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**Audit and Risk Assurance Committee**

**Risk Assurance Report**

**9<sup>th</sup> December 2025**

# 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 August 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 tracker report provided to ARAC in August 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>The requirement to identify a suitable risk management system is <a href="#">one of three objectives</a> within the refreshed Risk Management Strategy, approved by Board at its meeting in September 2025.</p> <p>The Assistant Director of Assurance and Risk, and Head of Assurance and Risk are continuing with discussions at an All-Wales level to identify a suitable supplier, and whether a joint approach with other NHS Wales organisations is feasible.</p> <p>Concerns around the timeframe to implement a new risk management system and resource availability have been articulated on the Governance operational risk register.</p>
<p>Complete the review of risk themes.</p>	<p>Work continues with leads across the organisation to ensure appropriateness of current risk themes, and their alignment to new Committee and sub-committee reporting structures. Progress made to date is detailed on the <a href="#">Thematic Analysis</a> slide later in this paper, with work to have completed by March 2026.</p>

# Risk Management Framework



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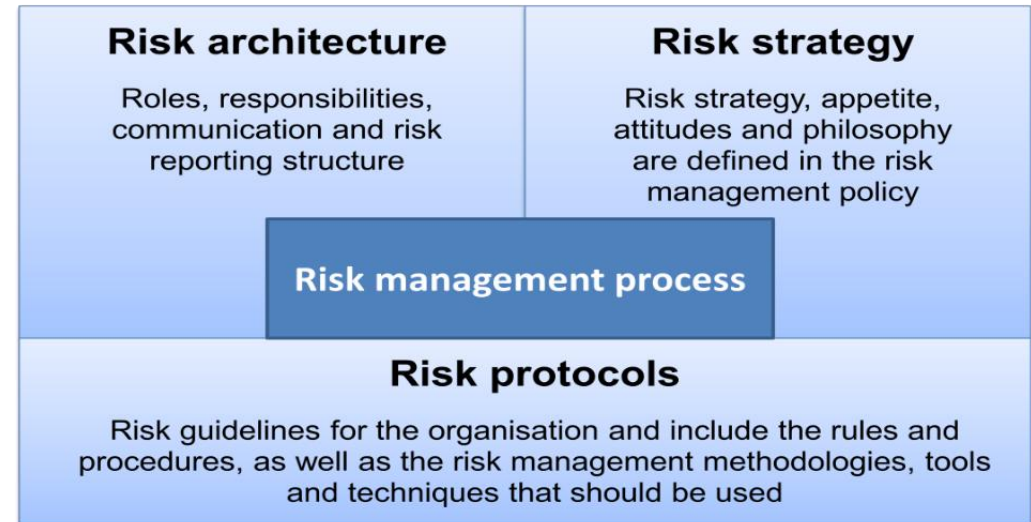
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## Risk Management Framework (the Framework)

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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## Risk Management Strategy (the Strategy)

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

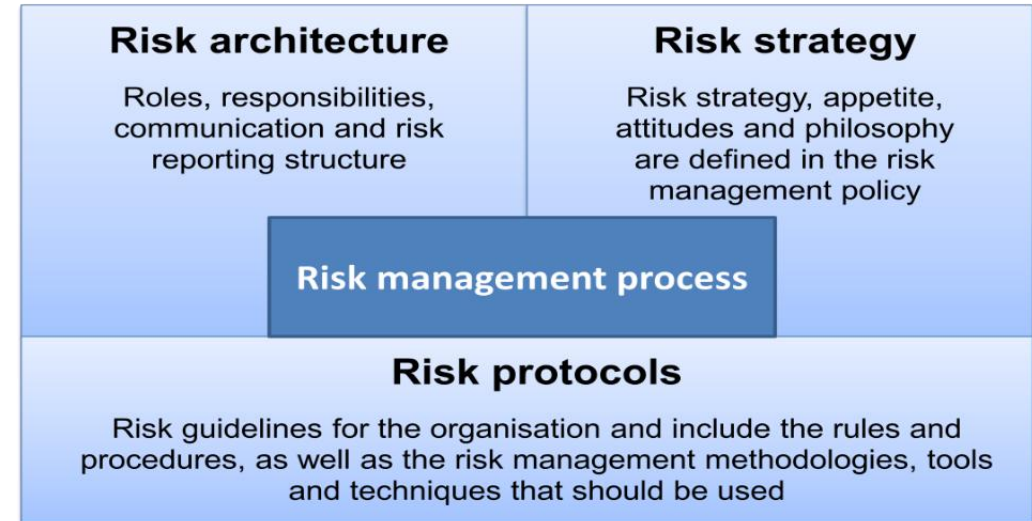
- To improve the quality of service and protect patients, carers, staff and others who come in to contact with the Health Board;
- To create awareness through the Health Board about the importance of recognising and managing risk in a timely manner and providing staff with the appropriate knowledge, 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 status of the objectives from the previous Strategy 2024/25; and
- The underpinning plans to achieve the three objectives per the refreshed Strategy over the next 12 months.



# Status of objectives from Strategy 2024/25



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Objective 1- Implement and embed the UHB's refreshed risk appetite statements Appetite and Tolerance Statement	How we achieved the objective
Developing an implementation strategy to embed revised risk appetite statement across the UHB;	<p><b>Complete</b> The revised approach to risk tolerance was approved by Board at its meeting in <a href="#">March 2025</a>, providing guidance links proposed actions to their anticipated impact on risk score, and shows the risk score trajectory over time. The revised approach utilises the Target Risk Score (TRS) to demonstrate the lowest level of risk exposure the Health Board is willing to tolerate following completion of all planned actions. Should the risk remain, this then triggers discussion on the acceptance of the risk in line with the Health Board risk appetite. This approach is now being embedded across the Health Board.</p>
Reviewing our approach to risk tolerance and how it aligns to the refreshed risk appetite statements (approved by Board in January 2025);	
Providing practical support to services in the utilisation of refreshed risk appetite statement; and	<p><b>Complete</b> The Assurance and Risk Team continue to provide support via the provision of technical risk management training to operational managers and risk leads across the Health Board. Guidance is included within papers submitted to Clinical Care Group and Executive Function meetings via the submission of Assurance and Risk papers, with further resources available to staff across the Health Board via the Assurance and Risk Sharepoint site.</p>
Reviewing the risk appetite statement after 6 months with the Executive Risk Group (ERG) to ensure it remains fit for purpose and support effective decision making.	<p><b>Complete</b> The risk appetite statements were reviewed and refreshed by the Executive Team in December 2024 as part of the required annual review, and subsequently approved by Board at its meeting in <a href="#">January 2025</a>, with minimal changes made</p>

# Status of objectives from Strategy 2024/25



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Objective 2- Support the strengthening of operational risk management arrangements	How we achieved the objective
<p>Ensuring risk management arrangements and systems are realigned to the new Operations Directorate structure (when approved), and systems used to capture this process are appropriately updated;</p>	<p><b>Complete</b> The Organisational Change Process (OCP) within the remit of the Chief Operating Officer were introduced in April 2025. Hierarchies within the Datix risk register system were updated in line with the revised arrangements and went “live” in April 2025, with support from colleagues across other corporate functions. System changes have allowed for the timely and accurate reporting of risks to the appropriate Clinical Care Group and Clinical Service Group meetings, which commenced in April and May 2025.</p>
<p>Supporting corporate and operational directorates via quality and business meetings and Directorate Improving Together sessions to identify, assess and manage risks and improve outcomes;</p>	<p><b>Complete</b> The Assurance and Risk team adopts a business-partnering approach to support operational and corporate teams to meet their risk management obligations. Each Function is assigned a dedicated Assurance and Risk Officer (ARO), who prepare risk reports and attend relevant service governance meetings, in addition to meeting risk leads to facilitate and support discussions on risk management.</p>
<p>Reviewing current partnership risk management arrangements with key partners and to utilise learning to develop a plan for all partnerships to strengthen these arrangements which will support the UHB to achieve its objectives;</p>	<p><b>Included in Strategy for 2025/26</b> There are currently no defined approaches and processes for addressing risk with all our key partners, however key people are aware of areas of potential risk with partnerships. Partnership arrangements is included in objective 3 of the refreshed Risk Management Strategy 2025/26 approved by the Board in September 2025.</p>
<p>Reviewing the training needs analysis and provision of risk management training to implement the operationalisation of revised risk appetite statements across the UHB;</p>	<p><b>Complete</b> The Assurance and Risk Team have updated the training needs analysis which was included in the revised Risk Management Framework approved by the Board in September 2025. The training materials and Sharepoint site have all been updated.</p>
<p>Implement the new Once for Wales Concerns Management system when it has been developed and is ready to be rolled out; and</p>	<p><b>Included in Strategy for 2025/26</b> Meetings continue to be held with colleagues from other NHS Wales bodies, and alternative risk management system providers to identify a suitable system to be used from December 2027.</p>
<p>Providing practical support to services with operational risk management arrangements via business partnering arrangements to ensure risk management outcomes inform and prioritise organisational decision making.</p>	<p><b>Complete</b> Each Function is assigned a dedicated ARO, who provide training and advice, prepare risk reports and attend relevant service governance meetings, in addition to meeting risk leads to facilitate and support discussions on risk management as part of the team’s business as usual. The planning process for the Annual Plan 2026/27 is being informed by the organisational risk register.</p>

# Status of objectives from Strategy 2024/25



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**Objective 3- Understand how established risk management processes currently contribute to the overall health of the UHB (i.e. achievement of objectives, delivery of plans and performance), and how this can be strengthened.**

**How achieved the objective**

Engaging with relevant teams across the UHB 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 risk maturity assessment, and how this could be strengthened;

**Complete** A risk maturity self-assessment was undertaken during quarter 3 of 2024/25, in accordance with the Orange Book (a recognised risk management standard for the public sector), the outcomes of which were presented to [ARAC in April 2025](#) and underpinned the refreshed objectives included within the revised Strategy for 2025/26. Risk leads and thematic subject matter experts across the Health Board were given the opportunity to provide feedback via an online questionnaire to further inform the completion of the risk maturity self-assessment this year, with high response rate from colleagues in areas including Mental Health, Primary Care, and Nursing Quality and Patient Experience. Outcomes from the questionnaire highlighted the need to support the embedding of risk management arrangements at a local level, and these have been reflected in the three new objectives as outlined in the Risk Management Strategy (detailed on the next three slides)

Engaging with service leads across the UHB to assess the risk culture within the organisation to identify areas of improvement to support individuals in undertaking risks in an informed manner to support the achievement of our objectives and performance targets.

**Complete** The outcomes and identified next steps of the assessment have been used to inform the revised Strategy, with the Head of Assurance and Risk developing an implementation plan to ensure the delivery of the refreshed objectives. Feedback will continue to be requested from services, including communication via Viva Engage, on a regular basis to inform ongoing improvement.

# Planned actions to implement objectives per the refreshed 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	Our plan to achieve the objective
Supporting Functions via local quality and performance governance meetings and Executive Improving Together sessions to identify, assess and manage risks and improve outcomes;	AROs will continue to regularly attend governance meeting including submission / presentation of governance papers, provide training and support, and undertake monthly analysis of key risk metrics as part of Executive Improving Together sessions. <b>Throughout the year.</b>
Providing practical support to services with operational risk management arrangements via partnering arrangements to ensure risk management outcomes inform and prioritise organisational decision making;	Monthly analysis of key risk metrics as part of Executive Improving Together sessions will identify areas who may require additional support. Escalation of key risks via governance arrangements. <b>Throughout the year.</b>
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;	Training Needs Analysis form has been included within the recently revised Risk Management Framework , and added to the Assurance and Risk Sharepoint site. In addition, the Assurance and Risk Tea, have developed a Risk Management Managers Training Package for delivery as part of the HB wide managers training programme. <b>Training is due to commence in February 2026.</b>
Further develop risk management training materials to ensure alignment with the UHB's objectives following the Strategy Refresh;	Incorporate strategy refresh in governance papers to meetings, alerting the need to align risks appropriately. Development and delivery of risk training. Strategy Refresh due to be presented to Board in January 2026, with <b>training materials to reflect developments by March 2026.</b>
Developing a communications plan in order to further promote awareness of risk management arrangements; and	The Assurance and Risk Sharepoint site will be further developed as and 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. A progress update on this will be provided in the next Risk Assurance report. <b>Throughout the year.</b>
Developing a detailed scope and procure a new risk register system.	Finalised project specification document for a risk management system leading to the identification and implementation of a suitable risk management system. <b>Specification document to be finalised by December 2025.</b>

# Planned actions to implement objectives per the refreshed 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 UHB, ensuring that risks are aligned with the UHB's risk appetite;	The Assurance and Risk team will continue to deliver and develop risk training including communication, as outlined in <a href="#">objective 1</a> , as well as supporting functions to ensure escalation of risks which exceed risk appetite as per guidance in the Risk Management Framework. <b>Throughout the year</b>
Reviewing the risk appetite following the Strategy Refresh; and	A focus session with the Executive Team and Independent Members will be undertaken to review the risk appetites following the Strategy Refresh, scheduled to be presented to Board in January 2026. <b>To be completed by May 2026.</b>
Reviewing and updating strategic risks and Board Assurance Framework as part of Strategy Refresh.	The principal risks and Board Assurance Framework will be refreshed following the Strategy Refresh, and presented to Board in May 2026. Regular reporting of principal risks to the Board and its Committees will continue, including progress on their development. <b>To be completed by May 2026.</b>

# Planned actions to implement objectives per the refreshed 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 UHB 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;	Assurance and Risk team will continue to encourage staff to complete the Risk Maturity Assessment feedback during 2025/26, in accordance with the Orange Book (a recognised risk management standard for the public sector). Risk Maturity Assessment responses will be collated and reviewed on a quarterly basis, with reports being provided to future ARAC meetings. <b>Throughout the year</b>
Further development of risk management training material, with more focus on the identification of opportunities;	The Assurance and Risk team will continue to deliver and develop risk training including communication, as outlined in <a href="#">objective 1</a> . <b>Throughout the year</b>
Engaging with service leads across the UHB 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;	The Assurance and Risk team will continue to encourage staff to complete the Risk Maturity Assessment feedback. The Assurance and Risk team will continue to present risk management and performance information to governance meetings, including information on linked risks and their interdependencies. Undertake focussed sessions with service leads to assess risk culture within their areas. <b>Throughout the year</b>
Develop guidance for appropriate risk management arrangements with key partners of the UHB to support its ability to achieve organisational objectives;	Assurance and Risk Team to develop written guidance on partnership risk management, and include in relevant training and Sharepoint material. <b>To be completed by March 2026.</b>

# Risk Management Process



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## Risk Management Process

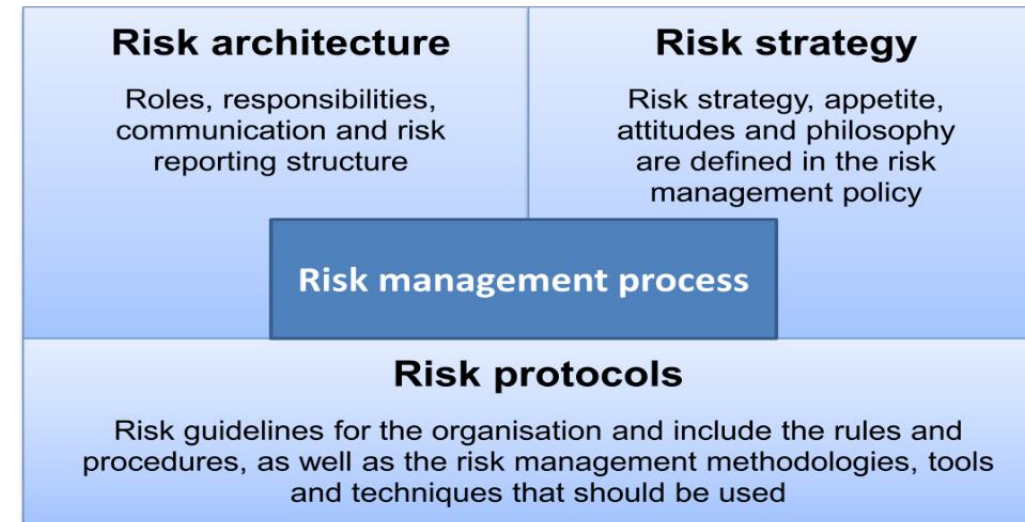
The Health Board's risk management process is recorded via the Datix Risk Register Module (Datix), with risk register reports provided to both assurance and operational management meetings. Datix enables risks to be recorded at one of three risk levels, ensuring that risks are reported to and scrutinised 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 have been reviewed and updated 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 management and have recently been updated in light of the change to the Clinical Care Group operational structure to reflect revised management hierarchies and governance arrangements. These are detailed in the Risk Management Framework which was approved by Board in September 2025.



# Three Lines of Defence



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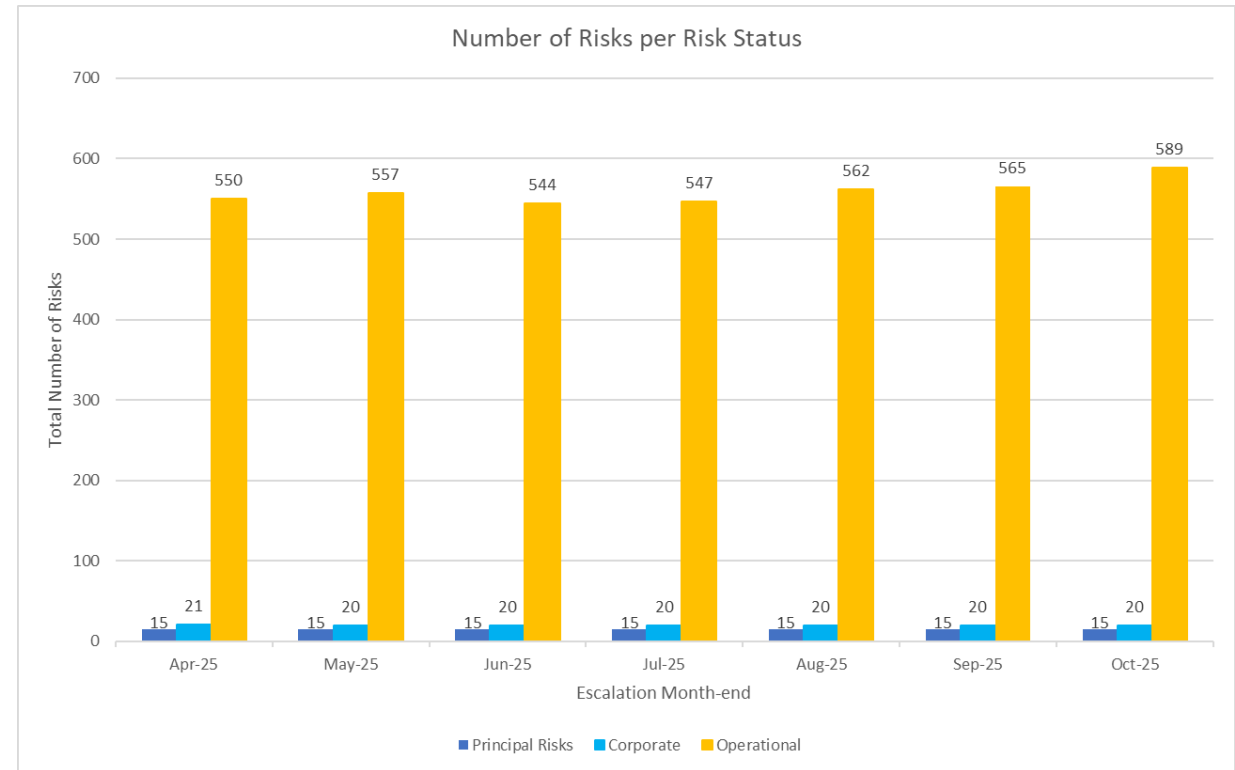
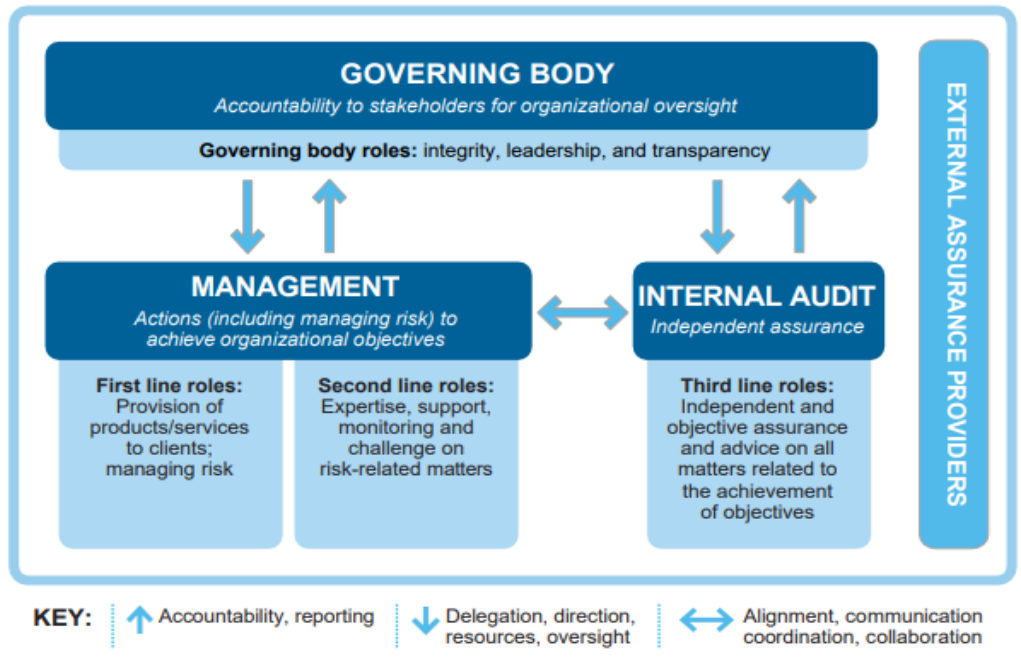
The Health Board operates within the widely accepted “Three Lines of Defence Model” which provides a simple and effective way to delegate and coordinate risk management roles and responsibilities within an organisation, to ensure the appropriate responsibility is allocated for the management, reporting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

## Context

The Health Board has 624 open risks on the Datix Risk Module as of 31 October 2025 (June 2025: 579) split across Principal\*, Corporate and Operational risk levels.

\*As Principal Risks are reviewed and updated by the Executive Team in line with the Board Assurance Framework, the focus of this report and the Improving Together metrics are on Corporate and Operational Risks.

## The IIA’s Three Lines Model



# Risks by Function– October 2025



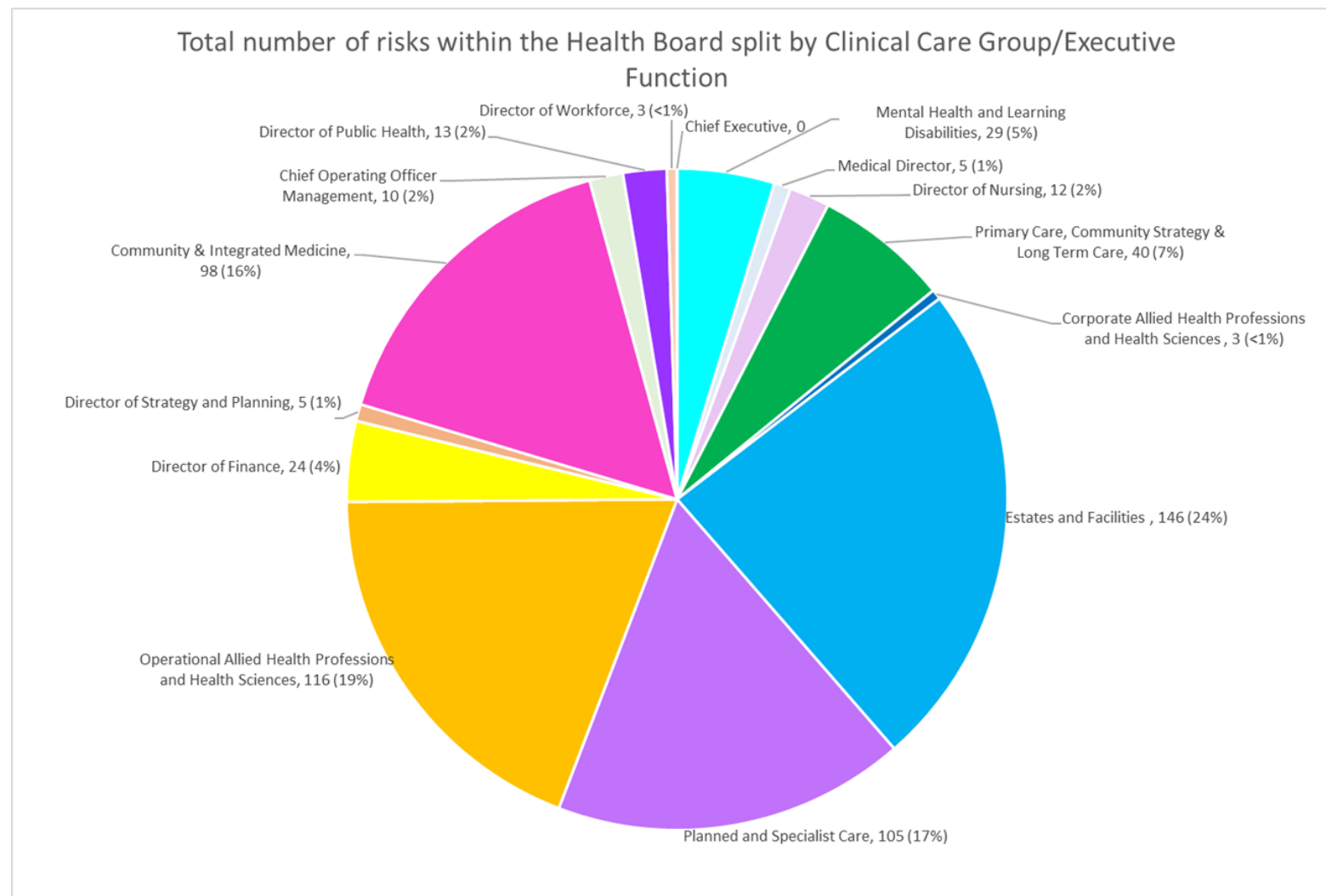
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Estates and Facilities hold the largest number of risks at 146 (June 2025: 130), primarily relating to the condition of the Health Board’s ageing estate and equipment (including fire safety devices and equipment), and the financial climate, with at least 55% 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* (current risk score of 15 as at November 2025).

Operational Allied Health Professions and Health Sciences have had the largest increase in the number of risks since the previous report presented to ARAC and hold the largest number of extreme risks (59), with financial risks and service fragility cited as main drivers.

Planned and Specialist Care hold 105 risks (June 2025: 110), and Community and Integrated Medicine 98 (June 2025: 93) hold a similar number of risks as reported in June 2025, reflecting the continuing challenges faced by the CCGs including lack of funding, workforce shortages, fragile services, and Planned and Specialist Care holding long waiting lists due to demand exceeding capacity and reliance on ageing or insufficient equipment.



# 1<sup>st</sup> Line of Defence: Risk Management - Overdue risk and actions



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Since the introduction of the internal escalation framework, there has been fluctuations in the number of overdue risks throughout the year which may reflect the impact of operational demands across the Health Board. **12% of risks were overdue for review as at 31 October 2025** (June 2025: 11%).

Of those risks noted as overdue at October 2025, **64 have recently lapsed and are not overdue by more than one month** (June 2025: 54) and are therefore considered to be within an acceptable timeframe for review. 11 risks were overdue by more than one month, with 5 of these overdue by more than 2 months.

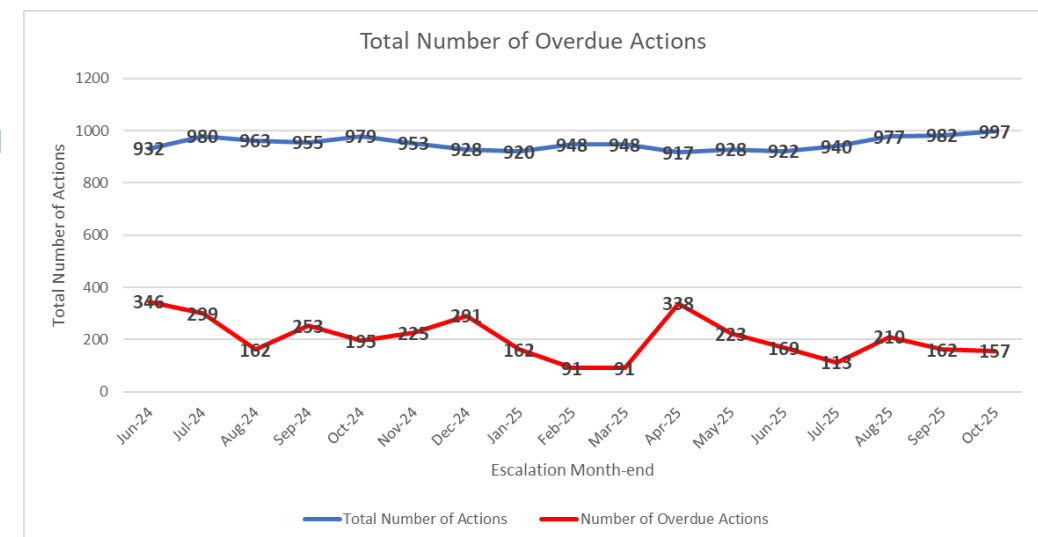
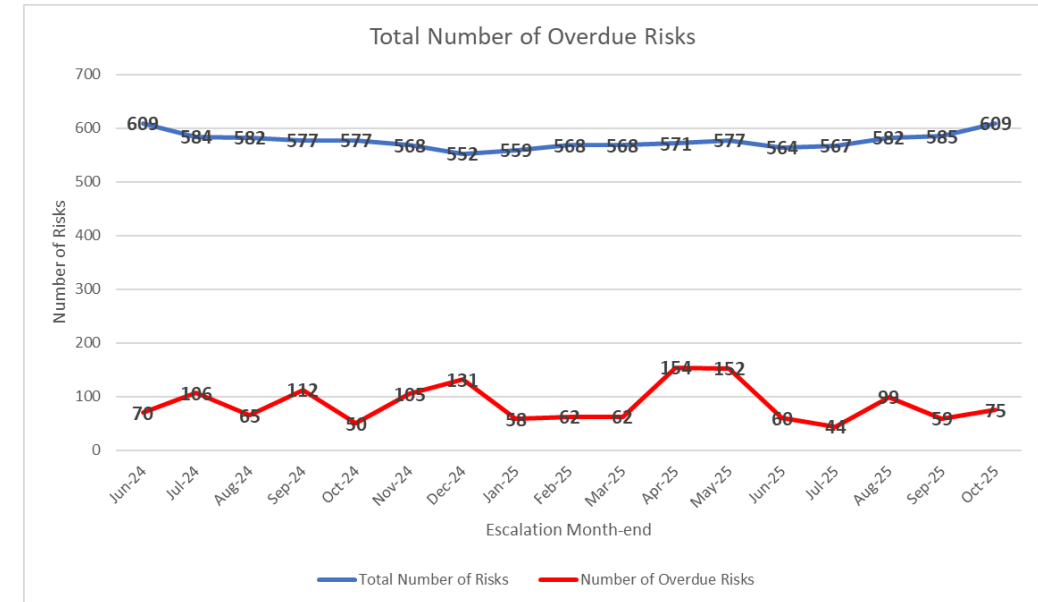
There has been a **notable reduction in the number of overdue risk actions since the implementation of the internal escalation framework**, however further progress is required to ensure that actions are clear, deliverable, reviewed and updated in a timely manner, and implemented within noted timeframes. **16% of risk actions are overdue as at October 2025** (Jun 2025: 18%), and may be a result of:

- being assigned unrealistic or unachievable timescales; or
- are not being updated fully during risk reviews.

There are currently 11 risks without risk actions plans, due to a combination of risks where leads have omitted to add actions to new risks, and risks that are being considered for “acceptance” in line with guidance from the recently approved Risk Management Framework. The Assurance and Risk business partners pick these up with risk leads at review meetings and via governance reports issued to Clinical Care Group and Executive Function leads.

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.



# 1<sup>st</sup> Line of Defence: Risk Management - Overdue risks and risk actions

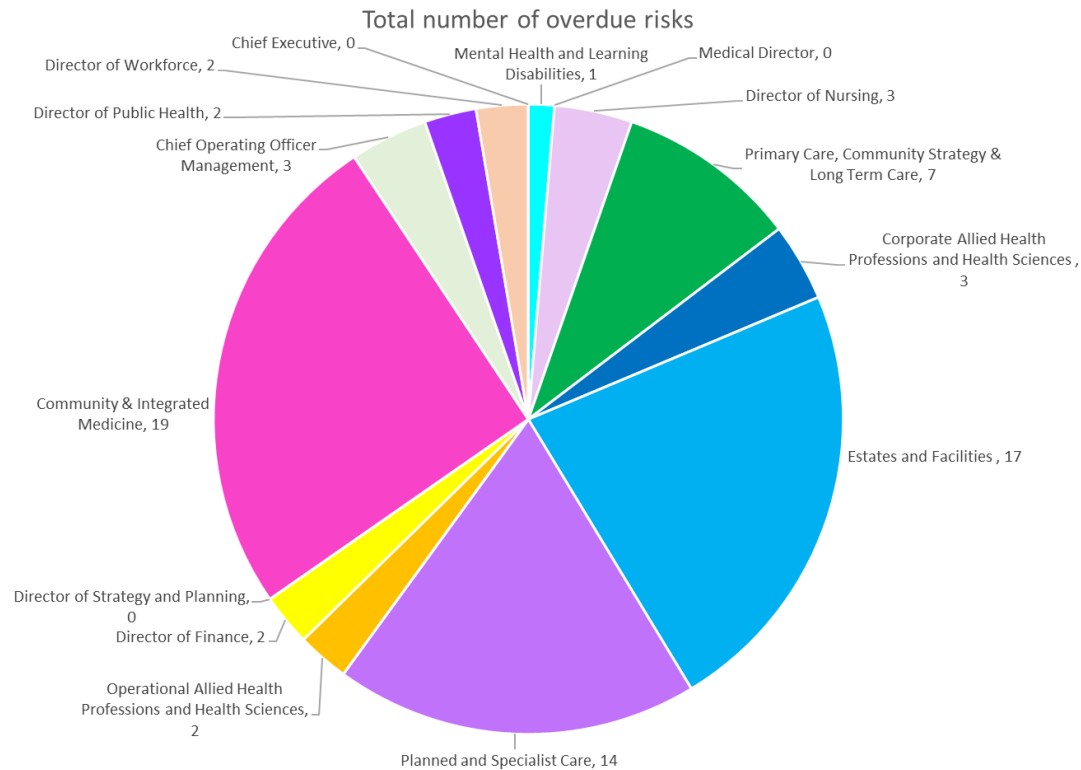


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The **75 overdue risks** as at October 2025 are shown below split by function. **Community & Integrated Medicine have the largest number of overdue risks** (19 out of 98 on their risk register, 19%) (June 2025: 6), and the **largest number of overdue risk actions** (48 out of 167, 28%) (June 2025: 25), reflecting their current [Level 3](#) escalation criteria for risk management under the Governance domain.

**Estates and Facilities** also had a high number of overdue risks (17 of 146 risks on their risk register, (11%)), though none of these were overdue by more than 1 month and therefore not currently of concern. Despite having only 2 overdue risks, **Operational Allied Health Professions and Health Sciences had a high number of overdue risk actions** (31 of 220 actions, 14%) suggesting that these were not updated on risk review. Assurance and Risk Officers continue to provide support to risk leads to ensure the appropriate and timely update of risks.



# Risk Management (1<sup>st</sup> Line): Risk Treatment



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## 30 risks do not currently have an 'Expected Date to Achieve Target Risk Score (TRS)':

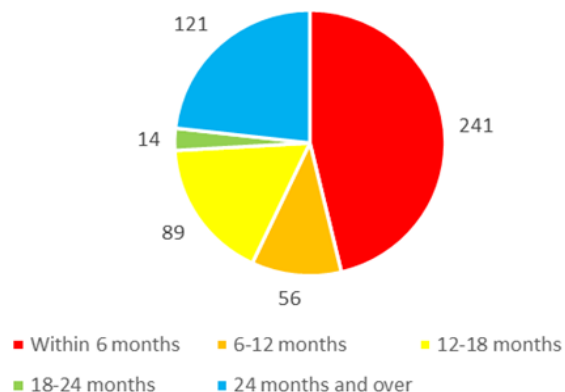
- 11 of these have not yet passed their review date since the field become mandatory on Datix due to the risks having a low or moderate current risk scores, and should therefore be updated at the next risk review;
- 3 high-scoring risks are overdue for review; and
- 16 risks have been reviewed but the 'Expected Date to Achieve TRS' section has not been updated and have a generic date in the data field.

**38 risks have an 'Expected Date to achieve TRS' that has passed, of which 17 have a current risk score that meets the TRS score.** Of the remaining 21, 15 have been reviewed but the 'Expected Date to achieve TRS' has not been updated, suggesting that risk leads may not be fully updating risks on review. Risks with no assigned TRS date and lapsed TRS dates are flagged to risk leads by the Assurance and Risk business partners via the relevant governance meetings and addressed in risk review meetings.

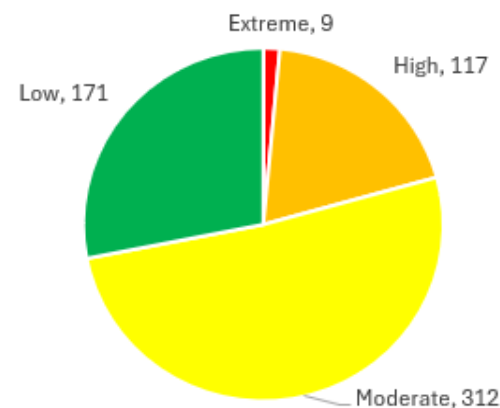
Of the 9 risks with an Extreme TRS, these are held with Operational Allied Health Professions & Health Sciences (4), Mental Health and Learning Disabilities (3) and Community & Integrated Medicine (2). 1 Mental Health and Learning Disabilities risk sits at Corporate level and will be reviewed as part of the Executive Team "deep-dive" sessions. The remaining 8 operational risks with an extreme TRS have open risk actions, suggesting that the risks can be further managed and mitigated, and that the TRS score may need revision.

It is recognised that this is a new approach to risk acceptance which is still being embedded across the organisation. The Assurance and Risk Team continue to support Functions by highlight 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.

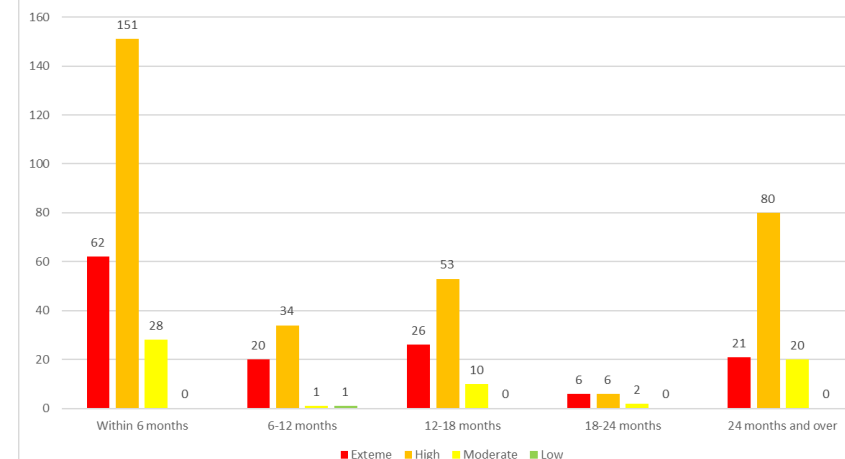
Expected Date to Achieve TRS



Target Risk Score split per Risk Level



Target Risk Score Expected Date split per Risk Level



# Risk Management (1<sup>st</sup> Line): Risk Treatment



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As of October 2025, the average age of a risk is 3 years and 3 months (June 2025: 3 years and 5 months), with 119 (20%) risks having been identified as a risk pre-Covid (June 2025: 120 (21%)).

58% of these risks are aligned to the Estates & Facilities function, and primarily relate to the condition of the Health Board's ageing estate, plant and equipment (e.g. air handling units, heating, water and electrical systems). It is unlikely that the remaining aged risks will be fully mitigated until capital funding has been agreed and obtained. This is reflected in Corporate Risk 1745.

There has been an improvement in risk management for the Estates and Facilities function, with more realistic timescales provided for risks, and following their EITS session in September 2025, the Senior Leadership Team have confirmed that all long-standing risks have been reviewed.

Of the risks with a TRS expected date of 24 months and over, the majority (74) sit with the Estates & Facilities Function, which reflect the reasons stated above.

Risk Ref	Title	Date Risk Identified	Current Risk Score	Risk Level (Current)	Target Risk Score	RR - Target Risk Score Expected Date
1309	Risk to meeting demands for diagnostic reporting due to shortfall in Consultant Cellular Pathologist workforce	01/03/2011	20	Extreme	10	31/08/2028
1119	Risk of harm to service users due to inadequate water flow through pipes to prevent bacterial growth/water borne diseases	02/07/2012	6	Moderate	3	30/01/2032
430	Risk of Boiler House Engineering Plant and equipment failure due to having reached the end of its engineering life expectancy	01/08/2012	9	High	3	31/01/2030
1068	Risk of electrical shock from defective systems due to lack of periodic inspections, BGH	01/08/2012	8	High	4	31/03/2029
1069	Risk of patient harm and business interruption due to Medical Gas Plant and equipment failure (BGH)	01/08/2012	8	High	4	31/03/2026
1094	Risk of patient harm due to inability to maintain failing and ageing Nurse Call System, PPH & AVH	01/08/2012	6	Moderate	3	31/01/2030

# Oversight of Risk (2nd Line): Internal Escalation



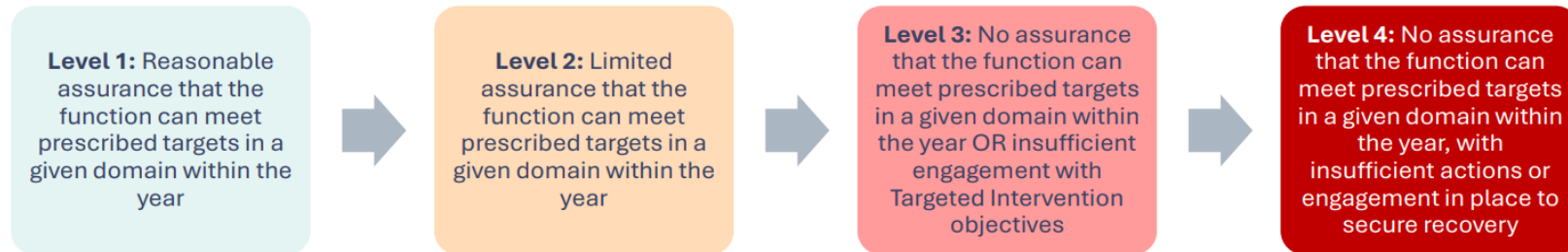
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## Internal Escalation

The Health Board has an internal escalation process, as part of the Executive Improving Together (EIT) Framework, whereby CCG /Executive Functions are assessed on a monthly basis against seven domains, including 'Governance' (with specific focus on four key areas noted below), 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.



### Measures to assess against the Governance Domain - Risks

Level	Criteria
<b>Level 4 – no assurance and insufficient actions / engagement</b>	<p>No plan in place and no engagement, (eg no risk action plans, no expected date to achieve Target Risk Score).</p> <p>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</p>
<b>Level 3 – no assurance</b>	<p>Lack of evidence that risks are being managed and mitigated within expected timescales.</p> <p>Evidence where known risks are not articulated on the function's risk register.</p> <p><b>Less than 80% compliance</b> of risks and risk actions being updated within required timescales</p> <p>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</p>
<b>Level 2 – Limited assurance</b>	<p>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).</p> <p><b>Between 80% - 89% compliance</b> of risks and risk actions being updated within required timescales</p> <p>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</p>
<b>Level 1 – Reasonable assurance</b>	<p>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)</p> <p><b>Over 90% compliance</b> of risks and risk actions being updated within required timescales</p> <p>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</p>

# 2<sup>nd</sup> Line of Defence: Internal Escalation Framework

## Governance Domain



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Service	April 2025	May 2025	June 2025	July 2025	August 2025	September 2025	October 2025
Chief Operating Management	2	2	1	1	1	1	2
Community & Integrated Medicine	2	2	2	2	3	3	3
Estates & Facilities	3	3	2	2	2	1	1
Executive Director of Allied Health Professions and Health Sciences	1	2	1	1	1	1	1
Executive Director of Finance	2	2	2	1	1	1	1
Executive Director of Nursing, Quality and Patient Experience	2	2	2	2	2	2	2*
Executive Director of Public Health	2	1	1	1	1	1	1
Executive Director of Strategy and Planning	2	2	2	1	1	1	1
Executive Director of Workforce and Organisational Development	1	1	2	1	1	1	1
Executive Medical Director	2	2	1	1	1	1	1
Governance and Communication	1	1	1	1	1	1	1
Mental Health and Learning Disabilities	3	3	2	2	2	2	2
Operational Allied Health Professions and Health Sciences	2	2	2	2	2	1	1
Planned and Specialist Care	3	3	3	3	3	3	2
Primary Care, Community Strategy & Long Term Care	2	2	2	2	2	2	2*

As at 31 October 2025, [Community & Integrated Medicine](#) met the Level 3 escalation criteria for risk management under the Governance domain, with a detailed analysis provided on the next slide. An [additional three Functions](#) met the Level 2 escalation for risk management.

The Assurance and Risk Team provide focussed support for those Functions at levels 3 and 4 to aid their de-escalation/recovery, and to prevent those awarded level 2 status being escalated. Detail is provided within each report provided and presented at Function governance meetings the reasons behind their escalation status, and suggested actions in order to de-escalate (where appropriate).

\*Whilst five Functions met the Level 2 escalation criteria under the Governance Domain, the escalation status of two Functions was not attributable to risk management, as it was predominantly based on the management of their audit and inspection recommendations and/or other factors such as implementation of Welsh Health Circulars / Ministerial Directions and general governance arrangements.

# 2<sup>nd</sup> Line of Defence: Internal Escalation – Governance Domain : Level 3 - No Assurance



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## Community & Integrated Medicine

As at 31 October 2025, the Clinical Care Group (CCG) had **19 of 98 risks overdue** (19%), meeting the Level 2 criteria within the escalation criteria (between 80-90% compliance).

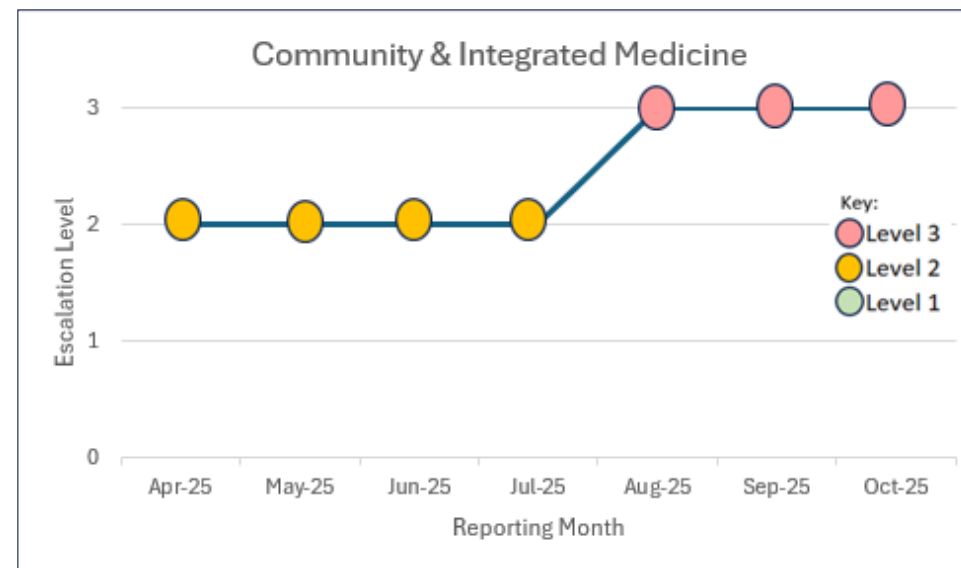
The CCG however had 167 open risk actions, of which **48 were overdue (29%)**. Whilst a slight improvement on the September 2025 position (32%), the CCG meets Level 3 criteria (less than 80% compliance of risk actions being updated within required timescales).

Additionally, **4 risks did not have any open actions**.

**5 of the 98 risks (5%) did not have an 'Expected Date to achieve TRS'**, and a further **12 risks do not have a 'Rationale for Target Risk Score (TRS)'** noted on Datix. 3 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.

The **pace at which emerging risks are added to Datix** within some Clinical Service Groups **remains slow**. Risks which have been recently discussed but have yet to be added include those relating to Medical/Clinical staffing, grant funded posts, Health Care Support Worker posts, and manual handling training.

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



# 2<sup>nd</sup> Line of Defence: Internal Escalation – Governance Domain : Level 2 – Limited Assurance



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The following 3 services were awarded a Level 2 attributable risk management performance within the Governance domain as at 31 October 2025:

Clinical Care Group / Executive Function	Reason for award of L2	De-escalation Criteria
Chief Operating Officer	<p>Deteriorating position with <b>3 (30%) risks overdue</b> and <b>6 (46%) risk actions overdue</b>.</p> <p>50% TRS dates have passed</p> <p><i>Noting that risks have been updated accordingly ahead of the Executive Improving Together session held in November 2025.</i></p>	To achieve Level 1, 90% of risks and risk actions are reviewed within timeframes and compliance achieving TRS dates
Mental Health and Learning Disabilities	<p>Whilst an improved position was noted compared to September 2025, with only 3% of risks and 4% of risk actions overdue, <b>known risks are not entered on Datix promptly</b>.</p>	To achieve Level 1, 90% of risks and risk actions are reviewed within timeframes, risk registers are relevant and updated in a timely manner, and evidence of compliance in achieving TRS dates
Planned and Specialist Care	<p>Slightly deteriorating position with <b>13% risks overdue</b> and <b>29 (16%) risk actions overdue</b></p>	To achieve Level 1, 90% of risks and risk actions are reviewed within timeframes and evidence of compliance in achieving TRS dates

# 2<sup>nd</sup> 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 been conducting 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’ and ‘Finance’, to ensure these are as effective and meaningful as possible.



# 2<sup>nd</sup> Line of Defence: Thematic Analysis



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The following slides details those risk themes where work is ongoing:

Risk theme	Committee theme reported to	Review undertaken
Consent and Mental Capacity	Quality, Safety and Experience Committee	The risk theme expert has confirmed that the themed risk register is reviewed on a regular basis.
Finance	Finance and Performance Committee	Further work is being undertaken with Finance colleagues to determine whether this theme can be refined to allow more meaningful information to be captured from the data, and to provide better insight.
Fragile Services	Quality, Safety and Experience Committee	<p>These themes are currently being reviewed as a result of the new reporting structures under QSEC to ensure their appropriate oversight at the appropriate sub-group of QSIG. This work is being supported by the Interim Assistant Director of Nursing.</p> <p>Progress of this work is due to be presented to QSEC in February 2026 via the Assurance and Risk Report. The 'risk theme' expert has confirmed that the themed risk register is reviewed on a regular basis.</p>
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	

# 2<sup>nd</sup> Line of Defence: Thematic Analysis



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The following risk themes have received confirmation from the relevant risk theme lead that the thematic risk register as sent bi-monthly by the Assurance and Risk Team is regularly reviewed and analysed, and therefore considered relevant.

Risk theme	Committee theme reported to	Review undertaken
Accommodation/Property	Health and Safety Committee	The risk theme expert has confirmed that the themed risk register is reviewed on a regular basis.
Business Continuity/Service Disruption	Quality, Safety and Experience Committee	The risk theme was previously reconciled with the Business Continuity Plan register but recent review has been constrained by limited capacity. Work will re-commence when capacity in the team improves. The risk theme expert has requested the themed risk register is still sent and confirmed this work is planned to recommence in the near future.
Capital - Digital	Capital Sub Committee	The risk theme expert has confirmed that the themed risk register is reviewed on a regular basis with the capital themed risks also being shared with the operational teams who are involved in the Capital Planning process for 2026/27.
Capital - Equipment	Capital Sub Committee	The risk theme expert has confirmed that the themed risk register is reviewed on a regular basis.
Capital - Estates	Capital Sub Committee	The risk theme expert has confirmed that the themed risk register is reviewed on a regular basis.
Cyber Security	Information Governance Sub Committee	The risk theme expert has confirmed that the themed risk register is reviewed on a regular basis.
Deprivation of Liberty Safeguards (DoLS)	Quality, Safety and Experience Committee	The risk theme expert has confirmed that the themed risk register is reviewed on a regular basis.
Digital Transformation	Digital, Data and Innovation Committee	The risk theme expert has confirmed that the themed risk register is reviewed on a regular basis.
Estates	Health and Safety Committee	The risk theme expert has confirmed that the themed risk register is reviewed on a regular basis
Fire	Health and Safety Committee	The risk theme expert has confirmed that the themed risk register is reviewed on a regular basis with a 'Key Actions Report for Fire Themed Risks Overview' report presented for information to the Fire Safety Group.

# 2<sup>nd</sup> Line of Defence: Thematic Analysis



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Risk theme	Committee	Current/proposed work
ICT (Information and Communications Technology)	Information Governance Sub Committee	The 'risk theme' expert has confirmed that the themed risk register is reviewed on a regular basis.
Information & Data Capture	Information Governance Sub Committee	The 'risk theme' expert has confirmed that the themed risk register is reviewed on a regular basis.
Information Governance	Information Governance Sub Committee	The 'risk theme' expert has confirmed that the themed risk register is reviewed on a regular basis.
Medical Devices	Quality, Safety and Experience Committee	New 'risk theme' expert has confirmed that the themed risk register is reviewed on a regular basis.
Natural Environment	Health and Safety Committee	The 'risk theme' expert has confirmed that the themed risk register is reviewed on a regular basis.
Reputation	<i>Managed outside of Committee as agreed with the Director of Communications</i>	<i>Managed outside of Committee as agreed with the Director of Communications</i>
Safeguarding	Quality, Safety and Experience Committee	The 'risk theme' expert has confirmed that the themed risk register is reviewed on a regular basis.
Security	Health and Safety Committee	The 'risk theme' expert has confirmed that the themed risk register is reviewed on a regular basis.
Workforce	People, Organisational Development and Culture Committee	The Assurance and Risk Team are currently working with Workforce & Organisational Development to review the existing risk theme to better align to the W&OD Directorate Pillars enabling more meaningful information to be captured from the data, to provide better insight. It is anticipated that the risk themes will be agreed and operational risks aligned to these on Datix during Q3 of 2025/26.

## Independent Assurance (3<sup>rd</sup> line)

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.

On 11 March 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 4 (targeted intervention) to level 3 (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. Further evidence was submitted in October 2025 to demonstrate continued improvements within the Governance domain and working towards a further de-escalated position of Level 2.

Audit Wales are undertaking fieldwork for the Structured Assessment 2025 which will include focusing on Corporate systems of assurance, including the effectiveness of risk management arrangements, with the final report being presented to ARAC at its meeting in December 2025.



# 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 will be looking to update the planning objectives, principal risks and outcome measures which support the four strategic objectives following the completion of the Strategy Refresh which will be presented to Board in January 2026.

The Board is also responsible for oversight of the Health Board's **corporate risks**, which are defined as significant risks which affect the Health Board's ability to deliver the healthcare services in the 'here and now'.

**Corporate risks are reported to the Board 3 times a year**, with the last report provided in [September 2025](#). In November 2025, the Executive Team agreed to add 3 new corporate risks, with a total of 23 risks on the Corporate Risk Register as at November 2025.

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 "deep-dive" approach on corporate level risks commenced to seek formal agreement on TRS scores, provide steer around further risk treatment, and to consider the acceptance of these risks. A schedule has been put forward based on the current risks on the Corporate Risk Register to ensure all are appropriately reviewed.



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# Committee and Reporting Structures - CRR



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

Risk Ref and Title	Clinical Care Group/Executive Function	Lead Committee	Current Risk Score Oct-25	Nature of Change	Date of change on CRR
1552 - Risk of inadequate body storage capacity across Health Board mortuaries	Operational Allied Health Professions & Health Sciences	Quality, Safety and Experience Committee	20	Risk escalated to Corporate level	05/11/2025
2190 - Risk of delay in CHC direct payments due to short timescale, limited resources & lack of WG policy guidance	Primary Care, Community Strategy & Long Term Care	Quality, Safety and Experience Committee	16	New risk added	05/11/2025
2212 - There is a risk that the Health Board will not have an approvable Integrated Medium-Term Plan (IMTP) by March 2028.	Director of Strategy and Planning	Strategy and Planning Committee	12	New risk added	05/11/2025
1978 - Risk of insufficiently skilled workforce to deliver services due to limited labour market	Workforce & Organisational Development	People, Organisational Development and Culture Committee	16	Increase in Current Risk Score from 12 to 16	04/07/2025
1821 - Risk to the welfare of Health Board staff due to current demands	Workforce & Organisational Development	People, Organisational Development and Culture Committee	12	Increase in Current Risk Score from 9 to 12	31/07/2025
1032 - Risk of timely ASD diagnostic assessment for CYP due to increasing demand	Mental Health and Learning Disabilities	Quality, Safety and Experience Committee	20	Decrease in Target Risk Score from 20 to 16	15/09/2025

## Risks that have been Escalated or De-Escalated:

Risk Ref and Title	Clinical Care Group/Executive Function	Lead Committee	Risk Score Oct-25	Risks that have Escalated or De-escalated	Date of change on CRR
1708 - Risk of increasing fragility in primary care contractor services due to external factors	Primary Care, Community Strategy & Long Term Care	Quality, Safety and Experience Committee	16	Risk de-escalated to Operational level	06/08/2025

# Committee and Reporting Structures



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## 2. Board Committees and Sub-Committees

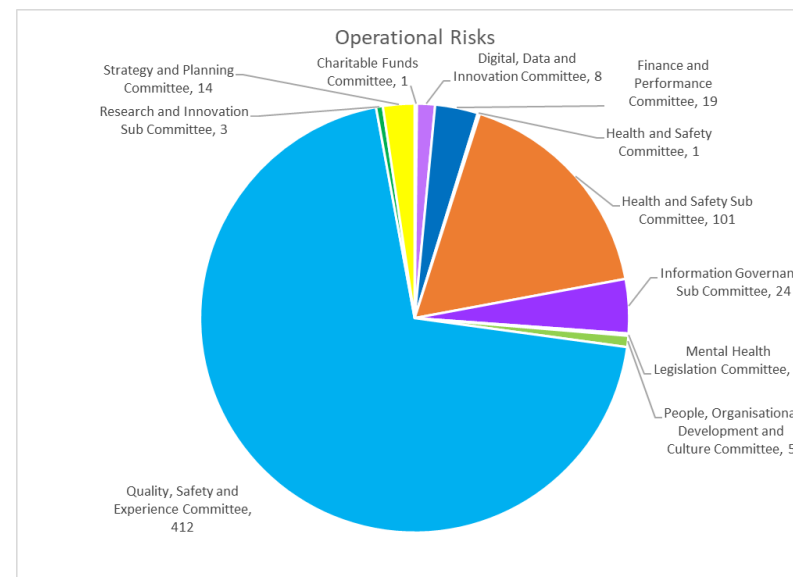
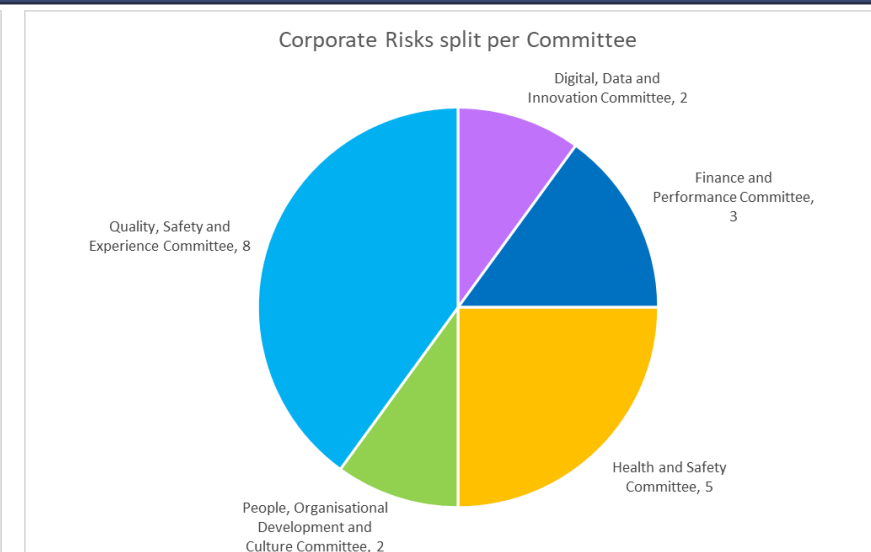
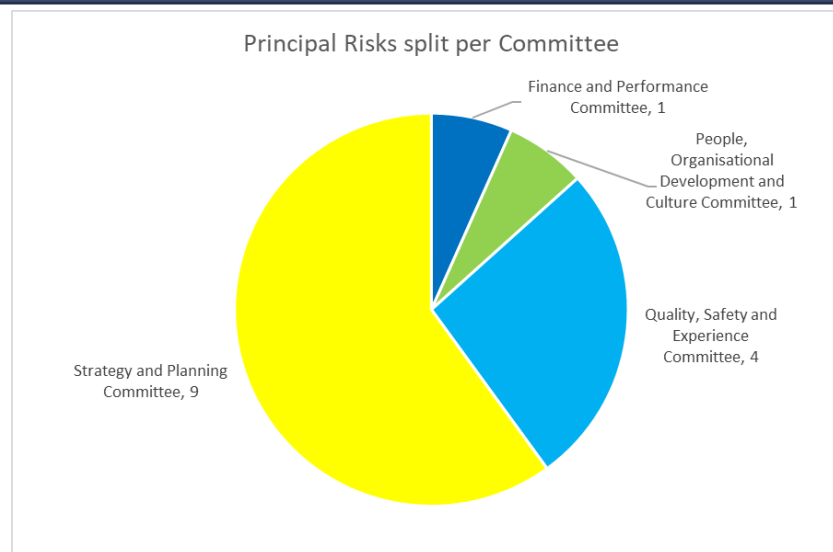
Terms of References (TORs) are in place for each committee in the Health Board, outlining their responsibility to review and seek assurance that risks aligned to Committees are being effectively managed across the Health Board, and report any areas of significant concern. Following the change in reporting 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 (DDIC) and People, Organisational Development and Culture Committee (PODCC) where all risks are reported to each quarterly meeting. The new format slides have been positively received, generating focussed discussion on risks.

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 (TOAs) are generated from meetings reflecting any next steps in relation to risk management which require to be undertaken, reflecting committee discussions



## 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. 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 where requested and sharing the slides at meetings where 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 has identified a number of areas that could be strengthened, with updates to be provided in the next Risk Assurance report to ARAC on these:

- To finalise the review of existing risk themes, to ensure these are a manageable and meaningful set.
- To work towards achieve our new objectives over the next 12 months following the approval of the [Risk Management Strategy](#) (the Strategy), approved by Board in September 2025, including identifying a suitable risk management system ahead of 30 November 2027.

## Recommendations

The Audit and Risk Assurance Committee is asked to **TAKE ASSURANCE** on risk management arrangements and processes in order to report progress to the Committee, including the revised performance management arrangements.

