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Audit and Risk Assurance Committee

Risk Assurance Report

14 April 2026

Situation and Background



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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.

The Risk Management Framework sets out the components that provide the foundation and organisational arrangements for supporting risk management processes in Hywel Dda UHB (the Health Board).

The Risk Management Strategy provides a supportive framework that ensures the integration of risk management into policy making, planning and decision-making processes.

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 December 2025:

Next Steps	Progress Made
<p>To identify a suitable risk management system and commence work on its implementation and roll-out ahead of 30 November 2027</p>	<p>In progress - The identification of a suitable risk management system is one of the three key objectives set out within the refreshed Risk Management Strategy, approved by the Board at its meeting in September 2025.</p> <p>The Assistant Director of Assurance & Risk and the Head of Assurance & Risk have engaged in All-Wales discussions to explore the feasibility of a joint procurement approach with other NHS Wales organisations, and work through requirements to develop a system specification. As it currently unclear whether this will be allowed, as the current contract under OnceForWales is also being tendered for, the Directors of Corporate Governance in February 2026, have allowed Health Boards to explore local procurement options to avoid not having a system in place by November 2027.</p> <p>Concerns regarding the timeframe required to implement a new risk management system, as well as the availability of the necessary resources, have been recorded on the Governance function’s operational risk register.</p>
<p>To finalise the review of existing risk themes, to ensure these are a manageable and meaningful set.</p>	<p>In progress - The review of existing risk themes is nearing completion with revised themes for Workforce & Organisational Development now established and a meeting scheduled in March 2026 to further review the ‘Patient Safety and Quality’ theme to ensure it is as effective and meaningful as possible and appropriately aligned to revised governance structures.</p>

The Health Board has undertaken its annual risk maturity self-assessment in February 2026 in accordance with the Orange Book (a recognised risk management standard for the public sector). The outcomes of this assessment will inform the objectives for the [Risk Management Strategy](#), due for review in September 2026.

The assessment framework aligns to the five principles in the Orange book, namely:

- **Governance and Leadership** - Risk management shall be an essential part of governance and leadership, and fundamental to how the organisation is directed, managed and controlled at all levels
- **Integration** - Risk management shall be an integral part of all organisational activities to support decision-making in achieving objectives
- **Collaboration and Best Information** - Risk management shall be collaborative and informed by the best available information and expertise.
- **Risk Management Processes** - Risk management processes shall be structured to include risk identification, risk treatment, risk monitoring and risk reporting
- **Continual Improvement** - Risk management shall be continually improved through learning and experience

How have we undertaken the assessment

For each of the five principles above, a series of questions have been answered to determine an overall risk maturity assessment for each with full outcomes included in **Appendix 1**. Feedback has been obtained from the Executive Team at its formal meeting held on 4 March 2026, and from staff across the organisation via the completion of a targeted questionnaire throughout February 2026 to strengthen responses to the self assessment.

Categorisation	Definition
Naïve	No formal approach developed. Risk is unmanaged and reactive. Lack of understanding of benefits arising from risk management.
Aware	Fragmented / silo-based approach. Risk is recognised and discussed, but processes are inconsistent and not embedded.
Defined	Framework, strategies and policies in place, with roles and processes defined. While processes followed, lack of credible and deliverable plans to fully manage and mitigate risks, and risks are not used to inform planning, decision-making and performance management.
Managed	Enterprise approach to risk management developed and communicated. Risk management is not consistently influencing planning, decision-making, and performance management.
Embedded	Risk management and internal controls fully embedded, and a risk-aware culture where risk insights drive strategy, planning, decision making innovation, and continuous improvement across the organisation.

Principle	Outcome	Observation
Governance and Leadership	Managed	The Health Board shows a consistently managed approach to risk governance, with clear accountability structures, defined roles for senior risk leaders. Strong commitment is evidenced through endorsed frameworks, regular executive-level oversight, and embedded operational processes, though opportunities remain to strengthen local ownership and consistency across the Health Board.
Integration	Aware	The Health Board demonstrates a defined approach to integrating risk into strategic and operational decision-making, using the Board Assurance Framework, defined risk appetite statements and a range of impact assessments to inform strategy, policy and decision making. While governance forums routinely consider emerging risks, the timeliness and consistency of risk articulation and entry onto risk registers remain areas for improvement.
Collaboration and Best Information	Aware	The Health Board has a developing but maturing approach to aggregating and sharing risk information, with themed risk registers and operational governance forums in place, though sharing risks with regional partners and local authorities remains inconsistent and requires clarity. While technical expertise is provided to support risk leads across the Health Board via a business-partnering model and structured training, broader organisational uptake of risk training would enhance consistency and strengthen overall risk management maturity.
Risk Management Processes	Defined	The Health Board has a defined and maturing approach to assessing risks, supported by clear risk categories, an annually approved risk appetite, standardised scoring criteria, and challenge and scrutiny through governance forums. Timely and consistent articulation of risks at operational levels requires strengthening. Variable quality in action plans, delays in updating risk registers and limited collaboration between different functions limit the organisation's ability to fully reflect its risk profile, exacerbated by resource and capacity constraints. Assurance arrangements are well-coordinated and embedded, with regular reporting, internal and external reviews and transparent annual disclosures, positioning the Health Board to strengthen and improve the quality and consistency of risk information used for decision-making.
Continual Improvement	Managed	The organisation has a managed and structured approach to assessing its risk maturity, undertaking an annual maturity assessment that gathers feedback from across the organisation and highlights areas for improvement to inform updates to the Risk Management Strategy. Progress against these improvement objectives is monitored and reported to the Audit and Risk Assurance Committee three times a year, ensuring visibility and accountability at senior levels.

Risk Maturity Assessment 2026: Key Themes and Observations Noted in Feedback



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Setting strategy and priorities

Senior leadership felt that risks are considered when setting and changing strategy and priorities. Responses from operational leads expressed concerns on items that are operational **issues** rather than true **risks being identified**, leading to overcrowded registers, reduced clarity, and difficulties in prioritising risks. Further observations included the **need to identify dependencies** across risks and other areas within the Health Board to support and enhance planning processes.

Training and capability building

Training was frequently mentioned as an area for improvement area from feedback obtained from operational leads. Staff describe wanting **more training overall**, especially earlier in career pathways, and **follow-up or refresher training**, not just one-off sessions. Several note that training is often accessed only at senior levels, leaving junior staff less equipped, with further training specifically noted in responses received from operational colleagues relating to **risk appetite** and **risk tolerance**.

Partnership Working

Respondents generally felt that improvements could be made in the **gathering and consideration of external stakeholder views** when risk owners identify and update risks.

Improvements to Datix and digital tools

Several respondents highlight the need for **better software**, particularly improvements or alternatives to Datix. Key matters raised include **lack of reminders for overdue actions**, and that Datix is clunky and time consuming to use. Further suggestions include the **increased use of AI** to support risk management.

Culture, communication, and organisational alignment

Whilst responses noted the clear accountability of risk ownership, responses were mixed regarding the dynamism of the risk register. Some respondents noted the need for more **discussion of risks across management teams, better communication about expectations, and clearer guidance on when risks can be tolerated**. Others felt **more hands-on support is required**, including having a dedicated person within each department to support and co-ordinate risk management.

The findings from the Risk Maturity Assessment will inform the objectives to be included within the Risk Management Strategy, which is due to be presented to ARAC at its meeting in August 2026 for endorsement ahead of approval by the Board at its meeting in September 2026.

The revised Risk Management Strategy will be supported by an implementation plan, which will try to address the areas which have returned the lower-scoring assessments (i.e those considered to be “Naïve” or “Aware”).

The Assurance and Risk Team will review and update the Risk Maturity Feedback form as sent staff across the Health Board to assess against those areas where responses to the assessment have been scored poorly.



Risk Management Framework



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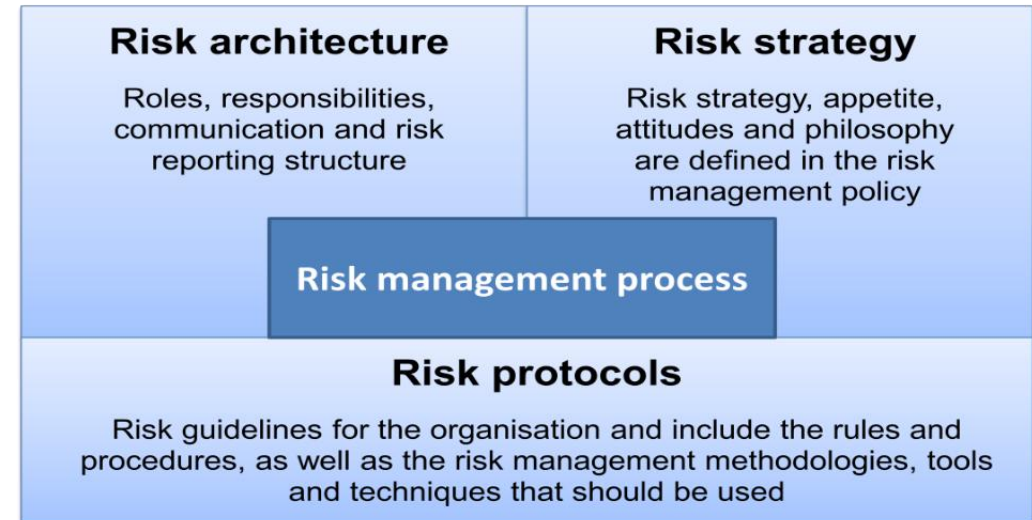
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Risk Management Framework (the Framework)

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 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



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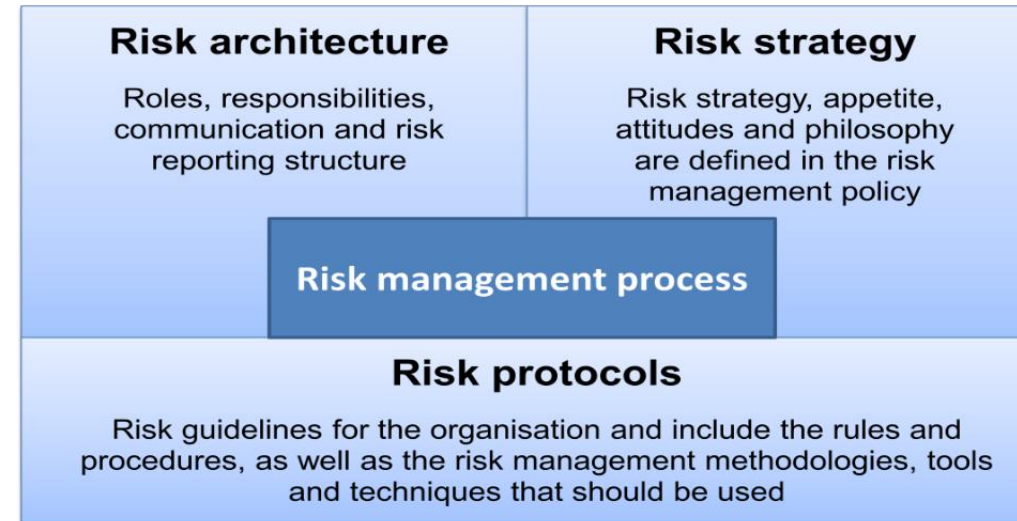
The [Health Board's Risk Management Strategy](#) provides a supportive framework that ensures the integration of risk management into policy-making, planning and decision-making processes, and specifically: -

- 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 [Risk Management Strategy](#) (the Strategy), approved by Board in September 2025, sets 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 aims to support a dynamic and systematic approach to risk management, and to ensure prompt and comprehensive identification, assessment and management of risks that threaten the delivery of its strategic objectives and day-to-day operations.

The following slides detail the progress made against the objectives per the current Risk Management Strategy.



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
<p>Supporting Functions via local quality and performance governance meetings and Executive Improving Together sessions to identify, assess and manage risks and improve outcomes</p>	<p>In Progress – 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.</p>
<p>Providing practical support to services with operational risk management arrangements via partnering arrangements to ensure risk management outcomes inform and prioritise organisational decision making</p>	<p>In Progress - 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 Q1 and Q2 of 2026/27.</p>
<p>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</p>	<p>In Progress - Training Needs Analysis 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 will meet with colleagues in Learning and Development during Q1 of 2026/27 to determine how its utilisation can be improved at a local level, with a supporting checklist to be developed.</p> <p>The Assurance and Risk Team commenced delivering Risk Management New Managers Training Package in February 2026 as part of the Health Board-wide managers training programme. This will highlight importance of identifying the risk training needs of staff and further inform development of training materials based on feedback received.</p>
<p>Further develop risk management training materials to ensure alignment with the Health Board’s objectives following the Strategy Refresh</p>	<p>Not started - The Board Assurance Framework is due to be presented to Board in July 2026 for approval, following which training materials will be revised to reflect any developments by August 2026.</p>

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	<p>In Progress - The Assurance and Risk Sharepoint site will be further developed when required to promote awareness of risk management arrangements, with improved utilisation of Viva Engage to communicate key messages as part of the development of a communications plan. The Head of Assurance and Risk will develop a documented communications plan for 2026/27 in Q1, which will:</p> <ul style="list-style-type: none">• link with key business processes such as Annual Planning;• consultation on the Risk Management Strategy ahead of its presentation to ARAC in August 2026;• Advertising risk management training;• Obtaining feedback to inform the outcomes of the next risk maturity assessment; and• Obtain input from Datix risk register users across the Health Board to further develop requirements for the new risk management system.
Developing a detailed scope and procure a new risk register system	<p>In progress - A high-level project specification document for a risk management system has been developed, with a collaborative specification nationally expected to be completed by 31 March 2026. The Assistant Director of Assurance and Risk and Head of Assurance and Risk are working alongside colleagues in Procurement to finalise a detailed system specification document and agree delivery and implementation timescales.</p>

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. It is recognised that the approach to risk appetite is new to the organisation, implemented during 2025/26. 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 over Q1 and 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	Not started - The risk appetite statements will be reviewed by the Executive Team and will be discussed at Board Seminar in June 2026 .
Reviewing and updating strategic risks and Board Assurance Framework as part of Strategy Refresh	In progress - 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 will be 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

In Progress - 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). Risk Maturity Assessment responses have been collated for 2026, with outcomes presented within this paper.

The Head of Assurance and Risk will review and update the feedback form for completion by the wider organisation in Q1 2026/27, taking in to account the outcomes of this years' Risk Maturity Assessment so that progress and further areas of improvement can be identified.

Further development of risk management training material, with more focus on the identification of opportunities

In Progress - The Assurance and Risk Team **continue to deliver** and develop risk training including communication, as outlined in [Objective 1](#). Material will be developed during Q1 2026/27 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

In Progress – 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 Head of Assurance and Risk will review and update the feedback form for completion by the wider organisation in Q1 2026/27, 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. The Assurance and Risk Team will develop written guidance on partnership risk management and include in relevant training and Sharepoint material once arrangements have been agreed, with the Risk Management Framework to be revised reflecting these arrangements.

Risk Management Process



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Risk Management Process

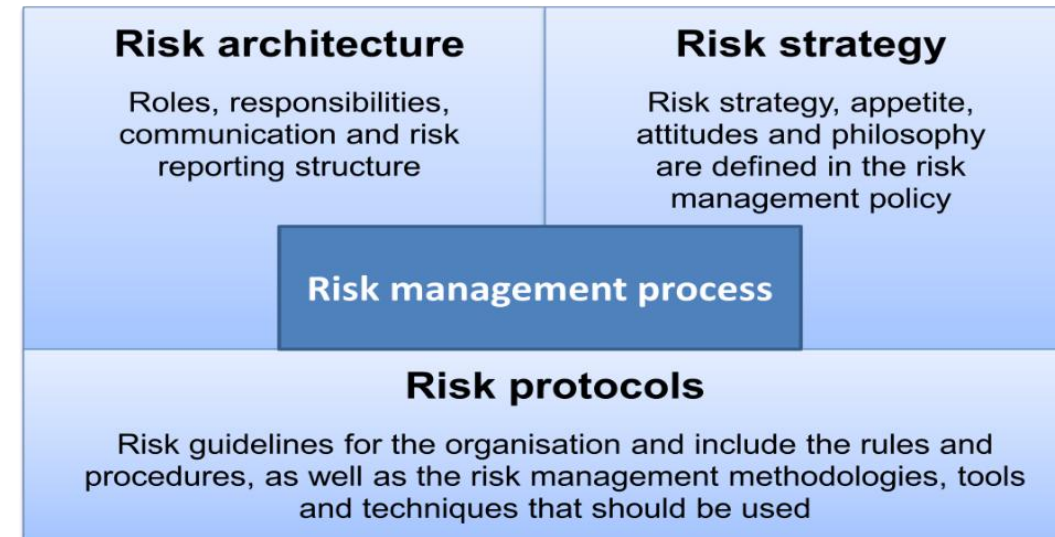
The Health Board's risk management process is recorded via the Datix Risk Register Module (Datix), with risk register reports provided to both assurance and operational management meetings. Datix enables risks to be recorded at one of three risk levels, ensuring that risks are reported to and scrutinised 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 objectives and to deliver healthcare services in the 'here and now'
- **Operational** – Risks that affect the objectives of a Function.

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.



Three Lines of Defence



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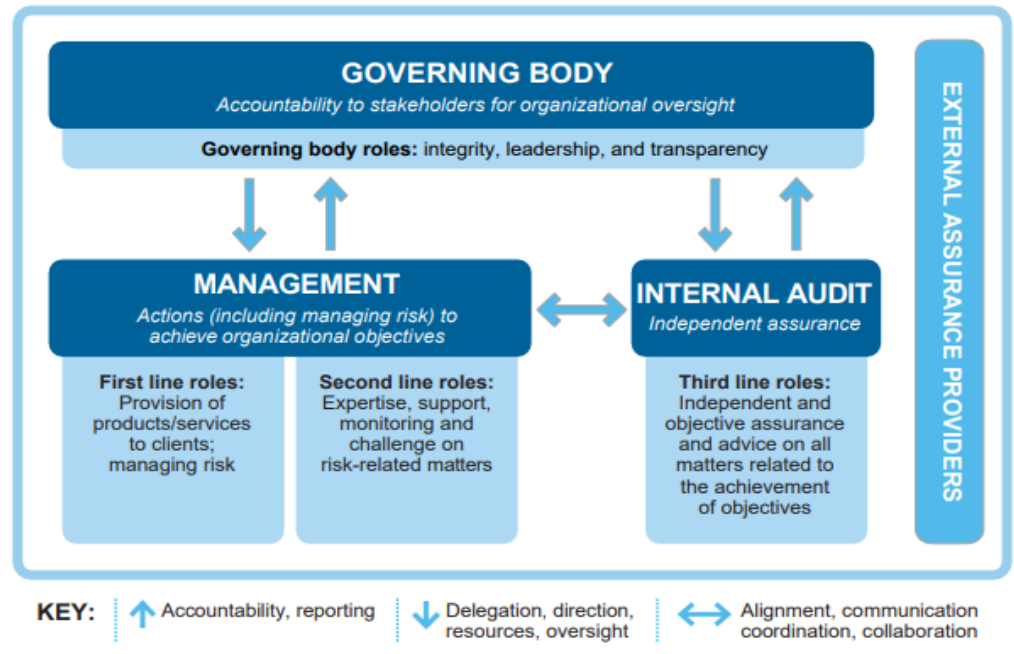
The Health Board operates within the widely accepted “Three Lines of Defence Model” which provides a simple and effective way to delegate and coordinate risk management roles and responsibilities within an organisation, to ensure the appropriate responsibility is allocated for the management, reporting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

Context

The Health Board has 679 open risks on the Datix Risk Module as of 28 February 2026 (October 2025: 624) split across principal*, corporate and operational risk levels.

The chart shows a significant increase in the identification of operational risks in during Q4 of 2025/26, driven by the risk-based approach adopted as part of the Annual Planning process, with the highest numbers attributed to Planned & Specialist Care and Community & Integrated Medicine, with analysis provided on the next slides.

The IIA’s Three Lines Model



*The focus of this report and the Improving Together metrics are on Corporate and Operational Risks as the principal risks are reviewed by the Executive Team as part of the Board Assurance Framework

1st Line of Defence

Risks by Function– February 2026



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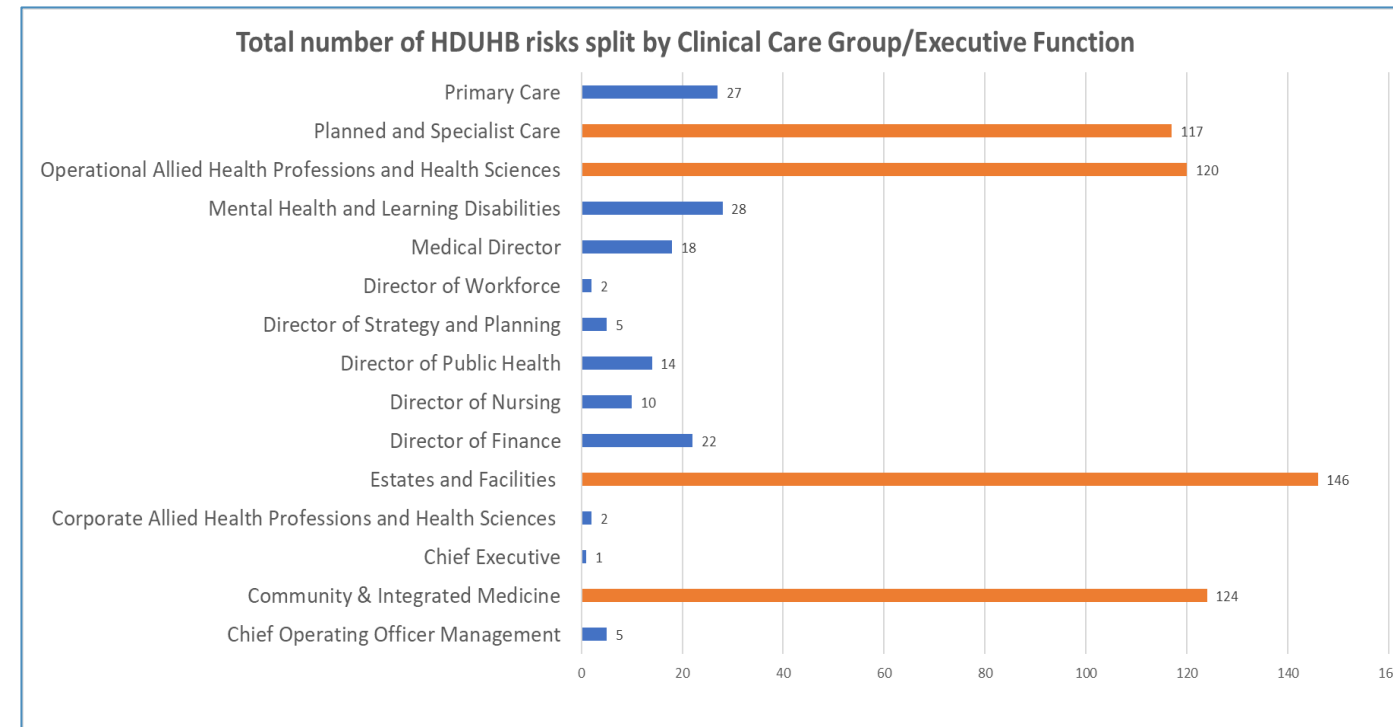
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Estates and Facilities hold the largest number of risks at 146 (Oct 2025: 146), primarily relating to the condition of the Health Board’s ageing estate and infrastructure (including fire safety devices and equipment); with at least 76% of the risks 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* (February 2026: Current Risk Score - 15).

Community and Integrated Medicine hold 124 risks, a 27% increase since the previous report (October 2025: 98) reflecting an improvement in the timely addition of new risks onto Datix, as well as a reflection of the risks associated with winter pressures and operational challenges within unscheduled care.

Planned & Specialist Care hold 117 risks, a 12% increase since the previous report (October 2025: 105), reflecting the continued challenges with workforce shortages, service fragility, demand exceeding capacity, reliance on ageing or insufficient equipment, and the ongoing disruption to theatre activity due to three theatres currently out of commission within the Health Board.

Operational Allied Health Professions & Health Sciences hold 120 risks, a 4% increase since the previous report (October 2025: 116), with financial risks and service fragility cited as main drivers.



1st Line of Defence

Risk Management:

Level of Risk held by Clinical Care Group/ Executive Function



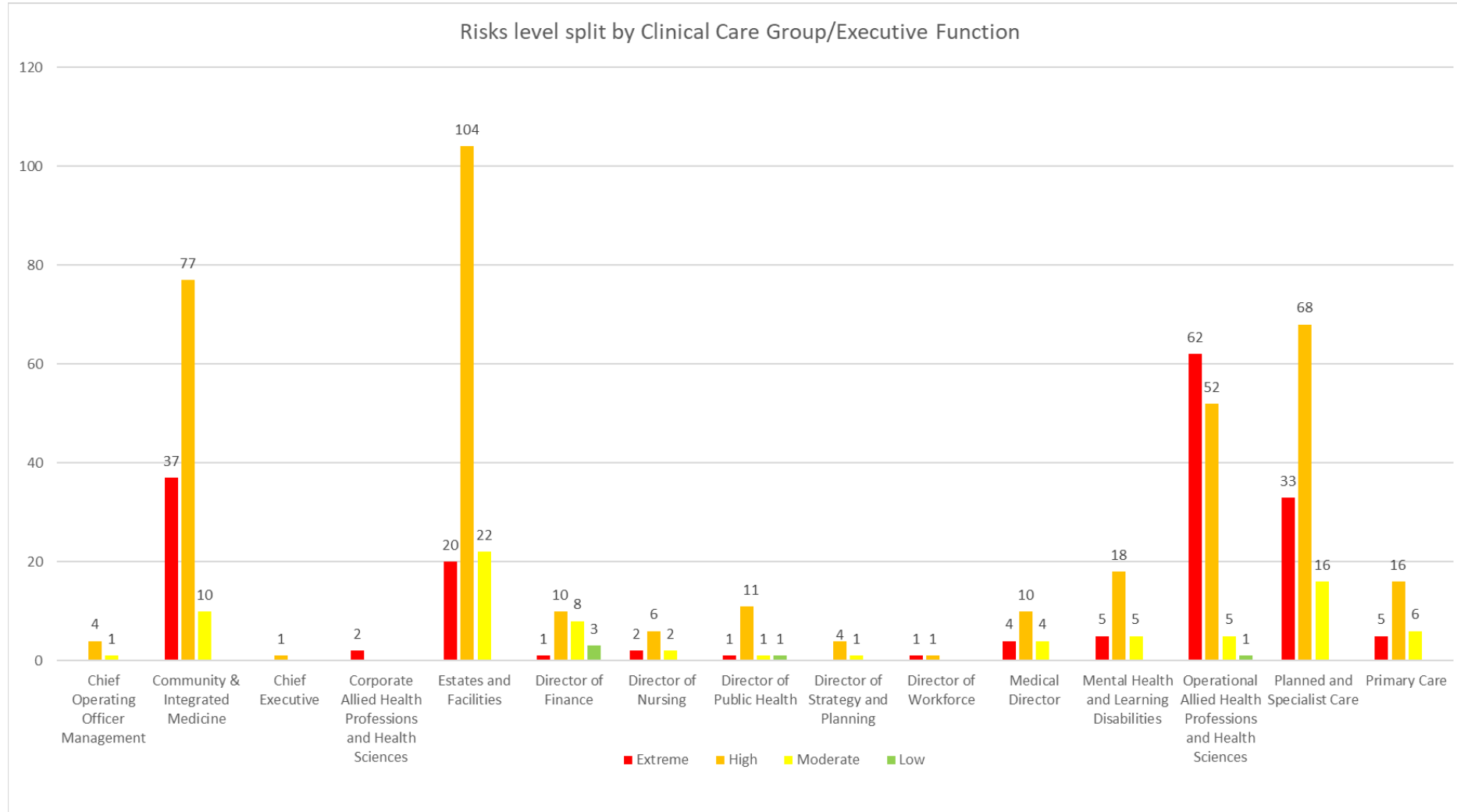
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The graph demonstrates that a small number of areas carry most of our risks, namely **Estates & Facilities**, **Operational Allied Health Professions & Health Sciences**, **Planned & Specialist Care**, and **Community & Integrated Medicine** hold the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

As at 28 February 2026, **Operational Allied Health Professions & Health Sciences** continues to hold the highest number of extreme-level risks across the organisation: **62 risks** (October 2025: 59) accounting for over 50% of their risk register.

32 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 (remaining around 11% of the total number of risks) with **73 risks overdue for review as at 28 February 2026** (October 2025: 75).

Of those risks noted as overdue at February 2026, **36 have recently lapsed and are not overdue by more than one month** (October 2025: 64) and considered to be within an acceptable timeframe for review.

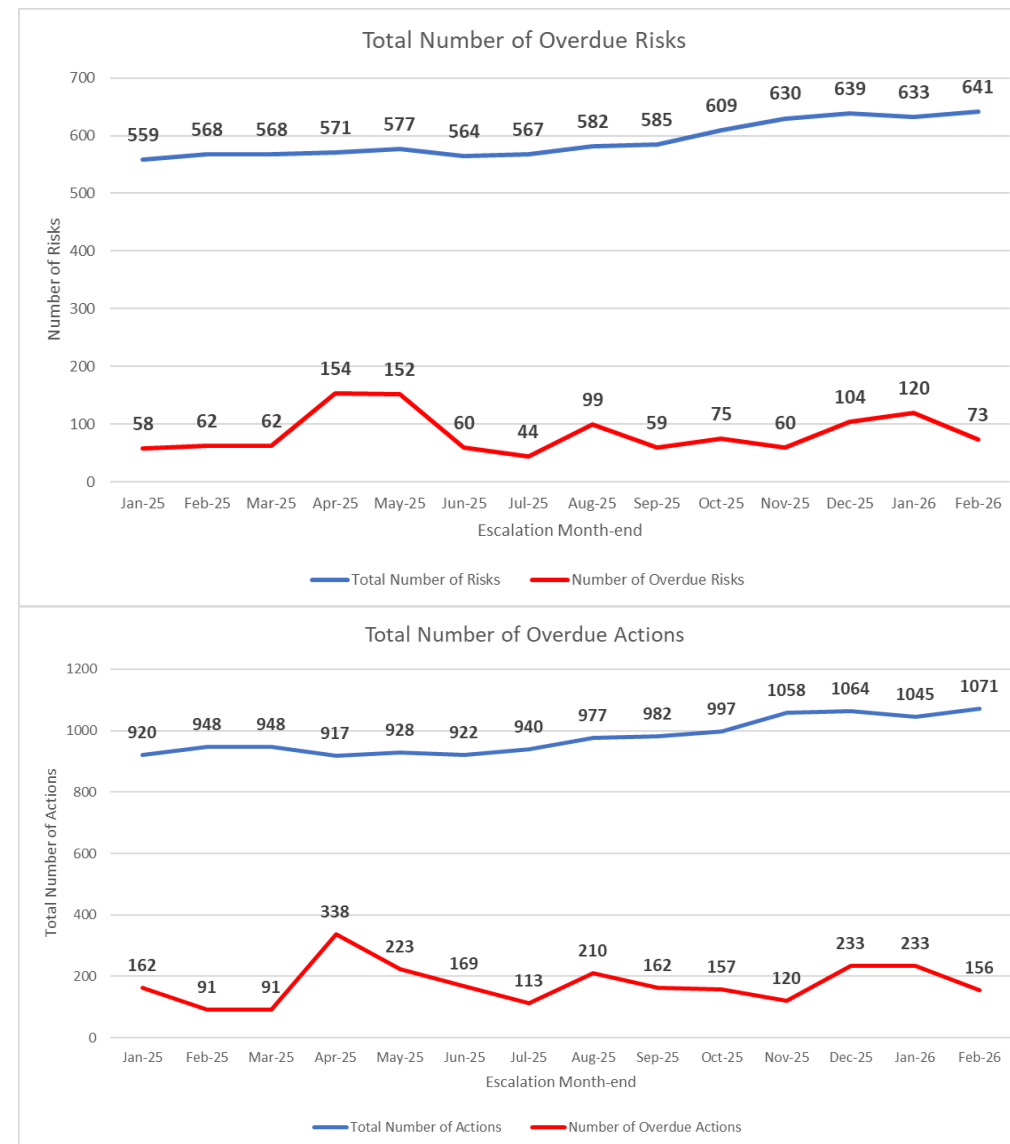
37 risks were overdue by more than one month (October 2025: 11), with **16 of these overdue by more than 2 months** indicative of the operational pressures faced Clinical Care Groups.

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.

A sustained number of risk actions are overdue; **15% at February 2026**, compared to 16% at October 2025, 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.



1st Line of Defence

Risk Management - Overdue Risks



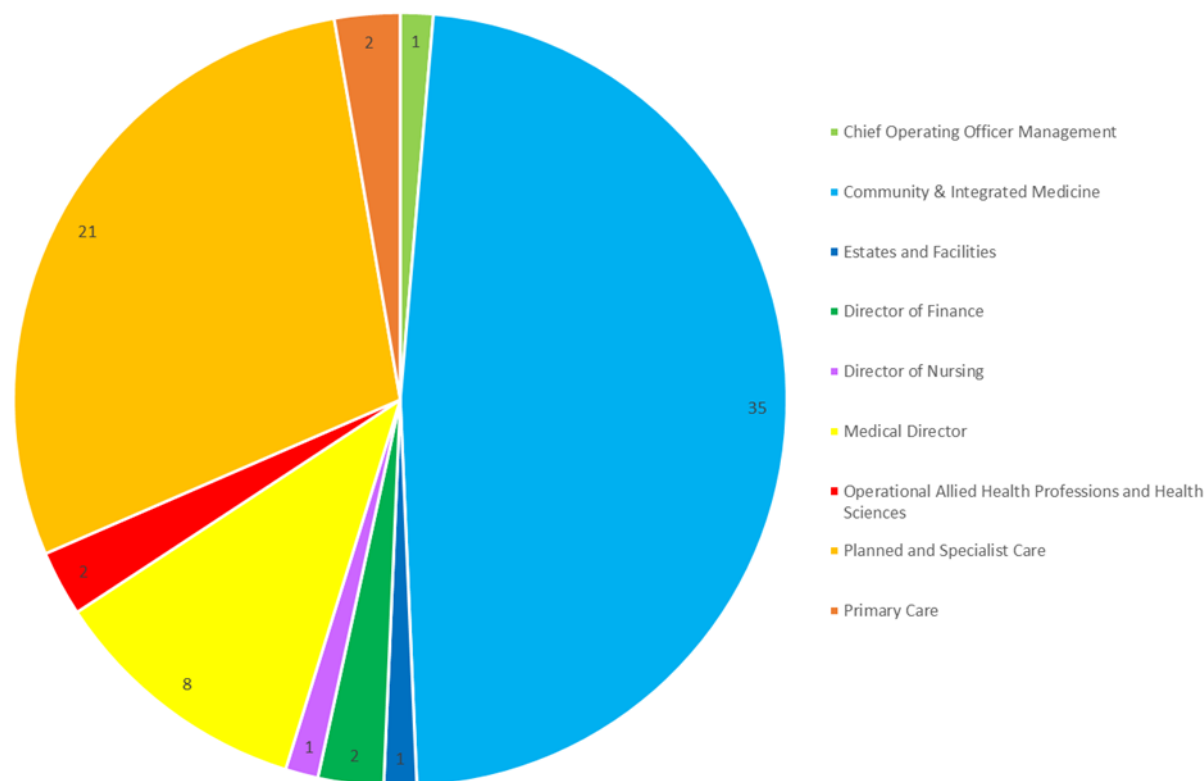
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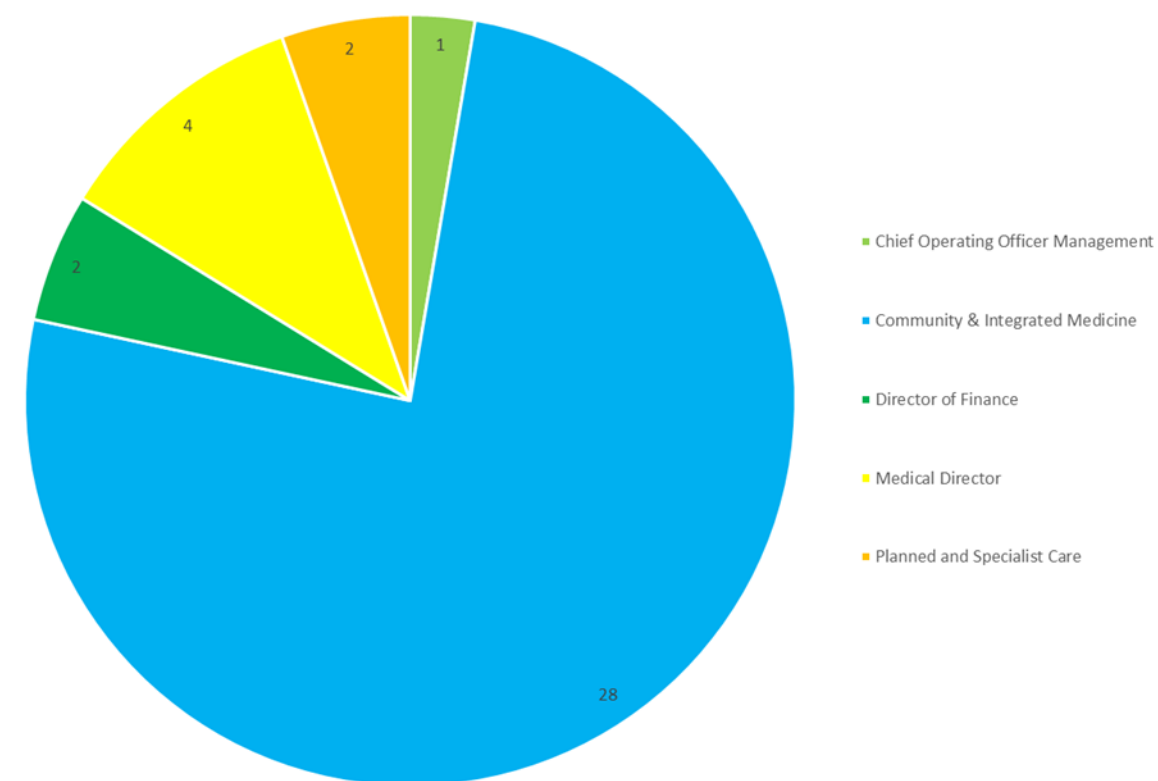
The **73 overdue risks** at 28 February 2026 are shown below split by function. **Community & Integrated Medicine has the largest number of overdue risks** (35 out of 124 risks on their risk register, 28%) (Oct 2025: 19%) and overdue risk actions (57 of 238 actions (24%), Oct 2025: 29%). They also have the highest number of risks overdue by more than one month. This is reflected in their current escalation level of level 3, under the Governance domain. The CCG has shown improvement at February 2026 month end however it was not sufficient to de-escalate. **Planned & Specialist Care also hold a high number of overdue risks** with 21 out of 117 (18%) in February 2026 (Oct 2025: 13%), with 17% of their risk actions also being overdue, which is reflected in their current escalation level of level 2.

Overdue risk actions indicate that either the risks themselves have not been reviewed, or that the associated actions were not updated during the review process. Assurance and Risk Officers continue to provide support to risk leads to ensure that risks are updated appropriately and in a timely manner.

Total number of overdue risks



Risks Overdue by more than 1 month



1st Line of Defence

Risk Management - Risk Treatment



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9 risks do not currently have an 'Expected Date to Achieve Target Risk Score (TRS)'.

Risks have been reviewed, however the 'Expected Date to Achieve TRS' section has not been updated.

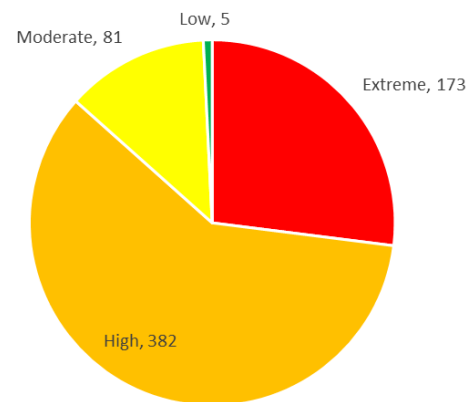
62 risks have an 'Expected Date to achieve TRS' that has passed, of which 18 have a current risk score that meets the TRS score:

- 23 risks have not been reviewed within timeframe
- 39 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

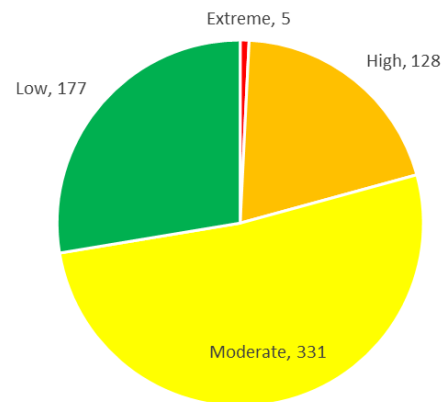
Of the 5 risks with an Extreme TRS, these are held by Operational Allied Health Professions and Health Sciences (3), Community and Integrated Medicine (1) and Mental Health and Learning Disabilities (1).

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.

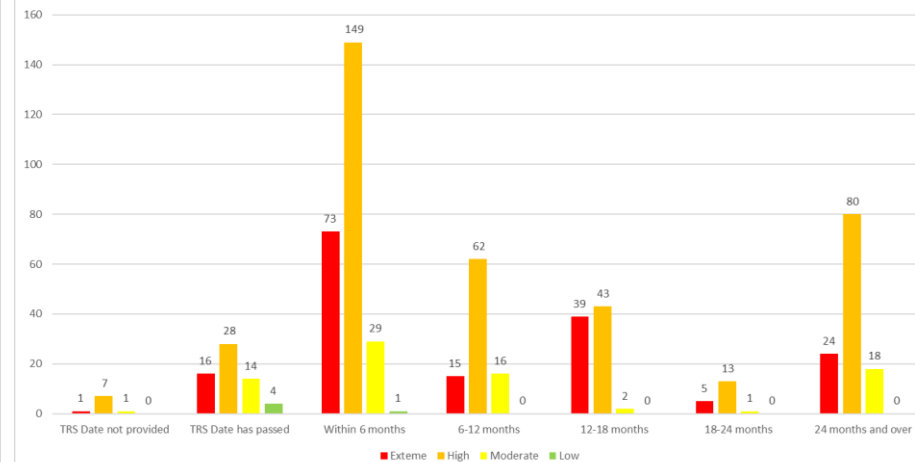
Current Risk Score split per Risk Level



Target Risk Score split per Risk Level



Target Risk Score Expected Date split per Risk Level



2nd Line of Defence

Oversight of Risk - Internal Escalation



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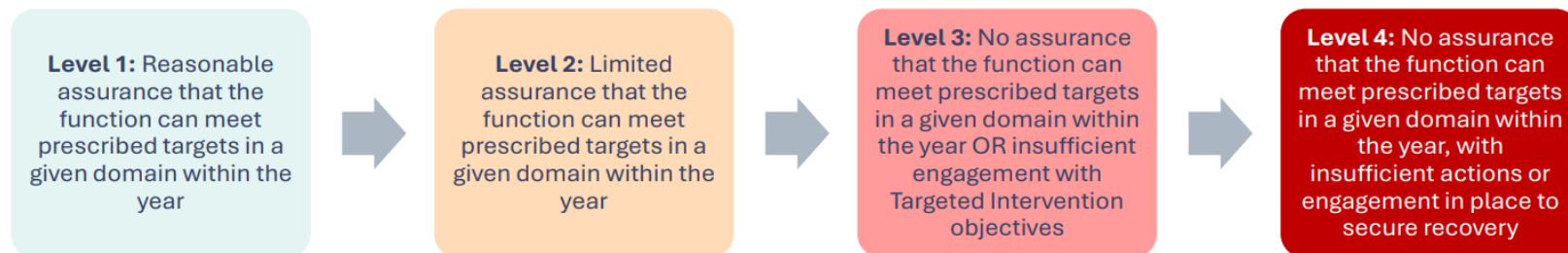
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Internal Escalation

The Health Board has an internal escalation process, as part of the Executive Improving Together (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 due to be implemented from April 2026.



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

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Internal Escalation Framework – Governance Domain



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Service	October 2025	November 2025	December 2025	January 2026	February 2026
Chief Operating Management	2	2	2	2	2
Community & Integrated Medicine	3	3	3	3	3
Estates & Facilities	1	1	1	1	1
Executive Director of Allied Health Professions and Health Sciences	1	1	1	1	1
Executive Director of Finance	1	1	2	2	2*
Executive Director of Nursing, Quality and Patient Experience	2*	2	2	1	1
Executive Director of Public Health	1	1	1	1	1
Executive Director of Strategy and Planning	1	1	1	1	1
Executive Director of Workforce and Organisational Development	1	1	1	1	1
Medical Director	1	1	1	1	1
Medicines Management	n/a	n/a	1	1	1
Governance and Communication	1	1	1	1	1
Mental Health and Learning Disabilities	2	1	1	1	1
Operational Allied Health Professions and Health Sciences	1	1	1	1	1
Planned and Specialist Care	2	2	2	3	2
Primary Care	2*	2	2	2	2*

As at 28 February 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:

- Chief Operating Management;
- Planned & Specialist Care.

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 (Primary Care and Director of Finance) 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 28 February 2026, the Clinical Care Group (CCG) had **35 of 124 risks overdue (28%)**, an improvement on the January 2026 position (38%) but still met the Level 3 criteria for Governance escalation (less than 80% compliance).

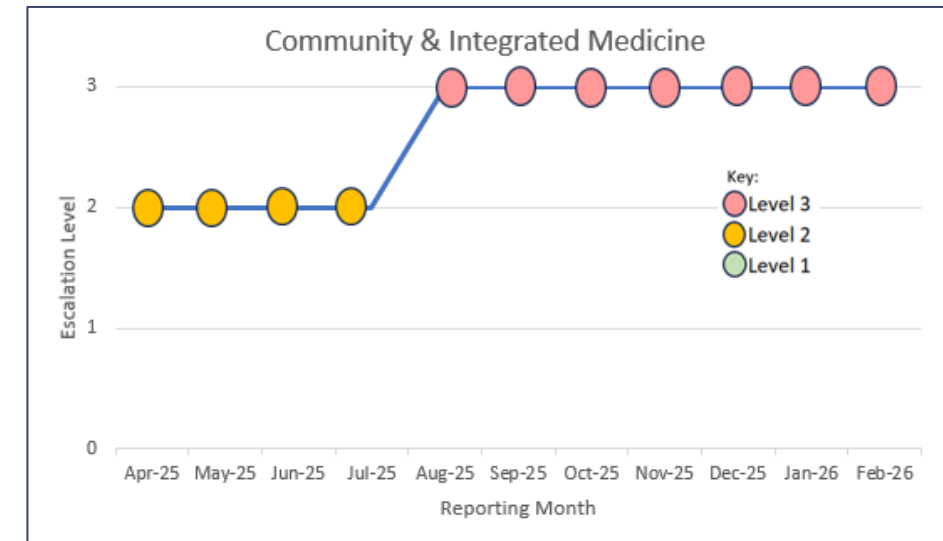
The CCG had 238 open risk actions, of which 57 **were overdue (24%)**. Whilst an improvement on the January 2026 position (33%), the CCG again met Level 3 criteria (less than 80% compliance of risk actions being updated within required timescales).

Additionally, **6 risks (2 extreme and 4 high scoring risks) did not have any open actions**.

5 of the 124 risks (4%) did not have an 'Expected Date to achieve TRS', and a further **11 risks do not have a 'Rationale for Target Risk Score (TRS)'** noted on Datix. 8 risks had been reviewed which had an 'Expected Date to achieve TRS' which had passed and the date not been revised accordingly, suggesting that risks are not fully updated during review.

Recent improvements include the increased pace of adding new/emerging risks to Datix, which had previously been an area of concern. 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. The Assurance and Risk Officer is also supporting the Carmarthenshire Integrated System to review the whole system risk register with risk deep dive meetings scheduled in March and April 2026.

The Assurance and Risk Officer continues to offer support to the CCG by meeting when required with risk leads and highlighting this information at the relevant governance meetings.



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 21](#) based on data available at 28 February 2026:

Clinical Care Group / Executive Function	Reason for award of L2	De-escalation Criteria
Chief Operating Officer	Sustained position with 1 (20%) risk overdue and 1 (25%) risk action overdue (less than 80% compliance). This is not a significant concern due to the small total numbers (5 risks and 4 actions).	To achieve Level 1, 90% of risks and risk actions are reviewed within timeframes and compliance achieving TRS dates
Planned and Specialist Care	An improved position with 21 out of 117 (18%) risks overdue and 29 out of 186 (16%) risk actions overdue (over 80% compliance) . This was primarily due to services not updating their risks 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

2nd Line of Defence

Thematic Analysis



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Risk owners can assign multiple ‘themes’ to their risks on Datix, which allows the Health Board to share risk information on specific areas, with the relevant subject matter experts within the Health Board. 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.

Further work is being undertaken by the team to review certain risk themes, such as ‘Patient Safety and Quality’, to ensure these are as effective and meaningful as possible and appropriately aligned to the relevant group within the revised governance arrangements underpinning QSEC.

The following slide details the progress made and planned work relating to risk themes since the previous report presented to ARAC.



2nd Line of Defence

Thematic Analysis



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Risk theme	Committee theme reported to	Review undertaken
Climate Change and Adaptation	Strategy and Planning Committee	This theme was added to the risk register system and identified risks have recently been aligned, with the following definition noted for the theme: <i>Risks arising from the impacts of climate change on healthcare services, infrastructure, supply chains, and workforce, including the adequacy of adaptation measures to maintain resilience and continuity of care</i>
Fragile Services	Quality, Safety and Experience Committee	A review meeting is being held in March 2026 with the Interim Assistant Director of Nursing to review these themes due to the new reporting structures under QSEC to ensure their oversight at the appropriate sub-group of QSIG.
Infection Control	Quality, Safety and Experience Committee	
Medication	Quality, Safety and Experience Committee	
NICE/National Guidance	Quality, Safety and Experience Committee	
Patient Safety	Quality, Safety and Experience Committee	
Quality	Quality, Safety and Experience Committee	
Safeguarding	Quality, Safety and Experience Committee	
Workforce - Recruitment	People, Organisational Development and Culture Committee	The Workforce theme has now been reviewed to better align to the Workforce & OD Directorate Pillars with all risks having been re-aligned to the revised themes, enabling more meaningful information to be captured from the data, to provide better insight.
Workforce - Leadership	People, Organisational Development and Culture Committee	
Workforce - Culture	People, Organisational Development and Culture Committee	

2nd Line of Defence: Committee and Reporting Structures



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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 [November 2025](#) as part of the BAF Dashboard. The Health Board is updating the planning objectives, principal risks and outcome measures which support the four strategic objectives as part of the Strategy Refresh which will be presented to Board in July 2026. There has been a pause in the reporting of principal risks to Committees while this work is being completed.

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 [January 2026](#), with a total of 23 risks on the Corporate Risk Register as at February 2026.

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 is able 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. However, due to operational pressures, these sessions have been rescheduled to recommence in May 2026, with a minimum of two risks to be reviewed each month.



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2nd Line of Defence: Committee and Reporting Structures



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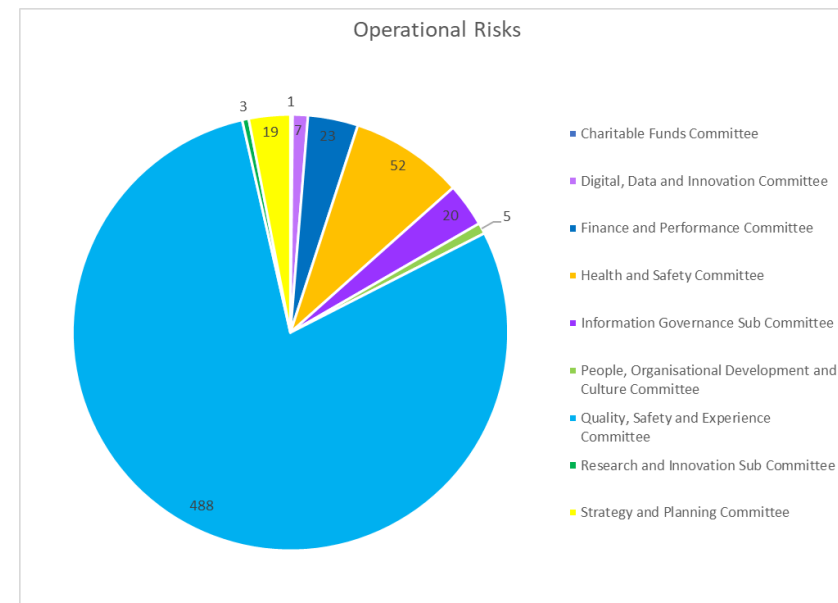
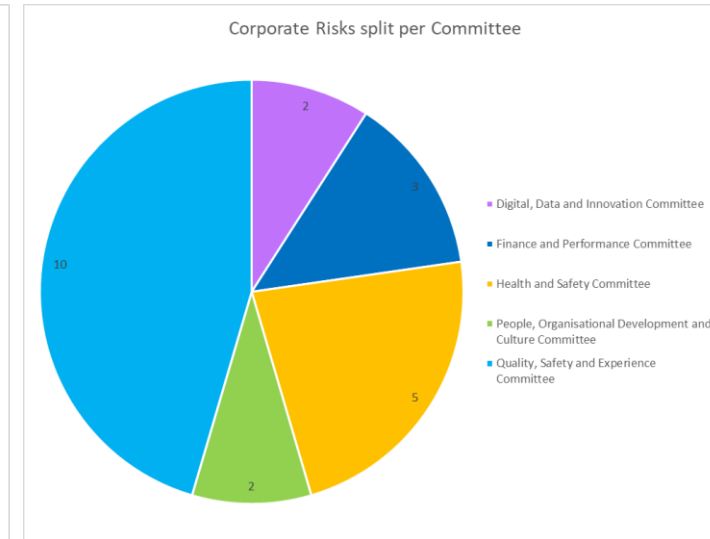
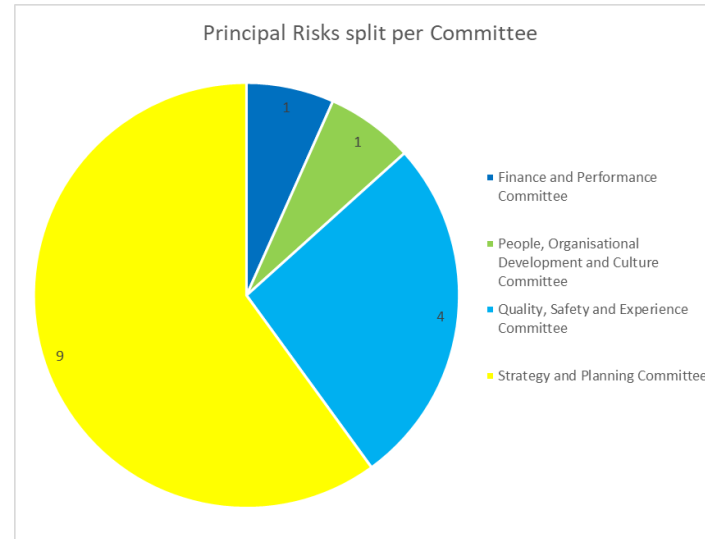
2. Board Committees and Sub-Committees

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. Following the change in reporting arrangements, all risks (principal, corporate and operational) are now 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.

Operational risks are also reported to sub-committees, each of whom have delegate authorities 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.

Tables of Actions are generated from meetings reflecting any queries or actions from committee discussions in relation to risk management which require to be clarified or further actions undertaken.



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



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The tables below summarise the changes to the Corporate Risk Register (CRR) since the previous report presented to ARAC in December 2025. All changes are included in risk reports presented to Board and Committees.

Additions to the Corporate Risk Register

Risk Ref and Title	Clinical Care Group/Executive Function	Lead Committee	Current Risk Score Feb-26	New or escalated Risk	Date of change on CRR
2204 - Risk of Health Board being unable to meet statutory CRL due to uncertainties around funding provision and capital commitments	Strategy & Planning	Strategy and Planning Committee	12	New Risk	09/03/2026
2305 - Risk to staff wellness due to pace and breadth of organisational change	Workforce & Organisational Development	People, Organisational Development and Culture Committee	20	New Risk (see below)	12/03/2026
1988 - Risk of prolonged outage following cyber-attack caused by insufficient measures to recover.	Finance	Digital, Data and Innovation Committee	12	Escalated and replaced risk 1352 (see below)	03/12/2025

Removals from the Corporate Risk Register

Risk Ref and Title	Clinical Care Group/Executive Function	Lead Committee	Reason for Removal	Date of change on CRR
1352 - Risk of business disruption and delays in patient care due to a cyber attack	Finance	Digital, Data and Innovation Committee	Closed and superseded by risk 1988 (see above)	03/12/2025
1821 - Risk to the welfare of Health Board staff due to current demands	Workforce & Organisational Development	People, Organisational Development and Culture Committee	Closed and superseded by risk 2305 (see above)	12/03/2026

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



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The table below summarises the changes to the Corporate Risk Register (CRR) since the previous report presented to ARAC in December 2025. All changes are included in risk reports presented to Board and Committees.

Changes in Current Risk Score:

Risk Ref and Title	Clinical Care Group/Executive Function	Lead Committee	Current Risk Score Oct-25	Nature of Change	Date of change on CRR
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	16	Increase in Current Risk Score from 12 to 16	19/02/2026
2086 - Risk that the cash consequences of the Health Board deficit cannot be covered by WG should it exceed our Target Control Total	Finance	Finance and Performance Committee	12	Decrease in Current Risk Score from 15 to 12	26/02/2026
1531 - Risk of being unable to safely support the Consultant on-call rota at WGH & GGH due to workforce pressures	Planned & Specialist Care	Quality, Safety and Experience Committee	15	Increase in Current Risk Score from 10 to 15	05/03/2026

Changes in Target Risk Score:

Risk Ref and Title	Clinical Care Group/Executive Function	Lead Committee	Current Risk Score Oct-25	Nature of Change	Date of change on CRR
1032 - Risk of timely ASD diagnostic assessment for CYP due to increasing demand	Mental Health & Learning Disabilities	Quality, Safety and Experience Committee	20	Decrease in Target Risk Score from 16 to 12	20/02/2026
797 - Risk of adverse patient and workforce outcomes if health board wide ultrasound services are unsustainable	Operational Allied Health Professions & Health Sciences	Quality, Safety and Experience Committee	25	Decrease in Target Risk Score from 15 to 10	14/01/2026

3rd Line of Defence

Independent Assurance



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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.

Audit Wales also recommended that the Health Board update the Board Assurance Framework Dashboard to include committee oversight arrangements. In response, the Board agreed in November 2025 to incorporate these oversight arrangements into the supporting information on the BAF Dashboard. In addition, Principal Risks are now included in the Assurance and Risk reports presented to each Committee.



3. 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, alternating the agendas of Quality, Health & Safety, and Business, Planning, Performance & People.

The CCG's remit is to evidence to the Integrated Quality, Finance and Performance Delivery Group (IQFPDG) 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 as has been 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.



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Next Steps and Recommendations



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Next Steps

This report highlights the progress made against the objectives as set out in the Risk Management Strategy, and identified the following actions for which updates will be provided to ARAC in the next Risk Assurance report in August 2026:

- 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; and
- 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 for endorsement.

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.



Risk Maturity Definitions

Category	Definition
Naïve	No formal approach developed. Risk is unmanaged and reactive. Lack of understanding of benefits arising from risk management.
Aware	Fragmented / silo-based approach. Risk is recognised and discussed, but processes are inconsistent and not embedded.
Defined	Framework, strategies and policies in place, with roles and processes defined. While processes followed, lack of credible and deliverable plans to fully manage and mitigate risks, and risks are not used to inform planning, decision-making and performance management.
Managed	Enterprise approach to risk management developed and communicated. Risk management is not consistently influencing planning, decision-making, and performance management.
Embedded	Risk management and internal controls fully embedded, and a risk-aware culture where risk insights drive strategy, planning, decision making innovation, and continuous improvement across the organisation.

Governance and Leadership - *Risk management shall be an essential part of governance and leadership, and fundamental to how the organisation is directed, managed and controlled at all levels.*

Overall Assessment: Managed

Assessment Criteria	Risk maturity level	Comments
How is the desired risk culture defined, communicated, and promoted? How is this periodically assessed?	Managed	<ul style="list-style-type: none"> • Risk Management Framework, Strategy and Policy in place, and available to staff across the organisation via Sharepoint. • Defined risk appetite statements in place and reviewed annually, aligned to the organisations' risk domains. Available to staff across the organisation via Sharepoint. • Annual Risk Maturity Assessment undertaken. • Business partnering approach from a dedicated Assurance and Risk Team, who provide risk training and promote the requirements of the Framework, Strategy and Policy.
How do human resource policies and performance systems encourage and support desired risk behaviours and discourage inappropriate risk behaviours?	Defined	<ul style="list-style-type: none"> • Job descriptions for roles developed with reference to risk management requirements included as applicable and relevant to the position. • Standardised job templates in place which reference the requirement of all staff to undertake Health and Safety / Display Screen Equipment assessment as appropriate to their role.

		<ul style="list-style-type: none"> • Risk Management Training Needs Analysis is contained within Risk Management Framework. Risk not a mandatory learning area for training, however suite of training materials available via “New Managers Training”, and staff are able to access technical risk training and risk system training via the Assurance and Risk Team. • Feedback from operational staff continue to highlight that risk training / risk awareness is not being identified by managers as part of local induction/PADRs.
How has the nature and extent of the principal risks that the organisation is willing to take in achieving its objectives been determined and used to inform decision making? Is this risk appetite tailored and proportionate to the organisation?	Defined	<ul style="list-style-type: none"> • Review of the Board Assurance Framework three times a year by the Executive Team, which the principal risks underpin. Strategy Refresh undertaken in 2025/26, with work currently underway to review and refresh the organisation’s principal risks to align with the four strategic objectives. • Executive Team annually review the Health Board’s risk appetite prior to Board approval. Risk leads are required to deliver a credible plan to achieve the target risk scores by an expected date which is in line with the Health Board risk appetite, and to escalate where needed any risk which cannot be reduced to this acceptable level.
How are the board and other governance forums supported to consider the management of risks, and how is this integrated with discussion on other matters?	Managed	<ul style="list-style-type: none"> • Regular reporting of principal and corporate risks to the Board via the Chief Executive’s report. • The Formal Executive Team review and oversee the principal and corporate risks. • Regular reporting of principal, corporate and operational risks to the Board committees via the Assurance and Risk Report to provide assurance that risks are being managed effectively. • Regular reporting of corporate and operational risks to Clinical Care Group and Executive Function governance and management groups for discussion and focus on operational management of identified risks, with risks escalated as appropriate to the Executive Team either at IQFPD or FET. • Reports submitted to Board and its committees are requested to highlight any associated risks within the reporting templates, Committees able to request deep dive on risks where deemed necessary and appropriate.
How effective are risk information and insights in supporting decision-making, in terms of the	Aware	<ul style="list-style-type: none"> • Risk registers are utilised widely to inform decision making, however it is recognised that further work is needed to ensure risk registers fully reflect the

focus and quality of information, its source, its format and its frequency?		organisational risk profile. Risks do not always accurately reflect the current context or risk.
How are authority, responsibility and accountability for risk management and internal control defined, co-ordinated and documented throughout the organisation?	Managed	<ul style="list-style-type: none"> • Authority, responsibility and accountability outlined in the Risk Management Framework. • Risks and risk registers have identified risk leads and risk owners. • Each risk required to detail internal controls in place to manage and mitigate them • Quality of risks are assessed via the Health Board's internal escalation processes within the Governance domain, recognising that as at February 2026, 3 Clinical Care Groups have been awarded either Level 2 or Level 3 within the Governance domain reflecting improvements required in risk management. • Risks are shared regularly with subject matter experts within Health Board via themed risk registers, however capacity can limit the amount of support that can be provided to risk leads. • Annual Risk Maturity Assessment.
How is the designated individual responsible for leading the overall approach to risk management positioned and supported to allow them to exercise their objectivity and influence effective decision-making?	Embedded	<ul style="list-style-type: none"> • Director of Corporate Governance / Board Secretary attends the Board, ARAC, FET and other Health Board Committees. • Director of Corporate Governance / Board Secretary has managerial responsibility and is supported by the Assistant Director of Assurance and Risk (ADOAR), Head of Assurance and Risk (HAR) and the Assurance and Risk Team. • Responsibilities are clearly set out in the Risk Management Framework.
How are the necessary skills, knowledge and experience of the organisation's risk practitioners assessed and supported?	Embedded	<ul style="list-style-type: none"> • Dedicated Assurance and Risk Team who support leads across the organisation with risk management, with ADoAR, HAR and Officers all IRM qualified. • Internal training framework in place to support individuals in obtaining IRM certification via Annex 21. • Job descriptions in place detailing required experience and qualifications for ADoAR, HAR and Assurance and Risk Officers. • Job descriptions across the wider organisation in place detail requirements for risk management where appropriate. • All-Wales Governance forums in place which are attended by the Assurance and Risk Team where best practice is shared amongst Health Boards and facilitates discussions on topics including risk management.

		<ul style="list-style-type: none"> Internal audits undertaken with relevant risks reviewed as appropriate. Audit Wales undertake an annual Structured Assessment where risk management arrangements are examined.
How has the necessary commitment to risk management been demonstrated?	Managed	<ul style="list-style-type: none"> Endorsement of Risk Management Framework, Strategy and Procedure by the Board, its Committees and the Executive Team, and underpinning risk appetite statements. Regular reporting of principal, corporate and operational risks to committees with active oversight of risks. Monthly risk meetings with Executive Team who oversee the principal and corporate risks, consider the risk appetite, RM Framework and organisational risk maturity. Each Clinical Care Group and Executive Function has its own operational risk register and risk management is included as part of its local integrated governance group. Risk management considered as part of the Health Board's internal escalation framework within the Governance domain. Dedicated risk support function via the Assurance and Risk Team. It is recognised that effective and full delivery of the Risk Management Framework is dependent on leadership capacity.

Integration - Risk management shall be an integral part of all organisational activities to support decision-making in achieving objectives.

Overall Assessment: Aware

Assessment Criteria	Risk maturity level	Comments
How are risks considered when setting and changing strategy and priorities?	Defined	<ul style="list-style-type: none"> Board Assurance Framework in place which identifies risks to the achievement of the Health Board's strategic objectives. Focussed discussions on these risks as a result of the organisation's strategic refresh throughout 2025/26 via workshops with the Executive Team and individual meetings with executive risk leads. Organisational risk appetite in place, with all risks required to be assessed as to whether they are within it, with the ability to escalate those outside acceptable levels to support the prioritisation of matters which require addressing.

		<ul style="list-style-type: none"> • Risk based approach adopted with the Annual Planning process in 2025/26, however it is recognised that further work is needed to ensure risk registers fully reflect the organisational risk profile. • QIAs, EQIAs, DPIAs, HIAs are undertaken to inform strategic decision-making.
How are risks transparently assessed within the appraisal of options for policies, programmes and projects or other significant commitments?	Defined	<ul style="list-style-type: none"> • Reports submitted to Board and its committees which require decision are requested to highlight any associated risks. Whilst Board and committee reports evidence up to date and accurate risks associated with decisions, these are not always as accurate or up to date on the risk management system. Documentation is publicly available. • QIA, EQIA, DPIA, HIAs etc undertaken on the development of policies and procedures, programmes, etc.
How are emerging risks identified and considered?	Aware	<ul style="list-style-type: none"> • Emerging risks are regularly requested for consideration at all levels through the organisation via operational meetings such as Formal Executive Team, Clinical Care Group governance meetings, Executive Function management meetings. • Escalation of risks where appropriate through management and governance structures. • Assessment of the timeliness of the addition of identified new / emerging risks via the internal escalation framework (Governance domain). • While processes are in place, it is recognised that risks are not always articulated and included on risk registers in a timely manner, and reviews of risk assessments do not always reflect the current risks/mitigations (current and planned) which can impact business planning and prioritisation. • Feedback obtained has also highlighted that there are instances where issues are being framed as risks.
How are risks to the public assessed and reflected within policy development and implementation?	Aware	<ul style="list-style-type: none"> • Completion of QIAs, EQIAs, HIAs to inform Committee scrutiny and Board decision-making. • Consultations on decisions with significant impact to the public, with feedback taken onboard. • Risk domains on the risk management system include those linked to patient safety, quality and reputation, however it is recognised that risks are not always articulated and updated on risk registers in a timely manner.
How are National Risk Register risks, that are particularly pertinent to the organisation,	Naïve	<ul style="list-style-type: none"> • The National Risk Register has been utilised in relation to emergency planning risks, however work is required to link NRR risks with Health Board risk themes to

recognised in risk assessments and discussions?		ensure a holistic review and consideration, with key findings to be presented to the Executive Team.
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Collaboration and Best Information - *Risk management shall be collaborative and informed by the best available information and expertise.*

Overall Assessment: Aware

Assessment Criteria	Risk maturity level	Comments
How is an aggregated view of the risk profile informed across the organisation, joint committees, partnership boards, hosted functions, national organisations (such as DCHW, Velindre NHS Trust) and the extended enterprise supporting the delivery of services?	Aware	<p>Organisationally</p> <ul style="list-style-type: none"> • Risk reporting with heatmaps as noted above via Board and Committee reporting, reporting to FET and operational governance meetings, and escalated as appropriate. • Utilisation of themed risk registers, aligned to relevant Committees for assurance purposes, and sent to themed risk experts (SMEs in their relevant fields) to support risk leads where appropriate. • Included in Accountability Report annually. <p>Externally</p> <ul style="list-style-type: none"> • Governance arrangements in place regionally with Swansea Bay UHB as part of RJC, with risks being reported to Board, however this is in its infancy. While arrangements are in place between the Health Board and Local Authorities, risks are not regularly shared. • Poor articulation of risks on the Health Board risk register which reflect the impact of external organisations that we work with affect our ability to deliver against our own objectives.
How are the views of external stakeholders gathered and included within risk considerations?	Aware	<ul style="list-style-type: none"> • By risk owners and their interactions with relevant stakeholders. Feedback obtained from leads across the organisation highlighted that services continue to work in silo, and not necessarily on a system-wide basis. • External audits, inspections and regulatory reviews which highlights gaps in control that should subsequently be risk assessed, however not always appropriately reflected on risk assessments. • Consultation and engagement processes with the public on significant changes to services.

		<ul style="list-style-type: none"> • RJC / RPB structures in place, and meetings with Welsh Government (eg JET and IQPD).
How does communication and consultation assist stakeholders to understand the risks faced and the organisation's response?	Defined	<ul style="list-style-type: none"> • Board and Committee papers publicly available, demonstrating a commitment to transparency on decision being made and areas of concern. • Health Board governance arrangements available on the website, including structures and terms of references detailing the role of risk for each group. • Outcomes of consultation processes regularly communicated to stakeholders via organisational social media platforms and press releases.
How is function and professional expertise used to inform strategies, plans, programmes, projects and policies?	Aware	<ul style="list-style-type: none"> • Utilisation of themed risk registers, aligned to relevant Committees for assurance purposes, and sent to themed risk experts (SMEs in their relevant fields) to support risk leads where appropriate, and identify gaps in organisational controls. However, this is dependent on the capacity of risk theme experts support risk management activities. • Utilisation of risk registers as part of the Fragile Services Framework, Annual Planning Processes, however recognising that this is dependent on risks being appropriately articulated and updated on risk management system.
How do expert functions and professions inform the identification, assessment and management of risks and the design and implementation of controls?	Aware	<ul style="list-style-type: none"> • Business partnering model adopted within a dedicated risk team, providing technical risk advice and guidance to risk leads with the aim to ensure appropriate and good-quality risks are articulated and noted on risk registers. • Regular review of risks between risk leads and the Assurance and Risk Team for principal, corporate and operational risks. • in-house Risk training in place, delivered by IRM qualified individuals to leads across the organisation highlighting the significance of the identification, assessment and management of risks, including highlighting gaps in control and supporting the development of deliverable and credible risk action plans. Feedback obtained from operational leads has highlighted that risk training is not embedded throughout all levels of the organisation (eg on local induction) and can be seen as a management objective. • Utilisation of themed risk registers, aligned to relevant Committees for assurance purposes, and sent to themed risk experts (SMEs in their relevant fields) to support risk leads where appropriate, and identify gaps in organisational controls. However this is dependent on the capacity of risk theme experts support risk leads and to support the timely identification of risks and their articulation.

How are functional standards communicated and their adherence monitored across the organisation?	Defined	<ul style="list-style-type: none"> • Risk Management Framework, Strategy and Policy in place and shared with staff across the organisation. • Internal Escalation Framework in place with areas of concern identified via the Governance domain – risk management being a key component of this assessment. As at February 2026, 1 Clinical Care Group has been assessed as Level 3 due to risk management, with a further 2 Clinical Care Groups assessed as Level 2 (out of 16 Clinical Care Groups / Executive Functions). These 3 functions hold 36.8% of the Health Board's risk register.
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Risk Management Processes - *Risk management processes shall be structured to include:*

- *risk Identification and assessment to determine and prioritise how the risks should be managed;*
- *the selection, design and implementation of risk treatment options that support achievement of intended outcomes and manage risks to an acceptable level;*
- *the design and operation of integrated, insightful and informative risk monitoring; and*
- *timely, accurate and useful risk reporting to enhance the quality of decision-making and to support management and oversight bodies in meeting their responsibilities.*

Overall Assessment: Defined

Assessment Criteria	Risk maturity level	Comments
How are risk taxonomies or categories used to facilitate the identification of risks within the overall risk profile?	Aware	<ul style="list-style-type: none"> • Risks assigned to one domain per the organisation's risk matrix, based on the biggest impact of the risk. • Risk appetite statements linked to risk domains, and a risk matrix in place to support a consistent approach to scoring, and facilitate clarity in the prioritisation of risks which exceed the Health Board's risk appetite and support their escalation as appropriate for further discussion and decision. Capacity limits the ability to review all risks to ensure their consistent application, and the embedding of the approach to risk appetite is further required for operational leads. • Ability to categorise risks by risk themes, with thematic risk registers sent to SMEs bi-monthly to support the comparing of risks across the organisation, identify common themes, trends and actions to manage and mitigate risks.

		Definitions for each theme in place and communicated to the organisation via Sharepoint site.
How are risk criteria set to support consistent interpretation and application in assessing the level of risk? How effective are these in supporting the understanding and consideration of the likelihood and consequences of risks?	Defined	<ul style="list-style-type: none"> • Defined risk appetite statements reviewed annually and approved by the Board. • Risk matrix in place to promote the consistent scoring of risks based on risk domains. Capacity limits the ability to review all risks to ensure their consistent application. • Risk criteria, processes and protocols are outlined within the Risk Management Framework, Strategy and Procedure documents. • Dedicated risk training in place to embed risk criteria with staff across the organisation, however recognising feedback from survey that this could be embedded better at lower levels in the organisation. • Standardised approach to the wording of risk narrative to support consistency across the organisation (There is a risk of / This is caused by / This will have an impact/effect on), recognising that risk still remains subjective and the quality of the narrative and risk articulation can vary.
How are limitations and influences associated with the information and evidence used with risk assessments highlighted?	Defined	<ul style="list-style-type: none"> • Reporting of risks to Board Committees allows challenge on the scoring and management of risks, with Committees able to request deep dive on risks if further discussion required. • Risk profiles of Clinical Care Groups and Executive Functions are reported via the Risk Assurance report, based on the levels awarded as part of the internal escalation framework which is presented to the Audit and Risk Assurance Committee three times a year. • Support is offered to operational leads across the organisation from dedicated qualified risk professionals within the Assurance and Risk Team to check and challenge risks. • Discussion on operational risks at Clinical Care Group governance meetings / Executive Function management meetings which provides the opportunity to moderate and appropriate challenge from colleagues in the wider function, based on reports provided by the Assurance and Risk Team.
How are interdependencies between risks or possible combinations of events ('domino' risks) identified and assessed?	Aware	<ul style="list-style-type: none"> • Fragile services framework and the annual planning process allow the consideration of risks which are interdependent, and to inform business and strategic decision making, however recognising that communication between different Clinical Care Groups and Executive Functions can improve to ensure risks are assessed appropriately and collaboratively where required.

		<ul style="list-style-type: none"> • Current risk management system allows risk owners to link relevant risks, recognising that this is a manual and time-consuming process. • Regular meetings between Assurance and Risk business partners which identify risks that may cross-cut various Clinical Care Groups and Executive Functions • Utilisation of themed risk registers, however dependent on the capacity of risk theme experts support risk leads, undertake appropriate analysis and to support the timely identification of risks and their articulation.
How dynamic is the assessment of risks and the consideration of mitigating actions to reflect new or changing risks or operational efficiencies?	Aware	<ul style="list-style-type: none"> • Whilst risks may be identified, they are not always articulated and added to the risk registers in a timely manner. • Risk leads on each review are required update their risk controls, gaps in controls and risk action plans as necessary. The regularity of risk review depends on the level of the Current Risk Score, and defined in the Risk Management Procedure. • Regular discussion of risks by operational leads at Clinical Care Group / Executive Function Senior Leadership Team meetings, recognising that quality of the discussions vary across the organisation. • Analysis of risk scores suggest that risks remain static which may reflect the current challenging environment that the Health Board is operating within, with limited resources available to either fully manage and mitigate, or to reduce risks to an acceptable / tolerable level as defined per the risk appetite.
How are exposures to each principal risk assessed against the nature and extent of risks that the organisation is willing to take in achieving its objectives – its risk appetite – to inform options for the selection and development of internal controls?	Aware	<ul style="list-style-type: none"> • Risk appetite in place linked to risk domains, and reviewed annually by the Executive Team and approved by the Board. • Principal risks reviewed throughout the year by executive leads and their nominated deputies, supported by the Assistant Director of Assurance and Risk and Head of Assurance and Risk, and directly linked to the strategic objectives of the Health Board. • Revised approach to risk acceptance/risk tolerance has been adopted during 2025/26, and for each risk (principal, corporate and operational), risk leads are expected to provide a rationale for their target risk score, outlining how this aligns to the organisation's risk appetite, and a date at which they expected to achieve it. Where the target risk score is considered to be above the organisation's risk appetite, these should be escalated as appropriate for further action and discussion to determine whether the organisation is able to prioritise and support actions to further manage and mitigate the risk, or whether it requires to be tolerated. This process has been embedded in relation to

		<p>corporate and principal risks via discussions at Formal Executive Team, however recognise that processes require strengthening for operational risks.</p> <ul style="list-style-type: none"> Risk management system allows all risks to be aligned to the relevant strategic objectives.
How are decisions made in balancing the potential benefits of the design and implementation of new or additional controls with the costs, efforts and any disadvantages of different control options?	Aware	<ul style="list-style-type: none"> Whilst risk leads across the organisation identify controls and any gaps as part of the risk identification process, the quality of action plans to address these gaps are not consistent, with many risks not having risk action plans therefore underlying detail not able to fully support decision making. Examples where risk actions are not credible and deliverable due to funding / resource constraints. A number of extreme and high scoring risks have not been escalated to inform decision-making on whether risks should be accepted or treated further through agreement of resources.
How are contingency arrangements for high impact risks designed and tested to support continuity, incident and crisis management and resilience?	Defined	<ul style="list-style-type: none"> Risk management training highlights the requirement for risk leads to update controls, which can include detailing contingency arrangements in place. Business continuity programme and exercises in place and regularly undertaken. Regular reviews undertaken by Cyber Resilience Unit on cyber security arrangements.
How is the nature, source, format and frequency of the information required to support monitoring of risk management and internal control defined and communicated?	Embedded	<ul style="list-style-type: none"> Requirements are defined within the Risk Management Framework, Strategy and Procedure documents which are available to all staff via internal communications (Sharepoint, Viva Engage when out to consultation etc). Provision of Assurance and Risk reports to CCG and EF meetings on at least a monthly basis also highlight these requirements, and attended by risk leads, and a wide range of staff in the larger functions. Expectations are also defined within risk management training materials, and via prompts and help text on Datix (our current risk management system).
How are new and changing principal risks highlighted and escalated clearly, easily and more rapidly when required?	Managed	<ul style="list-style-type: none"> Review of the Board Assurance Framework three times a year by the Executive Team, which the principal risks underpin. Strategy Refresh undertaken in 2025/26, with work currently underway to review and refresh the organisation's principal risks to align with the four strategic objectives.
How comprehensive, informative and coordinated are assurance activities in helping achieve	Managed	<ul style="list-style-type: none"> Annual risk maturity assessment undertaken, the outcomes of which inform the Risk Management Strategy and operational risk management support such as training and system developments.

objectives and in supporting the effective management of risks?		<ul style="list-style-type: none"> • Regular reporting of corporate, principal and operational risks to the Board and its committees (3 times a year – alternate meetings). • Risk Assurance report presented to the Audit and Risk Assurance Committee three times a year. • Risk-based approach to internal audits, which provide assurance on risks from reviews with reports providing either substantial, reasonable, limited or no assurance. • External audits, along with inspectorate and regulatory reviews (eg HIW, Welsh Government) • Annual Structured Assessment undertaken by Audit Wales which reviews corporate governance arrangements.
How do disclosures on risk management and internal control contribute to the annual report being fair, balanced and understandable?	Embedded	<ul style="list-style-type: none"> • Accountability Report, as part of the annual report process, details the key principal and corporate risks which the organisation has faced during the financial year, along with a statement on the risk management arrangements in place and developments within the year. • Accountability report also provides detail on the findings of both internal and external auditors which provides a fair and balanced view of risk management arrangements.

Continual Improvement - *Risk management shall be continually improved through learning and experience.*

Overall Assessment: Managed

Assessment Criteria	Risk maturity level	Comments
How are policies, programmes and projects evaluated to inform learning from experience? How are lessons systematically learned from past events?	Managed	<ul style="list-style-type: none"> • Capital projects undertake post-project evaluations. • Listening and Learning Assurance Committee provide update reports to QSEC. • Quality Improvement Framework in place.
How is risk management maturity periodically assessed to identify areas for improvement? Is the view consistent across differing	Managed	<ul style="list-style-type: none"> • Annual risk maturity assessment undertaken, outcomes of which identify areas of improvement and focus for consideration when revising the Risk Management Strategy. • Feedback sought from across the organisation and from executive leads to further identify any areas of improvement as part of the annual assessment, and

parts or levels of the organisation?		to identify any common themes / trends / concerns from particular areas within the Health Board.
How are improvement opportunities identified, prioritised, implemented and monitored?	Managed	<ul style="list-style-type: none">• Feedback sought from across the organisation and from executive leads to further identify any areas of improvement as part of the annual assessment, and to identify any common themes / trends / concerns from particular areas within the Health Board.• Progress against the objectives as included within the Risk Management Strategy are reported to the Audit and Risk Assurance Committee three times a year.