery. Enhanced analytical capability, embedded evaluation, and strengthened digital infrastructure are supporting a shift towards more responsive, intelligence-led services. Delivery remains dependent on key enablers, including digital capacity, data integration and interoperability, robust information governance, and sufficient analytical and research capability.

3.2. Embedding the Excellent Public Health Services across PHW

While the ambition to be excellent in our services is an ethic across all of PHW, the specific focus of this strategic priority is predominantly of relevance to HPSS. This makes the IMTP objectives and activity undertaken currently directly linked to achieving the strategic priority most relevant, outside of HPSS, to the Directorates responsible for key functions that enable delivery (e.g. Workforce, Digital, Finance, Procurement, Research, Integrated Governance etc).



Public Health Wales IMTP setting process requires identification of potential dependencies on Directorates to be declared as part of the objective setting process. Each Directorate then assesses these dependencies to ensure the IMTP can be supported and is achievable. In order to be more proactive for the 26/27 development cycle HPSS internal development processes for IMTPs setting instigated a requirement of active confirmation from the HPSS team or Division proposing an IMTP that it has approached the relevant Directorate where there was a dependency prior to the IMTP submission. It is currently reviewing if this approach has improved coordination and where it needs to be developed further for future years.

3.3. Divisional Updates Health Protection and Infection Services

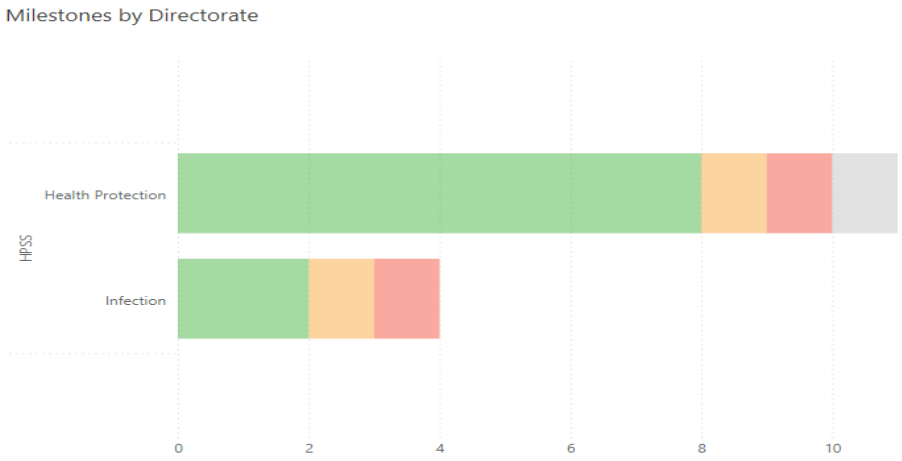
While excellence in public health services spans all our functions, the remainder of this paper focuses on Health Protection and Infection Services. These are front-line service areas critical to protecting the people of Wales from communicable diseases and other health threats. By examining progress in these areas, the Committee can see how the principles and enablers of excellence are being put into practice.

When developing IMTP 2026–2029 milestones, Infection Services and Health Protection Divisions adopted a system-wide approach to ensure full alignment with the *Delivering Excellent Public Health Services* Route Map. This ensures that divisional priorities are directly connected to the organisation's long-term ambitions and contribute to our shared vision of working together for a healthier Wales, where people live longer, healthier lives. Central to this approach is a strengthened focus on knowledge, research and information, ensuring that delivery is underpinned by robust evidence, high-quality data and actionable insight, with innovation and continuous learning

Framed around relevant aspects of IMTP objective the paper will highlight how Health Protection services are strengthening surveillance, emergency preparedness, and response, and how Infection services (Microbiology) are driving innovation in diagnostics, quality improvement, and workforce development – all within the context of the Route Map.

The Committee is invited to consider the progress outlined and take assurance that delivering excellent public health services remains central to our strategic delivery, with effective oversight and enabling measures in place across KRIC's remit

Graph below shows current status of IMTP milestones for Health Protection and Infection in year 1 (2026/27) at M03



3.4. Health Protection Division

3.4.1 Background and context

The Health Protection Division delivers a broad portfolio of national health protection functions that are central to the delivery of excellent public health services. Its core functions include the Health Protection Team and All Wales Acute Response service, the Communicable Disease Surveillance Centre, Environmental Public Health, the Communicable Disease Inclusion Health Programme, the Vaccine Preventable Disease Programme, Training, Guidance and Behavioural Science, and Business and Operations support. These functions collectively support prevention, surveillance, response, specialist advice, vaccination, inclusion health, environmental public health and system assurance across Wales.

The Health Protection IMTP milestones provide a practical delivery mechanism for the Route Map ambition to deliver individually tailored and person-centred health protection services that prevent or reduce the impact of communicable diseases and environmental harm. The milestones and wider work programme translate this ambition into delivery across surveillance, incident response, emergency preparedness, vaccination, disease elimination, inequalities, digital transformation and service modernisation. The July 2026 Health Protection Monitoring Report describes a whole-system perspective across communicable disease surveillance, outbreak and incident response, emergency preparedness, microbiology and genomics, vaccination and disease elimination programmes, Environmental Public Health, infection prevention and control, and health equity.

The current work programme demonstrates strong alignment with the Delivering Excellent Public Health Services Route Map and the KRIC remit. It includes major transformation activity such as the Digital Health Protection Programme, the Sexual Health Case Management System, continued development of surveillance and intelligence, the Health Protection Inequalities Programme, vaccine equity work, tuberculosis and blood-borne virus elimination activity, adverse weather response planning and strengthening of public health emergency preparedness. These areas

provide evidence of progress towards more equitable, intelligence-led, digitally enabled and resilient health protection services.

3.4.2 Alignment to the KRIC Agenda

Health Protection's strongest areas of alignment to the KRIC agenda are analysis, surveillance, evidence generation, digital transformation, governance and assurance, inequalities, and national and international system leadership. The KRIC request specifically asks for updates in relation to knowledge, research and impact / research and evaluation; analysis, data science and AI; digital; governance, accountability and risk; inequalities; and global health / system leadership.

The Health Protection Division's work aligns with each of these themes. Surveillance and intelligence functions underpin operational and strategic decision-making; digital programmes are modernising the infrastructure needed for case management, data sharing and analysis; governance arrangements provide oversight of quality, risk, incidents and service improvement; and the Health Protection Inequalities Programme embeds an all-hazards inequalities lens across health protection and emergency preparedness. The division also contributes to system leadership through partnership with Health Boards, Welsh Government, UKHSA, local authorities, academia, third-sector partners and wider UK and international networks.

Analysis, Data Science and AI

The Route Map emphasises the need for data, evidence and evaluation to support excellent public health services, and this is highly relevant to the Health Protection Division. Surveillance, epidemiology, modelling, health economics, behavioural insight and evaluation are core enablers of health protection delivery. The division uses surveillance and intelligence to identify emerging threats, understand disease trends, target interventions and provide evidence-based advice to partners across the system.

Key examples include enhanced respiratory disease surveillance, including hospital admission forecasts for COVID-19, influenza and RSV; epidemiological protocols for infections such as Hepatitis A and Cryptosporidium; quarterly monitoring of suspected drug-related deaths; and the use of WEDINOS and the Harm Reduction Database Wales to identify jemerging risks and inequities. Disease elimination work is also strongly intelligence-led, with tuberculosis and blood-borne virus programmes using surveillance, health economics and evaluation to inform targeted action.

The current evidence base is stronger in surveillance analytics, epidemiology, health economics and behavioural insight than in AI-specific delivery. However, the structured data environment being developed through digital transformation, surveillance improvement and the Digital Health Protection Programme will create the conditions for more advanced analytics and future AI-enabled approaches where appropriate governance, information standards and assurance are in place.

Progress to date

Progress has been made in strengthening evidence-informed delivery. The division has supported publication of RSV vaccine effectiveness research in The Lancet, publication of HIV and Health Board-specific HIV reports, and delivery of health economic analyses and outbreak cost modelling to inform future investment and prevention strategies. Learning from outbreak investigations, including STEC O26, has also been shared externally to strengthen incident response capability.

Further progress has been made through respiratory forecasting, suspected drug-related death monitoring, tuberculosis health economic analysis and options appraisal, and the use of surveillance and intelligence to support vaccine equity, disease elimination and outreach models. These developments demonstrate an increasingly systematic approach to using knowledge, research, information and evaluation to drive service improvement and public health impact.

Digital

Digital transformation is a central enabler for Health Protection. The Digital Health Protection Programme is intended to address limitations in the existing health protection digital environment by building an All Wales Digital Health Protection Service that enables better access to, and sharing of, health protection information across Public Health Wales, Health Boards, local authorities and partners. The programme aims to improve equality of health protection, data sharing, cross-border collaboration, surveillance, emergency management and the creation of a Wales-wide health protection network. Digital Health Protection - Transforming health protection together

The Digital Health Protection DPIA describes expected deliverables for the early phases, including a central modular system, identity and access management, links to LIMS, links back to Tarian, extractable data for analysis, an analysis function for major analytical user groups, test links to UKHSA, user acceptance criteria and proof of concept from start to finish. These deliverables align closely with the Route Map emphasis on digital infrastructure, interoperable systems, intelligence-led services and improved analytical capability.

The digital portfolio also identifies areas requiring active management. The August 2026 HPSS digital portfolio reported the Digital Health Protection Programme as amber, with Phase 1 remaining on track for July 2026, Phase 2 requiring close attention for January 2027, and ongoing focus needed on benefits, readiness and rollout. The same report notes that although the dependency on the NDR had been removed, an alternative route for accessing LIMS data had not yet been fully scoped or commissioned, meaning this requires close monitoring.

Progress to date

Significant digital progress has been achieved through implementation of the WEDINOS WIMS system and completion of the Sexual Health Case Management

System Alpha phase, both of which are expected to strengthen service effectiveness, data quality and future learning opportunities. The Digital Health Protection Programme has progressed as a major transformation programme, with ongoing attention required to dependencies, readiness, benefits and rollout.

Within specialist service improvement, digital and information governance risks are also being actively managed. The Sexual Health Incident update reports improvements in clinical record keeping through migration of some recording to Tarian and development of a plan to increase automation of data processing, while also noting that continued reliance on complex manual handling and spreadsheet-based processes remains a significant patient safety and information governance risk until further digital improvement is delivered.

Governance

Governance is a core enabler of excellent health protection services. HPSS operates a Three Lines of Defence governance model, embedding accountability for quality, safety and performance at service level, providing structured oversight and challenge through divisional and directorate governance arrangements, and delivering independent assurance through corporate governance mechanisms, internal audit, QSIC and Board scrutiny. This enables risks, incidents, performance, workforce and financial intelligence to be triangulated and escalated appropriately.

The Health Protection Division has strengthened its own governance framework through dedicated senior management groups covering quality and clinical governance, workforce, planning, finance, communications and risk. This creates a coordinated model for operational grip, strategic oversight and assurance, supporting evidence-informed decision-making, regulatory compliance and continuous service improvement.

Programme-level governance is also visible across key areas. The Digital Health Protection Programme includes cyber and information governance arrangements, DPIA review and Information Asset Owner review; the Health Protection Inequalities Programme has a defined governance and work planning structure; and specific incident governance arrangements have been used to oversee service risks and recovery activity.

Progress to date

Governance progress is evident through strengthened divisional governance arrangements, performance and risk oversight, and programme-specific arrangements for transformation, inequalities and incident management. The July Monitoring Report notes that the division has strengthened governance and accountability arrangements while progressing digital initiatives, surveillance, research, vaccine equity, workforce development and national programme delivery.

Specific examples include HPD Senior Management Team approval and submission to Welsh Government of the Wales Tuberculosis Infection Screening Health

Economic Analysis and Options Appraisal Report, development of the Health Protection Inequalities Programme workplan and tracker, and structured incident governance for sexual health service improvement and recovery.

Accountability and Risk

The Health Protection Division operates in a complex and evolving risk environment, balancing increasing service demand, workforce pressures, digital transformation programmes and emerging public health threats. The July Monitoring Report identifies ongoing risks relating to workforce capacity and service resilience, digital transformation and programme delivery, service systems and governance, learning and organisational capability, and emerging threats such as hantavirus and Ebola preparedness.

IMTP monitoring provides a mechanism for formal accountability and escalation. At Month 2, HPSS reported 53 milestones across the plan, with 43 green, seven amber, one red and two completed. The Month 2 report identifies one red milestone for Health Protection relating to finalisation of the All-Wales TB Action Plan and one Health Protection amber milestone relating to strengthening surveillance capabilities through integration of respiratory surveillance in line with Mosaic and pandemic preparation work.

The IMTP Monthly Milestones tracker provides further detail on specific risks and dependencies. The All-Wales TB Action Plan milestone was amber due to delays with Welsh Government sign-off, although preparatory work continued on Health Circular actions, public awareness, advocacy, TB infection and disease screening, and economic analysis. The Environmental Public Health service schedule milestone also had external dependency risks, with delays in discussions between Welsh Government, UKHSA and Public Health Wales due to competing priorities and the complexity of the issue.

Progress to date

Despite these risks, the division has maintained essential services, strengthened mitigation measures and prioritised resources towards areas of greatest need. The July Monitoring Report states that, despite workforce, operational and out-of-hours pressures, the division maintained service continuity, strengthened governance arrangements, progressed digital initiatives and continued to respond effectively to emerging public health threats.

Risk mitigation is also being delivered through flexible deployment of resources, incident learning, strengthened surveillance and preparedness arrangements, digital programme oversight, and escalation through established governance routes. Continued focus will be required on workforce sustainability, service resilience, digital dependencies and the delivery of key transformation programmes during the remainder of 2026.

Inequalities

Inequalities are a defining feature of the Health Protection Division's work and are central to the Route Map ambition for excellent public health services. The Health Protection Inequalities Programme is a cross-cutting programme that aims to embed an all-hazards inequalities lens across health protection, emergency preparedness, surveillance, inclusion health, vaccination, HARP and genomics workstreams. The 2026/27 HPIP tracker shows seven core workstreams, quarterly review arrangements and an amber overall status, with key achievements including publication of the Vaccine Equity Toolkit, completion of TB economic analysis, development of the Health Inequalities Decision-Making Tool, maintenance of WEDINOS and Harm Reduction Database Wales surveillance outputs, and continuation of self-testing, outreach and probation-based models to improve access for underserved groups.

Health Protection's inequalities work is both programme-wide and service-specific. Vaccine equity activity includes the co-produced Vaccine Equity Toolkit, targeted engagement with underserved communities, accessible resources, and work with schools, criminal justice settings and community partners. Disease elimination work includes tuberculosis outreach, development of a Wales TB Service Specification, blood-borne virus testing, co-produced Hepatitis C materials and outreach through community events such as Cardiff Mela and Refugee Week.

Surveillance and intelligence also support inequalities work by helping identify where poorer outcomes or barriers to access exist. Systems such as WEDINOS and the Harm Reduction Database Wales, together with improved inequalities data through CDSC audit and standardisation work, support targeted action. Genomics, accessible training resources and public-facing materials also contribute to more equitable service delivery.

Progress to date

Progress to date includes publication of the Vaccine Equity Toolkit, completion and submission of TB economic analysis, implementation work on the Health Inequalities Decision-Making Tool, and continued development of outreach, self-testing and probation-based access models. The July Monitoring Report also notes public engagement and insight work focusing on GBMSM, older adults, Integrated School Age programmes and teenage catch-up vaccination cohorts, as well as Immune Patrol and Deep End Cymru work to understand barriers to vaccination uptake in disadvantaged communities.

These activities demonstrate a shift from describing inequalities to embedding equity into surveillance, service design, outreach, preparedness and evaluation. Further work will be needed to monitor uptake, demonstrate impact, improve data completeness and ensure that learning from pilots and outreach models is translated into sustainable service change across Wales.

Global Health/System Leadership

Health Protection contributes to system leadership locally, nationally, across the UK and internationally. The division works with Health Boards, Welsh Government, UKHSA, local authorities, academia, third-sector organisations and wider system partners to deliver a resilient, evidence-informed and equitable health protection system. EPRR activity also demonstrates leadership across UK and Welsh resilience arrangements, including UK Four Nations, Wales Resilience Partnership and other strategic and operational fora.

The division is increasingly contributing to wider knowledge exchange and public health learning. The July Monitoring Report highlights RSV vaccine effectiveness research published in The Lancet, the delivery of the 23rd Annual Welsh Immunisation Conference, multiple abstracts accepted for the Five Nations Conference, presentations on tuberculosis health economics and outbreak management, and representation at ESCAIDE and the Five Nations Respiratory Surveillance Group Meeting.

The Health Protection Inequalities Programme is also being positioned as a platform for international learning and potential WHO Collaborating Centre readiness. The WHOCC readiness paper describes HPIP as a cross-cutting programme spanning Health Protection, EPRR, surveillance, Environmental Public Health and Inclusion Health, and proposes that routine work should generate transferable methods, tools and lessons relevant to WHO and Member States without creating a parallel programme.

Progress to date

Progress is evident through national and international dissemination, conference participation, strategic partnerships, and the development of work that can be framed for wider system learning. HPIP's 2026/27 planning expectations include explicit WHO relevance, at least one transferable output per team per year, built-in evaluation and evidence capture, and clear routes to dissemination through WHO technical work, WHO Europe webinars, international networks and existing PHW WHOCC outputs.

By continuing to strengthen surveillance, emergency preparedness, inequalities, vaccine equity, disease elimination and digital transformation, the Health Protection Division is contributing not only to delivery in Wales but also to transferable learning that can inform wider UK and international public health practice.

3.4.3 Conclusion

Overall, the Health Protection Division's work demonstrates how the Delivering Excellent Public Health Services Route Map is being translated into operational delivery through surveillance, evidence generation, digital transformation, governance, risk management, inequalities work and system leadership. The division has made demonstrable progress in strengthening surveillance, research, vaccine

equity, digital transformation, sexual health service improvement, governance, workforce development, disease elimination and national programme delivery.

Delivery remains dependent on key enablers, including workforce capacity, resilient out-of-hours arrangements, digital dependencies, data quality, partner engagement and the successful delivery of major transformation programmes. However, the evidence reviewed demonstrates continued service resilience, strengthened governance, active mitigation of key risks and a clear trajectory towards more equitable, intelligence-led and digitally enabled health protection services for Wales.

3.5. Infections Services Division

Infections IMTP provides a practical delivery mechanism for strategic priorities described within the Route Map, translating long-term organisational ambition into defined milestones with named leads, delivery dates and articulated dependencies.

The strongest areas of alignment to the KRIC agenda remit are in research and evaluation, digital transformation, genomics-enabled diagnostics, governance and assurance, and risk-managed delivery. The Infection milestones also contribute to wider organisational priorities around equity, system leadership and the use of data to improve diagnostic pathways and surveillance.

Infection's IMTP milestones are a strong example of how route map ambition is being embedded operationally through the Infection Services Laboratory Modernisation programme and associated service development activity.

3.5.1 Background and Context

The Infection IMTP 2026–29 milestones contain a focused set of Infection milestones, primarily aligned to the Infection Services Laboratory Modernisation programme. These milestones include laboratory service transfer arrangements, automation, updating of diagnostic testing models, optimisation of quality assurance testing frameworks, options appraisals for new services, and genomics-enabled service development.

The Route Map and the Infection IMTP demonstrate the relationship between strategic policy direction and operational delivery. The Route Map sets the strategic intent; the IMTP milestones provide a structured mechanism through which that intent can be implemented, monitored and assured.

3.5.2 Alignment to the KRIC Agenda

Analysis, Data Science and AI

The Route Map identifies the need for improved data systems, interoperable reporting, automated reporting functions, advanced surveillance and the future use of AI and behavioural insight to support public health services. It also highlights the

role of genomics data and integrated information systems in improving service effectiveness and preparedness.

Within Infection's IMTP, these ambitions are supported through milestones that strengthen data quality, reporting capability and surveillance intelligence. Routine genomic evaluation of antimicrobial resistance and strain typing for priority sentinel organisms (HPSS_091) is a particularly strong example, as it includes accredited methods, defined reporting standards and integration into national surveillance dashboards.

Further alignment is evident in the transition of STEC O145 testing capability into Public Health Wales (HPSS_086), which strengthens surveillance capacity, and in the optimisation of quality assurance testing frameworks (HPSS_085), which improves data consistency and comparability at demonstrated value for money. Collectively, these milestones create the structured and standardised data environment necessary for more advanced analytics and future AI-enabled service improvement.

Progress to date

Transition of STEC 0145 testing capability into PHW (HPSS_086)

At the laboratory level the verification of the chromogenic agar at Singleton is completed and the document has been signed through internal governance. Next steps will include sending out a verification panel to other laboratories but this will be completed with the clinical guidance on the initial verification has been completed. Discussions are underway regarding the Whole Genome Sequencing element of this service.

Routine genomic evaluation of antimicrobial resistance and strain typing for priority sentinel organisms (HPSS_091)

The pipeline for the MVP is built and updated. SACU and PenGU, with input from the quality team, have agreed a combined validation process involving comparing our results with analysis of our data set by Norwegian Centre for Detection of Antimicrobial Resistance. We have just shared the data with our external partners and are awaiting their analysis, after which we will be able to complete validation. The timeline plan is to be in a place to have a soft go-live, where we would actively use the validated MLST service to support outbreak investigations, with the plan for validation to be complete and service live after we have had stable running on the new LIMS.

Quality assurance testing frameworks (HPSS_085)

A cost of quality report has been drafted to outline the staff resource and financial cost of assuring the high quality of service. This is currently being reviewed and actions being set to outline next steps. The Quality team are capturing changes to

process and programmes in the Infection Division as they arise which will be added to the final report. This is an ongoing process within Infection Division.

Digital

Digital transformation is a central theme of the Route Map, which references integrated systems, digital infrastructure, interoperable platforms, remote service technologies, case management systems, genomics data environments and end-to-end digital workflows.

The Infection IMTP embeds these ambitions through milestones with explicit digital dependencies and digital outcomes. Formal arrangements with Health Boards to support microbiology service transfer appraisals (HPSS_042–044) identify digital and wider enabling dependencies. The business case to replace Kiestra automation in North Wales (HPSS_050) and the scoping of automation requirements for South, Mid and West Wales (HPSS_127) demonstrate direct digital modernisation of laboratory infrastructure. HPSS_091 further contributes through digital reporting and dashboard integration.

Infection's IMTP is dependent upon digital services and actively contributing to digitally enabled transformation by modernising diagnostic infrastructure and supporting the development of connected scalable service models.

Progress to date

Formal arrangements with Health Boards to support microbiology service transfer appraisals (HPSS_042–044) This has been progressed at varying degrees dependant on Health Board interaction. Cwm Taf have proactively produced an internal options appraisal document and we are engaging with them to understand all elements of the scoping process. Engagement with Hywel Dda and Aneurin Bevan Health Boards has not progressed to this stage and proactive engagement from PHW is planned.

Replacement Kiestra automation in North Wales (HPSS_050) and the scoping of automation requirements for South, Mid and West Wales (HPSS_127)

The business case to detail the requirements to replace the automation in North Wales has been finalised. This has been completed in partnership with finance, capitol planning, procurement and DDDA. The paper is due to be presented at DMT in June 2026 for onward agreement to BET and then Welsh Government.

The replacement of automation for South and Mid and West Wales is on the workplan but on pause as the North Wales Automation has to be prioritised due to it being past end of life and critical.

Governance

The Route Map highlights the importance of standards, assurance, measurable progress, agreed metrics, approved plans and coordinated delivery. Governance is

therefore a core enabling theme that underpins successful implementation of excellent public health services.

The Infection IMTP reflects this through milestones that establish formal governance arrangements and structured decision-making pathways. The Health Board-related milestones (HPSS_042–044) focus on formal arrangements to support options appraisals. Milestones such as HPSS_088 and HPSS_092 are explicitly framed as structured options appraisals, while HPSS_050 requires a formal business case to Welsh Government and a procurement route for implementation. All demonstrating a commitment to appropriate governance within and external to PHW.

In addition, HPSS_085 strengthens governance through the optimisation of national Quality Assurance testing frameworks, reinforcing standard setting, consistency and assurance across services. These features demonstrate clear alignment with the governance dimension of the KRIC remit.

Progress to date

Progress on some of the identified IMTP deliverables – HPSS_042-044 and HPSS_050 has been detailed in the above sections. *HPSS_088* –an options appraisal has been completed to assess the feasibility, clinical value and operational requirements of an All Wales Faecal Microbiota Transplant service and support to complete the finance elements is being sought. This will then come back for ratification to Infection Leadership Team.

HPSS_092 – to undertake a structured options appraisal to understand the implications and feasibility of extending the current provision of C.parvum MLVA clustering to the rest of the UK, beyond Wales and North West England is in progress. Previous work concluded that the best approach was for MLVA profiles to be captured in the UKHSA's Second Generation Surveillance System (SGSS), enabling the model process developed for Wales to be replicated in England and allowing for cross-border clusters to be identified and investigated. Supporting documentation attached. This is being actively worked on. The process is discussed at the joint CRU/UKHSA GIFSOH surveillance monthly meetings and has been outlined, with detailed process to be established once the data capture has been established. Further documentation will be developed for UKHSA e.g. guidance for interpretation

Accountability and Risk

The Route Map emphasises safety, quality, resilience, monitoring and benefits realisation. It also recognises that successful service transformation depends upon the management of risk, dependencies and delivery assurance.

The Infection IMTP makes accountability and risk visible through named leads, delivery dates and clearly articulated dependencies. Across multiple milestones, dependencies are identified in relation to finance, procurement, digital support,

Welsh Government approval and Health Board engagement. For example, automation-related milestones require business case development, procurement support and funding approval, while service transfer milestones require formal arrangements with partner organisations.

This demonstrates a mature and risk-aware approach to delivery. The milestones show not only what Infection intends to achieve, but also the enabling conditions and risks that must be managed to achieve successful implementation. This aligns strongly with the KRIC remit for accountability, assurance and risk-managed change.

Progress to date

All updates to the specific milestones are detailed in the above sections. All IMTP deliverables have named leads and all processes follow internal governance processes to ensure accountability and mitigate risk.

Inequalities

The Route Map identifies equity as a defining characteristic of excellent public health services and links high-quality service delivery to reducing barriers to access and reducing health inequalities. The STEEEP principles explicitly include equity as a core component of service excellence.

Within the Infection IMTP, alignment to the inequality's agenda is more embedded than explicit. The optimisation of Quality Assurance testing frameworks (HPSS_085) is intended to reduce unwarranted variation, which supports more equitable and consistent service quality while also demonstrating a value-based service delivery. Formal arrangements with Health Boards (HPSS_042–044) support more consistent national service models, while the transition of STEC O145 capability into PHW (HPSS_086) improves access to specialist diagnostics and strengthens surveillance capacity across Wales.

In addition, several Infection milestones are linked to the Well-being of Future Generations goal of 'A more equal Wales'. Taken together, these milestones support the inequalities agenda through standardisation, improved access, reduced variation and strengthened national consistency.

Progress to date

The specific milestone updates can be found earlier in the paper. Infection Division is committed to ensure equality of diagnostic services across Wales. Milestones to re-introduce testing of some pathogens into Wales by innovative developments is being progressed at pace and in line with expected delivery dates.

Global Health/System Leadership

The Route Map sets out an ambition for Public Health Wales to strengthen partnerships locally, nationally, across the UK and internationally. It refers to

collaboration with organisations such as UKHSA and WHO and positions PHW as a system leader in public health excellence, preparedness and innovation.

The Infection IMTP supports this through milestones that demonstrate both national leadership and outward-facing capability development. The transition of STEC O145 testing from UKHSA into PHW (HPSS_086) strengthens national diagnostic sovereignty and surveillance capability. The exploration of extending C. parvum MLVA clustering beyond Wales and Northwest England (HPSS_092) demonstrates a wider contribution beyond local service boundaries. The national Quality Assurance optimisation milestone (HPSS_085) and the formal partnership arrangements with Health Boards (HPSS_042–044) further demonstrate leadership in shaping all-Wales service models.

These milestones therefore align to the KRIC remit by reinforcing PHW's role as a strategic and system-wide leader in infection diagnostics, genomics-enabled services and partnership-based transformation.

3.5.3 Conclusion

Overall, the Infection IMTP milestones demonstrate how route map ambition is being embedded within practical delivery arrangements. They demonstrate how strategic intention is being translated into accountable, time-bound and evaluable service transformation activity within Infection**.**

3.6. Healthcare Associated Infection, Antimicrobial Resistance & Prescribing Programme (HARP)

The Healthcare Associated Infection, Antimicrobial Resistance and Prescribing (HARP) Programme continues to provide national leadership in infection prevention and control (IPC), antimicrobial stewardship (AMS), surveillance, and preparedness, helping to protect the health of the population of Wales. Working collaboratively with Welsh Government, NHS Wales organisations, local authorities, academic partners and UK-wide networks, HARP has supported delivery of the Antimicrobial Resistance (AMR) National Action Plan and strengthened national arrangements for the prevention, surveillance and response to antimicrobial resistance and healthcare-associated infections.

Supporting the Route Map's focus on data, evidence and evaluation, HARP has continued to enhance surveillance, intelligence and assurance capabilities across NHS Wales. A significant achievement has been the migration of critical antimicrobial surveillance data to the cloud through the Data, Analysis, Registers and Cloud (DARC) programme, requiring the successful rebuild of the national MEDUSA data processing system following the withdrawal of services from a key external provider. Alongside management of the national ICNET system, surveillance reporting, audit programmes and prescribing intelligence, these developments have strengthened the ability of organisations to identify emerging risks, target interventions and support more consistent, intelligence-led decision making.

HARP has also continued to drive improvements in equity, workforce capability and system resilience through the development of evidence-based all-Wales guidance, national education and training programmes, and public awareness initiatives focused on infection prevention and antimicrobial resistance. Working closely with Health Boards, Trusts and national partners, the programme has strengthened professional capability, promoted consistent approaches across Wales and supported preparedness for current and emerging infection threats. Collectively, this work contributes directly to the ambition of delivering excellent, equitable and continuously improving public health services for the people of Wales.

3.7. Emergency Preparedness, Resilience and Response

Over the last year, EPRR has made a significant contribution to strengthening Public Health Wales' preparedness, resilience and organisational learning capability. The development of the new NHS Wales EPRR Core Standards, revision of Public Health Wales' Emergency Response Plan and support for implementation of recommendations arising from the UK Covid-19 Inquiry have enhanced governance, assurance and preparedness arrangements, ensuring that future emergency responses are increasingly informed by evidence, best practice and lessons identified.

A major focus has been the generation and application of knowledge through exercising, evaluation and continuous improvement. Exercise PEGASUS informed the review of pandemic preparedness arrangements, while Exercise PRISON TB tested multi-agency public health response arrangements and identified learning to strengthen future incident management. In addition, EPRR is leading the delivery of Chemical, Biological and Radiological (CBR) preparedness workshops in collaboration with Welsh and UK partners, supporting capability development, knowledge exchange and increased readiness for complex and emerging threats.

Through ongoing collaboration with Local Resilience Fora, the Wales Resilience Partnership Team, the Wales Resilience Forum and Four Nations public health partners, EPRR has strengthened the use of risk intelligence and evidence-based planning to inform preparedness activity. Alongside a coordinated programme of business continuity training, exercising and assurance, this work has improved organisational understanding of risk, supported assessment of capability against hazards and threats and enhanced Public Health Wales' ability to maintain critical services and respond effectively to future emergencies and major incidents.

3.8. Enabling functions

We have also engaged with enabling functions to gather examples of how excellence in public health services is being supported across their respective areas. This predominantly focuses on Health Protection and Infection Services but may have crossover/relevance to Screening Services. While this does not represent all activity, it highlights key areas of relevance and achievement. Several functions have

advised that elements of their work are reported and monitored through alternative governance routes and committee structures.

3.9.1 Behavioural Science Unit

The Behavioural Science Unit (BSU) continues to support the delivery of Delivering Excellent Public Health Services through its collaboration with Health Protection and Infection Services and other service areas across Public Health Wales. The Unit provides specialist behavioural science advice, consultation and evidence synthesis to inform service design, public communications and improvement activity. Whilst current operational support is primarily focused on screening services, including the Lung Cancer Screening Programme and the Cervical Screening Wales self-sampling pathway, the approaches and learning generated have wider applicability to Health Protection and Infection Services, particularly in relation to improving engagement, uptake and reducing inequalities in access to services.

The BSU is also contributing to research and evidence generation through collaborative programmes, including work with Cardiff University via the SGRINIO partnership to identify behavioural approaches that can reduce inequalities in screening uptake. This supports the strategic ambition to strengthen the use of evidence, research and intelligence in service planning and delivery. Findings and methodologies emerging from this work are expected to have wider relevance across Health Protection and Infection Services, supporting the development of more targeted and equitable interventions.

In support of organisational resilience and preparedness, the BSU is an active contributor to the Pandemic Preparedness Task and Finish Group, helping to develop behavioural evidence and "sleeping studies" that can be rapidly activated during outbreaks or future pandemics. The Unit is also supporting work to better understand behaviours associated with antibiotic use and antimicrobial resistance, aligned to the UK National Action Plan for AMR (2024-2029). In parallel, exploratory work is underway to assess opportunities to use digital tools, including a Copilot-enabled solution, to increase the scale and consistency of evidence-informed communications across Health Protection and Infection Services and wider Public Health Wales programmes.

3.9.2 Communications

The Communications Team continues to play a key role in supporting the delivery of Health Protection and Infection Services through the provision of evidence-based, audience-focused communications that support public engagement, awareness and service access. During the reporting period, significant progress was made in enhancing Public Health Wales' digital communications infrastructure through the launch of the new organisational website. This included refreshed content relating to sexual health services and the establishment of a dedicated WEDINOS platform, improving accessibility of information and supporting strategic priorities relating to digital transformation, user insight and service improvement.

The team has also worked collaboratively across NHS Wales to support priority public health campaigns, including winter preparedness and vaccination communications. These activities contribute directly to improving public understanding and engagement, supporting prevention and early intervention objectives across Health Protection and Infection Services.

Communications remains a critical component of organisational resilience and system leadership. During the quarter, the team provided communications support to a range of significant incidents and outbreaks, including adverse weather and fire-related events, ensuring the timely provision of clear, accessible and actionable information to the public, stakeholders and partners. The function also continues to promote the integration of user perspectives into organisational learning and service development, helping to ensure that patient, service user and public experiences inform the planning, design and continuous improvement of public health services.

3.9.3 Capturing people's experiences with the AWARe service.

As part of the commitment within the Route Map towards Delivering Excellent Public Health Services to strengthen the routine collection and use of service user feedback, a pilot project has been undertaken within the AWARe service in partnership with the Service User Experience Team Improvement, Innovation Hub and Clinical Governance Team. The pilot has explored the feasibility of systematically capturing stakeholder experience data to inform service evaluation, quality improvement and organisational learning. Initial implementation focused on organisations that regularly engage with the service, including schools, care homes, nurseries and childminders, with consideration being given to future expansion through digital feedback mechanisms.

Between 9 June and 21 July 2026, the pilot received 24 responses from organisations across Wales, demonstrating that experience data can be collected routinely within a Health Protection service setting. Feedback was consistently positive, with all respondents rating their overall experience as either "Good" or "Very Good". Positive responses were also reported across measures relating to dignity and respect, involvement in decision-making, responsiveness and the clarity of information provided. Qualitative feedback further highlighted the value stakeholders place on timely, supportive and accessible communication.

The pilot provides assurance that stakeholder experience data can be successfully incorporated as an additional source of intelligence alongside existing performance and quality measures. The findings support ongoing service evaluation and continuous improvement activity, whilst also contributing to a developing evidence base to better understand stakeholder needs and experiences across Health Protection services. Subject to further evaluation, the approach has the potential to be scaled across additional services within Public Health Wales, supporting a more systematic and insight-driven approach to service improvement and engagement.

3.9.4 Well-Being Economics and Value

The well-being economics and value team (WEAVE) have been working with Pan American Health Organisation on a project around social value of vaccines. This includes producing a scoping review on social value of vaccines, and a paper on applying social value methods to vaccines, as well as an in-depth social value analysis focusing on influenza vaccines for pregnant individuals in Ecuador. There are outputs from this work that will be published in coming months, and WEAVE team are working with the VPDP colleagues to apply these methods in Wales as well.

Recommendation

Elements of this strategic priority fall within KRIC's remit. This report demonstrates that Delivering Excellent Public Health Services is embedded across planning, performance management and operational delivery within Health Protection and Infection Services. Good progress has been made in aligning IMTP objectives with longer-term strategic ambitions, strengthening the application of evidence, intelligence and research, advancing digital transformation, and delivering improvements in surveillance, diagnostics, health inequalities and system leadership.

Whilst a number of strategic dependencies and risks remain, particularly in relation to digital infrastructure, workforce capacity, partner engagement and the delivery of longer-term transformation programmes, appropriate governance, assurance and performance management arrangements are in place to support delivery, monitor progress and mitigate associated risks.

The Committee is asked to:

- Receive **assurance** that appropriate progress is being made on Strategic Priority 5 within Health Protection and Infection Services.

The table below shows all milestones in IMTP 2026/29 for Health Protection and Infection Services (in order of delivery date over the three years)

2627 Milestone Ref	Lead Division	Milestone Description	Delivery Date
HPSS_131	Health Protection	Completed a full validation of all outstanding safeguarding related Test & Post cases and deliver a time bound and tracked backlog clearance plan in line with Public Health Wales governance	30/09/2026
HPSS_132	Health Protection	Commissioned and initiated the independent external review of the Sexual Health Test & Post service with agreed scope, methodology, and timeline approved via Public Health Wales governance.	30/09/2026
HPSS_106	Health Protection	Supporting delivery of Phase 1 and collaborating on the development of Phase 2 of the Digital Health Protection Programme (DHPP), contributing to the establishment of a validated platform for implementation across Wales	31/12/2026
HPSS_112	Health Protection	Completed the redesign and implementation of an integrated structural and operational model across Health Protection Division programmes—including Communicable Diseases, Inclusion Health, Environmental Public Health, Sexual Health (Test and Post), and Vaccine Programmes.	31/12/2026
HPSS_109	Health Protection	Utilised Alpha phase outputs of the national Sexual Health Case Management System to develop a robust business case for progression to Beta.	31/03/2027
HPSS_133	Health Protection	Implemented all priority (“early action) recommendations generated during the external review and incident response, focused on safeguarding, data handling and quality governance	31/03/2027
HPSS_025	Health Protection	Realigned Environmental Public Health functions with communicable disease and all hazards response to improve operational performance and strengthen proactive and reactive capacity, consistent with the Environmental Public Health route map.	30/06/2027

HPSS_114	Health Protection	Completed a systematic review of report dissemination against publication standards and implement an enterprise protocol with SOPs, training and a compliance baseline to improve timeliness, accessibility and transparency.	30/06/2027
HPSS_107	Health Protection	Supporting delivery of Phase 2 of the Digital Health Protection System (DHPP) as a key step in modernising digital infrastructure and strengthening health protection	30/09/2027
HPSS_113	Health Protection	Deliver an Integrated operating model for enhanced proactive and reactive communicable disease and all hazards encompassing Health Protection and Environmental Public Health services that offers a sustainable long term model that drives excellence	30/09/2027
HPSS_108	Health Protection	Commenced full implementation of the Digital Health Protection Case System, establishing a unified digital infrastructure for surveillance and incident management across Wales.	31/12/2027
HPSS_110	Health Protection	Initiated the Beta phase of the national Sexual Health Case Management System, enhancing interoperability, reporting capability, and user centred service design.	31/12/2027
HPSS_026	Health Protection	Implemented a performance and evaluation framework to measure progress against the long term Environmental Public Health vision, including agreed metrics, baselines and an annual reporting cycle.	31/03/2028
HPSS_111	Health Protection	Collaborated to finalise a Minimum Viable Product (MVP) platform for the national Sexual Health Case Management System, establishing a validated, scalable and sustainable digital service for Wales with a defined roadmap to full release and benefits realisation.	31/12/2028
HPSS_042	Infection	Establish formal arrangements with Cwm Taf University Health Board to support the development of an options appraisal in line with potential transfer of the health boards microbiology services to Public Health Wales	31/03/2027
HPSS_043	Infection	Establish formal arrangements with Hywel Dda University Health Board to support the development of an options appraisal in line with potential transfer of the health boards microbiology services to Public Health Wales	31/03/2027

HPSS_044	Infection	Establish formal arrangements with Aneurin Bevan University Health Board to support the development of an options appraisal in line with potential transfer of the health boards microbiology services to Public Health Wales	31/03/2027
HPSS_086	Infection	Completed the transition of Shiga toxin producing E. coli (STEC) O145 testing capability from UKHSA into Public Health Wales, reducing turnaround times, improving cost effectiveness for Health Boards, and strengthening national infectious disease surveillance capacity.	31/03/2027
HPSS_087	Infection	Completed systematic reviews of the sepsis identification pathway and the network wide approach to the diagnosis and isolation of Neisseria gonorrhoeae, ensuring alignment with national best practice, improved diagnostic consistency, and enhanced patient outcomes.	31/03/2027
HPSS_089	Infection	Reviewed and options appraised the potential to test additional gastrointestinal pathogens on existing platforms to improve diagnostics that directly relate to patient care	31/03/2027
HPSS_092	Infection	Undertook a structured options appraisal to understand the implications and feasibility of extending the current provision of C.parvum MLVA clustering to the rest of the UK, beyond Wales and North West England	31/03/2027
HPSS_088	Infection	Undertook a structured options appraisal to assess feasibility, clinical value, operational requirements and cost effectiveness for an all Wales Faecal Microbiota Transplant (FMT) service.	30/06/2027
HPSS_050	Infection	Completed a business case proposal to Welsh Government for financial support to replace the Kiestra automation in North Wales and proceed to procurement and implementation.	31/12/2027
HPSS_085	Infection	Lead a national programme to optimise Quality Assurance testing frameworks, strengthening consistency, reducing unwarranted variation and delivering measurable reductions in Quality Premium expenditure.	31/12/2027
HPSS_127	Infection	Produced a scoping document to understand the requirements for automation in South and Mid and West Wales	31/12/2027

HPSS_091	Infection	Introduced routine genomic evaluation of antimicrobial resistance and strain typing for priority sentinel organisms, with accredited methods, defined reporting standards and integration into national surveillance dashboards.	31/12/2028

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Knowledge, Research and Information Committee **Date of Meeting** 15 September 2026 **Agenda item:** 3.7

Monitoring the impact of Public Health Wales's work

Executive lead:	Iain Bell, Director of Research, Data & Digital Directorate
Author:	Kirsty Little, Consultant in Public Health Ruth Davies, Knowledge Mobilisation Manager

Approval/Scrutiny route:	Knowledge Research and Information Committee

Purpose

Building on previous reports from Public Health Wales' Systematic Approach to Monitoring Impact, this paper outlines findings from the annual survey of Public Health Wales' data and knowledge products circulated in January 2025.

The Committee is asked to consider the findings and proposed areas for action.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☐	☒	☐	☐	☐

The Committee is asked to:

- **Consider** the findings from the PHW Impact Monitoring approach, and support the activities underway to improve our organisational impact.

Link to Public Health Wales Strategic Plan Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives. This report contributes to the following:	
Strategic Priority/Well-being Objective	7 - Building and mobilising knowledge and skills to improve health and well-being across Wales

Summary impact analysis	
Equality and Health Impact Assessment	An Equality and Health impact assessment is not applicable to this work. The development of this approach does not have a direct impact on service provision, so the resulting impact on those with protected characteristics is identified as minimal or 'low'. It is anticipated that monitoring the impact of our work will have a positive effect on health in Wales.
Risk and Assurance	No major risks
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes All themes Theme 7 - Staff and Resources Choose an item.
Financial implications	There may be business cases for investment to strengthen further remedial activities; this case is not raised in the current paper
People implications	There will be some impact on each team, as people will be required to spend time considering the impact of their work and adopting suggested improvements.

1. Purpose / situation

Building on previous reports from Public Health Wales' Systematic Approach to Monitoring Impact, this paper outlines findings from the annual survey of Public Health Wales's knowledge and data outputs circulated in January 2025.

Knowledge and data outputs are defined as any research, evaluation, evidence, or analytical-based outputs produced across the organisation.

The aim of the work is twofold, firstly to capture user feedback on the way our outputs are currently being used and the impact of those, and secondly to capture further information on how the use and impact could be improved.

The findings are summarised in this report. Many of the actions to respond to the feedback are already underway with further recommendations made for consideration.

The Committee is asked to consider the findings and support the proposed actions.

2. Background

The systematic approach to monitoring the impact of Public Health Wales's knowledge and data work was introduced in March 2023 to ensure consistency in measuring and enhancing impact.

The 4-tier approach to impact monitoring includes:

1. Annual Survey of Public Health Wales stakeholders (results presented to KRIC in September 2023)
2. Targeted survey of anticipated product users
3. Structured post-project interview with product requesters
4. Point of use feedback and anticipated use / impact survey

For further detail on the background and approach to monitoring impact please refer to the original proposal document.

3. Description/Assessment

The annual survey generated a rich range of qualitative and qualitative feedback from respondents across our various stakeholders.

Feedback highlighted the significant value that users place on Public Health Wales outputs with some improvement on past years, e.g. 79% of respondents rated their

overall experience with Public Health Wales at 7 out of 10 or above (up from last year's figure of 67%), and others consistent with previous years, e.g. 91% of respondents would use data or knowledge produced by Public Health Wales again (similar to 92% last year) and the percentage of respondents who agree our data and knowledge are trustworthy is consistent at 76%.

Contrastingly, respondents highlight several opportunities to improve how information is communicated, accessed and applied in practice. The findings have been organised into four primary themes:

- **Visibility**: Just as in previous years, mixed feedback was received on the visibility of Public Health Wales, its products, resources and outputs. Feedback and suggestions focused around finding information and resources, the awareness and communication of PHW outputs, and the need for further clarity of PHW's role.
- **Engagement:** While an improvement was indicated in engagement with those who directly work with PHW on our data and knowledge outputs, there are still shortcomings around wider engagement with considerable feedback on the need for better and earlier engagement to ensure more user focused outputs. Findings centred around positive partnership working, responsiveness and timeliness, and user involvement and coproduction.
- **Impact**: While there was an increase in the number reporting PHW outputs as 'easy to use', and numerous examples of our outputs being used to impact policy, planning, decision making, service improvement, education and clinical practice, only 56% agreed our outputs were impactful (similar to last year's 54%), and numerous comments around the need to improve the actionability of our outputs to gain greater impact.
- **Data Usability:** Concerns around the granularity, timeliness and accessibility of PHW data have been raised previously but appear to have been raised more strongly than in previous years.

Progress from the key remedial actions undertaken to improve on feedback from the last survey include:

- New Public Health Wales website launched
- Publication Standards incorporated into Content Design Standards and roll out planned
- Recently published People's Experience Standards and a baseline assessment of engagement carried out.
- Data improvements through the National Data Resource Programme.
- Extension of this systematic approach to monitoring impact through cross organisational promotion

4. Well-being of Future Generations (Wales) Act 2015

This work has been put together following the five ways of working, as defined within the sustainable development principle in the Act, in the following ways



Adopting a systematic way of measuring the impact of Public Health Wales's outputs, and enacting improvements, allows us to understand our work's long-term effects on population health in Wales



Using a systematic approach to collecting impact prevents an ad hoc, difficult to track approach to collecting impact.



Findings from this work are relevant across the organisation and encourages more integration around solutions.



People across the organisation will input into this work and are collaborating to implement remedial actions.



External organisations engagement is fundamental to this work, and this practice will continue while the approach is implemented.

5 Recommendation

Based on the findings, and the need for stronger organisational wide action, we recommend the following:

- **Organisational Response Action Plan:** We propose the joint development of an organisational action plan, with Executive approval, to take forward the following actions across the organisation as a whole:

- **Public Health Wales website:** Continue to monitor user feedback and website performance, with particular attention to features identified as important by users, such as ease of navigation and personalised accounts which remain on the backlog of tasks by the website roll out. Lead: Digital Comms.
- **Organisational identity:** Strengthen clarity around the role, purpose and offer of Public Health Wales to support user understanding and engagement. Lead: Senior Leadership
- **Responsiveness and timeliness:** Undertake a detailed review of feedback and processes relating to our responsiveness and timeliness to identify barriers and opportunities for improvement. Lead: Director or RDD and Data leads across the organization.
- **User engagement:** Strengthen the promotion of Public Health Wales outputs and continue efforts to strengthen meaningful engagement with key audiences through early and ongoing dialogue, supported by clear training and guidance where needed to ensure a consistent and coordinated approach. Lead: UCD, Comms and User Engagement teams.
- **Actionability of outputs:** Review best practice to improve the actionability of knowledge outputs for users and share with organisation. Lead: Knowledge Mobilisation and Comms teams.
- **Data improvements:** Undertake a focused review of data accessibility, granularity and availability, and identify opportunities to better meet user needs. Lead: Exec Director of RDD & Data Leads.

The Committee is asked to:

- **Consider** the findings from the PHW Impact Monitoring approach, and support the activities underway to improve our organisational impact.

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Impact Monitoring Framework Report 2025/6

Version 1.0

July 2026

Summary of key findings

Consistent with previous years, respondents described Public Health Wales as a trusted and valued source of evidence and expertise overall, with many examples of data and knowledge outputs being used to inform policy, planning, healthcare delivery, education and partnership working.

91% of respondents reported that they would use Public Health Wales outputs again, consistent with the last survey's 92%, and there was an increase in the number of respondents using our data and knowledge outputs who rated their experience with Public Health Wales as a 7 out of 10 or higher from 67% to 79%.

There are indications that we have improved our user engagement with those directly involved with our work, and the ease of use of our outputs. However, wider user engagement continues to be raised as an area for improvement with respondents identifying specific opportunities to:

- increase the visibility of resources, and
- strengthen user-focused engagement

Responses suggest a decline in satisfaction in terms of data usability, timeliness and responsiveness, and feedback around the impact of our work remains moderate with room for improvement. Suggestions to improve the usefulness, actionability and impact of our work include:

- providing more timely, accessible, local-level data
- brief, well summarised formats
- practical case studies
- clearer recommendations
- stronger links to implementation and policy
- designing outputs around user needs and implementation rather than information provision alone, and
- better clarity and communications around the role, purpose and offer of Public Health Wales

Background

The systematic approach to monitoring the impact of Public Health Wales's knowledge and data work was introduced in March 2023 to ensure consistency in measuring and enhancing impact.

The 4-tier approach to impact monitoring includes:

1. Annual Survey of Public Health Wales stakeholders
2. Targeted survey of anticipated product users
3. Structured post-project interview with product requesters
4. Point of use feedback and anticipated use / impact survey

For further detail on the background and approach to monitoring impact please refer to the original proposal document.

This year's report focuses on findings from the annual survey of Public Health Wales's stakeholders circulated in January 2026. The annual survey captures stakeholder views on the accessibility, relevance, and impact of PHW's data and knowledge outputs. The survey goes out to as many external users of PHW's work as possible through a snowballing email approach, via website news posts, via social media posts, and via newsletters. The full survey with responses can be found in the appendix.

Findings

The annual survey generated a rich range of qualitative and qualitative feedback from respondents across the NHS, local government, Welsh Government, academia, the third sector and partner organisations. 135 respondents started the survey with 53 completing the full range of questions. Respondents reflected on their experiences of accessing, using and working with Public Health Wales' data and knowledge outputs, including research, reports, dashboards, guidance and evidence reviews.

Feedback highlighted the significant value that users place on Public Health Wales outputs. 79% of respondents rated their overall experience with Public Health Wales at 7 out of 10 or above (up from last year's figure of 67%), 91% of respondents would use data or knowledge produced by Public Health Wales again (similar to 92% last year), and 100% of respondents who'd worked directly with Public Health Wales on the development of a data or knowledge product would do so again (up slightly from 96%). The percentage of respondents who agree our data and knowledge are trustworthy is consistent at 76%.

Contrastingly, respondents highlight several opportunities to improve how information is communicated, accessed and applied in practice.

The findings have been organised into three primary themes:

- **Visibility**, relating to awareness of and access to Public Health Wales outputs and resources;
- **Engagement**, relating to relationships, communication and collaboration with users and stakeholders;
- **Impact**, relating to the influence of Public Health Wales data, evidence and knowledge on decision-making, policy, planning and service improvement.

- In addition, the cross-cutting theme of **Data Usability** emerged strongly from this year's data**,** particularly around the need for more granular, user-friendly and accessible data.

A summary of findings by theme follows. The full survey with all responses is in the appendix.

Visibility

Just as in previous years, mixed feedback was received on the visibility of Public Health Wales, its products, resources and outputs. While only 59% of respondents said they agreed that Public Health Wales data and knowledge was 'easy to find', this does represent an increase from 49% last year.

Finding information and resources

Difficulty finding and accessing information on the Public Health Website are ongoing issues, echoing feedback from previous impact surveys. This feedback has been considered during the development of the new website. Please note that this years' feedback was collected prior to the launch of the new Public Health Wales website but remains relevant its ongoing development.

Common themes:

- Website is difficult to navigate.
- Users struggle to locate data, reports and publications.
- Uncertainty about what products and datasets are available.
- Lack of awareness of PHW data among some users.

Illustrative data and comments

- 64% of respondents used the PHW website to find information[1]
- "I often struggle to find information with the way the website is organised."
- "Website is difficult to navigate."
- "Publications page could have better filters."
- "Can be challenging to know what is available and find it."
- "Sometimes it is difficult to find if data is available and, if so, where it can be accessed."
- "It is not clear when new releases become available or are due."
- "I often rely on being sent things by colleagues so might not always know where to access/find things myself."

Awareness and communication

Many of the comments made suggest that there is good awareness of PHW and recognition of outputs as ours, but improvements have also been suggested. This is consistent with mixed feedback on awareness and visibility of Public Health Wales outputs from previous years.

Common themes:

- Better promotion of outputs and publications.
- Requests for newsletters tailored to user interests.
- Desire for monthly bulletins and alerts regarding new releases.
- Desire for clearer signposting and publication alerts.
- Positive feedback regarding PHW's online presence.

[1] For other access methods used by our respondents, see Q6 of the appendix.

Illustrative data and comments

- 73% of respondents said outputs were recognisable as PHW (up from 64% in 2025)
- 49% receive information by email, social media or newsletters etc
- "We are always kept up to date with what is going on in PHW. They have a good online presence."
- "Having a summary of publications once a month like a bulletin would be helpful."
- "Newsletters tailored to interests would be helpful."
- "Better publicise when new releases are available."

Clarity of Organisational role

Efforts to improve clarity around the remit and role of Public Health Wales over the past year do not appear to have resolved the confusion around this also identified in last year's survey. Qualitative data collected in this year's survey has identified a very similar lack of clarity around Public Health Wales's role and position in the NHS landscape.

Common themes:

- Confusion regarding PHW's remit.
- Uncertainty about the distinction between PHW and other NHS organisations.

Illustrative comments

- "A muddy landscape with various NHS websites. Public Health Wales, HEIW and Improvement Wales. I'm unsure of the roles of each and how they differentiate."
- "More clarity on the different roles and justification for having PHW knowledge and research work and Welsh Governments Health Social Care & Early Years Scientific Division."

Engagement

The following is a summary of the feedback around how Public Health Wales engages and works with its stakeholders. On the whole, feedback on engagement with those who'd been directly involved in working on data and knowledge outputs with us improved considerably on last year, with 86% of those either 'very satisfied' or 'somewhat satisfied' with the process, compared to only 50% in the last annual survey; 86% were 'very' or 'somewhat satisfied' with the end product compared to 66% last time[2]. Qualitative findings from those directly working with us showed a similar improvement in satisfaction.

There still seem to be shortcomings around wider engagement though with considerable feedback on the need for better and earlier engagement.

Positive partnership working

Those who have actively worked with us reported generally positive processes and outputs.

Common themes:

- Staff viewed as approachable, helpful and collaborative.
- Strong partnership working across programmes and networks.
- Positive experience of specialist teams.

Illustrative comments

- "Very open and flexible to comment and feedback."
- "Generally excellent to work with."
- "Officials are always helpful."
- "The members of staff from PHW have always been approachable and willing to help and support."
- "PHW colleagues are engaged and positive collaborators."
- "Good engagement with PHW from a research perspective."
- "As a public health team, we normally interact via the Observatory who are very helpful."

Responsiveness and timeliness

Concern is reflected in several responses around the responsiveness and timeliness of Public Health Wales's data and knowledge provision, with indication that this has declined over recent years.

Common themes:

- Delays in data provision and publication.
- Need for more rapid responses to support policy development.
- Capacity pressures affecting service responsiveness.

Illustrative data and comments

- Only 44% of respondents said they agreed our data and knowledge outputs were timely (down further from 48% in the last annual survey).
- 41% of respondents felt outputs sometimes or always met their needs.
- "Timeliness of this data has worsened in recent years."
- "WG usually needs rapid responses to develop policy ideas."
- "Not always able to commit timely resources to address issues."
- "Timely information sharing could be improved."
- "Timeliness of data and leaflets has been disappointing this year regarding the vast changes to immunisation schedules. Information is late, causing issues with training and giving mixed messages."
- "Data can sometimes be slightly delayed."
- "Need more timely data without late changes to information."

User involvement and co-production

Despite many positive comments from those already actively working with us, there were numerous comments and suggestions around the continued need for greater user involvement and understanding of user needs.

Common themes

- Need for greater understanding of stakeholder requirements.
- Earlier engagement in projects.
- Some concerns around transparency, openness and consultation processes.
- Perceived lack of collaboration in some areas.
- More transparency regarding prioritisation and decision-making.

Illustrative data and comments

- 43% agreeing that our outputs were user focused (49% in 2025)
- "Need mechanisms for highlighting what analysis and products would support improvement."
- "Transparency over decision-making as to what is being prioritised."
- "A clearer understanding from the beginning of the type of data and useful parameters would have been helpful."
- "Would like greater forward engagement with Welsh Government policy development as some areas are duplicated in PHW rather than working collaboratively with WG."

[2] These figures are based on a small number of respondents. This year, 14 respondents reported working with us and were therefore asked the associated questions, compared with 28 respondents last year.

- "Regular engagement, good communications, can be a bit too focused on what they already want to show."
- "There is a need for a closer alignment with the needs of the health boards."
- "The Tackling Diabetes Together Programme engagement has been appalling."
- "From experience, it's not a very open or transparent public body."
- "They don't work well with people outside PHW."
- "Funding and its distribution are opaque."

Impact

The following summary brings together feedback on how Public Health Wales's data and knowledge outputs influence decisions, policy and practice and some of the improvements needed to increase impact. In terms of impact, the findings are similar, with potentially a slight improvement, in terms of the use and impact of Public Health Wales outputs. 74% of respondents agreed that our data and knowledge outputs were easy to use (an improvement on last year where only 65% agreed), while only 56% agreed that they were impactful[3], similar to last year's figure at 54%.

Informing policy, planning and decision-making

Several respondents reported using Public Health Wales data and knowledge to inform work plans and decision making.

Common themes:

- Data used for planning and strategic decision-making.
- Supports wellbeing assessments, local authority work, and workforce planning.
- Influences Welsh Government policy development.
- Illustrative data and comments 46% of respondents planned to use the information to inform policy or regulations

Illustrative comments

- "Informs my knowledge of current concerns and supports decisions I take."
- "I use the data and reports to improve my knowledge and understanding and to inform our direction of work with partners."
- "Supports cluster planning."
- "Helped to inform consultation on the Local Development Plan."
- "Allows us to monitor change over time."
- “To inform key programmes of work – Strategic nursing workforce plan, Strategic perinatal workforce plan, Community by Design, Working with PHW on the development of public health nurses and health visitors”
- "Supported undertaking of local PSB Climate Change Risk Assessments.”

Supporting service improvement

Respondents reported our data and knowledge outputs positively impacting service improvement.

Common themes:

- Supports quality improvement.
- Enables assurance processes.
- Supports accountability and monitoring.
- Illustrative data and comments
- 41% planned to use the information to monitor the effectiveness of an intervention or change

- "Offered assurance, assisted holding health boards to account."

[3] For more on what users think of our outputs, see the full survey in the appendix.

- "Monitor how well the health boards are doing against reduction expectations around avoidable nosocomial infections."
- "I monitor how well the HB's are doing against the reduction expectation around avoidable nosocomial infections. This shaped my work plan of directing planned programmes of work to improve quality and safety."

Supporting clinical practice

Some positive examples of Public Health Wales's data and knowledge outputs being used to support clinical practice were highlighted.

Common themes:

- Useful for patient care.
- Supports infection prevention and immunisation programmes.
- Supports healthcare professionals with evidence and guidance.

Illustrative comments

- "A valuable tool to aid clinical decisions in patient care."
- "Helpful in providing information and guidance."
- "The new guidelines for child immunisation have been presented in a clear, concise way."
- "Helps with patient education."

Knowledge exchange and learning

Respondents reported Public Health Wales's data and knowledge being used to support education and research.

Common themes:

- Supports research, education and training.
- Facilitates knowledge sharing and systems thinking.

Illustrative data and comments

- 28% planned to use the information to support a funding application
- "It is useful to access information to inform teaching."
- "Helps to inform my MSc studies."
- "The benefit of shared thinking and knowledge exchange."
- "Provided a platform to network and learn together."

Making outputs more actionable

Despite the above positive examples of impact on planning, service improvement and education,

numerous comments were received around making our outputs more actionable to increase their usability and impact. Previous surveys have also raised these issues and despite some awareness raising across the organisation, feedback suggested that PHW still need to do more to move data and knowledge outputs beyond informing to become easier to apply in practice.

Common themes / requests from users:

- More Localised and Operationally Relevant Data
- More Practical Examples, Case Studies and Learning
- Clearer Recommendations and Action-Oriented Outputs
- Better Translation of Evidence into Policy and Service Change
- More User-Centred Design

Illustrative data and comments

- 55% of respondents found the information to be actionable (consistent with 52% in 2025)
- "National, well-evidenced reports produced by PHW are a useful resource and reference, but unless there is a greater connection with Health Boards to support the changes we need to make on the ground, their impact will be limited to academic rather than practical."
- "There is a wealth of additional material, such as concrete case studies on the practical application of HIA, that either is not readily accessible of I am unaware of how to locate."
- "More on innovative and transformational ways of delivering community-based health care."
- "The key strategies that direct our work require us to be focused on actions that will make the most difference."
- "Need mechanisms for highlighting what analysis and products would support improvement of health of the public in Wales."
- "Helping to advise and inform services on how to best consider prevention as a core activity."
- "There is a need for a closer alignment with the needs of the health boards in shifting population health."
- "Data and evidence rapid reviews to support policy development and NHS assurance."
- "Data/information seems to be presented from the perspective of the provider without focusing on the need of the user."
- "Perhaps better consider the needs and usefulness to users."

Data Usability

Data usability feedback themes appear repeatedly and strongly across the other feedback themes. Satisfaction with our data outputs varied. 75% of those who'd used our analytical reports and official statistics were 'somewhat' or 'very satisfied' with them (consistent with 76% last year), 71% of those who'd used our dashboards were 'very' or 'somewhat satisfied' (up from 57% last year), and 53% of those who'd used our raw data were 'very' or 'somewhat satisfied' (consistent with 50% last year)[4].

Concerns around both the granularity and accessibility of PHW data have been raised previously but appear to have been raised more strongly than in previous years.

Common themes

- Need for more granular geographical data. Requests for local authority, neighbourhood, GP cluster and ward-level data.
- Desire for open access / raw data.
- Better filtering, downloading and analytical functionality.
- Interest in a live data portal.
- Data sometimes out of date.
- Inconsistent reporting formats.
- Variations between datasets.
- Lack of data on disabled people and protected groups.

Illustrative comments / suggestions

- "It would be great to have an instant-access 'live' online portal for all public health data."
- "Not always available at the geographical level I'm looking for."
- "Neighbourhood level data."
- "Locality, Borough, LSOA, Practice. Heat Maps."
- "Open-source data would be helpful."
- "Some key sources are out of date."
- "Publication of data is inconsistent."
- "Would like to see more standard reporting on inequalities."
- "Data rarely provides segmentation for disabled people."
- "Any possible data disaggregation by geography and protected characteristics."
- "Make raw data and metadata available like StatsWales."

[4] For satisfaction scores on all our other types of knowledge outputs see Q13 of the survey in the appendix.

Progress

Update on 2025 remedial actions

Key remedial actions included in last year's recommendations included

- **Public Health Wales website:** Continue to support the development of the new website in line with the Impact Monitoring Report - Support has been provided throughout the development process. Some recommended actions are still to be implemented but are part of the ongoing improvements backlog for the website.
- **Publication Standards:** Promotion, embedding and supporting of the PHW Publication Standards and Content Design Standards work – The Publication Standards work has now been incorporated into the wider Content Design Standards and is being rolled out as part of the improved website ways of working. Implementation has been slowed due to the need to rapidly move content from the old website to the new website, but the checklist of standards is due to form part of the training for content creators going forward.
- **User Engagement:** Continued cross organisational assessment and improvement of User Engagement – Ongoing work by the Engagement team including recently published 'People's Experience Standards' and a baseline assessment of engagement carried out.
- **Data improvements:** PHW are an active partner in the DHCW-led, WG-funded National Data Resource Programme (NDR). The NDR will improve how we access and analyses data, in a safe, secure and ethical manner, across the NHS and social care in Wales. Working with DHCW, the first stages of our migration of analysis into the NDR's cloud platform were completed in 2025/26, with more to follow in 2026/27.
- **Cross organisational collaboration:** Establishment of project database or coordination resource to allow better collaboration across the organisation and improve the flow of content on the website – this work has been deprioritised while the website is developed, and other actions have taken priority.
- **Impact monitoring:** Extension of this systematic approach to monitoring impact through cross organisational promotion - rolled out across numerous teams with plans for further surveys and interviews are in progress. Due to competing priorities and team capacity, roll out has been slower than anticipated but will continue throughout 2026/7.
- **Ongoing monitoring:** Monitoring of what further work is needed once planned initiatives have been established – ongoing monitoring has continued and additional remedial actions are recommended below.

New & ongoing recommendations

Despite improvements in the Public Health Wales website and some positive movement in user engagement, communication and perceived impact since last year, the findings highlight several areas where little or no improvement has been observed. Respondents continue to identify challenges relating to the actionability of our outputs, responsiveness and timeliness, and access to data. These areas warrant further investigation and targeted improvement.

Based on the findings, and the need for stronger organisational wide action, we recommend the following:

- **Organisational Response Action Plan:** We propose the joint development of an organisational action plan, with Executive approval, to take forward the following actions across the organisation as a whole:

  - **Public Health Wales website:** Continue to monitor user feedback and website performance, with particular attention to features identified as important by users, such as ease of navigation and personalised accounts which remain on the backlog of tasks by the website roll out. Lead: Digital Comms.
  - **Organisational identity:** Strengthen clarity around the role, purpose and offer of Public Health Wales to support user understanding and engagement. Lead: Senior Leadership
  - **Responsiveness and timeliness:** Undertake a detailed review of feedback and processes relating to our responsiveness and timeliness to identify barriers and opportunities for improvement. Lead: Director or RDD and Data leads across the organization.
  - **User engagement:** Strengthen the promotion of Public Health Wales outputs and continue efforts to strengthen meaningful engagement with key audiences through early and ongoing dialogue, supported by clear training and guidance where needed to ensure a consistent and coordinated approach. Lead: UCD, Comms and User Engagement teams.
  - **Actionability of outputs:** Review best practice to improve the actionability of knowledge outputs for users and share with organisation. Lead: Knowledge Mobilisation and Comms teams.
  - **Data improvements:** Undertake a focused review of data accessibility, granularity and availability, and identify opportunities to better meet user needs. Lead: Exec Director of RDD & Data Leads.

Appendix

For the full annual survey and responses, including specific pieces of work mentioned as having an impact and impact, please see separate Appendix document.

Authorship, acknowledgements and contact information

Public Health Wales is grateful for the time participants have taken to complete the annual survey and the useful insights given to help improve the usefulness and impact of our knowledge outputs.

The annual survey and wider elements of Public Health Wales's Systematic Approach to Monitoring Impact are collated by the Knowledge Mobilisation Team. If you have any questions about this report or the wider work of the Systematic Approach to Monitoring Impact, please don't hesitate to get in touch.

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Gweithio gyda'n gilydd i greu Cymru iachach

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Unconfirmed Minutes of the Public Health Wales Knowledge, Research and Information Committee Public Meeting, 16 June 2026 13:00 Held in 3.5 CQ2 and via Microsoft Teams

Present:		
Sian Griffiths	(SG)	Committee Chair and Non-Executive Director (Public Health)
Tamsin Ramasut	(TR)	Non-Executive Director (Equality and Diversity)
In Attendance:		
Alisha Davies	(AD)	Head of Research and Development
Claire Birchall	(CB)	Executive Director of Nursing, Quality and Integrated Governance
Christopher Johnson	(CJo)	Head of VPDP, Deputy Director of Health Protection (for item 3.1)
Danielle Gething	(DG)	Head of Risk Management (for item 2)
Elen de Lacy	(EDL)	Research and Evaluation Strategic Partnership Lead (for item 4.1)
Jenna Goldsworthy	(JG)	Portfolio Lead (Research, Data and Digital Directorate) (for item 4.4)
Jim McManus	(JM)	National Director Health and Wellbeing
Kerry Bailey	(KB)	Consultant in Public Health (for item 4.3)
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Louisa Nolan	(LN)	Head of Data Science (for item 4.2 and 4.4)
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Sumina Azam	(SA)	National Director of Policy and International Health
Tom Fowler	(TF)	Deputy National Director Health Protection and Screening Services
Apologies		
Catherine Purcell	(CP)	Non-Executive Director (University)
Clare Jenkins	(CJ)	Vice Chair of the Public Health Wales Board and Non-Executive Director
Iain Bell	(IB)	National Director for Public Health Knowledge and Research
Meng Khaw	(MK)	National Director of Health Protection and Screening Services, Executive Medical Director
Paul Veysey	(PV)	Board Secretary and Head of the Board Business Unit

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Pippa Britton	(PB)	Chair
Tracey Cooper	(TC)	Chief Executive
Secretariat		
Ffion Lloyd	(FL)	Board Support Officer

The meeting commenced at 13:30

KRIC 1/2026.03.17 Welcome, Introductions and Apologies

The Chair opened the meeting and welcomed all present.

The Committee **noted** that the meeting was being recorded to support the accuracy of the minutes, the recording would be deleted once the minutes had been agreed at the following meeting on 15 September 2026.

KRIC 1.1/2026.03.17 Declarations of Interest

There were no declarations of interest made, in addition to those already declared on the Declarations of Interest Register.

KRIC 2.5/2026.03.17 Managing Risk

KRIC 2.5.1/2026.03.17 Strategic Risk Register

DG provided an overview of Strategic Risks 1, 4 and 5, which fell within the remit of the Committee. DG noted that the paper reported the position as of the 1 April 2026, as approved by the Business Executive Team on 20 May 2026. DG highlighted that there had been no change in risk scores since the previous reporting period

Updates were provided to the Strategic Risks under the remit of the Committee:

- **Strategic Risk One** (failure to deliver our role to influence a system shift to prevention, reduce health inequalities and address determinants of health)
- **Strategic Risk Four** (failure to effectively mitigate the public health impacts of climate change on the Welsh population) – SA outlined key developments since the previous Committee meeting:
  - The Climate Response Plan had been submitted to Welsh Government
  - The NHS Wales Adaptation Work Programme qualitative report had been completed with positive progress noted.
  - Work had been undertaken on the Climate Risk Assessment and Response Plan, which included flood risk mapping and assessment of organisational resilience to climate-related risks.
  - Work was ongoing to map resources to strategic priorities, however further analysis was required.
- **Strategic Risk Five** (to fully exploit digital and data fully to improve public health in Wales) – SA and AD highlighted that the risk was being reframed to better reflect the integration of digital and data transformation, and that there was a need for more comprehensive change management approaches across complex, system-wide programmes. It was noted that a revised risk description and supporting action plan are in development and would be presented to the Board.
  - SA expressed ongoing concern regarding data quality and capacity, particularly in relation to primary care data, and noted that this continued to provide limited assurance. While recognising the progress that had been

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made, the Chair emphasised a degree of residual discomfort in this area, and requested that this be revisited following further Board-level discussion.
- DG gave assurance that there was a direct read-across between Strategic Risk 5 and Strategic Risk 2, which was overseen by the People and Organisational Development Committee, and confirmed that these interrelated risks were being considered collectively.

SG highlighted concerns regarding environmental health capacity and system clarity, particularly in relation to the role of external partners such as the UK Health Security Agency (UKHSA), and noted a lack of clarity regarding responsibilities following changes in support arrangements. SA advised that discussions with UKHSA were ongoing, with a meeting scheduled to clarify roles and responsibilities, and confirmed that an update would be brought back to a future Committee meeting.
Action: SA

TR queried the interpretation of the organisation operating within, but well inside, its stated risk appetite, and suggested that this may indicate an overly risk-averse approach and a potential failure to maximise opportunity. DG acknowledged this, but noted that risk appetite frameworks were intended to support a balance between risk aversion and opportunity-taking, and advised that this would be explored further as part of a planned deep dive on risk assurance at a future meeting.

SG thanked DG for the update, and the Committee took **assurance** on the management of Strategic Risk within the Organisation.

KRIC 2.5.2/2026.03.17	Corporate Risk Register

DG provided an update on the Corporate Risk Register, and noted that the Leadership Team had considered the update at its April meeting.

DG confirmed that there are no new risks proposed for inclusion, and no risks proposed for de-escalation on the Corporate Risk Register at this time.

DG highlighted changes to risk scores on the Register:
- Risk 1758 – the risk score had been reduced from 15 to 12.
- Risk 2003 - the risk score had been reduced from 15 to 12, and aligned with the progress updates outlined in the Strategic Risk discussion.

The Committee welcomed the updates and noted that the direction of travel in risk scores was positive.

SG thanked DG for the update, and the Committee took **assurance** that corporate risks were being scrutinised appropriately.

KRIC 3.1/2026.03.17	Immunisation

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CJo gave a presentation on the Immunisation Programme, with a focus on vaccine equity, system delivery challenges, and emerging risks.

CJo emphasised that Public Health Wales did not directly deliver vaccination services, but instead played a system leadership role, working alongside Health Boards and Welsh Government to provide evidence, surveillance, and support to improve vaccination uptake. CJo highlighted that this created a structural challenge, as Public Health Wales did not hold direct delivery levers, but was nonetheless expected to influence outcomes across the system.

CJo outlined the key areas of progress, which included the continued prioritisation of vaccine equity as a central pillar of the national immunisation approach. This included:

- Development of a Vaccine Equity Network
- Introduction of a vaccine equity toolkit
- Improvements in surveillance capability through individual-level data
- Expanded work on public engagement and vaccine literacy, including delivery of the WHO “immune patrol” educational programme in schools.

CJo also noted that vaccination programmes had increasingly adopted a whole life-course approach, spanning from pregnancy through to older adulthood.

CJo advised that inequalities in this area had widened over recent years, particularly following the COVID-19 pandemic, although early indications suggested a potential improvement in the latest reporting period. He highlighted that inequalities were often driven by access and system factors rather than vaccine hesitancy, and cited examples such as appointment accessibility, service delivery models, and practical barriers faced by families. Specific drivers included school absence, consent challenges in secondary schools, logistical barriers for larger families, and challenges in capturing vaccination records for individuals entering Wales later in childhood.

CJo also outlined that engagement and insight work had been undertaken to better understand barriers to vaccination, noting emerging findings such as the impact of needle anxiety and fear of missing school among teenagers, as well as the importance of co-producing solutions with target populations.

The Committee discussed the following points:

- The number of system-level challenges, particularly the limited ability to translate evidence into consistent changes in delivery models. CJo provided examples where evidence-based interventions—such as delivering childhood flu vaccinations in nursery settings or proactively inviting patients for shingles vaccination had demonstrated improved uptake, but had not been consistently adopted across Health Boards.
- TR raised concerns on accountability and queried the extent of organisational leverage within the system. She also sought clarification on whether improvements in vaccination inequalities had been realised over time. CJo acknowledged these challenges, and confirmed that while there has been some progress, change had been incremental and insufficient, and that broader system levers were required to drive improvement.

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- TR also queried the delivery model, specifically whether health visitors and midwives could play a greater role in vaccination delivery. CJo supported this approach, and noted that multi-professional delivery models were associated with higher uptake. He cited examples where midwife delivered vaccination programmes had achieved improved outcomes.
- TF reflected that Public Health Wales' role may have been necessary but not sufficient in achieving system effectiveness, and emphasised the importance of partnership working and the challenges in influencing system-wide behaviour change. He highlighted that differing views across the wider public health system could also impact the adoption of evidence-based approaches.
- The complexity of the system landscape was noted, which included fragmented delivery arrangements, variable practice across health boards, and missed opportunities for integration across services (e.g. vaccination opportunities during other healthcare contacts). SG highlighted the importance of whole-system thinking, and opportunities to improve vaccination uptake in older populations and through wider public health interactions.
- JM noted the relevance of vaccination within wider school and workforce health initiatives, and suggested that there were opportunities to strengthen integration across programmes and increase emphasis on vaccination as a core component of prevention.
- SA highlighted ongoing work to strengthen health economics evidence, and queried how data could be further used to target prevention of outbreaks, particularly in light of measles risks. CJo confirmed that analytical work had been undertaken to identify areas at higher risk of outbreaks and to inform targeted interventions.
- The significant financial and public health benefits of prevention was noted, which included evidence that the cost of responding to outbreaks substantially exceeded the cost of preventative vaccination programmes. CJo emphasised the ongoing challenge of evidencing outcomes where harms had been avoided, and the importance of strengthening the narrative around prevention impact.

SG thanked CJo for the presentation, and proposed that since the issues of influence and system leadership in this area had been highlighted, that this be reflected back to the Board for further consideration and discussion on how the organisation could maximise its impact on improving vaccination uptake and reducing inequalities.
Action: LB

The Committee took **assurance** from the presentation on the arrangements in place to report and investigate inequalities in vaccine uptake.

KRIC 4/2026.03.17	**Items for Assurance**
KRIC 4.1/2026.03.17	**Research and Evaluation Strategy**

The Committee received an update on the progress of implementation of the organisational Research and Evaluation Strategy.

AD outlined the progress over the previous six months against the Strategy's four key pillars: building a research culture, strengthening research management and delivery, developing strategic partnerships, and enhancing co-production and public involvement.

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AD highlighted significant progress across all areas, particularly in strengthening research governance arrangements in response to Welsh Health Circulars, which had included work with Finance colleagues to ensure compliance with new requirements.

AD highlighted key points from the update:

- Reported progress in capacity and capability development within Public Health Wales, which included the success of the research mentorship programme led by EDL which supported staff engagement in research activity, bid development, and alignment with funding opportunities. It was further noted that research activity had increased across key strategic areas, including climate, gambling, health inequalities, and policy modelling.
- A significant achievement in securing approval to host the UK Research and Innovation policy fellows, which marked the first time Public Health Wales would participate in this fully funded scheme. It was noted that grant income and bid development activity was increasing, which demonstrated a positive trajectory in research performance.
- Reported strong progress on a strategic partnership with Cardiff University through the establishment of a Memorandum of Understanding (MoU), and it was confirmed that early discussions are underway with Bangor University to develop a similar arrangement. EDL explained that the MoU approach was intended to focus collaborative effort on key priority areas to enable greater impact while maintaining existing partnerships.
- The current Strategy (due to conclude in 2026) would not be replaced in full, but would instead be extended to 2029, supported by a more focused delivery plan to concentrate effort on priority areas and accelerate progress.

SG thanked AD and EDL for the update, and noted the significant progress made and the development of a strong organisational platform for research. SG also welcomed the success in attracting UKRI fellows and the increase in grant income, and noted these as indicators of external validation and organisational maturity.

SA queried the approach to aligning partnerships with Bangor University within the wider strategic framework and highlighted the importance of evaluation work linked to Welsh Government priorities, particularly the Institute of Health Equity programme. AD confirmed that discussions with Welsh Government were ongoing, with Public Health Wales providing trusted advisory support in the development of approaches to evaluation, although roles and responsibilities for formal evaluation activity were yet to be finalised.

TR questioned how the organisation defined and demonstrated system leadership, which included how impact is measured and evidenced. JM supported this point, and noted the need for greater clarity and precision in the use of terminology, particularly in defining what is meant by “system leadership” and “system support”. SG acknowledged this and proposed that further work be undertaken to clarify the organisation’s role and impact as a system leader. It was agreed that this would be explored further outside the meeting and brought back to the Committee at the December meeting for a more detailed discussion.

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Action: AD/EDL

The Committee took **assurance** on progress on the implementation of the organisational Research and Evaluation Strategy.

KRIC 4.2/2026.03.17	Outcomes Framework

LN provided an overview of the work to develop and embed the Outcomes Framework system across the organisation.

LN highlighted key updates from the report:

- Work undertaken on modelling and evaluation plans, which included work to assess the cost of mental health, and to build on previous work in relation to obesity. LN advised that this work was intended to strengthen the organisation's ability to articulate impact and value, particularly in supporting wider system discussions.
- Work on Healthy Life Expectancy continued to be of significant interest both within Public Health Wales and externally, which included Welsh Government engagement and ongoing collaboration with the Chief Medical Officer.
- Plans had been outlined to review performance indicators to ensure that indicators provided the right information at the right time. She emphasised that individual indicators should be viewed as signals rather than complete measures of performance, and that there was a need to develop a more contextual and integrated approach to bring together multiple indicators with modelling and evidence, in order to support deeper understanding of organisational priorities.
- The development of a horizon scanning group aligned to the wider determinants Strategic Priority. LN explained that this group would integrate data, analysis, research and evidence to inform recommendations for organisational priorities, and support reporting to governance groups such as Committees and the Board. LN noted that this approach aimed to maximise value from existing analytical resources, and could be expanded further subject to capacity.

SG thanked LN for the update.

The Committee discussed the following points:

- SG sought assurance that inequalities are embedded within the Outcomes Framework. LN confirmed that inequalities were currently reported separately, but acknowledged that there was opportunity to better integrate inequalities analysis, in particular through the horizon scanning work, but noted that progress in this area was partly dependent on improved data availability.
- JM reflected on a recent session on impact indicators with their extended leadership team, and noted that the approach to the Outcomes Framework emphasised co-production, whereby programme teams were actively involved in developing impact measures rather than relying solely on central analytics. JM noted that this strengthened ownership and ensured relevance to operational delivery. LN agreed with this approach and emphasised that the next phase of development would focus on ensuring that outcomes thinking was embedded within programme delivery, rather than as a separate analytical exercise.

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- AD noted that the Outcomes Framework incorporated both quantitative and qualitative evaluation, and would include targeted engagement with groups that were less likely to participate to better understand inequalities and variations in outcomes.
- TR queried how learning from evaluation activity, specifically the example of the prehabilitation and rehabilitation programme in Cardiff and Vale, is translated into wider system improvement. LN acknowledged that while evaluation findings have supported local funding and sustainability, there was an opportunity to improve the proactive sharing and scaling of best practice across health boards.
- JMs supported this point, noting that Public Health Wales had a role in identifying and disseminating effective interventions, and emphasised the importance of applying consistent evidence across the system while adapting delivery to local contexts.

The Committee:

- Took **assurance** on the implementation and use of the PHW measurement system.
- Took **assurance** that work was underway to further embed the measurement system into IMTP and performance reporting.

KRIC 2.4/2026.03.17	**Primary Care (Focus on Inequalities)**

ZW and KB provided a presentation to the Committee on the Primary Care programme to reduce health inequalities.

ZW noted that the programme aimed to improve health equity through Primary Care, and recognised that while wider determinants of health sit outside healthcare, the NHS still has a significant role in addressing inequalities. ZW highlighted that primary care accounts for the majority of patient contacts, which made it a critical setting for prevention and early intervention.

The presentation outlined the development of the Teg i Bawb (Fair for All) Programme, which included the evidence base, co-production approach, and system-wide action plan. KB noted that the programme was developed in response to gaps in existing frameworks and limitations in available data, which required the team to undertake new analysis to identify persistent inequalities and the impact of the inverse care law. KB emphasised that the programme was underpinned by evidence, data, and lived experience, and was supported by a range of tools which included dashboards, planning guidance, and an equity checklist for service planning.

SG thanked KB and ZW for the presentation, and welcomed the structured and practical nature of the approach.

The Committee discussed the following points:

- SG sought clarification on how the programme translated into frontline delivery. KB provided an example of cluster-level working in Cardiff, where practices collaborated to deliver immunisation and wider health interventions within community settings. KB explained that this approach had improved uptake and

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identified unmet need (including undiagnosed diabetes), but noted that delivery required local leadership, collaboration, and overcoming governance barriers, particularly around sharing resources and patient cohorts across practices. KB highlighted that Public Health Wales' role was to facilitate, support, and share best practice, which included development of tools, dissemination of evidence, and partnership working with Health Boards, Welsh Government, and frontline services.

- TR welcomed the increased focus on inequalities but raised concerns that inequalities may not yet be embedded as a core priority across the system. She also cautioned against the use of equality checklists, and highlighted the risk that equality considerations may become a compliance exercise rather than a cultural shift. KB acknowledged the complexity of achieving culture change, and noted that the programme focused on supporting and enabling early adopters, building momentum across the system, and tailoring approaches for different audiences.
- TR queried the impact of including inequalities within the GP contract and whether this would drive behaviour change. KB confirmed that inclusion health requirements have been introduced into the GP contract, with an initial focus on developing registers and building awareness, with further development expected over time.
- SG queried how the programme engaged with practices that were less advanced in this area. KB advised that work was ongoing to support those willing to adopt this work, but recognised that progress remained variable and that even among early adopters there was further development required, particularly in relation to data use and measurement.
- SA noted the upcoming Primary Care Summit, and queried what aspects of this work should be highlighted at the summit. ZW responded that this work would be linked into areas of a shift to a prevention strategy and population health management, but noted that the key message would be that current limitations, such as access primary care data and linked datasets, constrained the ability to target interventions and evaluate impact. ZW also highlighted that KB would be taking forward a national task and finish group to look into the approach to population health management in Wales.
- KB noted that while improved data infrastructure was important, there was also a need to make better use of existing data and intelligence, which included publicly available datasets and local knowledge. SA highlighted the importance of ensuring that data was effectively shared with primary care to support understanding of local population needs.
- In relation to the importance of system wide collaboration, JM emphasised the need for Public Health Wales to consistently consider inequalities across all programmes and partnerships, and to strengthen integration across organisational activities.
- TR raised questions regarding measurement of impact and resource allocation, and whether sufficient resources were directed towards areas of greatest need. Kerry acknowledged this and noted that more deprived practices often faced higher demand with fewer resources, which limited their capacity to undertake proactive population health work.

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The Committee noted that while progress had been made in this area, there remained a significant system-wide challenge in embedding equity, improving data use, and ensuring consistent adoption of best practice across Wales.

The Committee took **assurance** that a comprehensive, evidence-based approach to system wide development of primary care was in place and noted progress in delivery.

	Digital and Data Strategy and Portfolio

JG provided an update on the Digital and Data Strategy and associated portfolio.

JG noted that the overall portfolio remained significant in scale, and that an associated delivery risk identified. JG confirmed that mitigations were currently being explored to ensure delivery remained on track and to manage capacity constraints.

JG provided an overview of key programmes within the portfolio:

- The **Digital Health Protection** programme remained on track for Phase 1 completion, with full delivery anticipated by January 2028.
- Progress on **the Lung Screening Programme** had been impacted by a pause and review of the National Data Resource (NDR) programme led by Digital Health and Care Wales (DHCW). JG confirmed that discussions were ongoing with DHCW to identify mitigations, with a proposed solution expected to be considered in July. JG clarified that while there was a dependency risk, there was no immediate delay to delivery at this stage, as the impact was expected later in the programme timeline.
- Elements of the **Data, Analysis, Registers and Cloud Programme** had been affected by the DHCW National Data Resource Programme pause, resource constraints caused by the pause, and staff turnover. JG confirmed that recruitment was underway in the affected areas and was expected to be completed shortly, which would help to stabilise delivery.
- JG noted that the first regular output produced via the National Data and Analysis Platform (NDAP) has now been implemented for real-time suspected suicide surveillance data, with further outputs expected in July.
- The risk associated with the Audit+ system remained open, with a decision pending from the GP Council in July about progression. JG also confirmed that the previous issue relating to survey response rates had now been resolved, with actions completed and the risk closed.

SG sought clarification on the implications of the NDR pause and review. JG confirmed that this related to national programme-level decisions, and that while it introduced uncertainty mitigations were being actively pursued.

LN outlined the work on Artificial Intelligence (AI) governance within the organisation.

LN explained that AI was now embedded as business as usual rather than a standalone programme, with a focus on achieving an appropriate balance between robust governance and enabling innovation.

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LN outlined the current governance arrangements, which included:

- The AI Design Authority (AIDA), which provided oversight and assurance;
- The AI Register, which aimed to capture approved and emerging AI tools;
- An assurance tracking system to monitor wider AI related activity, which would include policy and guidance development.
-

LN noted that one new tool (DetectedX) had been added to the register, and was described as a low-risk training tool for breast cancer radiologists, which did not involve the use of organisational data and supported clinical learning.

LN also highlighted ongoing work to strengthen governance:

- The introduction of AI classification within the Datix system to support incident reporting;
- The development of a high-level AI policy to underpin more detailed guidance; and
- Work to address the risks associated with "shadow AI", where staff may use external tools outside organisational control.

LN emphasised that the approach aimed to encourage safe and appropriate use of AI rather than restrict innovation, and was to be supported by staff awareness and training.

SG thanked JG and LN for the update.

TR queried the range of AI tools in use and whether additional platforms had been considered. LN confirmed that the organisation's approved tool is currently Microsoft Co-pilot, due to its integration within the organisational infrastructure and associated data security assurances. Other tools had not been adopted at this stage due to governance and security considerations. TF added that active work was underway to promote adoption of Co-pilot, which would include practical support and training, and highlighted that early insights from pilot work had demonstrated benefits in areas such as administrative tasks and workflow management. TF noted the importance of encouraging staff to use approved tools rather than external platforms.

SG reflected on the importance of maintaining an appropriate balance between innovation and assurance given the pace of change in this area, and the need to ensure organisational oversight remains effective.

The Committee took **assurance** that Public Health Wales was delivering its Digital and Data Strategy through the agreed Route map and had robust governance in place for managing digital and data work.

	Bi-Annual Corporate Policies Update

LB provided an overview of the bi-annual update on Corporate Policies within the Committee's remit.

LB noted that there were no areas of concern to report, and that the overall position reflected effective policy management and review arrangements, with two policies within

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scope and in-date. LB highlighted that the Research Misconduct Policy was currently under consultation and was expected to be renewed in due course.

The Committee took **assurance** on the prioritisation and progress being made to review policies, procedures and other written control documents within the remit of the Committee.

KRIC 3/2026.03.17	**Items for Approval**
KRIC 3.1/2026.03.17	**Minutes, Action Log and Matters Arising of meeting (09 December 2025)**

The Committee **approved** the minutes of the 17 March meeting as an accurate record.

LB advised that there were four actions currently in progress, with brief updates provided. LB noted that more substantive updates were expected, and proposed that the target dates for these actions be revised to the September meeting, at which point fuller progress reports will be presented to the Committee:

- **Action 2025/06** (timeline for new IT system)
- **Action 2024/6** (development of the NHS app)
- **Action 2026/02** (Performance and Assurance AI-metrics)
- **Action 2026/04** (alignment with QSIC workplan)

LB highlighted that two actions have been completed and are recommended for closure:

- **Action 2026/01**
- **Action 2026/03**

The Committee **approved** the changes to the action log.

KRIC 5 /2026.03.17	**Items to Note**
KRIC 5.1/2026.03.17	**Audit Recommendations Tracker Update**

The Committee **noted** the Audit Recommendations Tracker for information.

KRIC 7/2026.03.17	**Closing Administration**

Any other business: None.

The Committee were invited to provide feedback from the meeting via e-mail to LB, including any areas that worked well, and any areas for improvement.

Date of Next Meeting: **15 September 2026.**

The meeting closed at 15:47

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Cofnodion Iechyd Cyhoeddus Cymru heb eu Cadarnhau o Gyfarfod Cyhoeddus Pwyllgor Gwybodaeth, Ymchwil a Hysbysrwydd , 16 Mehefin 2026 13:00 Cynhaliwyd yn 3.5 CQ2 a thrwy Microsoft Teams

Yn bresennol:		
Sian Griffiths	(SG)	Cadeirydd y Pwyllgor a Chyfarwyddwr Anweithredol (Iechyd y Cyhoedd)
Tamsin Ramasut	(TR)	Cyfarwyddwr Anweithredol (Cydraddoldeb ac Amrywiaeth)
Yn Bresennol:		
Alisha Davies	(AD)	Pennaeth Ymchwil a Datblygu
Claire Birchall	(CB)	Cyfarwyddwr Gweithredol Nyrsio, Ansawdd a Llywodraethu Integredig
Christopher Johnson	(CJo)	Pennaeth Rhaglen Frechu yn erbyn Clefydau Ataliadwy (VPDP), Dirprwy Gyfarwyddwr Diogelu Iechyd (ar gyfer eitem 3.1)
Danielle Gething	(DG)	Pennaeth Rheoli Risg (ar gyfer eitem 2)
Elen de Lacy	(EDL)	Arweinydd Partneriaeth Strategol Ymchwil a Gwerthuso (ar gyfer eitem 4.1)
Jenna Goldsworthy	(JG)	Arweinydd Portffolio (Cyfarwyddiaeth Ymchwil, Data a Digidol) (ar gyfer eitem 4.4)
Jim McManus	(JM)	Cyfarwyddwr Cenedlaethol Iechyd a Llesiant
Kerry Bailey	(KB)	Ymgynghorydd Iechyd y Cyhoedd (ar gyfer eitem 4.3)
Liz Blayney	(LB)	Dirprwy Ysgrifennydd y Bwrdd a Dirprwy Bennaeth Uned Fusnes y Bwrdd
Louisa Nolan	(LN)	Pennaeth Gwyddor Data (ar gyfer eitem 4.2 a 4.4)
Stuart Silcox	(SS)	Cyfarwyddwr Cynorthwyol Llywodraethu Integredig
Sumina Azam	(SA)	Cyfarwyddwr Cenedlaethol Polisi ac Iechyd Rhyngwladol
Tom Fowler	(TF)	Dirprwy Gyfarwyddwr Cenedlaethol Gwasanaethau Diogelu Iechyd a Sgrinio
Ymddiheuriadau		
Catherine Purcell	(CP)	Cyfarwyddwr Anweithredol (Prifysgol)
Clare Jenkins	(CJ)	Is-Gadeirydd Bwrdd Iechyd Cyhoeddus Cymru a Chyfarwyddwr Anweithredol
Iain Bell	(IB)	Cyfarwyddwr Cenedlaethol Gwybodaeth ac Ymchwil Iechyd y Cyhoedd

Heb eu Cadarnhau

Meng Khaw	(MK)	Cyfarwyddwr Cenedlaethol Gwasanaethau Diogelu Iechyd a Sgrinio, Cyfarwyddwr Meddygol Gweithredol.
Paul Veysey	(PV)	Ysgrifennydd y Bwrdd a Phennaeth Uned Fusnes y Bwrdd
Pippa Britton	(PB)	Cadeirydd
Tracey Cooper	(TC)	Prif Weithredwr
Ysgrifenyddiaeth		
Ffion Lloyd	(FL)	Swyddog Cymorth y Bwrdd
Dechreuodd y cyfarfod am 13:30		

KRIC 1/2026.03.17	**Croeso, Cyflwyniadau ac Ymddiheuriadau**

Agorodd y Cadeirydd y cyfarfod a chroesawodd bawb oedd yn bresennol.

Nododd y Pwyllgor fod y cyfarfod yn cael ei recordio er mwyn sicrhau cywirdeb y cofnodion ac y byddai'r recordiad yn cael ei ddileu unwaith y cytunwyd ar y cofnodion yn y cyfarfod canlynol ar 15 Medi 2026.

KRIC 1.1/2026.03.17	**Datganiadau o Fuddiant**

Nid oedd unrhyw ddatganiadau o fuddiant ychwanegol i'r rhai a ddatganwyd eisoes ar y Gofrestr Datganiadau o Fuddiant.

KRIC 2.5/2026.03.17	**Rheoli Risg**
KRIC 2.5.1/2026.03.17	**Cofrestr Risgiau Strategol**

Rhoddodd DG drosolwg o Risgiau Strategol 1, 4 a 5, a oedd o fewn cylch gwaith y Pwyllgor. Nododd DG fod y papur yn adrodd ar y sefyllfa ar 1 Ebrill 2026, fel y'i cymeradwywyd gan y Tîm Gweithredol Busnes ar 20 Mai 2026. Amlygodd DG nad oedd unrhyw newid wedi bod yn y sgoriau risg ers y cyfnod adrodd blaenorol.

Darparwyd diweddariadau i'r Risgiau Strategol o dan gylch gwaith y Pwyllgor:

- **Risg Strategol Un** (methu â chyflawni ein rôl i ddylanwadu ar newid system i atal, lleihau anghydraddoldebau iechyd a mynd i'r afael â phenderfynyddion iechyd)
- **Risg Strategol Pedwar** (methu â lliniaru effeithiau iechyd y cyhoedd newid hinsawdd ar boblogaeth Cymru yn effeithiol) – amlinellodd SA ddatblygiadau allweddol ers cyfarfod blaenorol y Pwyllgor:
  - Roedd y Cynllun Ymateb i'r Hinsawdd wedi'i gyflwyno i Lywodraeth Cymru.
  - Roedd adroddiad ansoddol Rhaglen Gwaith Addasu GIG Cymru wedi'i gwblhau a nodwyd cynnydd cadarnhaol.
  - Roedd gwaith wedi'i wneud ar yr Asesiad Risg Hinsawdd a'r Cynllun Ymateb, a oedd yn cynnwys mapio risg llifogydd ac asesu gwydnwch sefydliadol i risgiau sy'n gysylltiedig â'r hinsawdd.
  - Roedd gwaith yn parhau i fapio adnoddau i flaenoriaethau strategol, fodd bynnag roedd angen dadansoddiad pellach.
- **Risg Strategol Pump** (manteisio'n llawn ar ddigidol a data i wella iechyd y cyhoedd yng Nghymru) – amlygodd SA ac AD bod y risg yn cael ei hailfframio i adlewyrchu integreiddio trawsnewid digidol a data yn well, a bod angen dulliau rheoli newid mwy cynhwysfawr ar draws rhaglenni cymhleth, system gyfan.

Heb eu cadarnhau

Nodwyd bod disgrifiad risg diwygiedig a chynllun gweithredu ategol yn cael eu datblygu a byddent yn cael eu cyflwyno i'r Bwrdd.

- Mynegodd SA bryder parhaus ynghylch ansawdd a chapasiti data, yn enwedig mewn perthynas â data gofal sylfaenol, a nododd fod hyn yn parhau i ddarparu sicrwydd cyfyngedig. Er ei fod yn cydnabod y cynnydd a wnaed, pwysleisiodd y Cadeirydd rywfaint o anesmwythdra gweddilliol yn y maes hwn, a gofynnodd am ailystyried hyn yn dilyn trafodaeth bellach ar lefel y Bwrdd.
- Rhoddodd DG sicrwydd bod cysylltiad uniongyrchol rhwng Risg Strategol 5 a Risg Strategol 2, a oedd yn cael ei oruchwylio gan y Pwyllgor Pobl a Datblygu Sefydliadol, a chadarnhaodd fod y risgiau cydberthynol hyn yn cael eu hystyried ar y cyd.

Amlygodd SG sylw at bryderon ynghylch capasiti iechyd yr amgylchedd ac eglurder y system, yn enwedig mewn perthynas â rôl partneriaid allanol fel Asiantaeth Diogelwch Iechyd y DU (UKHSA), a nododd ddiffyg eglurder ynghylch cyfrifoldebau yn dilyn newidiadau mewn trefniadau cymorth. Cynghorodd SA fod trafodaethau gydag UKHSA yn parhau, gyda chyfarfod wedi'i drefnu i egluro rolau a chyfrifoldebau, a chadarnhaodd y byddai diweddariad yn cael ei gyflwyno i gyfarfod y Pwyllgor yn y dyfodol.
Cam Gweithredu: SA

Cwestiynodd TR y dehongliad o'r sefydliad yn gweithredu o fewn, ond ymhell y tu mewn i'w barodrwydd i dderbyn risg datganedig, ac awgrymodd y gallai hyn ddangos dull sy'n rhy amharod i gymryd risg a methiant posibl i wneud y mwyaf o gyfle. Cydnabu DG hyn, ond nododd fod fframweithiau parodrwydd i dderbyn risg wedi'u bwriadu i gefnogi cydbwysedd rhwng bod yn rhy amharod i gymryd risg a chymryd cyfleoedd, a chynghorodd y byddai hyn yn cael ei archwilio ymhellach fel rhan o ymchwiliad manwl arfaethedig i sicrwydd risg mewn cyfarfod yn y dyfodol.

Diolchodd SG i DG am y diweddariad, a chymerodd y Pwyllgor **sicrwydd** ynghylch rheoli Risg Strategol o fewn y Sefydliad.

KRIC 2.5.2/2026.03.17	**Y Gofrestr Risg Gorfforaethol**

Rhoddodd DG ddiweddariad ar y Gofrestr Risg Gorfforaethol, a nododd fod y Tîm Arwain wedi ystyried y diweddariad yn ei gyfarfod ym mis Ebrill.

Cadarnhaodd DG nad oes unrhyw risgiau newydd wedi'u cynnig i'w cynnwys, ac nad oes unrhyw risgiau wedi'u cynnig i'w dad-ddwysáu ar y Gofrestr Risg Gorfforaethol ar hyn o bryd.

Amlygodd DG newidiadau i sgoriau risg ar y Gofrestr:

- Risg 1758 – roedd y sgôr risg wedi'i gostwng o 15 i 12.
- Risg 2003 - roedd y sgôr risg wedi'i gostwng o 15 i 12, ac wedi'i halinio â'r diweddariadau cynnydd a amlinellwyd yn y drafodaeth Risg Strategol.

Croesawodd y Pwyllgor y diweddariadau a nododd fod cyfeiriad teithio'r sgoriau risg yn gadarnhaol.

Heb eu cadarnhau

Diolchodd SG i DG am y diweddariad a chymerodd y Pwyllgor **sicrwydd** bod risgiau corfforaethol yn destun craffu priodol.

KRIC 3.1/2026.03.17	Imiwneiddio

Rhoddodd CJo gyflwyniad ar y Rhaglen Imiwneiddio, gyda ffocws ar frechu teg, heriau cyflwyno systemau, a risgiau datblygol.

Pwysleisiodd CJo nad oedd Iechyd Cyhoeddus Cymru yn darparu gwasanaethau brechu'n uniongyrchol, ond yn hytrach yn chwarae rhan arwain system, gan weithio ochr yn ochr â Byrddau Iechyd a Llywodraeth Cymru i ddarparu tystiolaeth, gwyliadwriaeth a chymorth i wella'r nifer sy'n cael brechiadau. Amlygodd CJo y ffaith bod hyn yn creu her strwythurol, gan nad oedd gan Iechyd Cyhoeddus Cymru ddylanwadau cyflawni uniongyrchol, ond serch hynny roedd disgwyl iddo ddylanwadu ar ganlyniadau ar draws y system.

Amlinellodd CJo y meysydd allweddol o gynnydd, a oedd yn cynnwys parhau i flaenoriaethu brechu teg fel conglfaen dull imiwneiddio cenedlaethol. Roedd hyn cynnwys:

- Datblygu Rhwydwaith Brechu Teg
- Cyflwyno pecyn cymorth brechu teg
- Gwelliannau mewn gallu cadw gwyliadwriaeth trwy ddata ar lefel unigol
- Gwaith ehangach ar ymgysylltu â'r cyhoedd a llythrennedd brechlynnau, gan gynnwys cyflwyno rhaglen addysgol "patrôl imiwnedd" WHO mewn ysgolion.

Nododd CJo hefyd fod rhaglenni brechu wedi mabwysiadu dull cwrs bywyd cyfan cynyddol, yn ymestyn o feichiogrwydd hyd at oedolaeth hŷn.

Cynghorodd CJo fod anghydraddoldebau yn y maes hwn wedi ehangu dros y blynyddoedd diwethaf, yn enwedig yn dilyn pandemig COVID-19, er bod arwyddion cynnar yn awgrymu gwelliant posibl yn y cyfnod adrodd diweddaraf. Amlygodd bod anghydraddoldebau yn aml yn cael eu gyrru gan ffactorau mynediad a system yn hytrach nag amharodrwydd i frechu, a chyfeiriodd at enghreifftiau megis hygyrchedd apwyntiadau, modelau darparu gwasanaethau, a rhwystrau ymarferol y mae teuluoedd yn eu hwynebu. Roedd y sbardunwyr penodol yn cynnwys absenoldeb o'r ysgol, heriau gyda chydsyniad mewn ysgolion uwchradd, rhwystrau logistaidd i deuluoedd mwy o faint, a heriau wrth gasglu cofnodion brechu ar gyfer unigolion sy'n dod i Gymru yn ddiweddarach yn eu plentyndod.

Amlinellodd CJo hefyd fod gwaith ymgysylltu a mewnwelediad wedi'i wneud i ddeall yn well rhwystrau i frechu, gan nodi canfyddiadau datblygol megis effaith gorbryder ynghylch nodwyddau ac ofn colli ysgol ymhlith pobl ifanc, yn ogystal â phwysigrwydd cyd-gynhyrchu atebion gyda phoblogaethau targed.

Trafododd y Pwyllgor y pwyntiau canlynol:

Heb eu cadarnhau

- Nifer yr heriau ar lefel system, yn enwedig y gallu cyfyngedig i drosi tystiolaeth yn newidiadau cyson mewn modelau cyflawni. Darparodd y Prif Swyddog Iechyd enghreifftiau lle roedd ymyriadau sy'n seiliedig ar dystiolaeth - megis rhoi brechiadau ffliw i blant mewn meithrinfeydd neu wahodd cleifion yn rhagweithiol i gael brechiad rhag yr eryr wedi dangos gwell cyfranogiad, ond nid oeddent wedi'u mabwysiadu'n gyson ar draws Byrddau Iechyd.
- Cododd TR bryderon ynghylch atebolrwydd a chwestiynodd faint o ddylanwad sefydliadol oedd ar y system. Gofynnodd hefyd am eglurhad ynghylch a oedd gwelliannau mewn anghydraddoldebau brechu wedi'u gwireddu dros amser. Cydnabu CJo yr heriau hyn, a chadarnhaodd, er y bu rhywfaint o gynnydd, fod y newid wedi bod yn raddol ac yn annigonol, a bod angen dulliau system ehangach i sbarduno gwelliant.
- Holodd TR hefyd am y model darparu, yn benodol a allai ymwelwyr iechyd a bydwragedd chwarae rhan fwy wrth ddarparu brechiadau. Cefnogodd CJo y dull hwn, a nododd fod modelau cyflwyno aml-broffesiynol yn gysylltiedig â mwy o ddefnydd. Cyfeiriodd at enghreifftiau lle'r oedd rhaglenni brechu a ddarparwyd gan fydwragedd wedi cyflawni canlyniadau gwell.
- Myfyriodd TF y gallai rôl Iechyd Cyhoeddus Cymru fod wedi bod yn angenrheidiol ond nid yn ddigonol wrth gyflawni effeithiolrwydd y system, a phwysleisiodd bwysigrwydd gweithio mewn partneriaeth a'r heriau o ran dylanwadu ar newid ymddygiad ar draws y system. Amlygodd y gallai gwahanol safbwyntiau ar draws y system iechyd cyhoeddus ehangach hefyd effeithio ar fabwysiadu dulliau sy'n seiliedig ar dystiolaeth.
- Nodwyd cymhlethdod tirwedd y system, a oedd yn cynnwys trefniadau cyflawni dameidiog, arferion amrywiol ar draws byrddau iechyd, a chyfleoedd a gollwyd ar gyfer integreiddio ar draws gwasanaethau (e.e. cyfleoedd brechu yn ystod cysylltiadau gofal iechyd eraill). Amlygodd SG bwysigrwydd meddwl system gyfan, a chyfleoedd i wella nifer y bobl hŷn sy'n cael brechiadau a thrwy ryngweithiadau iechyd cyhoeddus ehangach.
- Nododd JM berthnasedd brechu o fewn mentrau iechyd ehangach mewn ysgolion a'r gweithlu, ac awgrymodd fod cyfleoedd i gryfhau integreiddio ar draws rhaglenni a chynyddu'r pwyslais ar frechu fel elfen graidd o atal.
- Amlygodd SA waith parhaus i gryfhau tystiolaeth economeg iechyd, a holodd sut y gellid defnyddio data ymhellach i dargedu atal achosion, yn enwedig yng ngoleuni risgiau'r frech goch. Cadarnhaodd CJo fod gwaith dadansoddi wedi'i wneud i nodi ardaloedd sydd mewn mwy o berygl o frigiadau ac i lywio ymyriadau wedi'u targedu.
- Nodwyd y manteision ariannol ac iechyd cyhoeddus sylweddol o atal, a oedd yn cynnwys tystiolaeth bod cost ymateb i achosion yn sylweddol uwch na chost rhaglenni brechu ataliol. Pwysleisiodd CJo yr her barhaus o ddangos tystiolaeth o ganlyniadau lle mae niwed wedi'i osgoi, a phwysigrwydd cryfhau'r naratif ynghylch effaith atal.

Diolchodd SG i CJo am y cyflwyniad, a chynigiodd, gan fod y materion dylanwadu ac arweinyddiaeth system yn y maes hwn wedi'u hamlygu, y dylid amlygu hyn yn ôl i'r Bwrdd i'w ystyried a'i drafod ymhellach ar sut y gallai'r sefydliad wneud y mwyaf o'i effaith ar wella nifer y bobl sy'n cymryd brechiadau a lleihau anghydraddoldebau.
Cam Gweithredu: LB

Cymerodd y Pwyllgor **sicrwydd** o'r cyflwyniad ynghylch y trefniadau sydd ar waith i adrodd ac ymchwilio i anghydraddoldebau yn y nifer sy'n derbyn brechlynnau.

KRIC 4/2026.03.17	**Eitemau ar gyfer Sicrwydd**
KRIC 4.1/2026.03.17	**Strategaeth Ymchwil a Gwerthuso**

Derbyniodd y Pwyllgor y wybodaeth ddiweddaraf am gynnydd gweithredu Strategaeth Ymchwil a Gwerthuso'r sefydliad.

Amlinellodd AD y cynnydd dros y chwe mis blaenorol yn erbyn pedwar prif biler y Strategaeth: adeiladu diwylliant ymchwil, cryfhau rheoli a chyflwyno ymchwil, datblygu partneriaethau strategol, a gwella cyd-gynhyrchu a chyfranogiad y cyhoedd. Amlygodd AD y cynnydd sylweddol ar draws pob maes, yn enwedig wrth gryfhau trefniadau llywodraethu ymchwil mewn ymateb i Gylchlythyrau Iechyd Cymru, a oedd wedi cynnwys gwaith gyda chydweithwyr Cyllid i sicrhau cydymffurfedd â gofynion newydd.

Amlygodd AD bwyntiau allweddol o'r diweddariad:

- Adroddwyd ar gynnydd mewn datblygu capasiti a gallu o fewn Iechyd Cyhoeddus Cymru, a oedd yn cynnwys llwyddiant y rhaglen fentora ymchwil dan arweiniad EDL a gefnogodd ymgysylltiad staff mewn gweithgaredd ymchwil, datblygu cynigion, a chyd-fynd â chyfleoedd ariannu. Nodwyd ymhellach fod gweithgarwch ymchwil wedi cynyddu ar draws meysydd strategol allweddol, gan gynnwys hinsawdd, gamblo, anghydraddoldebau iechyd, a modelu polisi.
- Cyflawniad sylweddol wrth sicrhau cymeradwyaeth i gynnal cymrodyr polisi Ymchwil ac Arloesi'r DU, a oedd yn nodi'r tro cyntaf i Iechyd Cyhoeddus Cymru gymryd rhan yn y cynllun hwn a ariennir yn llawn. Nodwyd bod incwm grantiau a gweithgaredd datblygu cynigion yn cynyddu, a oedd yn dangos trywydd cadarnhaol mewn perfformiad ymchwil.
- Adroddwyd ar gynnydd cryf ar bartneriaeth strategol gyda Phrifysgol Caerdydd drwy sefydlu Memorandwm Cyd-ddealltwriaeth (MoU), a chadarnhawyd bod trafodaethau cynnar ar y gweill gyda Phrifysgol Bangor i ddatblygu trefniant tebyg. Esboniodd EDL fod y dull MoU wedi'i fwriadu i ganolbwyntio ymdrech gydweithredol ar feysydd blaenoriaeth allweddol er mwyn galluogi mwy o effaith wrth gynnal partneriaethau presennol.
- Ni fyddai'r Strategaeth bresennol (sydd i ddod i ben yn 2026) yn cael ei disodli'n llawn, ond yn hytrach byddai'n cael ei hymestyn i 2029, wedi'i chefnogi gan gynllun cyflawni â mwy o ffocws i ganolbwyntio ymdrech ar feysydd blaenoriaeth a chyflymu cynnydd.

Diolchodd SG i AD ac EDL am y diweddariad, a nododd y cynnydd sylweddol a wnaed a datblygiad platfform sefydliadol cryf ar gyfer ymchwil. Croesawodd SG hefyd y llwyddiant wrth ddenu cymrodyr UKRI a'r cynnydd mewn incwm grantiau, a nododd y rhain fel dangosyddion o ddilysu allanol ac aeddfedrwydd sefydliadol.

Holodd SA am y dull o alinio partneriaethau â Phrifysgol Bangor o fewn y fframwaith strategol ehangach ac amlygodd bwysigrwydd gwaith gwerthuso sy'n gysylltiedig â blaenoriaethau Llywodraeth Cymru, yn enwedig rhaglen y Sefydliad Tegwch Iechyd.

Heb ei gadarnhau

Cadarnhaodd AD fod trafodaethau gyda Llywodraeth Cymru yn parhau, gydag Iechyd Cyhoeddus Cymru yn darparu cymorth cynghori dibynadwy wrth ddatblygu dulliau gwerthuso, er nad oedd rolau a chyfrifoldebau ar gyfer gweithgaredd gwerthuso ffurfiol wedi'u cwblhau eto.

Cwestiynodd TR sut roedd y sefydliad yn diffinio ac yn dangos arweinyddiaeth system, a oedd yn cynnwys sut mae effaith yn cael ei mesur a'i thystiolaethu. Cefnogodd JM y pwynt hwn, a nododd yr angen am fwy o eglurder a chywirdeb wrth ddefnyddio terminoleg, yn enwedig wrth ddiffinio beth a olygir gan “arweinyddiaeth system” a “chymorth system”. Cydnabu SG hyn a chynigiodd y dylid gwneud gwaith pellach i egluro rôl ac effaith y sefydliad fel arweinydd system. Cytunwyd y byddai hyn yn cael ei archwilio ymhellach y tu allan i'r cyfarfod a'i ddwyn yn ôl i'r Pwyllgor yng nghyfarfod mis Rhagfyr i'w drafod yn fanylach.
Cam Gweithredu: AD/EDL

Cymerodd y Pwyllgor **sicrwydd** ynghylch cynnydd ar weithredu Strategaeth Ymchwil a Gwerthuso'r sefydliad.

KRIC 4.2/2026.03.17	**Y Fframwaith Canlyniadau**

Rhoddodd LN drosolwg o'r gwaith i ddatblygu a gwreiddio system y Fframwaith Canlyniadau ar draws y sefydliad.

Amlygodd LN ddiweddariadau allweddol o'r adroddiad:

- Gwaith a wnaed ar gynlluniau modelu a gwerthuso, a oedd yn cynnwys gwaith i asesu cost iechyd meddwl, ac i adeiladu ar waith blaenorol mewn perthynas â gordewdra. Cynghorodd LN fod y gwaith hwn wedi'i fwriadu i gryfhau gallu'r sefydliad i fynegi effaith a gwerth, yn enwedig wrth gefnogi trafodaethau system ehangach.
- Parhaodd gwaith ar Ddisgwyliad Oes Iach i fod o ddiddordeb sylweddol o fewn Iechyd Cyhoeddus Cymru ac yn allanol, a oedd yn cynnwys ymgysylltu â Llywodraeth Cymru a chydweithio parhaus â'r Prif Swyddog Meddygol.
- Roedd cynlluniau wedi'u hamlinellu i adolygu dangosyddion perfformiad i sicrhau bod dangosyddion yn darparu'r wybodaeth gywir ar yr amser cywir. Pwysleisiodd y dylid ystyried dangosyddion unigol fel signalau yn hytrach na mesurau cyflawn o berfformiad, a bod angen datblygu dull mwy cyd-destunol ac integredig i ddod â dangosyddion lluosog ynghyd â modelu a thystiolaeth, er mwyn cefnogi dealltwriaeth ddyfnach o flaenoriaethau sefydliadol.
- Datblygu grŵp sganio'r gorwel sydd wedi’i alinio i’r penderfynyddion ehangach Blaenoriaeth Strategol. Esboniodd LN y byddai'r grŵp hwn yn integreiddio data, dadansoddiad, ymchwil a thystiolaeth i lywio argymhellion ar gyfer blaenoriaethau sefydliadol, a chefnogi adrodd i grwpiau llywodraethu fel Pwyllgorau a'r Bwrdd. Nododd LN fod y dull hwn yn anelu at wneud y mwyaf o werth o adnoddau dadansoddi presennol, a gellid ei ehangu ymhellach yn amodol ar gapasiti.

Diolchodd SG i LN am y diweddariad.

Trafododd y Pwyllgor y pwyntiau canlynol:

Heb eu cadarnhau

- Ceisiodd SG sicrwydd bod anghydraddoldebau wedi'u hymgorffori yn y Fframwaith Canlyniadau. Cadarnhaodd LN fod anghydraddoldebau'n cael eu hadrodd ar wahân ar hyn o bryd, ond cydnabu fod cyfle i integreiddio dadansoddi anghydraddoldebau'n well, yn enwedig drwy'r gwaith sganio'r gorwel, ond nododd fod cynnydd yn y maes hwn yn rhannol ddibynnol ar well data ar gael.
- Myfyriodd JM ar sesiwn diweddar ar ddangosyddion effaith gyda'u tîm arwain estynedig, a nododd fod y dull o ymdrin â'r Fframwaith Canlyniadau yn pwysleisio cyd-gynhyrchu, lle'r oedd timau rhaglenni'n cymryd rhan weithredol mewn datblygu mesurau effaith yn hytrach na dibynnu'n llwyr ar ddadansoddeg ganolog. Nododd JM fod hyn wedi cryfhau perchnogaeth ac wedi sicrhau perthnasedd i gyflawniad gweithredol. Cytunodd LN â'r dull hwn a phwysleisiodd y byddai cam nesaf y datblygiad yn canolbwyntio ar sicrhau bod meddwl am ganlyniadau wedi'i ymgorffori yn y gwaith o gyflwyno rhaglenni, yn hytrach nag fel ymarfer dadansoddol ar wahân.
- Nododd AD fod y Fframwaith Canlyniadau yn ymgorffori gwerthusiad meintiol ac ansoddol, a byddai'n cynnwys ymgysylltu wedi'i dargedu â grwpiau a oedd yn llai tebygol o gymryd rhan er mwyn deall yn well anghydraddoldebau ac amrywiadau mewn canlyniadau.
- Holodd TR sut mae dysgu o weithgarwch gwerthuso, yn benodol enghraifft y rhaglen rhagsefydlu ac adsefydlu yng Nghaerdydd a'r Fro, yn cael ei drosi i welliant system ehangach. Cydnabu LN, er bod canfyddiadau'r gwerthusiad wedi cefnogi cyllid a chynaliadwyedd lleol, fod cyfle i wella'r rhannu a'r graddio rhagweithiol o arfer gorau ar draws byrddau iechyd.
- Cefnogodd JMs y pwynt hwn, gan nodi bod gan Iechyd Cyhoeddus Cymru rôl wrth nodi a lledaenu ymyriadau effeithiol, a phwysleisiodd bwysigrwydd cymhwyso tystiolaeth gyson ar draws y system wrth addasu'r ddarpariaeth i gyd-destunau lleol.

Gwnaeth y Pwyllgor y canlynol:

- Cymerodd **sicrwydd** ynghylch gweithredu a defnyddio system fesur Iechyd Cyhoeddus Cymru (ICC).
- Cymerodd **sicrwydd** bod gwaith ar y gweill i ymgorffori'r system fesur ymhellach yn y Cynllun Tymor Canolig Integredig (IMTP) ac adrodd ar berfformiad.

KRIC 2.4/2026.03.17	**Gofal Sylfaenol (Ffocws ar Anghydraddoldebau)**

Rhoddodd ZW a KB gyflwyniad i'r Pwyllgor ar y rhaglen Gofal Sylfaenol i leihau anghydraddoldebau iechyd.

Nododd ZW fod y rhaglen yn anelu at wella tegwch iechyd drwy Ofal Sylfaenol, a chydnabu, er bod penderfynyddion ehangach iechyd y tu allan i ofal iechyd, fod gan y GIG rôl sylweddol o hyd wrth fynd i'r afael ag anghydraddoldebau. Amlygodd ZW y ffaith bod gofal sylfaenol yn cyfrif am y rhan fwyaf o gysylltiadau cleifion, sy'n ei wneud yn lleoliad hollbwysig ar gyfer atal ac ymyrraeth gynnar.

Amlinellodd y cyflwyniad ddatblygiad y Rhaglen Teg i Bawb, a oedd yn cynnwys y sylfaen dystiolaeth, y dull cyd-gynhyrchu, a'r cynllun gweithredu ar draws y system. Nododd KB fod y rhaglen wedi'i datblygu mewn ymateb i fylchau yn y fframweithiau presennol a chyfyngiadau yn y data sydd ar gael, a oedd yn ei gwneud yn ofynnol i'r tîm gynnal

dadansoddiad newydd i nodi anghydraddoldebau parhaus ac effaith y ddeddf gofal gwrthgyfartal. Pwysleisiodd KB fod y rhaglen wedi'i hategu gan dystiolaeth, data, a phrofiad bywyd, ac wedi'i chefnogi gan ystod o offer a oedd yn cynnwys dangosfyrddau, canllawiau cynllunio, a rhestr wirio tegwch ar gyfer cynllunio gwasanaethau.

Diolchodd SG i KB a ZW am y cyflwyniad, a chroesawodd natur strwythuredig ac ymarferol y dull gweithredu.

Trafododd y Pwyllgor y pwyntiau canlynol:

- Gofynnodd SG am eglurhad ynghylch sut roedd y rhaglen yn trosi'n ddarpariaeth rheng flaen. Darparodd KB enghraifft o weithio ar lefel clwstwr yng Nghaerdydd, lle bu practisiau'n cydweithio i ddarparu imiwneiddio ac ymyriadau iechyd ehangach o fewn lleoliadau cymunedol. Esboniodd KB fod y dull hwn wedi gwella'r nifer sy'n cyfranogi ac wedi nodi angen heb ei ddiwallu (gan gynnwys diabetes heb ei ddiagnosio), ond nododd fod y ddarpariaeth yn gofyn am arweinyddiaeth leol, cydweithredu a goresgyn rhwystrau llywodraethu, yn enwedig o ran rhannu adnoddau a charfanau cleifion ar draws practisiau. Amlygodd KB mai rôl Iechyd Cyhoeddus Cymru oedd hwyluso, cefnogi a rhannu arferion gorau, a oedd yn cynnwys datblygu offer, lledaenu tystiolaeth a gweithio mewn partneriaeth â Byrddau Iechyd, Llywodraeth Cymru a gwasanaethau rheng flaen.
- Croesawodd TR y ffocws cynyddol ar anghydraddoldebau ond cododd bryderon nad yw anghydraddoldebau efallai wedi'u hymgorffori fel blaenoriaeth graidd ar draws y system eto. Rhybuddiodd hefyd yn erbyn defnyddio rhestrau gwirio cydraddoldeb, ac amlygodd y risg y gallai ystyriaethau cydraddoldeb ddod yn ymarfer cydymffurfio yn hytrach na newid diwylliannol. Cydnabu KB gymhlethdod cyflawni newid diwylliant, a nododd fod y rhaglen yn canolbwyntio ar gefnogi a galluogi mabwysiadwyr cynnar, meithrin momentwm ar draws y system, a theilwra dulliau ar gyfer gwahanol gynulleidfaoedd.
- Holodd TR am effaith cynnwys anghydraddoldebau o fewn y contract meddygon teulu ac a fyddai hyn yn sbarduno newid ymddygiad. Cadarnhaodd KB fod gofynion iechyd cynhwysol wedi'u cyflwyno i'r contract Meddygon Teulu, gyda ffocws cychwynnol ar ddatblygu cofrestrau a chodi ymwybyddiaeth, a disgwylir datblygiad pellach dros amser.
- Holodd SG sut roedd y rhaglen yn ymgysylltu ag arferion nad oeddent mor ddatblygedig yn y maes hwn. Cynghorodd KB fod gwaith yn parhau i gefnogi'r rhai sy'n fodlon mabwysiadu'r gwaith hwn, ond cydnabu fod y cynnydd yn parhau i fod yn amrywiol a hyd yn oed ymhlith y rhai a fabwysiadodd yn gynnar fod angen datblygiad pellach, yn enwedig mewn perthynas â defnyddio a mesur data.
- Nododd SA yr Uwchgynhadledd Gofal Sylfaenol sydd ar ddod, a gofynnodd pa agweddau ar y gwaith hwn y dylid eu hamlygu yn yr uwchgynhadledd. Ymatebodd ZW y byddai'r gwaith hwn yn gysylltiedig â meysydd lle mae angen symud i strategaeth atal a rheoli iechyd y boblogaeth, ond nododd mai'r neges allweddol fyddai bod cyfyngiadau presennol, megis mynediad at ddata gofal sylfaenol a setiau data cysylltiedig, yn cyfyngu ar y gallu i dargedu ymyriadau a gwerthuso effaith. Amlygodd ZW hefyd y byddai KB yn bwrw ymlaen â grŵp gorchwyl a gorffen cenedlaethol i edrych ar y dull o reoli iechyd y boblogaeth yng Nghymru.

- Nododd KB, er bod seilwaith data gwell yn bwysig, fod angen hefyd gwneud gwell defnydd o ddata a gwybodaeth bresennol, a oedd yn cynnwys setiau data sydd ar gael yn gyhoeddus a gwybodaeth leol. Amlygodd SA bwysigrwydd sicrhau bod data'n cael ei rannu'n effeithiol â gofal sylfaenol i gefnogi dealltwriaeth o anghenion y boblogaeth leol.
- O ran pwysigrwydd cydweithio ar draws y system, pwysleisiodd JM yr angen i Iechyd Cyhoeddus Cymru ystyried anghydraddoldebau'n gyson ar draws pob rhaglen a phartneriaeth, ac i gryfhau integreiddio ar draws gweithgareddau sefydliadol.
- Cododd TR gwestiynau ynghylch mesur effaith a dyrannu adnoddau, ac a oedd digon o adnoddau'n cael eu cyfeirio at y meysydd lle'r oedd yr angen mwyaf. Cydnabu Kerry hyn a nododd fod practisiau mwy difreintiedig yn aml yn wynebu galw uwch gyda llai o adnoddau, a oedd yn cyfyngu ar eu gallu i ymgymryd â gwaith iechyd y boblogaeth rhagweithiol.

Nododd y Pwyllgor, er bod cynnydd wedi'i wneud yn y maes hwn, fod her sylweddol o hyd ar draws y system o ran ymgorffori tegwch, gwella'r defnydd o ddata, a sicrhau bod arferion gorau yn cael eu mabwysiadu'n gyson ar draws Cymru.

Cymerodd y Pwyllgor **sicrwydd** bod dull cynhwysfawr, sy'n seiliedig ar dystiolaeth, ar waith ar gyfer datblygu gofal sylfaenol ar draws y system a nododd gynnydd o ran ei ddarparu.

	Strategaeth a Phortffolio Digidol a Data

Rhoddodd JG y wybodaeth ddiweddaraf am y Strategaeth Ddigidol a Data a'r portffolio cysylltiedig.

Nododd JG fod y portffolio cyffredinol yn parhau i fod yn sylweddol o ran maint, a bod risg cyflawni cysylltiedig wedi'i nodi. Cadarnhaodd JG fod mesurau lliniaru yn cael eu harchwilio ar hyn o bryd i sicrhau bod y ddarpariaeth yn parhau ar y trywydd iawn ac i reoli cyfyngiadau capasiti.

Rhoddodd JG drosolwg o raglenni allweddol o fewn y portffolio:

- Roedd y **Rhaglen Ddigidol Diogelu Iechyd** yn parhau ar y trywydd iawn i'w chwblhau yng Nghyfnod 1, a disgwylir y bydd yn cael ei chyflwyno'n llawn erbyn mis Ionawr 2028.
- Roedd oedi ac adolygiad o'r rhaglen Adnodd Data Cenedlaethol (NDR) dan arweiniad Iechyd a Gofal Digidol Cymru (IGDC) wedi effeithio ar gynnydd **y Rhaglen Sgrinio ar gyfer yr Ysgyfaint**. Cadarnhaodd JG fod trafodaethau'n parhau gydag IGDC i nodi lliniaru, a disgwylir ystyried datrysiad arfaethedig ym mis Gorffennaf. Eglurodd JG, er bod risg o ddibyniaeth, nad oedd oedi uniongyrchol i'r ddarpariaeth ar hyn o bryd, gan fod disgwyl yr effaith yn ddiweddarach yn amserlen y rhaglen.
- Roedd elfennau o'r **Rhaglen Data, Dadansoddi, Cofrestrau a'r Cwmwl** wedi cael eu heffeithio gan oedi Rhaglen Adnoddau Data Cenedlaethol IGDC, cyfyngiadau adnoddau a achoswyd gan yr oedi, a throsiant staff. Cadarnhaodd

Heb eu Cadarnhau

JG fod recriwtio ar y gweill yn yr ardaloedd yr effeithiwyd arnynt a bod disgwyl iddo gael ei gwblhau cyn bo hir, a fyddai'n helpu i sefydlogi'r ddarpariaeth.

- Nododd JG fod yr allbwn rheolaidd cyntaf a gynhyrchwyd drwy'r Llwyfan Data a Dadansoddi Cenedlaethol (NDAP) bellach wedi'i weithredu ar gyfer data gwyliadwriaeth amser real hunanladdiad tybiedig, gyda disgwyl allbynnau pellach ym mis Gorffennaf.
- Roedd y risg sy'n gysylltiedig â system Audit+ yn parhau i fod ar agor, gyda phenderfyniad yn yr arfaeth gan y Cyngor Meddygon Teulu ym mis Gorffennaf ynghylch dilyniant. Cadarnhaodd JG hefyd fod y mater blaenorol yn ymwneud â chyfraddau ymateb i arolygon bellach wedi'i ddatrys, gyda chamau gweithredu wedi'u cwblhau a'r risg wedi'i chau.

Gofynnodd SG am eglurhad ynghylch goblygiadau oedi ac adolygu'r NDR. Cadarnhaodd JG fod hyn yn ymwneud â phenderfyniadau ar lefel rhaglenni cenedlaethol, ac er ei fod yn cyflwyno mesurau lliniaru ansicrwydd, roedd camau lliniaru'n cael eu cymryd yn weithredol.

Amlinellodd LN y gwaith ar lywodraethu Deallusrwydd Artiffisial (AI) o fewn y sefydliad.

Esboniodd LN fod AI bellach wedi'i ymgorffori fel busnes fel arfer yn hytrach na rhaglen annibynnol, gyda ffocws ar sicrhau cydbwysedd priodol rhwng llywodraethu cadarn a galluogi arloesi.

Amlinellodd LN y trefniadau llywodraethu presennol, a oedd yn cynnwys:

- Yr Awdurdod Dylunio AI (AIDA), a oedd yn darparu goruchwyliaeth a sicrwydd;
- Y Gofrestr AI, a oedd â'r nod o gofnodi offer AI cymeradwy a rhai datblygol;
- System olrhain sicrwydd i fonitro gweithgaredd ehangach sy'n gysylltiedig ag AI, a fyddai'n cynnwys datblygu polisïau a chanllawiau.
-

Nododd LN fod un offeryn newydd (DetectedX) wedi'i ychwanegu at y gofrestr, ac fe'i disgrifiwyd fel offeryn hyfforddi risg isel ar gyfer radiolegwyr canser y fron, nad oedd yn cynnwys defnyddio data sefydliadol ac yn cefnogi dysgu clinigol.

Amlygodd LN hefyd waith parhaus i gryfhau llywodraethu:

- Cyflwyno dosbarthiad AI o fewn system Datix i gefnogi adrodd ar ddigwyddiadau;
- Datblygu polisi AI lefel uchel i ategu canllawiau mwy manwl; a
- Gweithio i fynd i'r afael â'r risgiau sy'n gysylltiedig âg "AI cysgodol", lle gall staff ddefnyddio offer allanol y tu allan i reolaeth y sefydliad.

Pwysleisiodd LN fod y dull yn anelu at annog defnydd diogel a phriodol o AI yn hytrach na chyfyngu ar arloesi, a'i fod i gael ei gefnogi gan ymwybyddiaeth a hyfforddiant staff.

Diolchodd SG i JG ac LN am y diweddariad.

Holodd TR am yr ystod o offer AI a ddefnyddir ac a ystyriwyd llwyfannau ychwanegol. Cadarnhaodd LN mai Microsoft Co-pilot yw offeryn cymeradwy'r sefydliad ar hyn o bryd, oherwydd ei integreiddio o fewn seilwaith y sefydliad a'r sicrwydd diogelwch data

Heb eu Cadarnhau

cysylltiedig. Nid oedd offer eraill wedi'u mabwysiadu ar y cam hwn oherwydd ystyriaethau llywodraethu a diogelwch. Ychwanegodd TF fod gwaith gweithredol ar y gweill i hyrwyddo mabwysiadu Copilot, a fyddai'n cynnwys cymorth a hyfforddiant ymarferol, ac amlygodd bod mewnwelediadau cynnar o waith peilot wedi dangos manteision mewn meysydd fel tasgau gweinyddol a rheoli llif gwaith. Nododd TF bwysigrwydd annog staff i ddefnyddio offer cymeradwy yn hytrach na llwyfannau allanol.

Myfyriodd SG ar bwysigrwydd cynnal cydbwysedd priodol rhwng arloesi a sicrwydd o ystyried cyflymder y newid yn y maes hwn, a'r angen i sicrhau bod goruchwyliaeth sefydliadol yn parhau i fod yn effeithiol.

Cymerodd y Pwyllgor **sicrwydd** bod Iechyd Cyhoeddus Cymru yn cyflawni ei Strategaeth Ddigidol a Data drwy'r Map Trywydd y cytunwyd arno a bod ganddo lywodraethu cadarn ar waith ar gyfer rheoli gwaith digidol a data.

	Diweddariad ar Bolisïau Corfforaethol Chwemisol

Rhoddodd LB drosolwg o'r diweddariad chwemisol ar Bolisïau Corfforaethol o fewn cylch gwaith y Pwyllgor.

Nododd LB nad oedd unrhyw feysydd o bryder i'w hadrodd, a bod y sefyllfa gyffredinol yn adlewyrchu trefniadau rheoli ac adolygu polisïau effeithiol, gyda dau bolisi o fewn y cwmpas ac yn gyfredol. Amlygodd LB bod y Polisi Camymddwyn Ymchwil yn destun ymgynghoriad ar hyn o bryd a bod disgwyl iddo gael ei adnewyddu maes o law.

Rhoddodd y pwyllgor **sicrwydd** ynghylch y blaenoriaethu a'r cynnydd a wneir i adolygu polisïau, gweithdrefnau, a dogfennau rheoli ysgrifenedig eraill o fewn cylch gorchwyl y Pwyllgor.

KRIC 3/2026.03.17	**Eitemau i'w Cymeradwyo**
KRIC 3.1/2026.03.17	**Cofnodion, Log Camau Gweithredu a Materion yn Codi o'r cyfarfod (09 Rhagfyr 2025)**

Cymeradwyodd y Pwyllgor gofnodion cyfarfod 17 Mawrth fel cofnod cywir.

Cynghorodd LB fod pedwar cam gweithredu ar y gweill ar hyn o bryd, gyda diweddariadau byr wedi'u darparu. Nododd LB fod disgwyl diweddariadau mwy sylweddol, a chynigiodd y dylid diwygio'r dyddiadau targed ar gyfer y camau gweithredu hyn i gyfarfod mis Medi, ac yna cyflwyno adroddiadau cynnydd mwy llawn i'r Pwyllgor:

- **Cam Gweithredu 2025/06** (amserlen ar gyfer system TG newydd)
- **Cam Gweithredu 2024/6** (datblygu ap y GIG)
- **Cam Gweithredu 2026/02** (Metrigau Perfformiad a Sicrwydd AI)
- **Camau Gweithredu 2026/04** (alinio â chynllun gwaith QSIC)

Amlygodd LB bod dau gam gweithredu wedi'u cwblhau ac argymhellir eu cau:

- **Cam gweithredu 2026/01**
- **Cam gweithredu 2026/03**

Cymeradwyodd y Pwyllgor y newidiadau i'r log camau gweithredu.	
KRIC 5 /2026.03.17	**Eitemau i'w Nodi**
KRIC 5.1/2026.03.17	**Diweddariad ar y Traciwr Argymhellion Archwilio**
Nododd y Pwyllgor y Traciwr Argymhellion Archwilio er gwybodaeth.	
KRIC 7/2026.03.17	**Gweinyddiaeth i Gloi**
Unrhyw fater arall: Dim. Gwahoddwyd aelodau'r Pwyllgor i roi eu hadborth ar y cyfarfod drwy e-bost i LB, gan gynnwys unrhyw feysydd a weithiodd yn dda, ac unrhyw feysydd i'w gwella. Dyddiad y Cyfarfod Nesaf: **15 Medi 2026**	
Daeth y cyfarfod i ben am 15:47	

Heb eu Cadarnhau

RAG Rating/Status	
At risk	Red - Action date passed or revised date needed
On track	Yellow - Action on target to be completed by agreed/revised date
Complete	Green- Action complete
No longer needed	Blue - Action to be removed and/or replaced by new action

KNOWLEDGE, RESEARCH AND INFORMATION COMMITTEE

Meeting Item Reference	Action Reference	Lead	Meeting Item Title	Details of action	Update on progress	Original target date	Revised target date	RAG rating/Status
OPEN ACTIONS FOR REVIEW								
KRIC 3.1/2024.06.06	KRIC 2024/6	IB	Deep Dive: Screening (Priority 6)	IB agreed to follow up with Welsh Government for progress on the development of the NHS Wales app.	**September 2026 update:** Funding for the app has now been confirmed and discussions will resume. **June 2026 update.** The Welsh Government have undertaken a pause and review exercise for most digital programmes. The NHS Wales App work for DHCW is not currently funded and the future direction for it is unclear **March 2026 meeting update:** Discussions had taken place with Digital Health Care Wales (DHCW), and work was being undertaken to develop a joint workplan between Public Health Wales and DHCW. Public Health Wales would establish an internal coordinating group to streamline engagement with DHCW, and conversations had been undertaken with Welsh Government on issues that they may wish to mandate nationally within the app**.** **November 2025 Update:** IB has been in touch with DHCW and the individual now leading this work on the NHS App. An update to be provided at the meeting. **September 2025 update:** IB had reached out to Welsh Government and noted that a prioritisation meeting on the features of the NHS Wales app was scheduled for 17 September. Equalities data is not on the priority list for the NHS Wales App for 2025/6. We have a joint meeting with DHCW in late September on alignment of our agendas and we will be loud and vociferous in trying to ensure this is planned into the 2026/7 features. Request change of date to 9 December 2025 for further update. **June 2025 meeting update:** IB noted that whilst the proposition to include equalities data collection within the NHS Wales app as a priority had been put forward to Welsh Government, there had been no received updates on progress, and that IB would continue to pick up how to move this forward. SG offered Committee support to resolve this, which may include sending communications on behalf of the Committee. **June 2025 update:** There remains a lack of clarity on the direction of the NHS Wales App. Despite repeated phone calls and discussions with WG, the collection of equalities data does not appear to be being taken forward. We are carrying on with our tactical work by linking screening data to cancer and death to data to get a better view of the impact of screening. **March 2025 Update:** DHCW have yet to prioritise the next phase of development. PHW have made repeated representations on the priorities for	05 September 2024	15 September 2026	At risk
KRIC 3.3/2025.06.17	KRIC 2025/06	IB/SH	Update on Strategic Priori	IB/SH agreed on a joint action to develop a detailed timeline of the new IT system and bring it to a future meeting.	**September 2026 update:** The business case is with Welsh Government, and is for lab work rather than digital work as that is funded separately. **March 2026 update:** IB reported that a business case would be submitted to BET, which focused on laboratory upgrades required at Cardiff University. There was confidence that the digital elements for introducing tyrosinemia screening could be delivered, but implementation was dependent on Welsh Government funding decisions on the laboratory case. **November 2025 update –** contract now signed to take forward phase 2 of the newborn screening information system to enable capability to make improvements such as introducing new conditions and improving pathway for newborn hearing screening. As start is now in November there is a risk this work may not be completed in this financial year. Detailed timelines will more understood as the work is progressed. Request change of date to March 2026 meeting for further update. **September 2025 update:** With the re-platforming of Newborn Screening complete, we now have a stable system that enables updates and upgrades. For new screening types, there is also a need for upgrades to Lab facilities in Cardiff. There is a business case underway for the lab work and once this is progressed we will have a greater confidence on timelines. This will be brought to the December meeting.	09 December 2025	15 September 2026	At risk
KRIC 2.2/2026.03.17	KRIC 2026/02	IB	Data and Digital Strategy	IB agreed to consider how AI-related metrics could be integrated into the Performance and Assurance reporting framework.	**September 2026 update:** This will be discussed at the Board Development meeting in October, and an update will be brought to the December meeting. Request extension to 15.12.2026 **June 2026 update:** this action is ongoing and an update will be brought to the September meeting.	16 June 2026	15 September 2026	At risk
KRIC 4.1/2026.03.17	KRIC 2026/04	IB	Committee Review 2025/26 and Forward Plan 2026/27	SG noted the Committee's previous discussion about alignment with the Quality, Safety & Improvement Committee (QSIC) workplan, and suggested that deep dive topics should be co-ordinated so that they were either jointly delivered or timed so that both Committees covered related topics concurrently. IB agreed and proposed to work with joint Lead Executives for the QSIC Committee to develop a coordinated approach that ensured the best timings for papers go to the most suitable committee.	**September 2026 update:** verbal update to be provided at the meeting	16 June 2026	15 September 2026	At risk
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE								
KRIC 4.1/2026.06.16	KRIC 2026/07	AD/EDL	Research and Evaluation Strategy	TR questioned how the organisation defined and demonstrated system leadership, which included how impact is measured and evidenced. SG proposed that further work be undertaken to clarify the organisation's role and impact as a system leader. It was agreed that this would be explored further outside the meeting and brought back to the Committee at the December meeting for a more detailed discussion.	**September update:** It has been agreed that this work would be circulated to and co-produced with Public Health Directors, and submitted to BET for information.	15 December 2026		On track
OPEN ACTIONS FOR CLOSURE (15 September 2026 Committee Meeting)								
KRIC 2.5.1/2026.06.16	KRIC 2026/05	SA	Strategic Risk Register	SG highlighted concerns regarding environmental health capacity and system clarity, particularly in relation to the role of external partners such as the UK Health Security Agency (UKHSA), and noted a lack of clarity regarding responsibilities following changes in support arrangements. SA advised that discussions with UKHSA were ongoing, and confirmed that an update would be brought back to a future Committee meeting.	**September 2026 update:** Further work has been undertaken to improve Environmental Public Health resilience and with UKHSA to provide clarity about responsibilities. Within hours, UKHSA do not provide support and work is underway to strengthen Environmental Public Health resilience through short term actions include prioritisation of activities and longer term actions such as joint working with the Health Protection team. Out of Hours, the Emergency Preparedness Resilience and Response (EPRR) team support the organisational response to environment incidents, with public health advice provided by Health Protection Consultants. If further support is needed, there is agreement that the UKHSA will provide this. Action to be closed.	15 September 2026		Complete
KRIC 3.1/2026.06.16	KRIC 2026/06	LB	Deep Dive: Immunisation	SG proposed that since the issues of influence and system leadership in this area had been highlighted, that this be reflected back to the Board for further consideration and discussion on how the organisation could maximise its impact on improving vaccination uptake and reducing inequalities.	**September 2026 update:** this will be communicated to Board at the September Board meeting. Suggest action closed on this basis.	15 September 2026		Complete

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Other (stated below) **Knowledge, Research and Information Committee** **Date of Meeting** 15 September 2026 **Agenda item:** 4.2

Policy / Procedure Approval Report

Section 1 - Policy / Procedure Information

Policy / Procedure Title	Public Health Wales Research Misconduct Policy
Policy Lead	Elen de Lacy, Research Development and Strategy Lead
Lead Executive	National Director Research, Data and Digital
PHW / All Wales?	Public Health Wales
Date of last Review	2026
Is the current policy / procedure within review date?	Yes – the documents have been reviewed in 2026 and are being submitted for approval/publication following review.
Approving Body /Group	Knowledge, Research and Information Committee and Leadership Team.
Version Number	Policy: Version 4. Procedure: Version 3.

Section 2: Recommendation

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☒	☐	☐	☐	☐

The Committee is asked to:

- **Consider** the information contained within the Research Policy and Equalities Health Impact Assessment
- Note that the Leadership Team endorsed the policy to the Committee and approved the Research Misconduct Procedure
- **Approve** the Research Misconduct Policy

Section 3 – Details of the Review:	
Background:	
Reason for review	The Research Misconduct Policy and Procedure have been reviewed as part of the 2026 policy review cycle and to reflect updated research integrity guidance and organisational governance requirements. The review also updates links, job titles, reporting routes and references to relevant organisational leads and regulatory bodies.
Description/Assessment	The policy and procedure are required to provide clear organisational arrangements for preventing, reporting, recording, investigating and responding to allegations of research misconduct involving Public Health Wales staff. The documents support compliance with the UK Policy Framework for Health and Social Care Research and align local processes with UK Research Integrity Office guidance. Implementation to date has been through the existing Research Misconduct Policy and Procedure, with oversight through established research governance structures. Monitoring is supported by notification to the Knowledge, Research and Information Committee of any allegations received and by recording concerns through DATIX in line with organisational governance requirements. The review has strengthened the documents by updating links and job titles, clarifying DATIX reporting requirements, adding clearer wording on staff wellbeing and research culture, strengthening data protection references, identifying relevant organisational leads and clarifying escalation routes to regulatory bodies, funders or sponsors where required.
Consultation	
Has this Policy / Procedure been through the appropriate 28 day consultation process?	Yes
Date range of consultation:	The documents have been reviewed during 2026. A standard 28-day consultation process has been completed or will be completed prior to final approval, with any material feedback reflected before publication.

Please provide details of any feedback received and outline what changes if any were made to the document as a result:	Feedback has informed updates to wording, references and governance routes. The revised procedure includes additional clarification on wellbeing and culture, data protection, DATIX reporting, relevant organisational leads and regulatory bodies in research. No substantive equality or health impact concerns were identified through the review.
Had this policy / procedure been considered by any other groups?	Yes
If so, please provide detail of any comments / feedback or amendments made to the documents as a result of this	The revised procedure was considered by the Research Evaluation and Strategic Oversight Group for comment in April 2026. Comments supported clarification of research governance, wellbeing, recording and escalation arrangements, which have been incorporated into the revised documents. The revised policy / procedure was considered by the Leadership Team at its meeting on 20th August. Feedback on the procedure has been incorporated around the following points: 1. Prevention mechanisms, training and R&D Office responsibilities for promoting research integrity. 2. Clarification of informal resolution and formal investigation thresholds. 3. Decision matrix to support consistent routing of concerns to informal resolution or formal investigation. 4. Appeals mechanism for respondents where research misconduct is upheld in full or in part. 5. Staff wellbeing support and signposting during the research misconduct process.
(Add detail)	No further amendments are required at this stage other than final approval, publication and implementation through the normal policy cycle.

Section 4: Impact Assessments

Equality and Health Impact Assessment	An Equality, Welsh Language and Health Impact Assessment has been completed. The assessment did not identify any significant adverse equality or health impacts. The revised documents support a fair, proportionate and consistent approach to managing research misconduct concerns and strengthen arrangements for confidentiality, wellbeing, data protection, reporting, escalation and organisational learning.
Welsh Language Impact	The Policy / Procedure will be translated to Welsh and available on the intranet bilingually as required in the Welsh Language Standards.
Risk and Assurance	The policy and procedure support organisational assurance by strengthening governance arrangements for research integrity. They help reduce the risk of inconsistent handling of research misconduct concerns, failure to protect participants or staff, non-compliance with research governance expectations, and reputational damage arising from unmanaged or poorly managed allegations.
Health and Social Care (Quality and Engagement) (Wales) Act	The documents support the Duty of Quality by promoting robust research governance, transparency, learning and proportionate action where concerns arise. They also support openness and accountability by setting out clear reporting, investigation and escalation arrangements, while maintaining confidentiality and fairness for those involved.
Financial implications	There are no direct financial implications arising from approval of the revised policy and procedure. Any costs associated with individual investigations would be managed through existing organisational governance, human resources, finance and research management arrangements.
People implications	There are no direct workforce implications requiring additional resource. The revised procedure recognises that misconduct processes may affect the wellbeing of those involved and includes clearer arrangements for considering appropriate staff support, confidentiality and fair treatment throughout the process.
Socio Economic Duty	No specific implications for the Socio-economic Duty have been identified. The policy and procedure are internal research governance documents and do not directly change services or population-facing interventions.

Section 5 - Implementation

Implementation plan (with timescales)		
Next steps	Responsible officer(s)	
Submit the revised policy, procedure and EqHIA for consideration and final approval through the appropriate governance route.	Following Senior Leadership Group consideration	Policy Lead / Research Development and Strategy Lead
Publish the approved documents on the Public Health Wales policy intranet and ensure bilingual availability in line with Welsh Language Standards.	Following approval	Policy Lead / Board Business Unit
Communicate the revised documents to relevant research, governance, People and Organisational Development, Finance, Information Governance and quality leads.	Within one month of publication	Policy Lead / Research and Evaluation team
Monitor use of the procedure through established routes, including notification of any allegations to the Knowledge, Research and Information Committee and recording through DATIX.	Ongoing	Named Person / Policy Lead / KRIC

Section 6 – Dissemination

Following approval, the Research Misconduct Policy and Procedure will be published on the Public Health Wales policy intranet and made available bilingually. Communication will be targeted to relevant research, governance, People and Organisational Development, Finance, Information Governance and quality leads to ensure awareness of the revised reporting, recording, investigation and escalation arrangements. The documents will also be referenced through research governance routes and monitored through the normal policy review cycle.

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Reference Number:** PHW 73 **Version Number:** 02 **Date of next review:** September xxxx

PUBLIC HEALTH WALES RESEARCH MISCONDUCT POLICY

Policy Statement

Public Health Wales expects all research undertaken within the organisation to be conducted according to the highest standards of research practice and in accordance with all relevant regulatory requirements.

Policy Commitment

The aim of this policy is to protect the safety, well-being, dignity and rights of research participants and to support staff responsible for investigating allegations of misconduct in a thorough and fair manner. This reflects our commitment to having robust systems and processes in place to prevent or detect research misconduct.

The policy for investigating allegations of research misconduct promotes consistency across the NHS by following the model procedure recommended by the UK Research Integrity Office (UKRIO) at **http://www.ukrio.org/publications/misconduct-investigation-procedure/**

This policy should be read in conjunction with, but does not replace, the following documents:

- Research Misconduct Procedure
- UK Policy Framework for Health and Social Care Research
- All Wales Raising Concerns (Whistleblowing) Policy
- PHW Respect and Resolution Policy
- PHW Counter Fraud, Bribery and Corruption Policy and Procedure
- The concordat to support research integrity

In addition to ensuring that all regulatory requirements are met, researchers may wish to refer to more general guidance on good research practice such as:

1) Code of Practice for Research. Version: 3.5 (UK Research Integrity Office, 2023)

2) Guidance on Good Research Practice (Welcome Trust April 2022)

3) Good Research Practice: Principles and guidance (Medical Research Council, Nov 2014)

Supporting Procedures and Written Control Documents

All corporate policies and procedures are available on the Public Health Wales website

- PHW Research Misconduct Procedure
- All Wales Raising Concerns (Whistleblowing) Policy
- PHW Respect and Resolution Policy
- PHW Fraud, Bribery and Corruption Policy

Scope

This policy is applicable to all Public Health Wales staff involved in research.

Equality and Health Impact Assessment	An Equality, Welsh Language and Health Impact Assessment has been completed and can be viewed on the policy webpages.
Approved by	Knowledge, Research and Information Committee
Approval Date	xxxx
Review Date	xxxx
Date of Publication:	
Group with authority to approve supporting procedures	Leadership Team
Accountable Executive Director/Director	National Director Research Data and Digital
Author	Elen de Lacy, Research Development and Strategy Lead

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Board Business Unit.

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Summary of reviews/amendments				
Version number	**Date of Review**	**Date of Approval**	**Date published**	**Summary of Amendments**
2	2019	06/02/2020	02/2020	Previously this content had been covered within TP08 Counter Fraud Policy. The Counter Fraud policy was reviewed in March 2019 and the need for a separate policy was identified.
3	2023	13/09/23		Named person changed to Head of Information Governance and other job titles updated. Links in document updated
4	2026			Changes included updating links. The accompanying procedure was extensively updated.

Equality & Health Impact Assessment for

Public Health Wales Research Misconduct Policy and Procedure

Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Public Health Wales Research Misconduct Policy and Procedure
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Research Data and Digital Directorate Elen de Lacy – Research Development and Strategy Lead Email: elen.delacy@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	The procedure defines research misconduct and sets out the process for reporting, recording, investigating and responding to allegations concerning any present or past member of staff in relation to research undertaken while employed by Public Health Wales. It supports a fair, proportionate and consistent approach that protects research participants, staff, and the integrity of the research environment.
4.	Evidence and background information considered. For example • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings	This Equality and Health Impact Assessment has been updated to reflect the reviewed version of the Public Health Wales Research Misconduct Policy and Procedure and the wider strengthening of organisational arrangements for research integrity. The procedure should be read alongside the Research Misconduct Policy, the UK Policy Framework for Health and Social Care Research, the All Wales Raising Concerns (Whistleblowing) Policy, the PHW Respect

	• research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.	and Resolution Policy, the PHW Counter Fraud, Bribery and Corruption Policy and Procedure, and the Concordat to Support Research Integrity. The revised procedure also reflects updated guidance and policy references, including the UK Research Integrity Office detailed template procedure for investigating breaches of research integrity, the UKRIO Code of Practice for Research, Wellcome guidance on good research practice, and UKRI guidance on good research practice. The review incorporates clearer wording on staff wellbeing and culture, data protection, DATIX reporting requirements, relevant organisational leads, and the role of regulatory bodies where concerns arise. The policy and procedure have also been considered through discussion with relevant internal stakeholders and through review by PHW Research Evaluation and Strategic Oversight Group (RESOG).
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service Consider staff as well as the population that the project/change may affect to different degrees.	The procedure applies to Public Health Wales staff involved in research and to those responsible for receiving, recording and investigating concerns about research misconduct. It supports a transparent and consistent approach to managing allegations, helps protect participants, staff and the organisation, and reinforces a positive research culture based on integrity, accountability and learning. By strengthening arrangements for reporting, oversight and investigation, the procedure also helps Public Health Wales meet its responsibilities under the UK Policy Framework for Health and Social Care Research.

Part 2- Equality and Welsh language

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps**	**Action taken by Directorate.** Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	**Recommendations for improvement/ mitigation/ identified gaps or opportunities**
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	The policy and procedure will not have a direct impact on service provision and do not target any particular age group.	No specific action required.	No mitigation required.
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term	The policy and procedure will have no prejudicial impact upon persons with a disability as defined in the Equality Act 2010.	No specific action required.	No mitigation required.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	Recommendations for improvement/ mitigation/ identified gaps or opportunities
medical conditions such as diabetes			
6.3 People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	The policy and procedure will have no impact upon people on the basis of gender, gender identity or gender reassignment.	No specific action required.	No mitigation required.
6.4 People who are married or who have a civil partner.	The policy and procedure will have no impact upon people on the basis of	No specific action required.	No mitigation required.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	Recommendations for improvement/ mitigation/ identified gaps or opportunities
	marital or civil partnership status.		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	The policy and procedure will have no impact upon women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	No specific action required.	No mitigation required.
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	The policy and procedure will have no impact upon people of a different race, nationality, colour, culture or ethnic origin.	No specific action required.	No mitigation required.
6.7 People with a religion or belief or with no religion or belief.	The policy and procedure will have no impact upon people with a religion or	No specific action required.	No mitigation required.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	Recommendations for improvement/ mitigation/ identified gaps or opportunities
The term 'religion' includes a religious or philosophical belief	belief, or with no religion or belief.		
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	The policy and procedure will have no impact upon people based on sexual orientation.	No specific action required.	No mitigation required.
6.9 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	The policy and procedure will have no direct impact upon people according to their income-related group.	No specific action required.	No mitigation required.
6.10 People according to where they live:	The policy and procedure will have no direct impact	No specific action required.	No mitigation required.

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps**	**Action taken by Directorate.** Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	**Recommendations for improvement/ mitigation/ identified gaps or opportunities**
Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	upon people according to where they live.		
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	No other groups are considered to be impacted by this policy and procedure, nor have any other risk factors been identified.	No specific action required.	No mitigation required.
6.12 Welsh Language			
There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on: (please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)			
Opportunities for persons to use the Welsh language	The policy and procedure will be published and available online in English and Welsh.	No specific action required.	No mitigation required.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	Recommendations for improvement/ mitigation/ identified gaps or opportunities
Treating the Welsh language no less favourably than the English language	The policy and procedure will be published and available online in English and Welsh.	No specific action required.	No mitigation required.

Part 3 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- what those potential impacts could be across the wider determinants of health framework?
- Potential gaps, opportunities to maximise positive H&WB outcomes
- Recommendations/mitigation to be considered by the decision makers

7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation
No specific population groups identified as being disproportionately impacted.	The policy and procedure are organisational governance documents relating to research misconduct. They do not directly change services or population-facing interventions, but support robust research governance and the generation of reliable evidence for the wider benefit of the population.

Assessment

Complete the wider determinants framework table below providing rational/evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)
2. Record any unintended consequences (negative impacts) and/or gaps identified
3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
4. identify and record mitigation/recommendations where appropriate

Please note you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
7.2 Lifestyles • Diet/nutrition/breastfeeding • Physical activity • Use of alcohol, cigarettes, e-cigarettes • Use of substances, non-prescribed drugs, abuse of prescription medication	The policy and procedure will have no direct impact on people's ability to	No unintended consequences or gaps identified.	No specific population groups affected.	No specific mitigation required.

• Social media use • Sexual activity • Risk-taking activity i.e. gambling, addictive behaviour	improve or maintain healthy lifestyles. It will support the generation of reliable research evidence to understand what works to improve or maintain healthy lifestyles.			
7.3 Social and community influences on health • Adverse childhood experiences • Citizen power and influence • Community cohesion, identity, local pride • Community resilience • Domestic violence • Family relationships • Language, cultural and spirituality • Neighbourliness • Social exclusion i.e. homelessness • Parenting and infant attachment • Peer pressure • Racism • Sense of belonging • Social isolation/loneliness • Social capitol/support/networks • Third sector & volunteering	The policy and procedure will have no direct impact upon people in terms of social and community influences on health. They may indirectly support public trust by strengthening research integrity and transparency.	No unintended consequences or gaps identified.	No specific population groups affected.	No specific mitigation required.
7.4 Mental Wellbeing • Does this proposal support sense of control? • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience?	The policy and procedure will have no direct population-level impact on mental wellbeing. The	No unintended consequences or gaps identified. The potential for stress or anxiety linked to	Staff directly involved in reporting, responding to or investigating an allegation.	Continue to ensure that staff are signposted to appropriate organisational support during implementation and future review.

	revised procedure recognises that research misconduct cases may affect the wellbeing of those involved and includes clearer arrangements for considering appropriate support.	misconduct processes is recognised in the procedure through attention to fairness, confidentiality and support.		
7.5 Living/ environmental conditions affecting health • Air quality • Attractiveness/access/availability/quality of area, green and blue space, natural space. • Health & safety, community, individual, public/private space • Housing, quality/tenure/indoor environment • Light/noise/odours, pollution • Quality & safety of play areas (formal/informal) • Road safety • Urban/rural built & natural environment • Waste and recycling • Water quality	The policy and procedure will have no direct impact upon people in terms of living or environmental conditions.	No unintended consequences or gaps identified.	No specific population groups affected.	No specific mitigation required.
7.6 Economic conditions affecting health • Unemployment • Income, poverty (incl. food and fuel) • Economic inactivity • Personal and household debt	The policy and procedure will have no direct impact upon people in terms of income or	No unintended consequences or gaps identified.	No specific population groups affected.	No specific mitigation required.

• Type of employment i.e. permanent/temp, full/part time • Workplace conditions i.e. environment culture, H&S	employment status. They support clear governance for research-related workplace processes.			
7.7 Access and quality of services • Careers advice • Education and training • Information technology, internet access, digital services • Leisure services • Medical and health services • Other caring services i.e. social care; Third Sector, youth services, child care • Public amenities i.e. village halls, libraries, community hub • Shops and commercial services Transport including parking, public transport, active travel	The policy and procedure provide safeguards for robust research governance and support the generation of reliable evidence for the wider benefit of the population of Wales across demographics.	No unintended consequences or gaps identified.	No specific population groups affected.	No specific mitigation required.
7.8 Macro-economic, environmental and sustainability factors • Biodiversity • Climate change/carbon reduction/flooding/heatwave • Cost of living i.e. food, rent, transport and house prices • Economic development including trade • Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) • Gross Domestic Product • Regeneration	The policy and procedure will have no direct impact upon people in terms of macro-economic, environmental or sustainability factors.	No unintended consequences or gaps identified.	No specific population groups affected.	No specific mitigation required.

Stage 3
Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead		
No significant adverse equality or health impacts have been identified. The reviewed policy and procedure strengthen governance, transparency and consistency in the management of research misconduct concerns, and introduce clearer arrangements relating to staff wellbeing, data protection, DATIX reporting, organisational advice routes and regulatory escalation where required. These changes provide opportunities to support a positive research culture and improve organisational assurance.	It is recommended that the reviewed policy and procedure proceed for final organisational approval and publication. As no material negative equality or health impacts have been identified, no additional mitigation actions are required at this stage beyond implementation of the revised procedure and review through the normal policy cycle.	Research Development and Strategy Lead		

The policy and procedure have been reviewed in light of updated research integrity guidance and organisational governance requirements. The assessment considered whether the revisions would have differential impacts across protected characteristic groups or specific population groups. No differential adverse impacts were identified. The revised procedure supports a fair, proportionate and consistent approach to managing allegations of research misconduct and includes clearer arrangements for confidentiality, wellbeing, data protection, reporting, escalation and organisational learning.

Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).

Knowledge, Research and Information Committee
Work Plan 2026-27

Category	Item		Exec Lead	Approval Route	Private/ Public	Jun	Sep	Dec	Mar	Purpose of the report
Deep Dive (Development / evolving areas)	TO BE DETERMINED FOLLOWING DISCUSSION WITH QSIC									
Strategy Updates	Research and Evaluation Strategy		National Director for Public Health Knowledge and Research	Exec Lead	Public	✓		✓		Implementation Update (to Include Academic Public Health)
	Data and Digital Strategy					✓	✓	✓	✓	Implementation Update (to Include Artificial Intelligence)
	International Health Strategy		National Director of Policy and International Health				✓			Implementation Update (to Include Global Health, Behavioural Science)
	Outcomes Framework		National Director for Public Health Knowledge and Research			✓	✓	✓	✓	Update on the progress in measuring the impact of the delivery of the strategic priorities.
Strategic Priorities	Strategic priority 1: Influencing the wider determinants of health	The wider determinants of health are the social, economic and environmental factors that affect health, well-being and health inequalities.	National Director of Policy and International Health	Exec Lead	Public				✓	Update on Progress with the implementation of the SP, within the context of KRIC's remit: - Knowledge, Research and Impact / Research and Evaluation - Analysis, Data Science and AI - Digital - Governance, Accountability and Risk - Inequalities - Global Health / System Leadership
	Strategic Priority 2 - Promoting Mental Health and Social	To include Indicators for Mental Health	National Director Health and Wellbeing				✓			
	Strategic priority 3: Promoting Healthy Behaviours							✓		
	Strategic priority 4: Supporting the development of a sustainable health and care system focused on prevention and early intervention	To include how the system is supported, national priority etc.							✓	
	Strategic Priority 5 - Delivering excellent public health services to protect the public and maximise population health outcomes	National Population Screening Programmes	National Director of Health Protection and Screening Services, Executive Medical Director			✓	✓	✓		
		Health Protection and Infection Services				✓	✓			
		Innovation and future threats (to include Genomics)						✓		
Stand Alone Assurance items	PHW Monitoring Impact		National Director for Public Health Knowledge and Research	Exec Lead	Public		✓		✓	Annual Report on Impact for assurance ; Findings in September, then an update on progress to implement actions in March
	Inequalities		National Director of Policy and International Health	Exec Lead	Public			✓		
	Primary Care (Focus on Inequalities)		National Director of Policy and International Health / National Director Health and Wellbeing	Exec Lead	Public	✓				To include 6-month update following deep dive, and an included suggestion to focus on equity checklist.
Managing Risk	Strategic Risk		Executive Director Nursing, Quality, and Information Governance	BET	Public	✓	✓	✓	✓	For assurance that risks within the remit of the Committee are management appropriately
	Corporate Risk			LT	Public	✓	✓	✓	✓	

Knowledge, Research and Information Committee
Work Plan 2026-27

Category	Item	Exec Lead	Approval Route	Private/ Public	Jun	Sep	Dec	Mar	Purpose of the report
Governance and Accountability	Summary of policies Bi-Annual Update	Board Secretary and Head of Board Business Unit	LT	Public	✓		✓		For assurance on the prioritisation and progress being made to review policies, procedures and other written control documents within the remit of the Committee and to approve any policies and procedures proposed to be removed from the register.
	Policies for approval (as required)		LT/BET	Public	✓	✓	✓	✓	To approve policies and procedures within its remit, as outlined in the Policy, Procedure and other written control documents Policy.
	Committee Annual Report		Exec Lead	Public				✓	For recommendation to Board, to provide assurance that the Committee is fulfilling its terms of reference.
	Review of Committee Effectiveness		Exec Lead	Public				✓	As part of the overall Board and Committee Performance and Effectiveness review, the Committee will consider the outcomes of the Committee effectiveness survey, and identify any areas of improvement for the following year.
	Committee Terms of Reference Review		BET	Public				✓	For recommendation to Board on any proposed changes to the Committee's Terms of reference. (As required under Standing Orders)
	Committee Work Plan		Exec Lead	Public	✓	✓	✓	✓	For information, and for assurance that the Committee is fulfilling its terms of reference.
	September 2026 updates: **- Strategic Priority 5 (National Population Screening Programmes) has been moved to the December meeting**								

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Knowledge, Research and Information Committee **Date of Meeting** 15 September 2026 **Agenda item:** 5.2

Audit Recommendations Tracker	
Executive lead:	Paul Veysey, Board Secretary and Head of Board Business Unit
Author:	Liz Blayney, Deputy Board Secretary and Deputy Head of Board Business Unit
Approval/Scrutiny route:	Leadership Team for approval and Audit and Corporate Governance Committee for assurance.

Purpose

The Leadership Team (LT) considered the Audit Tracker at its meeting on 20 August 2026 to track progress against agreed management actions in response to the recommendations of Audit reviews received by the Organisation.

The purpose of this report is to provide an update and give assurance to the Committee on the progress with the implementation of actions resulting from Audit activity (Internal and External). Approval is sought from LT for any changes to the implementation dates and closure of completed actions.

This Report is presented to the Committee to take assurance on the management of Audit recommendations at Public Health Wales by the Leadership Team.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	NOTE	ASSURANCE
☐	☐	☐	☒	☐

The Committee is asked to:

- **Note** the actions relevant to the Knowledge, Research and Information Committee (KRIC).

Link to Public Health Wales Strategic Plan Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities. This report contributes to the following:	
Strategic Priority	7 - Building and mobilising knowledge and skills to improve health and well-being across Wales

Summary impact analysis	
Equality and Health Impact Assessment	An EHIA is not required for this report. It should be noted that many of the areas of work reported on are likely to have had EHIAs undertaken.
Risk and Assurance	A number of individual audit reviews and actions are referenced in the Board Assurance Framework and Risk Registers.
Health and Social Care Act (Wales)	This report supports and/or takes into account the Quality Themes
Financial implications	The report has no direct financial implications, although individual updates may include details of impacts.
People implications	The report has no direct people implications, although individual updates may include details of impacts.

1. Purpose / situation

The purpose of this report is to provide the Committee with a comprehensive update on the progress of implementing all actions arising from Internal Audit and Audit Wales reviews.

The Report provides the Committee with an overview of the role of the Leadership Team in managing and overseeing the implementation of Actions from Audit Activity.

The Committee is provided with a summary of the decisions taken by the Leadership Team (LT) regarding the closure of completed actions and the management of any actions passed their implementation date.

The Committee's role is an assurance role in overseeing and scrutinising the effective management and timely resolution of audit recommendations within the organisation.

2. Background

The Leadership Team (LT) holds responsibility for maintaining comprehensive oversight of all planned audit activities and their outcomes. As part of this remit, the LT regularly reviews the Audit Action Tracker ("the Tracker"), which monitors progress against agreed management actions arising from both internal and external audit reviews. This oversight encompasses a thorough examination of the adequacy of the updates provided on the progress with the implementation of issues identified through audit, inspection, and other assurance activities.

Accordingly, this report, and more detail provided in the attachments, is submitted to the Committee to provide assurance regarding the effective management of audit recommendations within Public Health Wales by the Leadership Team

The role of the Audit and Corporate Governance Committee is to seek assurance regarding the effective management of audit recommendations and timely implementation of Actions arising from Audit Activity within Public Health Wales.

Current Position

The format of this Report was revised following feedback received from the Audit and Corporate Governance.

The report was prepared using the reporting format requested.

Revised Process - Actions not yet due – RAG Ratings

For each Open Actions, Directorates were asked to provide a RAG rating on the likelihood that each action would be completed by the deadline date using the criteria in the table:

Red	Target Deadline will not be achieved, and an extension to the deadline is required.
Amber	Concerns about the implementation or potential delays to completion are identified which could impact the achievement of the deadline in the future. Explain the potential delay and how this is being mitigated. No change to extension requested at this stage.
Green	On track to implement by the deadline date - no issues meeting the deadline identified.

This information has been included in the report, and an in focus section on those actions identified as red or amber.

Revised Report

The revised Tracker Report now formally provides the Committee with the following information:

- **High level data:** Inclusion of more high level information on the status of the actions.
- **Action Status Overview:** The report provides a clear summary of open actions, including the total number at the previous submission and a breakdown by source and priority (Internal Audit, Audit Wales, and others).
- **New and Closed Recommendations**: It highlights the number of new recommendations added since the last meeting, as well as those that have been closed.
- **Extensions to Implementation Dates:** In focus section drawing out the actions that were overdue, and the discussion at LT. The report notes any extensions granted for recommendations, with an in focus section on these ensuring transparency regarding deadline changes.
- **Current Outstanding Actions:** A new focus on actions that are not yet due where the action has been identified as at risk of not meeting the deadline, enabling focused oversight on more critical issues and drawing these to the attention of the Committee. All open actions are assigned a RAG status, as provided by Directorates, offering a visual indication of likelihood of completion within the agreed timeframe.

As a result of this feedback, the Tracker Report is now presented to the Committee in a thoroughly revised format

Information Attached:

- **Cover Report** - to provide an overview of the process, context and clarity of the role of the Audit Committee.

- **Extract of the Audit Tracker List** – For full detail of the register including open actions and closed. (Appendix 2)

The full report presented to the Leadership Team has not been attached on the basis of the feedback at the last meeting but is available on request should the Committee wish to review.



The action plans put in place to address the various audits recommendations have long-term implications for the organisation, its governance and the provision of its services.



The action plans put in place to address the various audits recommendations strengthen the governance and provision of its services.

The action plans put in place to address the various audits recommendations strengthen the governance and provision of its services.

The management responses to audit reviews were developed in collaboration with staff across the organisations

Responses have been provided by staff in the relevant areas across the organisation.

3. Recommendation

The Committee is asked to:

- **Note** the actions relevant to the Knowledge, Research and Information Committee (KRIC).

Audit Recommendations Tracker

Active List - Default - All | BBU | HPSS | QSIC Print | Add view

Remit Committee: KRIC

Clear

Action No.	Origin	Report	Report Assuran...	Open/Private?	Date added	Recommendation	Exec Lead	Management Action Agreed	Original Imp...	Current Impl...	Quarterly Progress Report	Remit Com...	Previous Changes to ...	RAG Status(...	A
689	Audit Wales	Digital transformation	N/A	Open	03/09/2026	The Trust should strengthen its Digital and Data Strategy and route map by setting clear milestones; identifying resource needs; assigning accountable officers for each priority	National Director Research, ...	Since the review was undertaken, significant progress has been made to strengthen strategic delivery arrangements through the appointment of dedicated Portfolio Leads, the development of a portfolio-level delivery plan aligned to the Digital and Data Strategy, and the implementation of enhanced programme governance and reporting arrangements. Programme milestones, resources, risks and dependencies are now monitored through monthly reporting mechanisms. We will continue to develop these and the reporting to change board and KRIC to fully embed a stronger set of reports. The Executive Director for Research, Data and Digital will be the Accountable Officer for all the strategic priorities in the Digital and Data and Strategy	31/03/2027	31/03/2027		KRIC		In Progress, not yet due	
690	Audit Wales	Digital transformation	N/A	Open	03/09/2026	The Trust should improve Board and committee reporting so updates clearly show how programme progress supports the aims of the Digital and Data Strategy.	National Director Research, ...	Reporting arrangements have been strengthened through the introduction of revised programme and portfolio reporting templates which clearly align programme delivery to the strategic objectives of the Digital and Data Strategy Reporting now provides visibility of milestone achievement, planned activity, risks, issues and future deliverables. These arrangements were implemented during 2025 and will continue to be reviewed to ensure Board and committee members receive clear assurance on strategic progress and benefits realisation.	31/03/2027	31/03/2027		KRIC		In Progress, not yet due	
691	Audit Wales	Digital transformation	N/A	Open	03/09/2026	The Trust should take a more structured approach to understanding and developing its digital workforce capability by developing a consistent approach to understanding the digital skills it needs to deliver its digital ambitions and assessing these through major digital and data programmes.	National Director Research, ...	Public Health Wales recognises the importance of understanding workforce digital capability and maintaining an appropriate baseline of digital skills. Whilst the HEIW Digital Capability Framework provides a useful high-level assessment of digital confidence, it is not sufficiently tailored to the specialist skills required to deliver major digital and data transformation programmes. Public Health Wales will therefore adopt a programme-based approach, undertaking capability assessments at the outset of major programmes and periodically throughout delivery. This will enable the organisation to establish workforce baselines, identify capability gaps and monitor improvements against programme requirements. In addition, consideration will be given to developing a proportionate local assessment approach to support workforce planning across digital and data services	31/12/2026	31/12/2026		KRIC		In Progress, not yet due	
692	Audit Wales	Digital transformation	N/A	Open	03/09/2026	The Trust should take a more structured approach to understanding and developing its digital workforce capability by introducing a training programme that offers targeted, role-specific learning, including data skills, digital skills, and change capability.	National Director Research, ...	Public Health Wales has already embedded skills and capability assessments within several major programmes, including the development of the Cloud Capability Plan, which identifies specific capability gaps and informs targeted development activities. Building on this approach, Public Health Wales will further strengthen role-specific learning and development arrangements by aligning training plans to identified capability needs, ensuring staff have access to appropriate digital, data, leadership and change management skills development to support delivery of strategic digital programmes and services.	31/07/2027	31/07/2027		KRIC		In Progress, not yet due	
693	Audit Wales	Digital transformation	N/A	Open	03/09/2026	he Trust should enhance its approach to digital inclusion by creating a digital inclusion plan that better sets out its priorities, actions, measures, and how digital exclusion risks will be managed across all service areas.	National Director Research, ...	Public Health Wales clearly set out its approach to digital inclusion in a single document published on its website.	31/03/2027	31/03/2027		KRIC		In Progress, not yet due	
694	Audit Wales	Digital transformation	N/A	Open	03/09/2026	The Trust should enhance its approach to digital inclusion by improving reporting so progress on digital inclusion and engagement is clear, with regular updates on actions, outcomes, and impact.	National Director Research, ...	Agree – Public Health Wales will improve it's reporting of delivery in our routine updates and iterate this. Once we have fully articulated our approach to inclusion, we will revise the reporting to reflect this	31/07/2027	31/07/2027		KRIC		In Progress, not yet due	
695	Audit Wales	Digital transformation	N/A	Open	03/09/2026	The Trust should strengthen its medium-term planning for digital investment by clearly linking funding decisions to priorities in the Digital and Data Strategy	National Director Research, ...	As part of our IMTP process, the Trust creates a forward plan of digital programmes that will require investment over the next 3 years. The Trust will include this more explicitly within its IMTP as a separate section.Whilst annual funding arrangements set by Welsh Government present challenges for longer-term financial planning, Public Health Wales will continue to strengthen the alignment between strategic priorities, infrastructure roadmaps, business cases and investment decisions to support sustainable digital transformation.	31/03/2027	31/03/2027		KRIC		In Progress, not yet due	
696	Audit Wales	Digital transformation	N/A	Open	03/09/2026	The Trust should improve reporting on national digital programmes by providing clearer timelines, key dependencies, and the impact of delays on the Trust's wider digital transformation	National Director Research, ...	Public Health Wales recognises the importance of providing clear visibility of programme timelines, dependencies and the impact that delivery risks may have on wider organisational transformation objectives. Significant improvements have been made since the review through the introduction of programme and portfolio planning arrangements that formally identify and monitor milestones, dependencies, risks and issues across digital and data programmes. Monthly highlight reporting to Programme Boards provides transparency on delivery progress, key dependencies and emerging risks, with strategic issues escalated through established governance routes to ensure wider organisational impacts are understood and managed. Going forward, Public Health Wales will continue to strengthen portfolio-level reporting by providing greater visibility of interdependencies between programmes and the potential impact of delays on strategic outcomes, enabling informed decision-making and proactive risk management.	31/07/2027	31/07/2027		KRIC		In Progress, not yet due	
697	Audit Wales	Digital Transformation	N/A	Open	03/09/2026	The Trust should improve reporting on national digital programmes by giving clearer insight into how well partnership arrangements are working and where joint working may be slowing progress.	National Director Research, ...	Public Health Wales acknowledges that effective partnership working is critical to the successful delivery of digital transformation. Existing programme governance arrangements include stakeholder mapping, communication and engagement plans, defined governance structures and risk management processes that identify and manage delivery risks associated with partner organisations. Whilst these arrangements are established within programmes, Public Health Wales recognises that there is an opportunity to provide greater organisational visibility of partnership effectiveness, particularly where dependencies on external organisations may influence programme delivery. Reporting arrangements will therefore be enhanced to provide clearer commentary on the effectiveness of partnership working, progress against shared objectives, management of cross-organisational dependencies and any impacts arising from delays or constraints within partner organisations. This will support improved transparency, accountability and decision-making across the digital transformation portfolio	31/07/2027	31/07/2027		KRIC		In Progress, not yet due	
698	Audit Wales	Digital Transformation	N/A	Open	03/09/2026	The Trust should adopt a consistent, organisation-wide approach to evaluating digital solutions. This should include user feedback post-implementation reviews, and clear measures of success.	National Director Research, ...	Evaluation activities are undertaken across digital and data programmes through requirements tracking, programme closure reporting and lessons learnt exercises.To strengthen organisational consistency, Public Health Wales will develop a more standardised framework for post□implementation review and benefits evaluation, ensuring that user feedback, achievement of expected outcomes, lessons learned and measures of success are systematically captured and reported across all digital programmes and services	31/03/2027	31/03/2027		KRIC		In Progress, not yet due	

Count 10