GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Risk Assurance Report

Audit and Risk Assurance Committee

18 August 2026

Situation and Background

The report aims to provide assurance to the Audit and Risk Assurance Committee (ARAC) on the effectiveness of the Risk Management Framework, and the implementation of the Risk Management Strategy. This is in line with the requirements as noted in the Committee's Terms of Reference which state:

2.4.1. Review the establishment and maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities, both clinical and non-clinical.

The report aims to provide assurance by outlining the risk management activity that has taken place since the previous report presented to ARAC in December 2025 on the effectiveness of the Risk Management Framework, and the implementation of the Risk Management Strategy. The revised Risk Management Framework and Risk Management Strategy were approved by the Board in September 2025.

New risk management objectives for the next 12 months, which are aimed to further embed risk management and improve our risk maturity, are outlined in the report.

This report also provides ARAC with a high-level summary of each Clinical Care Group and Executive Function's internal escalation status in relation to their risk management processes.

Progress Since the Previous Report to ARAC

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A summary is provided below of the progress made against the next steps which were identified in the previous Risk Assurance report provided to ARAC in April 2026:

Next Steps	Progress Made
To continue to work towards achieving our objectives over the next 12 months following the approval of the Risk Management Strategy (the Strategy), including identifying a suitable risk management system ahead of 30 November 2027	Progress against the current **Risk Management Strategy** is reported within this paper. Historically, the Health Board's risk management objectives have been set out within a standalone Risk Management Strategy and agreed on an annual basis. Following discussions with Audit Wales, a separate Risk Management Strategy will not be developed for 2026/27. Instead, risk management objectives for the period to September 2027 will be agreed by the Executive Team and reported to the Board through the Chief Executive's Report, removing the need for a standalone strategy document. Progress against these objectives will continue to be monitored through the Risk Assurance Report and reported to the Audit and Risk Assurance Committee three times per year
To review the outcomes of the Risk Maturity Assessment which will inform the revised Risk Management Strategy and supporting implementation plan. Focus will be on those areas that have returned the lowest level of maturity. The revised Risk Management Strategy is due to be presented to ARAC in August 2026.	Outcomes of the assessment as presented to ARAC in April 2026 have been considered when developing risk management objectives for the next 12 months, however, the priority next year will be to procure and implement a new risk management system.

Risk Management Framework

Risk Management Framework (the Framework)
Risk Management is the process which aims to help organisations management understand, evaluate and take action on all their risks with a view to increasing the probability of success and reducing the likelihood of failure (Institute of Risk Management). It forms part of the overall governance framework of the organisation.

The Health Board's Framework is currently made up of the **risk architecture**, **strategy** and **protocols** (RASP), sets out the roles and responsibilities of individuals and committees, and wraps around the Health Board's risk management process. The Framework provides the mandate for embedding risk reporting in the Health Board, and includes the process for the escalation of risk, and acceptance of risks which exceed the Health Board's risk appetite.

The Framework was refreshed during Q2 of 2025/26, endorsed by ARAC in August 2025 ahead of approval by Board at its meeting in September 2025, and details the process for the escalation of risks and their acceptance when they exceed the Health Board's risk appetite.

Risk Management Strategy 2025/26

The **Health Board's current Risk Management Strategy** (the Strategy) provides a supportive framework that ensures the integration of risk management into policy-making, planning and decision-making processes, and specifically: -

- To improve the quality of service and protect patients, carers, staff and others who come in to contact with the Health Board;
- To create awareness through the Health Board about the importance of recognising and managing risk in a timely manner and providing staff with the appropriate knowledge, skills and support;
- To promote positive risk taking in the context of clinical care and in controlled circumstances;
- To provide a robust basis for strategic and operational planning through structured consideration of key risk elements;
- To enhance partnership working with stakeholders in the delivery of services;
- To improve compliance with relevant legislation and national best practice standards; and
- To enhance openness and transparency in decision-making and management.

The Strategy, approved by Board in September 2025, set out the Health Board's risk management policy statement and objectives in respect of strengthening risk management for the period up to September 2026. The Strategy needs to be read in conjunction with the Risk Management Framework, also approved by the Board in September 2025.

Progress made on these objectives are included on slides 6-9.

Progress Update on the Implementation of the Risk Management Strategy 2025/26

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Objective 1 - Support operational risk management arrangements to ensure consistent approach to the ownership and oversight of risks	Progress Update
Supporting Functions via local quality and performance governance meetings and Executive Improving Together sessions to identify, assess and manage risks and improve outcomes	**Complete** – Assurance and Risk Officers **continue to regularly produce assurance and risk reports** and attend local governance meetings of CCGs/Executive Functions, provide training and support, and undertake monthly analysis of key risk metrics as part of Executive Improving Together Framework.
Providing practical support to services with operational risk management arrangements via partnering arrangements to ensure risk management outcomes inform and prioritise organisational decision making	**Complete** - Dedicated meetings with risk leads continue to be held as required to support services identifying and articulating risks. Escalation of key risks discussed at local governance meetings, with appropriate support and challenge provided by Assurance and Risk Officers in attendance. Monthly analysis undertaken of key risk metrics as part of Executive Improving Together sessions identified areas who may require additional support. Following the submission of the Annual Plan 2026/27, the Assurance and Risk Team will schedule risk workshops with leads from Clinical Care Groups and Executive Functions to refresh risk registers during Q2 and Q3 of 2026/27.
Develop a checklist to support operational management to improve local induction processes relating to risk management, highlighting local and organisational objectives, processes in place to report a risk, and priorities and support the identification of any training needs for new starters within their team	**Complete** - Training Needs Analysis (TNA) form has been included within the revised Risk Management Framework for use at local inductions, and available on the Assurance and Risk Sharepoint site. The Head of Assurance and Risk met with colleagues in Learning and Development in July 2026, identifying available routes to advertise and encourage the utilisation of the TNA at local inductions. Relevant on-boarding and training materials have been updated. The Assurance and Risk Team continue to deliver the Risk Management New Managers Training Package as part of the Health Board-wide managers training programme. This highlights the importance of identifying the risk management training needs of staff and further inform development of training materials based on feedback received.
Further develop risk management training materials to ensure alignment with the Health Board's objectives following the Strategy Refresh	**Complete** - The Strategy Refresh was presented to Board in January 2026 for approval, and training materials have been updated accordingly.

Progress Update on the Implementation of the Risk Management Strategy 2025/26

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Objective 1 - Support operational risk management arrangements to ensure consistent approach to the ownership and oversight of risks	Progress Update
Developing a communications plan in order to further promote awareness of risk management arrangements	**Complete** - A documented communications plan has been developed, which: • links with key business processes such as Annual Planning; • Promotes the revised Risk Management Strategy; • Advertises risk management training; • Promotes completion of Risk Maturity Assessment for 2027; • Details timescales and requirements for the new Risk Management System, due for implementation by November 2027; and • Updates the organisation on the Principal and Corporate risks in line with Board reporting. The communications plan will be regularly reviewed and updated in line with developments such as the roll out of the new risk management system, and delivered using a range of communication tools including Viva Engage, the Assurance and Risk Sharepoint site and e-mail as appropriate.
Developing a detailed scope and procure a new risk register system	**In progress** - A specification document for a risk management system has been developed with Swansea Bay University Health Board as part of a regional procurement approach. A pre-market engagement exercise was undertaken in July 2026, with tender expected to be advertised in August 2026 and contract award in January 2027. This action will be carried forward as an objective for 2026/2027.

Progress Update on the Implementation of the Risk Management Strategy 2025/26

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Objective 2 - Support the strengthening of operational risk management arrangements	Our plan to achieve the objective
Continue to implement the current risk appetite across the Health Board, ensuring that risks are aligned with the UHB's risk appetite	**In Progress** - The Assurance and Risk Team continue to deliver risk training on risk appetite as outlined in Objective 1. Support is provided functions to ensure escalation of risks which exceed risk appetite as per guidance in the Risk Management Framework. Feedback obtained via the risk maturity assessment has highlighted the need to further develop risk management training material on risk appetite to support its embedding across the organisation. This will be developed and communicated during Q2 of 2026/27, coinciding with the Board Assurance Framework refresh and the updating of risk registers based on the outcomes of the Annual Plan.
Reviewing the risk appetite following the Strategy Refresh	**Complete** - The risk appetite statements were reviewed by the Executive Team, with minor adjustments made, and are reflected in the risk training materials.
Reviewing and updating strategic risks and Board Assurance Framework as part of Strategy Refresh	**Complete** - A focussed session with the Executive Team was held in February 2026 to undertake a high-level review of the risk principal risks following the Strategy Refresh, approved by the Board in January 2026. The principal risks, as part of the refreshed Board Assurance Framework were presented to Board in July 2026, following which, regular reporting of principal risks to the Board and its Committees will resume.

Progress Update on the Implementation of the Risk Management Strategy 2025/26

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Objective 3 - Improving the risk maturity of the UHB	Our plan to achieve the objective
Continued engagement with relevant teams across the Health Board to establish how risk information is currently utilised within their areas to support the achievement of the delivery of our objectives and performance targets to inform our annual risk maturity assessment	**Complete** – The Assurance and Risk Team promoted the completion of a feedback form in relation to the Health Board's risk management arrangements which informed the completion of the Risk Maturity Assessment in accordance with the Orange Book (a recognised risk management standard for the public sector). Responses highlighted that while some felt that risks are considered when setting and changing strategy and priorities, others expressed concerns that operational issues rather than true risks were being identified, leading to overcrowded registers, reduced clarity, and difficulties in prioritising risks. Observations also included the need to identify dependencies across risks and other areas within the Health Board to support and enhance planning processes. The feedback form has been reviewed and updated, taking in to account the outcomes of this years' Risk Maturity Assessment so that progress and further areas of improvement can be identified. This will be shared with staff during Q3 of 2027.
Further development of risk management training material, with more focus on the identification of opportunities	**Complete**- The Assurance and Risk Team continue to deliver and develop risk training including communication, as outlined in Objective 1. Material continues to be developed to provide support on the identification and articulation of opportunity risks.
Engaging with service leads across the Health Board to assess the risk culture and the interdependencies of risks within the organisation to identify areas of improvement to support individuals in undertaking risks in an informed manner to support the achievement of our objectives and performance targets	**Complete** – feedback obtained from a focussed workshop held with the Executive Team in February 2026 and from leads across the organisation via a feedback form on risk management arrangements for this years' risk maturity assessment. The feedback form has been reviewed and updated, taking in to account the outcomes of this years' Risk Maturity Assessment so that progress and further areas of improvement can be identified, with the form to include questions with more focus on the interdependencies of link to encourage a more system-wide and holistic view of risks.
Develop guidance for appropriate risk management arrangements with key partners of the Health Board to support its ability to achieve organisational objectives	**In Progress** - On review of the principal risks in February 2026, along with feedback obtained via the risk maturity assessment, it is acknowledged that further work is required to strengthen risk management arrangements with key partners, however this will be progressed following the implementation of the new risk management system subject to capacity and organisational priorities.

Risk Management Objectives 2026/27

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Historically, the Health Board's risk management objectives have been set out in a standalone Risk Management Strategy, and approved annually by the Board.

To streamline governance arrangements, future risk management objectives (the Objectives) will be approved by the Executive Team and reported to Board via the Chief Executive's Report, removing the need for a separate strategy document. This approach has been discussed with Audit Wales.

The Objectives for the period to September 2027 have been informed by the outcomes of the risk maturity assessment undertaken in December 2025 in line with the Orange Book (a recognised risk management standard for the public sector). The objectives and underpinning actions are outlined on slides 11-14. Progress against the objectives will be report to the Audit and Risk Assurance Committee at alternating meetings via the Risk Assurance Report.

The Objectives aim to:

1. **Improve decision-making**
   Use risk management as a tool to inform better, evidence-based decisions.
2. **Drive continuous improvement**
   Identify risks and opportunities to improve services and processes.
3. **Link to planning and performance**
   Embed risk management in organisational planning, performance reporting and learning.
4. **Foster a blame-free, open culture**
   Promote openness, learning and constructive challenge in a supportive culture.
5. **Adopt a dynamic and systematic approach**
   Use a structured, flexible and responsive approach to manage risk in a changing environment.
6. **Identify, assess and manage risks promptly**
   Ensure risks to strategic objectives and day-to-day operations are identified, assessed and managed.

Objective 1 – Implementation of a new risk management system by 30 November 2027

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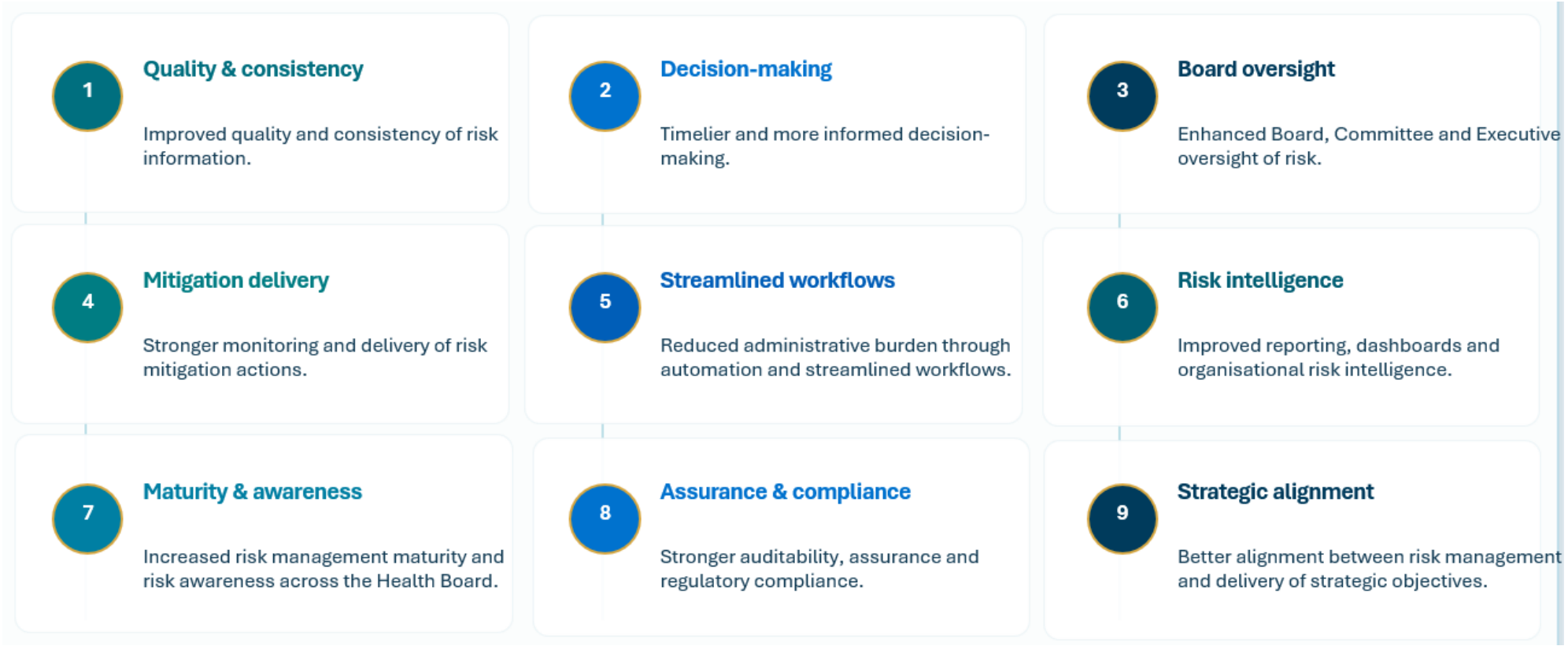
Why are we doing this?:

To ensure the availability of a robust risk management system across the Health Board once current contract with Datix ends in November 2027. This will address the needs of the Health Board including supporting decision making, the achievement of organisational objectives, embedding good governance and continuous improvement.

Expected Outcomes:



Objective 1 – Implementation of a new risk management system by 30 November 2027

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How will we do this?

Actions to achieve objective	By when	By who	Outcome measures
Finalise a detailed scope for the procurement of a new risk register system	31/08/2026	Assistant Director of Assurance and Risk / Head of Assurance and Risk	Agreed joint specification document with Swansea Bay UHB
Publish tender notice for minimum of 2 months	30/09/2026	Procurement	Tender Responses
Evaluation of tender submission with stakeholders against system specification (Scheduled for 5 and 6 November 2026)	30/11/2026	Assistant Director of Assurance and Risk / Head of Assurance and Risk	Preferred Supplier for new system
Develop a project plan, ensuring key milestones in place to facilitate full roll out and the de-commissioning of Datix by November 2027	31/12/2026	Head of Assurance and Risk	Project Plan
Develop a communications plan to inform the organisation of key milestones, including any system downtime and testing	31/12/2026	Head of Assurance and Risk	Communications Plan
Award/sign off Contract with successful supplier 5 years and 6 months to account for the implementation period with an option to extend for a further 5 years	31/01/2027	Assistant Director of Assurance and Risk / Head of Assurance and Risk	Agreed contract in place
Implementation of new risk management system	30/11/2027	Assistant Director of Assurance and Risk / Head of Assurance and Risk	New risk management system in use and fully operational

Objective 2 – Risk maturity, culture and operational risk management

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Why are we doing this?:

To strengthen local ownership of risk, improve consistency of risk management practice, and support the successful embedding of new ways of working across the Health Board, which will support the improvement of the organisation's risk culture, risk maturity and operational risk management, and the embedding of risk management into organisational-wide processes. This will address the needs of the Health Board including supporting decision making, supporting the achievement of organisational objectives, embedding good governance, and continuous improvement.

Expected Outcomes:

1. **Escalation Levels**
   Improved escalation levels awarded to Functions relating to risk management arrangements
2. **Consistency**
   Greater consistency in the application of risk management arrangements across Functions
3. **Oversight & Assurance**
   Enhanced oversight and assurance of risks to the delivery of the Annual Plan and strategic objectives.
4. **Risk Ownership & Quality**
   Stronger ownership and improved articulation and management of risks leading to better quality risk information to support operational and strategic decision-making and to support the annual planning process
5. **Risk Alignment**
   Improved alignment between operational, corporate and principal risks.
6. **Risk Culture**
   Stronger risk culture
7. **Maturity Assessment**
   Improvement in risk maturity assessment outcomes
8. **Organisational Resilience**
   Increased organisational resilience through proactive management of emerging risks.
9. **Ways of Working**
   Increased assurance that new Ways of Working are implemented safely, sustainably and effectively
10. **Risk Appetite**
    Embedding of risk appetite across the organisation

Objective 2 – Risk maturity, culture and operational risk management

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How will we do this?

Actions to achieve objective	By when	By who	Outcome measures
Complete Risk Maturity Assessment	31/12/2026	Assurance and Risk Team	Feedback forms / presentation of findings to ARAC February 2027
Update guidance on escalation of risks to be tolerated, reflecting revised governance arrangements	31/12/2026	Assurance and Risk Team	Clear guidance and materials on escalation of risks to be tolerated
Update training materials to reflect revised risk appetite statements and the identification of opportunities	31/12/2026	Assurance and Risk Team	Updated training material and SOPs
Provision of technical risk support to operational leads ensuring that risks are appropriately articulated and considered as part of the annual planning process for 2027/28 to ensure risk management outcomes inform and prioritise organisational decision making.	31/03/2027	Assurance and Risk Team	Annual Plan 2027/28 Risk Workshops with functions
Providing practical support to services with operational risk management arrangements via partnering arrangements: * training sessions * provision of reports to governance meetings * one-to-one support with risk leads	31/09/2027	Assurance and Risk Team	Improvement in key metrics such as timely risk reviews / improvement in completion of risk actions

Risk Management Process

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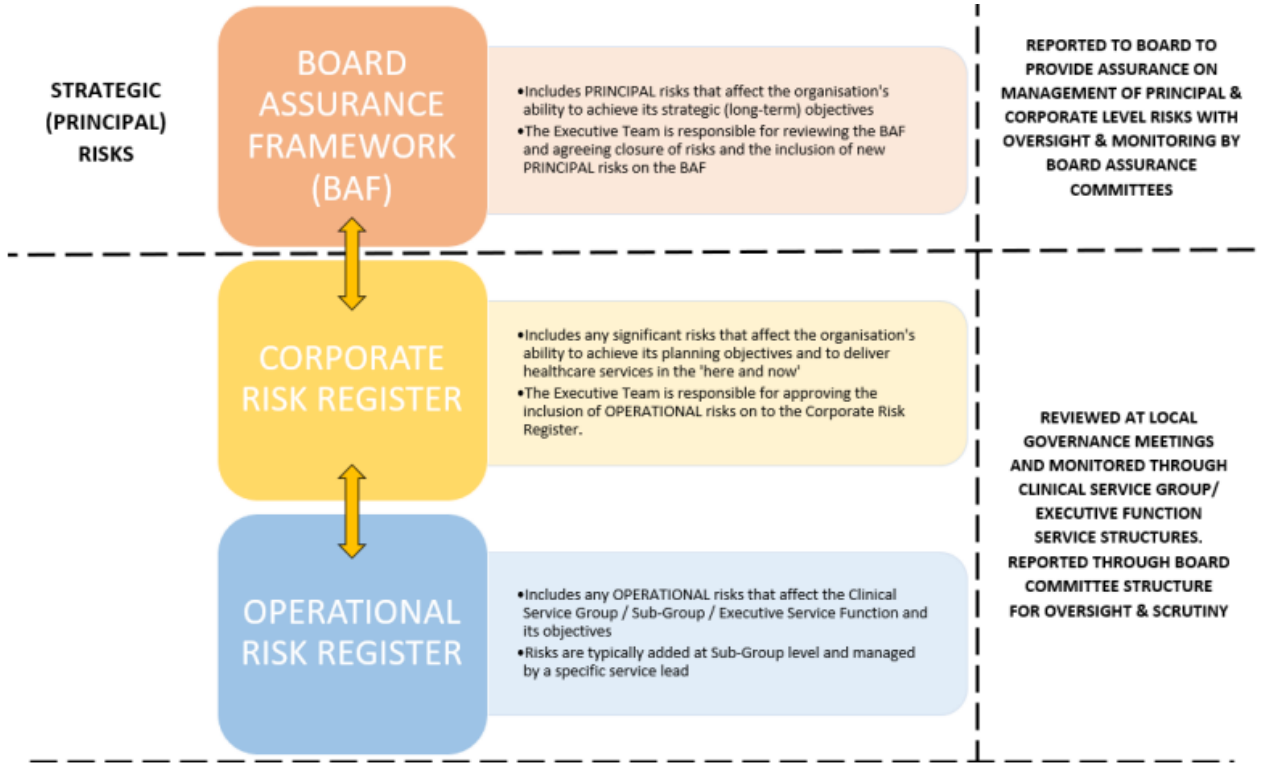
Risk Management Process

The Health Board's risk management process is recorded via the Datix Risk Register Module (Datix), with risk register reports provided to both assurance and operational management meetings. Datix enables risks to be recorded at one of three risk levels, ensuring that risks are reported to and scrutinised at the most suitable forums:

- **Principal** – Risks that affect the organisation's ability to achieve its strategic objectives in the long-term
- **Corporate** – Significant risks that affect the organisation's ability to achieve its planning goals, to deliver healthcare services in the 'here and now' and compliance with legislations/Standards
- **Operational** – Risks that affect the Function's abilities to achieve its objectives, delivery of healthcare services and compliance with legislation/standards.

Risk management processes are in place to ensure ownership by appropriate service leads in line with revised management hierarchies and support the effective oversight and escalation through updated operational and executive governance arrangements within Functions.



Risk Architecture

Risk architecture is the organisational arrangements for risk management which details the roles, responsibilities and the lines of communication for reporting on risk. These are detailed in the Risk Management Framework which was approved by Board in September 2025.

Organisational Context

As at 30 June 2026, the Health Board has **672 open risks** (**Feb 26: 679**) across principal, corporate and operational risk levels.

Risk exposure continues to be concentrated in a small number of Clinical Care Groups (CCGs) and Executive Functions, particularly **Estates and Facilities, Community and Integrated Medicine, Planned and Specialist Care** and **Operational Allied Health Professions and Health Sciences**. These risks are primarily driven by ageing estate and infrastructure, demand and capacity pressures, workforce and service fragility, financial constraints, equipment issues and digital limitations. These themes are reflected in the narrative across the first-line risk management slides within this report.

The risk register highlights the need for continued focus on risk review discipline, the delivery of mitigating actions, realistic target risk score dates, and active use of risk information to support decision-making, planning and assurance.

The following slides provide a more detailed analysis of the Health Board's risk registers per the three lines of defence model.

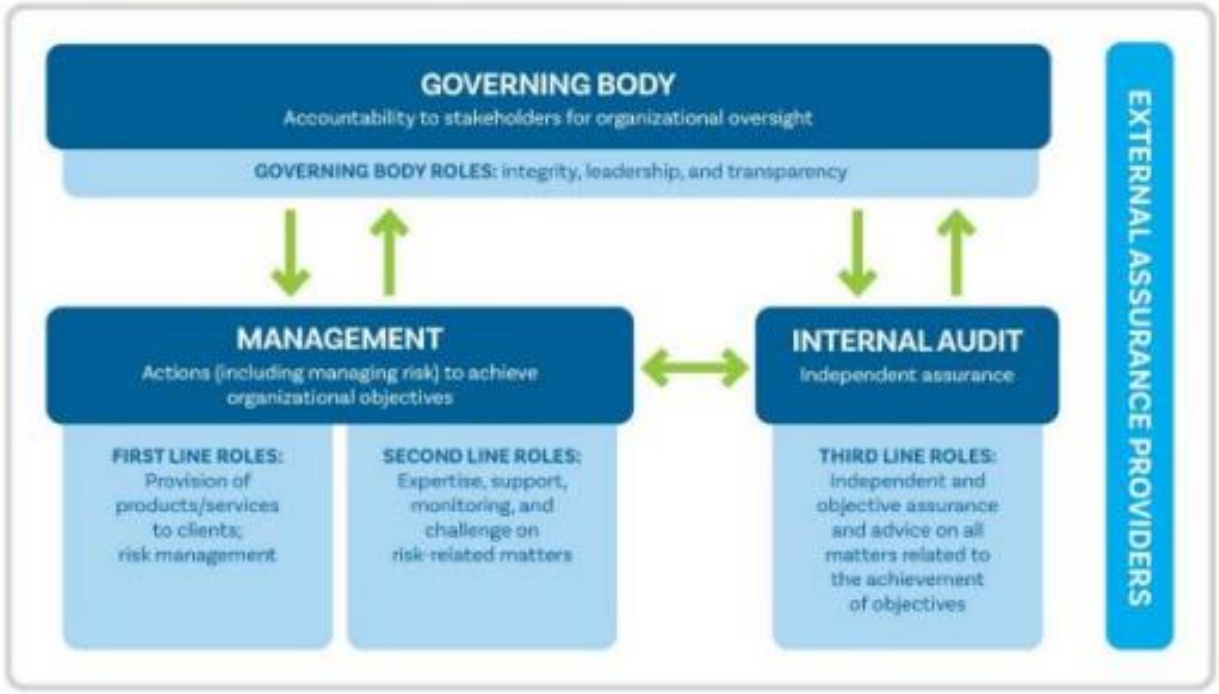
Three Lines of Defence

The Health Board operates within the widely accepted "Three Lines of Defence Model" which provides a simple and effective way to delegate and coordinate risk management roles and responsibilities within an organisation, to ensure the appropriate responsibility is allocated for the management, reporting and escalation of risk.

Operational Management (1st line)
First line are functions which own and manage risk, with operational staff responsible for maintaining internal controls such as processes, procedures and identifying risks, addressing as required. The first line also provides assurance that controls are in place and working.

Progress on the management of risks are discussed at the Clinical Service Groups' (CSG) Integrated Governance Group meetings for operational areas in the first instance, and then escalated if required to their CCG Integrated Governance Group meetings. For Executive Functions (EF), risks are discussed within the Executive Function Services' local management meetings, and escalated as appropriate to Senior Leadership Team meetings/relevant Lead Executive as appropriate. CCG and EF governance arrangements are considered when assessing the escalation status for Governance.

Where meetings are stood down, or in the absence of formal governance arrangements, assurance and risk reports are provided to management and service leads via e-mail which identify proposed actions for the CCG / Function to take forward to address areas of improvement or concern in respect of risk management.



1st Line of Defence
Risks by Function– June 2026

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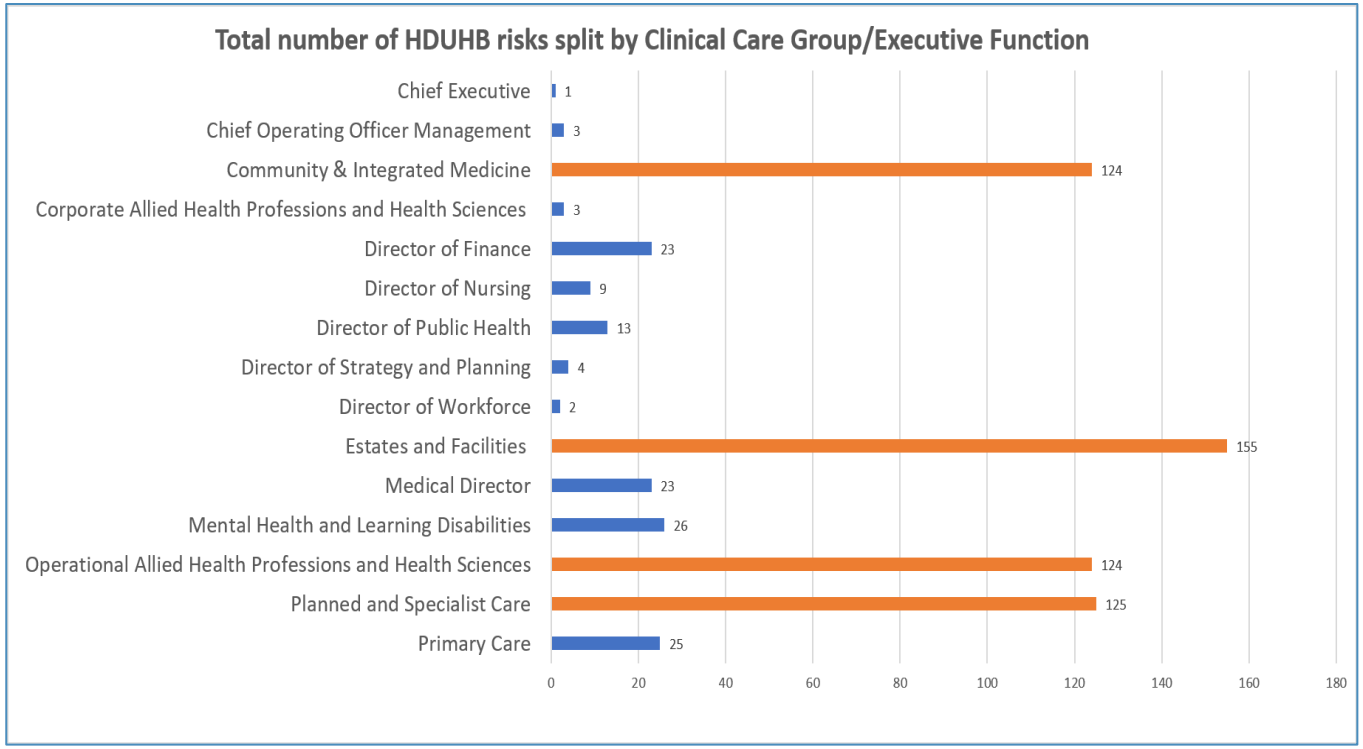
Estates and Facilities hold the largest number of risks at 155, **a 6% increase since the previous report** (February 2026: 146), primarily relating to the condition of the Health Board's ageing estate and infrastructure (including fire safety devices and equipment); with 65% of the risks reliant on capital funding to resolve. This is reflected in corporate risk 1745: *Risk of not being able to safely deliver services due to ageing estate and infrastructure across the Health Board* (June 2026: Current Risk Score - 15).

Community and Integrated Medicine hold 124 risks, (February 2026: 124) a reflection of the risks associated with operational challenges within unscheduled care and the fragility across the urgent and emergency care system related to workforce compromise and increasing levels of demand and acuity. This is reflected in the corporate risks 1027: *Risk to delivery of timely urgent and emergency care due to demand exceeding current capacity* (June 2026: Current Risk Score - 20) and 2378: *Risk of being unable to consistently deliver safe, sustainable and timely ED services across all hospital sites* (June 2026: Current Risk Score - 20).



Planned & Specialist Care hold 125 risks, a **7% increase since the previous report** (February 2026: 117), reflecting the ongoing challenges associated with workforce shortages, service fragility, demand consistently exceeding capacity, reliance on ageing or inadequate equipment, and the continued lack of fully developed digital systems within the Clinical Care Group.

Operational Allied Health Professions & Health Sciences hold 124 risks, a **3% increase since the previous report** (February 2026: 120), with financial risks, service fragility, demand exceeding capacity, and infrastructure constraints cited as main drivers.

1st Line of Defence
Risk Management:
Level of Risk held by Clinical Care Group/ Executive Function

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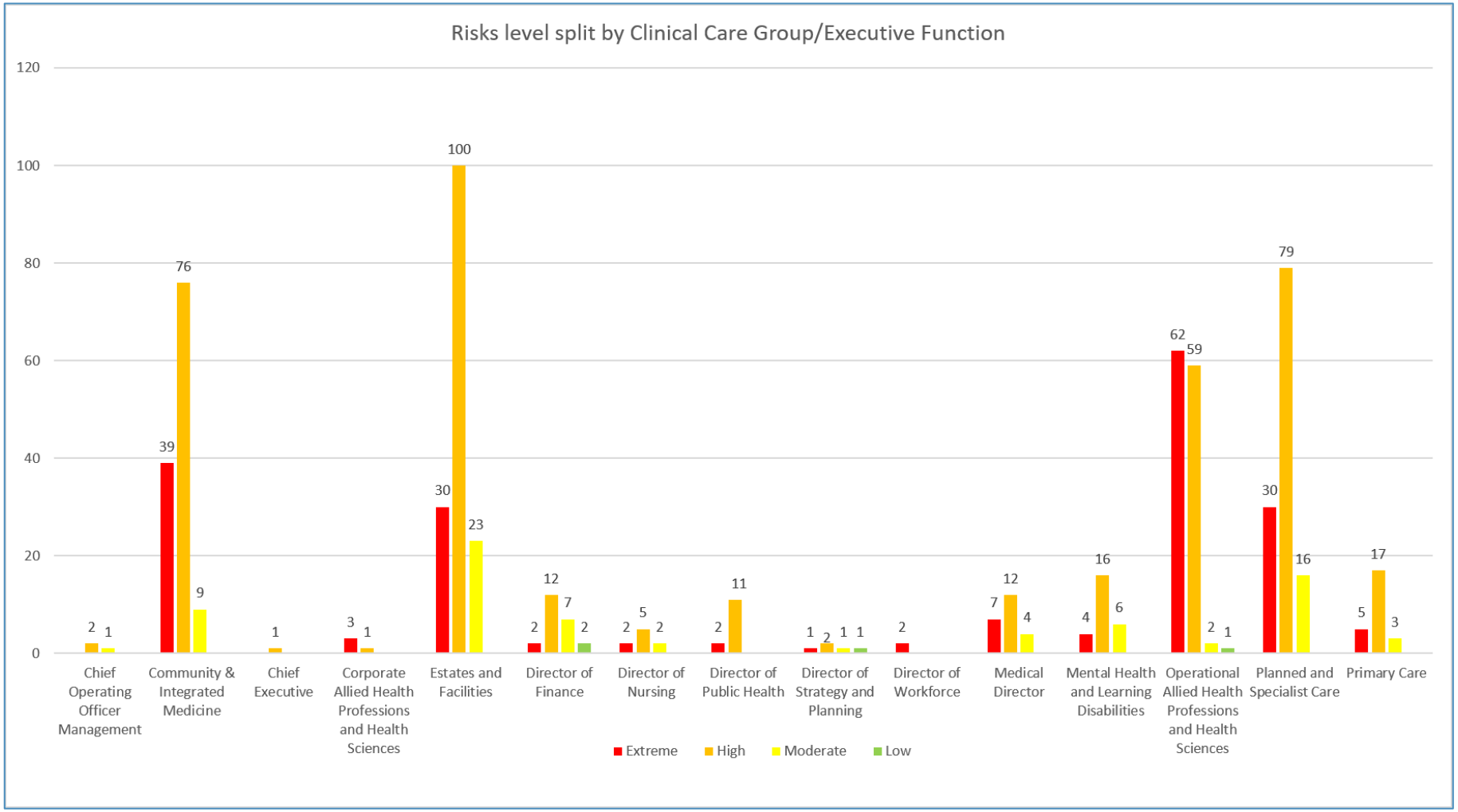
The graph demonstrates that a small number of areas carry most of our risks, namely **Estates & Facilities, Operational Allied Health Professions & Health Sciences, Planned & Specialist Care**, **and Community & Integrated Medicine** hold the highest number of risks.

As at 30 June 2026, **Operational Allied Health Professions & Health Sciences continues to hold the highest number of extreme-level risks 62 risks** (February 2026: 62) **accounting for over 50% of their risk register.**

35 of these risks are scored 20 or above and the majority of these are aligned to the Patient Safety, Quality and Finance impact domains.



1st Line of Defence
Risk Management - Overdue Risks and Actions

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The number of overdue risks have remained broadly consistent, with **80 risks overdue for review as at 30 June 2026** (February 2026: 73).

Of those risks noted as overdue at June 2026, **48 have recently lapsed and are not overdue by more than one month** (February 2026: 36) and considered to be within an acceptable timeframe for review.

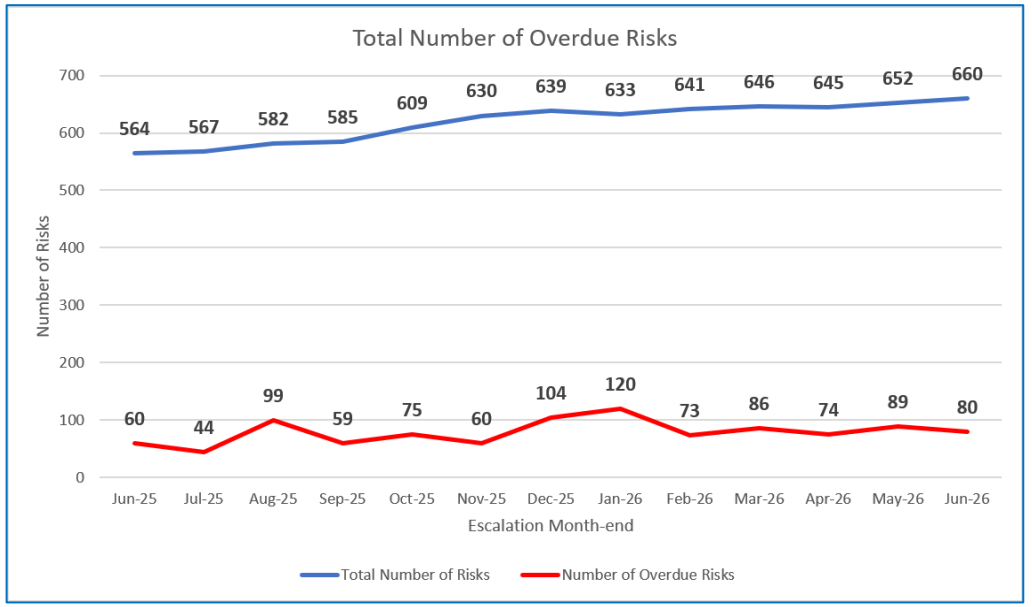
32 risks were overdue by more than one month (February 2026: 37), with **14 of these overdue by more than 2 months** (February 2026: 16), the longest being overdue by 10 months, indicative of the operational pressures faced Clinical Care Groups.

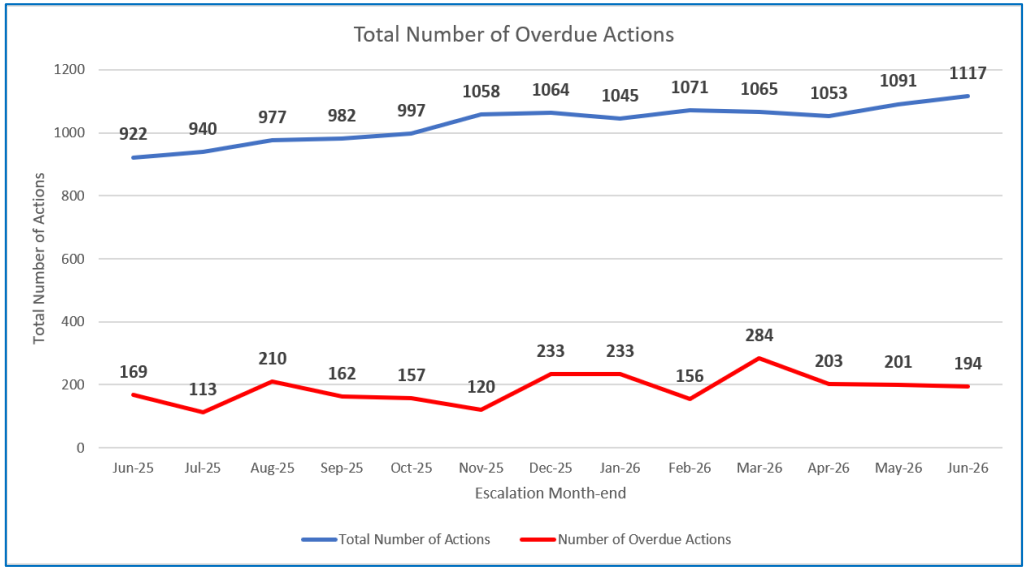
There has been a **notable reduction in the number of overdue risk actions since the implementation of the internal escalation framework,** however further progress is required to ensure that actions are clear, deliverable, reviewed and updated in a timely manner, and implemented within noted timeframes.

194 of risk actions are overdue as at June 2026, compared to 156 at February 2026, and may be a result of being assigned unrealistic or unachievable timescales, or are not being updated fully during risk reviews.

Limiting factors which provide a barrier to the completion of risk action plans should be reflected in the Rationale for Target Risk Scores (TRS) in line with the revised approach to risk tolerance, outlined in the Health Board's Risk Management Framework.

Risk leads are advised to provide realistic revised action dates where original dates have lapsed, with sufficient narrative noting the reasons behind any delays and justification for the new date expected to achieve the TRS. This advise is included in risk training, Sharepoint material and communication, as well as being considered in the scope of the procurement of the new risk register system.





1st Line of Defence

Risk Management - Overdue Risks and Risk Actions

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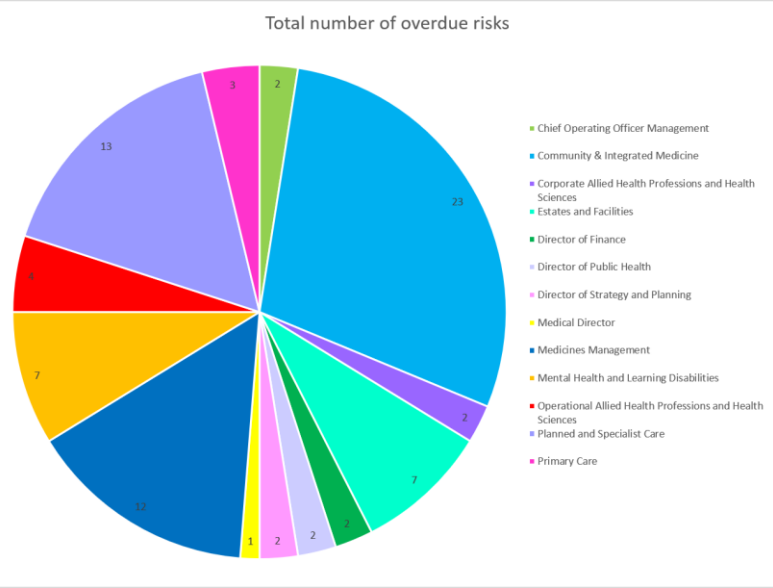
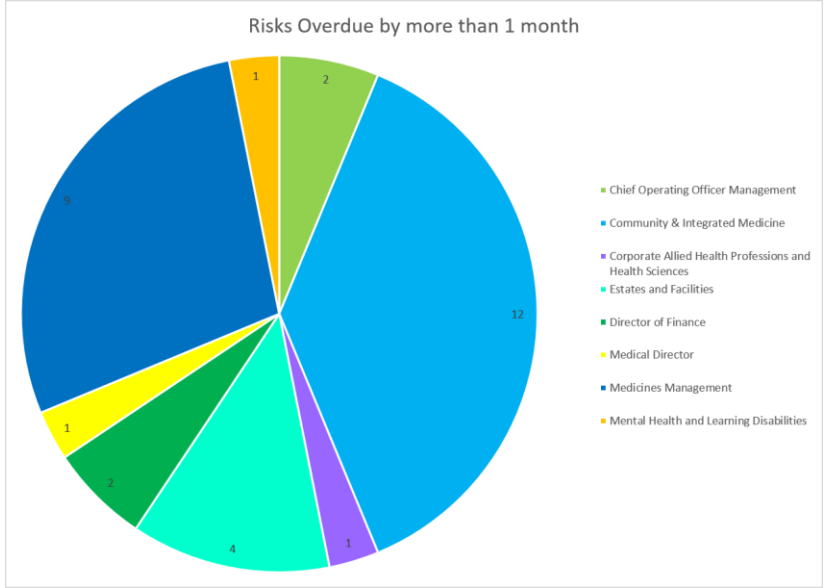
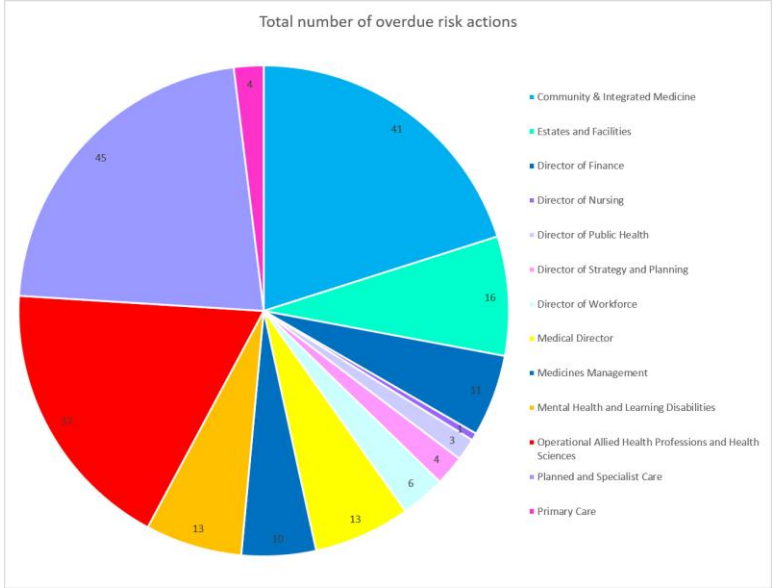
Overdue risks (12%)



Risks overdue >1 month (5%)



Overdue risk actions (29%)



Overdue risk reviews

Community & Integrated Medicine: 23/124 overdue (19%) – highest number.

Planned & Specialist Care: 13/125 overdue (10%).

Medicines Management: 12/17 overdue (71%) – highest proportion.

Overdue actions indicate that risks may not have been reviewed or fully updated.

Assurance and Risk Officers continue to support risk leads to improve timely review and update discipline.

Overdue risk actions

Planned & Specialist Care: 45/187 overdue (24%).

Community & Integrated Medicine: 41/235 overdue (17%).

Operational AHP & Health Sciences: 37/246 overdue (15%).

1st Line of Defence
Risk Management - Risk Treatment

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4 risks do not currently have an 'Expected Date to Achieve Target Risk Score (TRS)', all of which sit with Community & Integrated Medicine. Whilst the risks have been reviewed, the 'Expected Date to Achieve TRS' section has not been updated.

80 risks have an 'Expected Date to achieve TRS' that has passed (February 2026: 62)**,** of which **12 have a current risk score (CRS) that meets the TRS score** (February 2026: 18)**:**

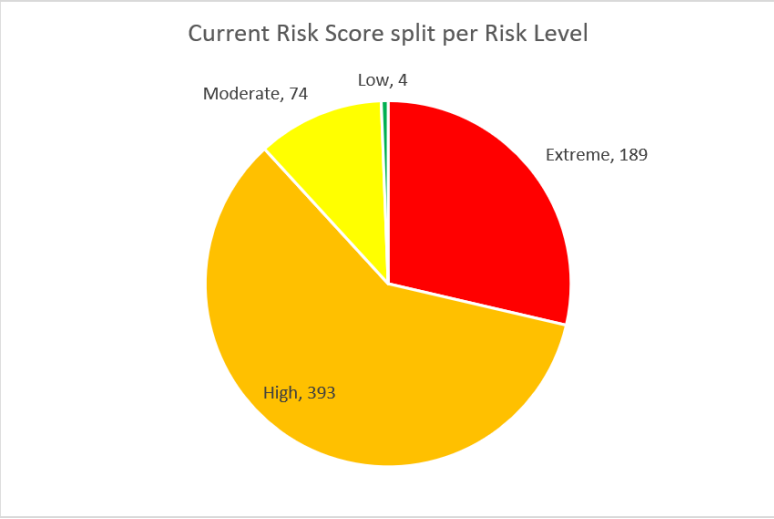
- 20 risks have not been reviewed within timeframe
- 60 have been reviewed within timeframe but the 'Expected Date to achieve TRS' has not been updated, suggesting that risk leads may not be fully updating risks on review.

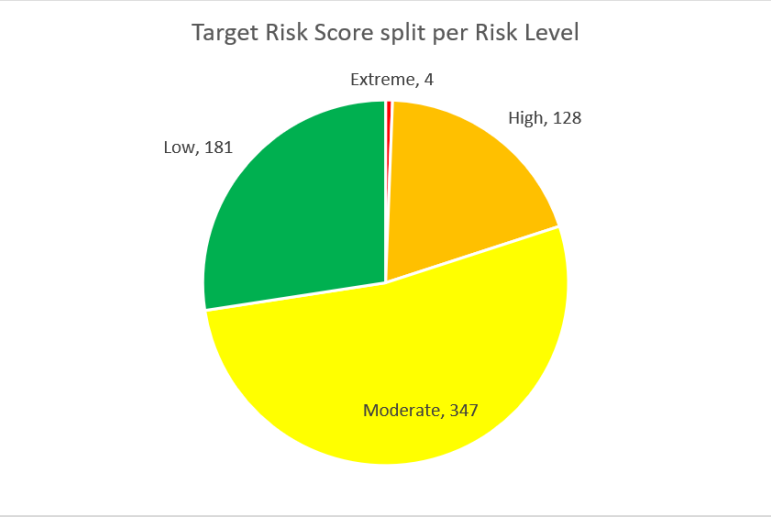
Of risks with a CRS higher than TRS, **7 risks have an 'Expected Date to achieve TRS' which is overdue by more than 6 months, the longest being overdue by 9 months.**

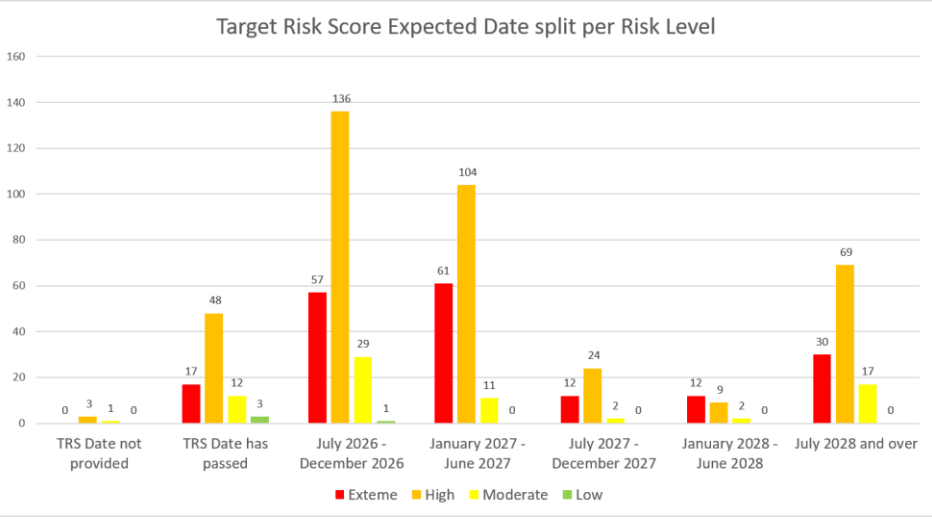
Of the 4 risks with an Extreme TRS, these are held by Operational Allied Health Professions and Health Sciences (3) and Mental Health and Learning Disabilities (1).

39 risks have a CRS equalling the TRS. These risks require review by the risk leads to consider if the risk can be tolerated (do nothing further), treated (further action to be taken) or closed.

The Assurance and Risk Team continue to support Functions by highlighting these risks within governance reports and the expectations around their update, reiterating the escalation via management structures to support decision-making if required, as outlined in the risk management framework. Risk management training material has also been updated to reflect these requirements.







1st Line of Defence
Operational Oversight of Risks

Clinical Care Group and Executive Function Level Monitoring Arrangements

Clinical Care Groups

Risks are discussed at the CCG Integrated Governance Group meetings which occur fortnightly or monthly, alternating the agendas of Quality, Health & Safety, and Business, Planning, Performance & People.

The CCG's remit is to evidence that these risks are being managed and monitored effectively in line with the Health Board's Risk Management Framework or escalated as required. The requirements of the CCG are stipulated within the Operational Scheme of Delegation, and in place since the introduction of the CCG structures as part of the operational Organisational Change Process (OCP).

The Assurance and Risk team prepare risk reports for CCG and Executive Function meetings, presenting at meetings on request and sharing the slides at meetings when not in attendance.

Executive Functions

Executive Functions have local governance arrangements for risk, most notable Senior Leadership Team meetings, with their frequency varying dependant on the Function.

Continuing local governance arrangements, including frequency of stood down meetings, are considered when awarding the escalation status for Governance.

2nd Line of Defence
Oversight of Risk - Internal Escalation

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Internal Escalation

The Health Board has an internal escalation process, as part of the Executive Improving Togethe (EIT) Framework, whereby CCG / Executive Functions are assessed monthly against seven domains. The 'Governance' has four specific areas of focus to drive improvement in performance, and awarded one of four levels based on their performance:

- **Risk management**, with relevant risks articulated with appropriate actions in place, evidenced that these are being delivered;
- **Implementation of recommendations** raised in audits / inspections and regulatory activity;
- **Implementation of Welsh Health Circulars and Ministerial Directions**; and
- **Governance arrangements** are in place.

The assessment criteria for the Governance domain has been reviewed to include more qualitative elements to reflect the quality of risks, in addition to statistical criteria and implemented from April 2026.

Level 1: Reasonable assurance that the function can meet prescribed targets in a given domain within the year

Level 2: Limited assurance that the function can meet prescribed targets in a given domain within the year

Level 3: No assurance that the function can meet prescribed targets in a given domain within the year OR insufficient engagement with Targeted Intervention objectives

Level 4: No assurance that the function can meet prescribed targets in a given domain within the year, with insufficient actions or engagement in place to secure recovery

Measures to assess against the Governance Domain - Risks

Level	Criteria
Level 4 – no assurance and insufficient actions / engagement	No plan in place and no engagement, (eg no risk action plans, no expected date to achieve Target Risk Score). No evidence that risks are escalated via CCG management structures where necessary, no engagement and the ability for leadership to make informed decisions on prioritisation of resources
Level 3 – no assurance	Lack of evidence that risks are being managed and mitigated within expected timescales. Evidence where known risks are not articulated on the function's risk register. **Less than 80% compliance** of risks and risk actions being updated within required timescales Limited evidence that risks are escalated via CCG management structures where necessary, therefore not demonstrating good engagement and the ability for leadership to make informed decisions on prioritisation of resources
Level 2 – Limited assurance	Relevant risks articulated on risk registers with action plans in place, but lack of evidence that risks are being managed and mitigated within expected timescales. *(eg risk action plans not being implemented within original action dates, limited evidence of reduction in current risk score).* **Between 80% - 89% compliance** of risks and risk actions being updated within required timescales Some evidence that risks are escalated via CCG management structures where necessary, demonstrating engagement and the ability for leadership to make informed decisions on prioritisation of resources
Level 1 – Reasonable assurance	Relevant risks articulated on risk registers with action plans in place, and evidence that the function is delivering against these (eg specific and measurable risk action plans, current risk score and target risk score clearly articulated, achieving expected target risk dates) **Over 90% compliance** of risks and risk actions being updated within required timescales Evidence that risks are escalated via CCG management structures where necessary, demonstrating good engagement and the ability for leadership to make informed decisions on prioritisation of resources

2nd Line of Defence
Internal Escalation Framework – Governance Domain

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Function	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26	Jun 26
Chief Operating Management	2	2	2	2	2	1	1	1	1
Community & Integrated Medicine	3	3	3	3	3	3	3	3	3
Estates & Facilities	1	1	1	1	1	1	1	1	1
Executive Director of Allied Health Professions and Health Sciences	1	1	1	1	1	1	1	1	1
Executive Director of Finance	1	1	2	2	2*	2	2	2	2
Executive Director of Nursing, Quality and Patient Experience	2*	2	2	1	1	1	1	1	2*
Executive Director of Public Health	1	1	1	1	1	1	1	1	1
Executive Director of Strategy and Planning	1	1	1	1	1	1	1	1	1
Executive Director of Workforce and Organisational Development	1	1	1	1	1	1	1	1	1
Medical Director	1	1	1	1	1	1	1	1	1
Medicines Management	n/a	n/a	1	1	1	1	1	1	1
Governance and Communication	1	1	1	1	1	1	1	1	1
Mental Health and Learning Disabilities	2	1	1	1	1	1	1	1	1
Operational Allied Health Professions and Health Sciences	1	1	1	1	1	1	1	1	1
Planned and Specialist Care	2	2	2	3	2	2	2	2	2
Primary Care	2*	2	2	2	2*	1	1	1	1

As at 30 June 2026 ,**Community and Integrated Medicine** met the Level 3 escalation criteria for risk management under the Governance domain. A detailed analysis is provided on the next slide.

Two Functions met the Level 2 escalation criteria in relation to risk management, with detail provided on slide 24:

- Planned & Specialist Care; and
- Director of Finance.

The Assurance and Risk Team provide focussed advice and assistance for those Functions at level 3 to aid their de-escalation / recovery, and to support those awarded level 2 status from being escalated. Full detail for the reasons behind their escalation status, and suggested actions to de-escalate (where appropriate) is provided within an Assurance & Risk report that is circulated monthly and presented at Function governance meetings.

*The escalation status of Level 2 (Executive Director of Nursing, Quality and Patient Experience) was not attributable to risk management but was based on the management of the implementation of audit and inspection recommendations, Welsh Health Circulars, Ministerial Directions or governance arrangements.

2nd Line of Defence
Internal Escalation Framework –Governance Domain:
Level 3 - No Assurance

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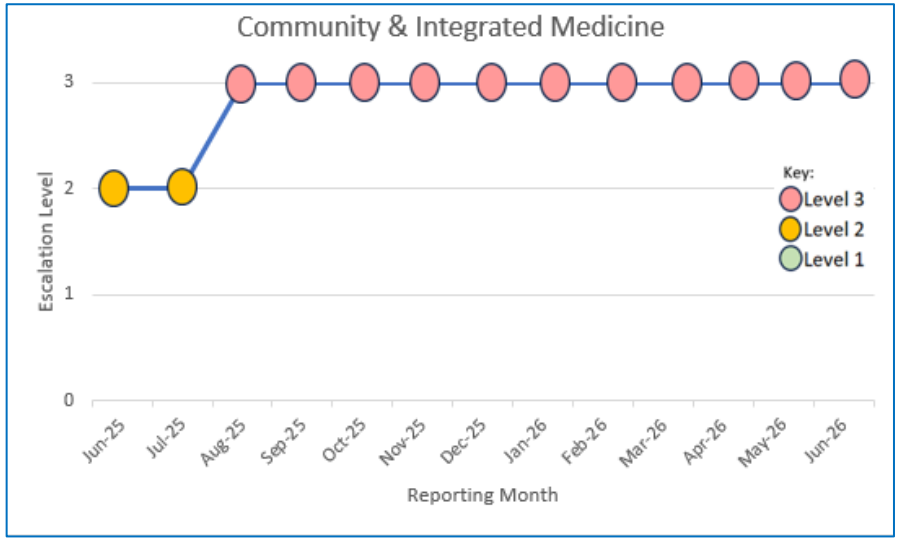
Community & Integrated Medicine

As at 30 June 2026, the Clinical Care Group (CCG) had **23 of 124 risks overdue (19%),** an improvement on the February 2026 position (28%). The CCG had 235 open risk actions, of which 41 **were overdue (17%),** an improvement on the February 2026 position (24%) and meets L2 criteria.



Whilst the figures above meet L2 criteria the CCG remains in L3 for risk due to the following:

- **13 risks (5 extreme and 8 high scoring risks) do not have open risk actions**.
- Of the 23 overdue risks, **12 are overdue by more than 1 month** which all sit with the Carmarthenshire Integrated System.
- Of the 41 overdue risk actions, **23 are overdue by more than 1 month.**
- 20 risks where the Current Risk Score is higher Target Risk Score have an 'Expected Date to achieve TRS' which has passed, **17 of which have been reviewed after the 'Expected Date to achieve TRS' and the date has not been revised accordingly, suggesting that risks are not being fully updated during review.**
- **4 of the 124 risks (2%) do not have an 'Expected Date to achieve TRS**'.
- Delays in new / emerging risks being added to Datix.

The Assurance and Risk Officer attended the Speciality Service Review day on 4 March 2026 to provide support to articulate fragility risks sitting across Speciality pathways that are currently overseen by the CCG. The Assurance and Risk Officer continues to offer support to the CCG by meeting when required with risk leads, and provides a summary of their risk position and risk review requirements at the relevant governance meetings. The CCG triumvirate team have scheduled quarterly risk sessions with each integrated system. Operational pressures continue, including the OCP Phase 2 consultation.

2nd Line of Defence
Internal Escalation Framework – Governance Domain
Level 2 – Limited Assurance

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The following 2 Functions were awarded a Level 2 attributable to risk management performance within the Governance domain, as per the criteria outlined on slide 28 based on data available at 30 June 2026:

Clinical Care Group / Executive Function	Reason for award of L2	De-escalation Criteria
Planned and Specialist Care	An improved position with **13 out of 125 (10%) risks overdue (90% compliance)** and **45 out of 187 (48%) risk actions overdue (less than 80% compliance).** This was primarily due to services not updating their risk actions within the required timeframes.	To achieve Level 1, 90% of risks and risk actions are reviewed within timeframes and evidence of compliance in achieving TRS dates
Director of Finance	An improved position with **2 out of 23 (9%) risks overdue (91% compliance)** for the Function as a whole, with **1 out of 19 (95%) of Digital's operational risks overdue** and 1 Finance Corporate risk overdue**.** However, **11 out of 32 (34%) risk actions overdue** at month-end across the Executive Function.	To achieve Level 1, 90% of risk actions to be reviewed within timeframes and compliance achieving TRS dates.

2nd Line of Defence
Thematic Analysis

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk owners can allocate themes to their risks, which allows the Health Board to share risk information on specific areas with relevant experts as part of the second line of defence. Themes are assigned based on additional impacts or contributory factors They in turn can offer specific support and guidance to risk owners in the management of risk and identify trends and areas of concern.

Each theme is aligned to a designated committee to provide assurance that processes are in place to deliver a holistic approach to risk management, further enabling the Health Board to better identify and define its risk appetite, risk capacity and total risk exposure in relation to each risk. It also provides the opportunity to group similar risks or generic type of risk. Thematic risk registers also support the identification of trends, clusters, and potential gaps within the Health Board's control framework. They may be used to determine whether further action is needed to prevent risks from materialising.

Each risk theme has assigned owners based on their subject matter expertise and are provided with the relevant thematic risk register on a bi-monthly basis. Upon receipt, theme owners are expected to:

- Confirm that risks are appropriately assigned to the theme
- Review the risk, associated controls, and planned actions from an expert perspective
- Offer oversight and guidance to the relevant manager on any additional controls required to manage the risk to an acceptable level

To strengthen the effectiveness of this framework, the Assurance and Risk Team have conducted a review of existing risk themes. The review identified duplication across several themes, leading to a decision to streamline and consolidate them into a more manageable and meaningful data set. The progress of the work undertaken to date are noted on the following slides.

Work has now been completed by the team, with input from the Quality Assurance and Safety Team, to review risk themes relating to the appropriate alignment to the relevant groups within the revised governance arrangements underpinning QSEC.

The following slide details the reviews undertaken and risk themes agreed since the previous report presented to ARAC, to ensure these are as effective and meaningful as possible.

2nd Line of Defence
Thematic Analysis

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk theme	Theme Definition	No. of Risks	QSEC Sub Group	Review undertaken
HTA Compliance (NEW)	A risk that involves complying with the regulations and legislation under the Human Tissue Act.	**5**	Human Tissue Authority Assurance Group	Further reviews in June 2026 resulting in 5 new risk themes being added to Datix, aligned to the relevant sub-group of Quality, Safety & Intelligence Group (QSIG). From Q2 2026/27 risk themes will be provided to the Leads and QSIG Reporting Group Chairs on a bi-monthly basis.
Nutrition and Hydration (NEW)	A risk in relation to patient care and treatment relating to nutrition and hydration	**19**	Nutrition & Hydration Group	
Resuscitation (NEW)	A risk in relation to patient care and treatment relating to resuscitation and DNACPR	**3**	RADAR Group	
Medical Exposure / IRMER (NEW)	A risk relating to the guidance and regulations for Health Board staff and patients in the use of Ionising Radiation for or medical equipment for treatment purposes and the deliberate exposure of patients to ionising radiation for diagnostic, therapeutic, or health monitoring purposes, with safety and optimisation	**0**	Medical Exposures Group	
Acute Deterioration / NEWS (NEW)	A risk in relation to patient care and treatment relating to acute deterioration and NEWS scores / lack of escalation	**14**	RADAR Group	
Fragile Services	A fragile service is one where there is a risk or the actual delivery of a diminished service or a service being unable to be delivered due to staffing / or other challenges	**212**	Fragile Services Oversight Group	Further reviews in June 2026, with revised theme definitions agreed and confirmation of the sub-group of the QSIG that these themes will be aligned to. From August 2026, risk themes will be provided to the Leads and QSIG Reporting Group Chairs on a bi-monthly basis.
Infection Control	A risk that may compromise the effectiveness of infection prevention and control measures, leading to staff and/ or patients being exposed to a confirmed or suspected pathogen increasing the likelihood of a transmission event and a healthcare acquired infection (HAI) or outbreak	**32**	Infection Prevention Strategic Steering Group	
Medication	A risk that involves the prescribing, dispensing or supply, administration or monitoring of medicines.	**25**	Medicines Management Oversight Group	
Medical Devices	A risk relating to a medical device, which is any instrument (other than a medicine) that is used to diagnose, monitor, treat or manage a medical condition. The definition covers a wide range of products including syringes, dressings, surgical tools, scanners, software, apparatus, machines and some medical applications.	**37**	Medical Devices Group	

2nd Line of Defence
Thematic Analysis

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk theme	Theme Definition	No. of Risks	QSEC Sub Group	Review undertaken
NICE/National Guidance	Risks related to the Health Board's ability to comply with evidence-based guidance for health and care.	**119**	Effective Clinical Practice	Further reviews in June 2026, with revised theme definitions agreed and confirmation of the sub-group of the QSIG that these themes will be aligned to. From Q2 2026/27 risk themes will be provided to the Leads and QSIG Reporting Group Chairs on a bi-monthly basis.
Safeguarding	Safeguarding in its wider context is everyone's responsibility and we have duty of care to support children and adults. It is expected that services and professionals "own" their concerns and take responsibility for the work that needs to be done to keep individuals safe. This includes taking action before, during and after a safeguarding referral has been made. Should risks arise whereby children and adults may be put at risk due to gaps in service provision, or training compliance for example, then a safeguarding theme may be assigned to the risk.	**31**	Strategic Safeguarding Group	
Consent and Mental Capacity	Risks relating to consent to examination or treatment e.g. missing, illegible, incorrect consent form; failure to obtain consent; mismatch between consent form and list etc. Risks relating to people who may lack mental capacity e.g. failure or concerns relating to: assessment of decision making capacity; acting in the person's best interests; consulting with those close to the person etc.	**0**	Mental Capacity Act and Consent Group	
Deprivation of Liberty Standards (DOLS)	Risks relating to: • a failure to submit DoLS referral when needed • a person being deprived of their liberty when they have capacity to consent to be in hospital • a lack of awareness of what actions can and cannot be taken when a DoLS authorisation is in place (e.g. you can stop someone from absconding • DoLS doesn't give authority for care and treatment decisions • patient with a DoLS authorisation can be discharged).	**1**	Mental Capacity Act and Consent Group	
Patient Safety	N/A- removed as a risk theme	**N/A**	N/A	Removed as themes and replaced by the risk themes above, as well as superseded by the Domains of Quality (STEEP) data captured on Datix.
Quality	N/A- removed as a risk theme	**N/A**	N/A	

2nd Line of Defence: Committee and Reporting Structures

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Effective risk management requires a reporting and review structure to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place. The Health Board's risk reporting structure is outlined in Appendix 2 of the Risk Management Strategy.

1. The Board

The Board is responsible for oversight of the Health Board's **principal risks**, which are those that affect its ability to achieve its strategic objectives.

Principal risks are reported to the Board 3 times a year, with the last report provided in July 2026 as part of the BAF Dashboard. The Health Board has updated the planning objectives, principal risks and outcome measures which support the four strategic objectives as part of the Strategy Refresh. The reporting of principal risks to Committees will re-commence in Q3 of 2026.

The Board is also responsible for oversight of the Health Board's **corporate risks**, which are defined as significant risks which affect the Health Board's ability to deliver its priorities set out in the Annual Plan and healthcare services in the 'here and now'. **Corporate risks are reported to the Board 3 times a year**, with the last report provided in May 2026, with a total of 22 risks on the Corporate Risk Register.

The Formal Executive Team reviews the corporate risk register on a monthly basis, and the principal risk register on a quarterly basis, ahead of Board reporting.

The Executive Team have responsibility to:

- Approve or escalate new risks for addition to corporate/principal risk registers; and
- Approve the closure of, or de-escalation of corporate/principal risks to operational level.

At Formal Executive Team in October 2025, a schedule of "deep dives" of corporate risks was agreed to confirm TRS scores, provide direction on further risk treatment, and consider the acceptance of these risks. These are currently being refreshed following the approval of the Annual Plan.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

2nd Line of Defence: Committee and Reporting Structures

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

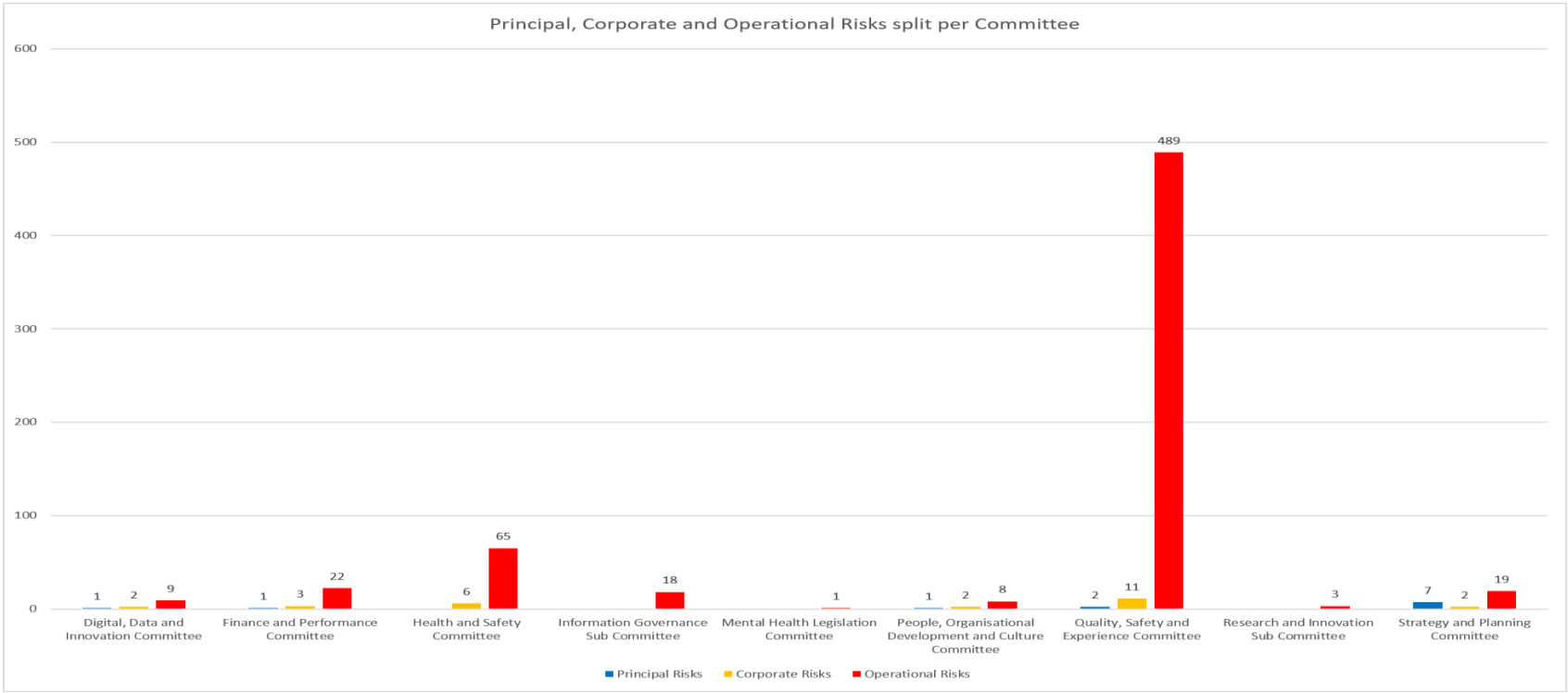
2. Board Committees and Sub-Committees

Terms of References (TORs) are in place for each committee in the Health Board, outlining their responsibility to review and seek assurance that risks aligned to Committees are being effectively managed across the Health Board, and report any areas of significant concern. All risks (principal, corporate and operational) are reported to each Committee meeting via the "Assurance and Risk Report". Principal, corporate and operational risks are reported on an alternate basis to the bi-monthly Committees, with the exception of Digital, Data and Innovation Committee and People, Organisational Development and Culture Committee where all risks are reported to each quarterly meeting.

Where possible, operational risks are also reported to sub-committees, each of whom have delegated authority from the parent committee who receive update reports at each meeting. Operational risks are reported to committees based on the following criteria:

- Current risk score is "extreme" or "high"; and
- Current risk score is either equal to or exceeds the target risk score.

Committees are asked to take assurance from the oversight mechanisms in place, as noted in the 1st line of defence section of the report, to effectively and efficiently manage risks, with escalation as appropriate



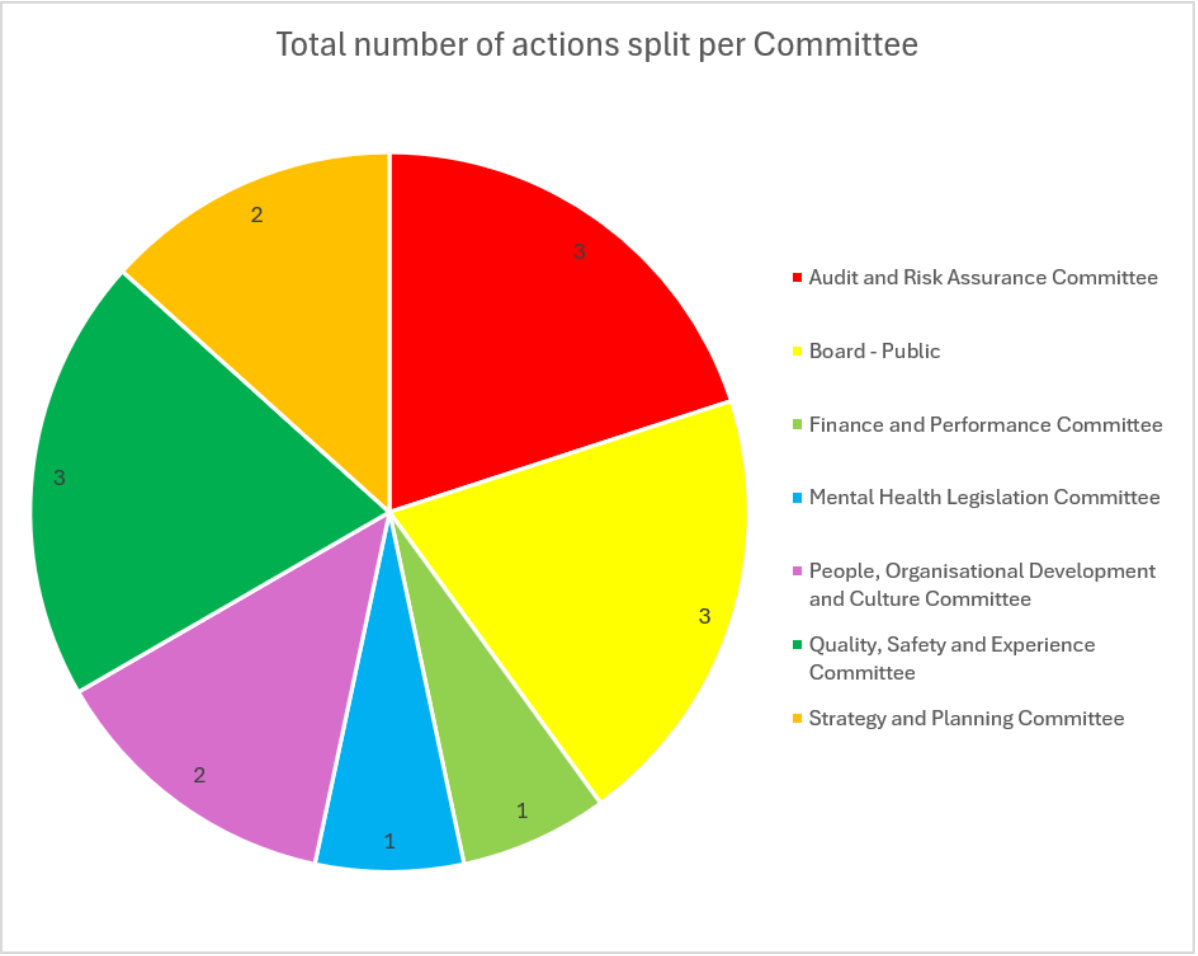
2nd Line of Defence: Committee and Reporting Structures

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Tables of Actions (ToAs) are generated following Committee meetings to capture queries, requests for clarification, and actions arising from discussions relating to risk management. These actions are monitored to ensure that required follow-up activity is undertaken and reported as appropriate.

The majority of committee actions relate to strengthening risk governance and assurance arrangements through improved risk reporting, enhanced scrutiny and challenge, and greater visibility of significant operational risks. Committees have sought clearer articulation of risk ownership, scoring and escalation processes, alongside improved assurance regarding the effectiveness of risk management arrangements. A further theme is the development of organisational risk capability and culture, including workforce wellbeing, leadership responsibilities and improved understanding of risk across Board and Committee structures,

Progress against actions continue to be monitored and reported through the relevant Committee Table of Actions.



2nd Line of Defence: Committee and Reporting Structures

Corporate Risk Register

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The following slides summarise the changes to the Corporate Risk Register (CRR) since the previous report presented to ARAC in April 2026. All changes are included in risk reports presented to Board and Committees.

New Risks added or escalated to the Corporate Risk Register

Risk Ref and Title	Clinical Care Group/Executive Function	Lead Committee	Current Risk Score Jun-26	New or escalated Risk	Date of addition to the CRR
2381 - Risk to compliance with Martyn's Law and site safety due to insufficient security infrastructure, capability and preparedness	Estates & Facilities	Health and Safety Committee	15	New Risk	23/06/2026
2380 - Risk to delivery of Single Cancer Pathway performance due to diagnostic capacity gaps, funding uncertainty and pathway fragility	Planned & Specialist Care	Finance and Performance Committee	12	New Risk	19/06/2026
2379 - Risk to effective climate adaptation and compliance due to insufficient resourcing, leadership and system-wide coordination	Public Health	Strategy and Planning Committee	16	New Risk	19/06/2026
2378 - Risk of being unable to consistently deliver safe, sustainable and timely ED services across all hospital sites.	Community & Integrated Medicine	Quality, Safety and Experience Committee	20	New Risk	19/06/2026
2349 - Risk of disruption to services and increased financial pressure arising from fuel supply constraints and rising cost	Public Health	Health and Safety Committee	12	New Risk	22/05/2026
2327 - Risk to planned care and RTT recovery in 2026/27 due to demand–capacity gaps, estate fragility and non-recurrent funding	Planned & Specialist Care	Finance and Performance Committee	12	New Risk	22/04/2026
2326 - Risk to achieving 26/27 Target Control Total due to underlying deficit, insufficient savings & reliance on non recurrent funding	Director of Finance	Finance and Performance Committee	20	New Risk	21/04/2026

2nd Line of Defence: Committee and Reporting Structures

Corporate Risk Register

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risks removed from the Corporate Risk Register

Risk Ref and Title	Clinical Care Group/Executive Function	Lead Committee	Reason for Removal	Date of change on CRR
1861 - Risk of harm to staff, patients public and critical assets due to insufficient physical security measures and systems	Estates & Facilities	Health and Safety Committee	Risk closed and superseded by new risk 2381	23/06/2026
2104 - Risk to delivery of Ministerial Priorities relating to planned care recovery ambitions 25/26 due to demand exceeding capacity	Planned & Specialist Care	Finance and Performance Committee	Risk closed and superseded by new risk 2327	22/04/2026
2086 - Risk that the cash consequences of the Health Board deficit cannot be covered by WG should it exceed our Target Control Total	Director of Finance	Finance and Performance Committee	Risk closed and superseded by new risk 2326	21/04/2026
1350 - Risk of not meeting the 80% SCP waiting times target for March 2026 due to diagnostics capacity and delays at tertiary centre	Planned & Specialist Care	Finance and Performance Committee	Risk closed and superseded by new risk 2380	19/06/2026

Changes in Current Risk Score:

Risk Ref and Title	Clinical Care Group/Executive Function	Lead Committee	Current Risk Score Jun-26	Previous Risk Score Mar-26	Date of change on CRR
2079 - Risk of loss of Pathology services across the Health Board due to delayed implementation of LIMS	Operational Allied Health Professions & Health Sciences	Digital, Data and Innovation Committee	25 ↑	20	22/05/2026
1810 - Risk to delivering effective and timely cancer service due to Aseptic Unit facilities being non-compliant with QAAPS.	Medical Director	Quality, Safety and Experience Committee	20 ↑	15	10/03/2026
2212 - Risk the Health Board will not have an approvable Integrated Medium-Term Plan (IMTP) by March 2028.	Director of Strategy and Planning	Strategy and Planning Committee	16 ↑	12	23/03/2026
2190 - Risk of CHC service users experiencing a delay in their choice of care provision via Direct Payments.	Community & Integrated Medicine	Quality, Safety and Experience Committee	9 ↓	16	22/05/2026

2nd Line of Defence:
Committee and Reporting Structures
Corporate Risk Register

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Changes in Target Risk Score:

Risk Ref and Title	Clinical Care Group/Executive Function	Lead Committee	Target Risk Score Jun-26	Target Risk Score Mar-26	Date of change on CRR
1860 - Risk of staff harm and service disruption due to violence and aggression within healthcare settings	Estates & Facilities	Health and Safety Committee	12 ↑	8	22/05/2026
2190 - Risk of CHC service users experiencing a delay in their choice of care provision via Direct Payments.	Community & Integrated Medicine	Quality, Safety and Experience Committee	8 ↓	12	10/03/2026

3rd Line of Defence
Independent Assurance

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The third line of defence relates to those who provide independent assurance over the management arrangements in place and, where appropriate, can advise on control strategies.

In December 2025, Welsh Government considered the Health Board's escalation status and in recognition of governance improvements, related to improved Board stability and an increased degree of confidence in the organisation's governance, the Health Board was de-escalated for Governance from level 3 (enhanced monitoring) to level 1 (enhanced monitoring). Risk management is one of the criteria considered in the governance domain and therefore reflects confidence across the Health Board's governance framework, including its risk management framework.

The Audit Wales Structured Assessment 2025 found that the Board continues to apply a mature approach to strategic risk, regularly reviewing and updating the BAF in line with its strategic objectives. Committees also maintain robust scrutiny of the Corporate Risk Register and now receive a consolidated Assurance and Risk Report covering key risks and external requirements. The Health Board has further strengthened its governance by approving a revised Risk Management Framework and Strategy, with ARAC receiving regular updates on progress and organisational risk maturity.

The Head of In ternal Audit concluded a **limited assurance** rating for 2025/26. The overall opinion by the Head of Internal Audit on governance, risk management and control results from the risk-based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

Limited assurance		The Board can take **limited** assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention. Moderate impact on residual risk exposure until resolved.

Next Steps and Recommendations

This report highlights

- the progress made against the objectives as set out in the Risk Management Strategy 2025/26; and
- the commencement of delivery on the new risk management objectives.

Recommendation

The Audit and Risk Assurance Committee is asked to:

- **TAKE ASSURANCE** on the work being progressed to implement the objectives set out in our Risk Management Strategy to strengthen the effectiveness of our Risk Management Framework, and our overall risk maturity as an organisation; and
- **ENDORSE** the revised Risk Management Objectives for 2027.