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

Assurance and Risk Report

Digital, Data and Innovation Committee – 21 July 2026

Situation

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This report provides the Digital, Data and Innovation Committee (DDIC) with the status of the principal risks, corporate risks, operational risks, audits and inspections, Welsh Health Circulars (WHCs) and Ministerial Directions (MDs) within its remit.

The Committee is asked to seek assurance from the Lead Executive Directors that the principal risks have been refreshed and will be reported to the Board in July, and that there are processes in place to oversee corporate and operational risks to ensure these are being managed effectively, and that WHCs and MDs are being implemented by the Health Board.

Principal Risks:
1

Corporate Risks:
2
(1 In-committee)

Operational Risks
8
(2 In-committee)

Audit and Inspection Reports
9
(3 In-committee)

Welsh Health Circulars
4

Ministerial Directions
1

Risk Management - Overview

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Effective risk management requires a 'monitoring and review' structure to be in place to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.

The Health Board's risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either principal, corporate or operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval processes and governance arrangements.

The Health Board operates within the widely accepted "Three Lines of Defence" model to ensure the appropriate responsibility is allocate for the management, reporting and escalation of risk.

Risks are aligned to an appropriate Clinical Care Group or Executive Function (hereto referred to as "Functions"), and each has a designated risk lead responsible for reviewing in a timely and comprehensive manner.

The Board's Committees are responsible for the monitoring and scrutiny of corporate and operational risks within their remit and providing assurance to the Board that risks are being managed effectively and report areas of significant concern (eg where the risk appetite is exceeded, or there is a lack of action).

Committees are also responsible for reviewing risks over tolerance and where appropriate, recommend the 'acceptance' of risks that cannot be brought within risk appetite.

Principal Risks

As a result of the Strategy Refresh, presented to Board in January 2026, the refreshed Board Assurance Framework (BAF) will be reported to Board in July 2026. A review of principal risks has been undertaken as part of the BAF refresh, in addition to the supporting planning goals and outcome measures per the timeline below.

Each principal risk has been aligned to the most relevant Board committee and will be reported via the Assurance and Risk Report to ensure that they are being managed appropriately, taking in to account gaps in control, planned actions and agreed tolerances, and to provide assurance to the Board through their update report on the management of these risks.

Corporate Risks assigned to DDIC

HYWEL DDA RISK HEAT MAP					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5					2079
MAJOR 4			1988		
MODERATE 3					
MINOR 2					
NEGLIGIBLE 1					

Each risk on the Corporate Risk Register (CRR) has been mapped to a Board level Committee to ensure that risks on the CRR are being managed appropriately, taking into account gaps in controls, planned actions and agreed tolerances, and to provide assurance to the Board through their update report on the management of these risks.

Corporate risks have been aligned to the most appropriate Board level Committee.

These risks have been identified by individual Directors via a top down and bottom-up approach and are either:

- Associated with the delivery of the Health Board objectives; or
- Significant escalated operational risks that are of significant concern and require corporate oversight and management.

There are 2 corporate risks currently aligned to DDIC (out of the 24 that are on the CRR at 18 June 2026). Due to the sensitive nature of risk 1988, which relates to Cyber Security, it is reported in-committee to provide discussion and assurance.

The following slides provide a summary of the reportable corporate risks aligned to DDIC. The Risk Register attached at **Appendix 1,** provides full detail of the risk, including control measures in place, a risk action plan to further manage and mitigate the risk, an expected date to achieve the noted Target Risk Score, and sources of assurance.

Corporate Risks assigned to DDIC

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Risk Reference & Title	Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
2079 – Risk of loss of Pathology services across the Health Board due to delayed implementation of Laboratory Information Management System (LIMS)	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	**20**	**25** ↑ (Reviewed 26/06/26)	**5** →	~~01/01/26~~ ~~01/04/26~~ ~~31/08/26~~ 31/12/26

Rationale for Current Risk Score (CRS)

The impact of loss of service would be considerable. Pathology is crucial for diagnosis and treatment of patient conditions, and ultimately the loss of service could lead to catastrophic patient outcomes. The current national system (TCL2016) is provided by InterSystems on Digital Health and Care Wales (DHCW) hardware, the project involves development on the InterSystems Cloud as the software and hardware becomes end of life in August 2026. Programme funding is due to run out at the end of Q2 2026/27.

The likelihood score was increased from 4 to 5 in May 2026 as the delivery of LIMS will not be completed by the end of Quarter 2 2026/27, with a significant financial impact of around £300,000 and contingencies relying on supplier middleware solutions to prevent total loss of Pathology services. The July go-live date is not feasible for Tranches 3 and 4 due to the number of outstanding product fixes. No revised dates have been confirmed, however Microbiology and Blood Science proposed to go live in Q2, with Blood Transfusion extending into Q3.

Rationale for Target Risk Score (TRS)

Achieving the target risk score is reliant on DHCW and the wider system finding a robust mitigation plan and financial support to manage the risks of compressing the timescales or staying on end-of-life hardware and software until the system can be implemented.

Since September 2025, the date for achieving the Target Risk Score (TRS) has been revised several times, with implementation now expected before **December 2026** based on completion of Tranche 5, as reported and discussed with the LIMS Programme Board. The timeline was extended due to delays in completing Tranches 1 and 2, which has delayed full deployment of the new system.

Operational Risks assigned to DDIC

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Of the 8 operational risks aligned to DDIC, 5 have been identified as reportable based on the following criteria:

- DDIC has been selected by the risk lead as the 'Assuring Committee' on Datix;
- Risks have been identified at operational level on Datix risk module;
- The current risk score is 'extreme' or 'high'; and
- The current risk score is either equal to or exceeds its target risk score.

Following identification and assessment of risks, each risk is aligned to a specific Health Board committee or sub-committee. Effective risk management requires a 'monitoring and review' structure, ensuring that risks are effectively identified and assessed, and that appropriate controls and responses are in place.

Operational risks are managed within Clinical Care Groups (CCG) and Executive Functions (collectively referred to as "Functions") under the ownership and leadership of individual Executive Directors. Each CCG must establish local arrangements for the review of their Risk Registers, which includes the validation of the information and risk scores, and the prioritisation and identification of solutions to their risks. Each CCG Integrated Governance Group (CCG IGG) is provided with an Assurance and Risk Report, with any issues escalated through the operational directorate governance structure via the 3As Report following each CCG IGG meeting.

The Health Board has formal monitoring and scrutiny mechanisms in place to provide assurance to the Board regarding the effective management of risks. Monthly assessments are made for each Function on their risk management, informing their overall level within the 'Governance' domain as part of the Health Board's internal escalation framework. A key metric in the Health Board's internal escalation process under the Governance domain is how Functions are managing risks in terms of the scale, significance, timeliness and quality, with measures extended from April 2026 to inform internal escalation levels (detailed on the next slide).

The Assurance and Risk Team provide focussed support for those Functions at levels 3 and 4 to aid their de-escalation / recovery and prevent those awarded level 2 status being further escalated. Detail is provided within each report provided and presented at Function governance meetings explaining the reasons behind their escalation status, and suggested actions required to de-escalate (where appropriate). Whilst the four levels within the escalation framework have been agreed, the Executive Team are currently determining processes to support those Functions who may be assessed as being in Level 4. Functions are currently assessed as being either level 1, 2 or 3 pending formalisation of these processes. As at May 2026 month end, Community & Integrated Medicine are at level 3.

Operational Risks assigned to HSC

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Measures to assess against the Governance Domain (risk management) for 2026/27

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). Evidence where known risks are not articulated on the function's risk register. 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, with limited or no qualitative detail included within the risk (eg rationales for risk scores, no progress updates on risk actions.) Evidence where known risks are not articulated on the function's risk register in a timely manner. **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 stated action dates, or limited detail behind any date extensions, limited evidence of reduction in current risk score, risks where dates to achieve target risk scores are not being met, poor risk rationales).* **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

Operational Risks assigned to DDIC

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8 operational risks on Datix have been aligned to DDIC, 5 risks of which have been identified as reportable to DDIC based on the following criteria:

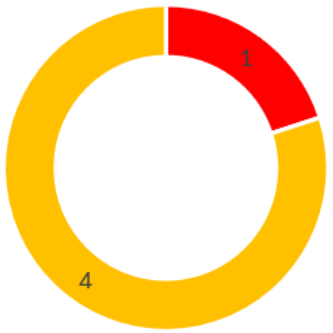
- DDIC has been selected by the risk lead as the 'Assuring Committee' on Datix;
- Risks have been identified at operational level on Datix risk module;
- The current risk score is 'extreme' or 'high'; and
- The current risk score is either equal to or exceeds the target risk score.

The following slides summarise the reportable operational risks aligned to DDIC. The Risk Register attached at **Appendix 2,** provides full detail of reportable risks.

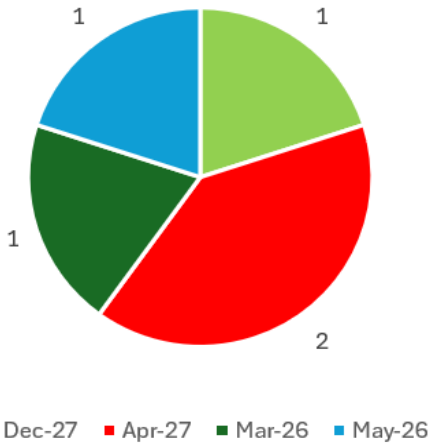
Due to their sensitive nature, 2 risks are being reported to in-committee to provide discussion and assurance.

Risks reported to previous DDIC meeting	**3**
New risks added / newly reportable risks since last report	3
Risks closed since last report	1
Risks that are no longer reportable	0
Risks with increased Current Risk Score (CRS) since last report	0
Risks with decreased CRS since last report	0
Risks with no change in CRS since last report	2
Total number of risks meeting criteria for current report	**5**

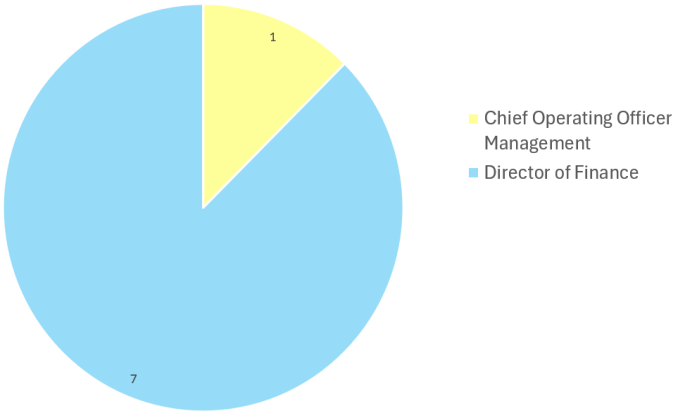
Current Level of reportable risks assigned to DDIC



Expected Date to Achieve Target Risk Score



Risks split out by Clinical Care Group/ Executive Function



Operational Risks assigned to DDIC

The risks aligned to the Committee highlight that Health Board:

- is reliant on digital infrastructure where replacement / transition / implementation arrangements are not yet fully resolved;
- has insufficient organisational capacity to manage current demands;
- has limited funding affecting the pace and scope of digital transformation programmes; and
- has competing local and national priorities.

The impact of reportable risks include:

- the potential harm to patients due to current record-keeping arrangements;
- the ability to deliver services effectively and efficiently;
- the inability to deliver change at pace, which could negatively impact on the ability to achieve organisational objectives;
- non-compliance with regulatory, statutory and governance requirements.

The operational risk register highlights that risks have consequences beyond individual services, and will require cross-directorate risk action plans to fully address and mitigate. Common actions noted across the risks demonstrate:

- the requirement to invest in and modernise current infrastructures to reduce long-term operational risks;
- the need to increase organisational resilience and preparedness for service disruptions;
- Improving workforce capacity, resilience and availability

New risks added since last report

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
2337 - Risk of not having digital record system from March 2027 due to current digital clinical record system arrangements ceasing	Planned & Specialist Care	Chief Operating Officer	15	4	31/12/27	19/06/26

The Risk Register attached at **Appendix 2,** provides full detail of reportable risks.

Risks closed since last report

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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Rationale for risk closure	Date Risk Closed
2222 - There is a risk that acute Occupational Therapy (OT) referrals will be missed by acute OT teams due to implementation of new systems	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	Local systems and processes have been established to mitigate risk.	31/03/26

Risks with no change in CRS

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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
1535 - Risk of unresponsiveness and limitations in digital transformation projects due to limited funding	Finance	Director of Finance	9	9	31/03/26	27/05/26
1480 - Risk of losing touch with National Work programmes and not meeting statutory reporting obligations due to capacity	Finance	Director of Finance	9	3	31/07/26	05/06/26

The Risk Register attached at **Appendix 2,** provides full detail of reportable risks.

Risk themes (1 of 2)

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Risk owners can allocate themes to their risks, which allows the Health Board to share risk information on specific areas with relevant experts as part of the second line of defence. Risk themes are assigned based on any additional impacts or contributory factors, with each theme aligned to the appropriate committee to provide assurance that risks are shared and overseen by subject matter experts within the Health Board. Risk themes provide assurance that a holistic approach to risk management is undertaken and enables the Health Board to better identify the risk appetite, risk capacity and total risk exposure in relation to each risk, group of similar risks, or generic type of risk.

Theme owners are provided with a thematic risk register on a bi-monthly basis to identify trends, or risk clusters, and to consider whether there are gaps in controls in the Health Board's control framework, and to determine whether further action is required to prevent risks from materialising.

The following themes are currently aligned to DDIC as of 18 June 2026:

Theme	Definition	Number of operational risks	Date themed Risk Register last shared
Capital - Digital	A risk that could occur as a result of a lack of capital funding towards the procurement or development of a specific digital system.	13	14/05/2026
Digital Transformation	A risk related to the strategic adoption of digital technologies that are used to improve processes and productivity, deliver better care and staff experiences, manage business risk, and control costs.	16	14/05/2026
ICT (Information & Communications Technology)	A risk related to any of the organisation's digital networks or information systems that would compromise security, technology dependent tools or processes, assets, operational processes, or the provision of services reliant on these technologies.	23	17/06/2026

Risk themes (2 of 2)

The **Capital - Digital** themed risk register highlights risks across the Health Board which are dependent on resources and capital becoming available to procure a new or alternative digital solution. Many of these risks focus on the potential impact on patients due to the lack of an appropriate Digital record-keeping system, current systems being discontinued or reaching end-of-life, limited system support, and the continued reliance on paper patient records.

Risks aligned to the **Digital Transformation** theme relate to various barriers and limitations of current digital platforms. 75% of these risks were identified over a year ago, reflecting ongoing challenges in delivering digital transformation initiatives and support services within existing resource and capacity constraints.

The majority of operational Clinical Care Groups have one or more risks with an **ICT (Information & Communications Technology)** theme, which require the oversight and technical guidance of 'subject matter experts' within the Digital team. These risks are broad in nature, covering infrastructure limitations (e.g. physical space and ageing estates), communication networks and devices (e.g. telephony and emails) and systems-based risks (risks associated with service-specific digital systems) .

Analysis on risk themes highlight that risks overlap and have several interdependencies, demonstrating that risks should not be viewed in isolation. Mitigation of these risks should be co-ordinated and cross-service action plans developed to address them.

Audits and Inspections - Overview

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The Health Board remains in Level 4 status with Welsh Government (WG) as a result of challenges relating to financial sustainability, strategy and planning, service delivery and organisational performance. Whilst the Health Board has been de-escalated for 'Leadership and Governance' from Level 3 to Level 1, the Health Board must meet the revised criteria:

- Evidence that all recommendations from the Royal Colleges / Health Inspectorate Wales (HIW) and other reviews specific to Hywel Dda UHB are discharged and either verified or delivered or scheduled for delivery within the Health Board's longer-term improvement plan;
- Support the implementation and realisation of GIRFT and the national programme reviews opportunities;
- Support the implementation and realisation of the three Ps policy, GIRFT, theatre optimisation, CIN optimisation programmes and related national improvement recommendations; and
- Develop a prompt response to any HIW unannounced inspections, Audit Wales (AW) and Royal College recommendation, developing and completing action plans that demonstrate sustainable evidence.

All reports from audits, inspections and reviews undertaken across the Health Board are logged and tracked on AMaT (Audit Management and Tracking), with progress updated by relevant service leads against each recommendation, with evidence required to be uploaded to demonstrating progress and implementation, and any barriers to completion clearly noted.

AMaT enables services to directly update progress against all recommendations via one central system, promoting a consistent approach with regards to processes and reporting, improvement in transparency and accountability, supporting services with their governance arrangements, and improvement in information flow. Progress is monitored via the utilisation of a traffic light system based on performance against original completion dates.

Status Category	Definition
Overdue	The recommendation is behind schedule to the timescale provided by the lead officer.
Unable to Complete	The recommendation cannot be implemented due to existing barriers and/or it is no longer relevant/appropriate for the Health Board. Formal sign-off by the CCG/Function Lead is required prior to escalation to the Executive Team for formal approval via operational governance structures.
Pending Decision	The recommendation is pending a decision in order to implement e.g. outcomes of annual planning process, approval of funding requests, outcome of a QIA panel. Committee updates will detail whether the recommendation is overdue or not whilst decision pending.
In Progress	The recommendation is currently in progress, and within the agreed original timeframe for implementation.
Reliant on External Factors	The recommendation is considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation to implement.
Complete Pending Formal Approval	The Service / Function have completed the recommendation and currently awaiting formal approval to close.
Complete	The recommendation has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.

Audits and Inspection Reports – Summary (1 of 2)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The following reports have been assigned to DDIC to enable them to undertake the following responsibility set out in their Terms of Reference:
3.1.20 Seek assurance on the delivery of the requirements arising from the Health Board's regulators, WG and professional bodies.

Full detail of recommendations that are overdue are included in **Appendix 3,** with details of 4 reports as noted below as reported via in-committee included in the relevant appendices presented to the in-committee due to their sensitive nature.

Date of report	Report Issued By	Report Title	Clinical Care Group / Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommen-dations in original report	Overdue	In Progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Barriers to Completion
Jun-15	Audit Wales	Medicines Management in Acute Hospitals	Medical Director	Medical Director	Apr-16	~~Sep-22~~ ~~Nov-22~~ ~~Mar-23~~ ~~Mar-25~~ ~~Mar-26~~ ~~Apr-26~~ Jul-26	19	1	0	17	1	0	0	0	Delay due to lack of ePMA (now due for implementation by July 2026)
Oct-22	Internal Audit	IT Infrastructure	Finance	Director of Finance	Mar-24	~~Mar-24~~ ~~Jul-24~~ ~~Dec-24~~ ~~Apr-26~~ ~~Jul-26~~ Dec-26	6	1	0	5	0	0	0	0	Funding aligned for the post could not be determined.
Mar-24	NHS Wales Cyber Resilience Unit	Cyber Assessment Framework Report March 2024	Finance	Director of Finance	Jun-26	Jul-26	7	1	1	5	0	0	0	0	*Reported via In-Committee*
Sep-24	NHS Wales Cyber Resilience Unit	Cyber Security Assurance Report September 2024	Finance	Director of Finance	Dec-25	Dec-26	5	0	0	4	1	0	0	0	*Reported via In-Committee*

Audits and Inspection Reports – Summary (2 of 2)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Date of report	Report Issued By	Report Title	Clinical Care Group / Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommen-dations in original report	Overdue	In Progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Barriers to Completion
Jan-25	Internal Audit	Data Quality Final Internal Audit Report 2024/25	Finance	Director of Finance	Aug-25	~~Oct-25~~ ~~Apr-26~~ Jul-26	4	1	0	3	0	0	0	0	Postponed due to operational constraints related to the introduction of the eFlow system.
Sep-25	NHS Wales Cyber Resilience Unit	Cyber Security Assurance Report Hywel Dda University Health Board September 2025	Finance	Director of Finance	Feb-26	Dec-26	2	1	0	1	0	0	0	0	*Reported via In-Committee*
Mar-26	Internal Audit	Shadow IT Final Internal Audit Report 2025/26	Finance	Director of Finance	Dec-26	N/A	3	0	2	0	1	0	0	0	*Reported via In-Committee*
Apr-26	Audit Wales	Digital Transformation Review	Finance	Director of Finance	Mar-27	N/A	5	0	5	0	0	0	0	0	None noted

Implementation of Welsh Health Circulars

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All Welsh Health Circulars (WHCs) are managed via the Audit Management and Tracking system (AMaT), which gives leads direct access to update and upload relevant evidence to demonstrate compliance with their requirements. Each Welsh Health Circular (WHC) is assigned a status category. The table below outlines the definition of each category, the number of WHCs assigned to each as of 18 June 2026, and the number completed since the previous report.

Status Category	Definition	Number of WHCs
Overdue	The WHC is behind schedule to the timescale provided by the lead officer or as stipulated in the WHC, or a plan (with date for implementation) is not yet in place.	0
Unable to Complete	The WHC cannot be implemented due to existing barriers and/or it is no longer relevant/appropriate for the Health Board. Formal sign-off by the CCG/Function Lead is required prior to escalation to the Executive Team for formal approval via operational governance structures.	0
Pending Decision	The WHC is pending a decision in order to implement e.g. outcomes of annual planning process, approval of funding requests, outcome of a QIA panel. Committee updates will detail whether the WHC is overdue or not whilst decision pending.	0
In Progress	The WHC is currently in progress, and within the agreed original timeframe for implementation.	1
Reliant on External Factors	The WHC is considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation to implement.	3
Complete Pending Formal Approval	The Service / Function have completed the WHC and currently awaiting formal approval to close.	0
Complete	The WHC has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.	1

Oversight of the delivery of WHCs has been included in Clinical Care Group (CCG) Terms of Reference, with the requirement to escalate appropriately instances of non-compliance.

The timely implementation of WHCs is included within the Governance domain of the Health Board's internal escalation framework, with services escalated in instances of non-compliance.

Welsh Health Circulars In Progress

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WHC	Issued On	Lead CCG / EF	Lead Director	Implementation Date	Progress Status	Next steps
011-26: Maternity Reporting Data Set (MRds) – Data Requirements	01/04/26	Planned & Specialist Care	Chief Operating Officer	April 2029		Advice is currently awaited by the service on how to implement the technical informatic requirements of this WHC.

Welsh Health Circulars Reliant on External Factors

WHC	Issued On	Lead CCG / EF	Lead Director	Implementation Date	Progress Status	Progress Update
032-22: Further extending the use of Blueteq in secondary care	21/03/23	Medical	Medical Director	~~April 2024~~ N/K		Progress continues with the national rollout of Blueteq with 57 forms live across a range of specialties. The national Blueteq Steering Group is reviewing the inclusion and exclusion criteria for mandatory form completion, which will inform the future direction of the programme. The Health Board continues to work closely with the All-Wales Therapeutics and Toxicology Centre (AWTTC) to ensure readiness and remains actively involved in the development of drug specific forms. March 2027 is currently anticipated as the potential implementation date, subject to national progress and local capacity considerations. Implementation of this WHC is aligned to Ministerial Direction WG23-08 - *"Local health boards and NHS Trusts reporting on the introduction of new medicines into the National Health Service in Wales Directions 2023"* (see slide 26)
034-25: Implementation of the Planned Care Referrals DSCN (DSCN 2024/11)	25/09/25	Finance	Director of Finance	N/K		The Health Board has partially implemented this WHC but has been unable to provide all required data due to limitations in the functionality of the Welsh Patient Administration System (WPAS). Further updates are awaited to WPAS to ensure full compliance however no date is currently known. The Health Board has not been able to develop a manual workaround which would cause significant duplication and additional risk in the absence of a technical solution being provided by DHCW. Head of Information Services has raised this with NHS Performance & Improvement. This is highlighted in risk 1474 - *Risk of missing clinical information and increasing user workloads due to lack of appropriate system integration*, which has a current risk score of 8.
002-26: Modernised Outpatient Dataset Phase 2: Planned Care activity.	04/03/26	Finance	Director of Finance	N/K		The Health Board is reliant on DHCW to provide a WPAS upgrade that meets the requirements of this WHC. The Health Board are in discussions with WG around this dependency, but as yet no release notes or indicative dates for User Acceptance Testing (UAT) versions from DHCW single record team have been released to Health Boards to progress this.

Complete Welsh Health Circulars

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WHC	Issued On	Lead CCG / EF	Lead Director	Implementation Date	Progress Status	Progress Update
011-25: Introduction of The NHS Wales Digital Health Identity Standard for Primary Care (NHS Login)	11/04/25	Primary Care	Chief Operating Officer	17/04/25		WHC for information and cascaded to practices via Shared Services Partnership.

Implementation of Ministerial Directions

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Ministerial Directives (MDs) are legislative in character as they alter legal rights and duties. MDs are issued by Welsh Ministers and include codes of practice and guidance. In complying with the requirements of various governance codes and the Annual Governance Statement requirements, the Health Board has a duty to provide assurance of compliance with MDs.

The table below shows the number of MDs assigned to each category as at 18 June 2026. Definitions of categories are included in the table below.

Status Category	Definition	Number of MDs
Overdue	The MD is behind schedule to the timescale provided by the lead officer.	0
Unable to Complete	The MD cannot be implemented due to existing barriers and/or it is no longer relevant/appropriate for the Health Board. Formal sign-off by the CCG/Function Lead is required prior to escalation to the Executive Team for formal approval via operational governance structures.	0
Pending Decision	The MD is pending a decision in order to implement e.g. outcomes of annual planning process, approval of funding requests, outcome of a QIA panel. Committee updates will detail whether the recommendation is overdue or not whilst decision pending.	0
In Progress	The MD is currently in progress, and within the agreed original timeframe for implementation.	0
Reliant on External Factors	The MD is considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation to implement.	1
Complete Pending Formal Approval	CCG / Function have confirmed compliance with the statutory requirements of the MD, and evidence send to relevant Lead Executive for confirmation.	0
Complete	CCG / Function have confirmed compliance with the statutory requirements of the MD, and receipt of approval to close obtained from Lead Executive.	0

MDs included within this report are based on the following criteria:

3.1.20 Seek assurance on the delivery of the requirements arising from the Health Board's regulators, WG and professional bodies.

Progress updates relating to the implementation of MDs are extracted from the AMAT system.

Ministerial Directions Reliant on External Factors

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

MD	Issued On	Lead CCG / EF	Lead Director	Implementation Date	Progress Status	Progress Update
WG23-08: Local health boards and NHS Trusts reporting on the introduction of new medicines into the National Health Service in Wales Directions 2023	24/03/23	Medical Director	Medical Director	~~April 2024~~ N/K		Implementation of this MD is aligned to Welsh Health Circular 032-22 - *"Further extending the use of Blueteq in secondary care"* (see slide 23) The Health Board continues to work closely with the All-Wales Therapeutics and Toxicology Centre (AWTTC) to ensure readiness and remains actively involved in the development of drug specific forms. March 2027 is currently anticipated as the potential implementation date, subject to national progress and local capacity considerations.

Recommendations

The Committee is requested, in relation to the areas presented in this paper, to: -

Risk Management

- **RECEIVE ASSURANCE** that the principal risks have been refreshed, aligned to the relevant Committee, and will be reported to the Board in July; and
- **RECEIVE ASSURANCE** that there are processes in place to oversee corporate and operational risks to ensure these are being managed effectively.

Audits, Inspections and Regulatory Reports

- **RECEIVE ASSURANCE** from the lead Executive Director or Supporting Officer on the management of recommendations raised in audit, inspection and regulatory reports within their area of responsibility, particularly in respect of confirming the full implementation of recommendations, any barriers to delivery and subsequent impacts of non/late delivery, and assurance that the risks associated with these are being managed effectively.

Welsh Health Circulars

- **RECEIVE ASSURANCE**, or otherwise, from the lead Executive Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.

Ministerial Directions

- **RECEIVE ASSURANCE** that the Health Board is compliant with the MDs issued by Welsh Government.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Jun-26	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score	Risk on page no...
2079	Risk of loss of Pathology services across the Health Board due to delayed implementation of LIMS	Carruthers, Andrew	Service/Business interruption/disruption	5×4=20	5×5=25	↑	1×5=5	12/31/2026	7

RISK SCORING MATRIX

Likelihood x Impact = Risk Score					
		Corporate Risk Description:			
Likelihood	**1**	**2**	**3**	**4**	**5**
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost Certain**
Frequency - How often might it/does it happen? (how many times will the adverse consequence being assessed actually be realised?)	**This will probably never happen/recur (except in very exceptional circumstances).**	**Do not expect it to happen/recur but it is possible that it may do so.**	**It might happen or recur occasionally.**	**It might happen or recur occasionally.**	**It will undoubtedly happen/recur, possibly frequently.**
	Not expected to occur for years.*	Expected to occur at least annually.*	Expected to occur at least monthly.*	Expected to occur at least weekly.*	Expected to occur at least daily.*
	* time-framed descriptors of frequency				
Probability - Will it happen or not? (what is the chance the adverse consequence will occur in a given reference period?)	**(0-5%*)**	**(5-25%*)**	**(25-75%*)**	**(75-95%*)**	**(>95%*)**
	*used to assign a probability score for risks related to time-limited or one off projects or business objectives.				
Risk Impact Domains	**Negligible - 1**	**Minor - 2**	**Moderate - 3**	**Major - 4**	**Catastrophic - 5**
Safety of Patients, Staff or Public	**Minimal injury requiring no/minimal intervention or treatment.**	**Minor injury or illness, requiring minor intervention.**	**Moderate injury requiring professional intervention.**	**Major injury leading to long-term incapacity/disability.**	**Incident leading to death.**
	No time off work.	**Requiring time off work for >3 days**	**Requiring time off work for 4-14 days.**	**Requiring time off work for >14 days.**	**Multiple permanent injuries or irreversible health effects.**
		Increase in length of hospital stay by 1-3 days.	**Increase in length of hospital stay by 4-15 days.**	**Increase in length of hospital stay by >15 days.**	**An event which impacts on a large number of patients.**
			Agency reportable incident.	**Mismanagement of patient care with long-term effects.**	
			An event which impacts on a small number of patients.		
Quality, Complaints or Audit	**Peripheral element of treatment or service suboptimal.**	**Overall treatment or service suboptimal.**	**Treatment or service has significantly reduced effectiveness.**	**Non-compliance with national standards with significant risk to patients if unresolved.**	**Totally unacceptable level or quality of treatment/service.**
	Informal complaint/inquiry.	**Formal complaint.**	**Formal complaint -**	**Multiple complaints/ independent review.**	**Gross failure of patient safety if findings not acted on.**
		Local resolution.	**Escalation.**	**Low achievement of performance/delivery requirements.**	**Inquest/ombudsman inquiry.**
		Single failure to meet internal standards.	**Repeated failure to meet internal standards.**	**Critical report.**	**Gross failure to meet national standards/performance requirements.**
		Minor implications for patient safety if unresolved.	**Major patient safety implications if findings are not acted on.**		
		Reduced performance if unresolved.			

Workforce & OD	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/ service due to lack of staff.	Uncertain delivery of key objective/service due to lack of staff.	Non-delivery of key objective/service due to lack of staff.
			Unsafe staffing level or competence (>1 day).	Unsafe staffing level or competence (>5 days).	Ongoing unsafe staffing levels or competence.
			Low staff morale.	Loss of key staff.	Loss of several key staff.
			Poor staff attendance for mandatory/key training.	Very low staff morale. No staff attending mandatory/ key training.	No staff attending mandatory training /key training on an ongoing basis.
Statutory Duty or Inspections	No or minimal impact or breach of guidance/ statutory duty.	Breach of statutory legislation.	Single breach in statutory duty.	Enforcement action	Multiple breaches in statutory duty.
		Reduced performance levels if unresolved.	Challenging external recommendations/ improvement notice.	Multiple breaches in statutory duty.	Prosecution.
				Improvement notices.	Complete systems change required.
				Low achievement of performance/delivery requirements.	Low achievement of performance/delivery requirements.
				Critical report.	Severely critical report.
Adverse Publicity or Reputation	Rumours.	Local media coverage – short-term reduction in public confidence. Elements of public expectation not being met.	Local media coverage – long-term reduction in public confidence.	National media coverage with <3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. AMs concerned (questions in the Assembly).
	Potential for public concern.				Total loss of public confidence.
Business Objectives or Projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national 10–25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
Finance including Claims	Small loss.	Loss of 0.1–0.25 per cent of budget.	Loss of 0.25–0.5 per cent of budget.	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget.	Non-delivery of key objective/ Loss of >1 per cent of budget.
	Risk of claim remote.	Claim less than £10,000.	Claim(s) between £10,000 and £100,000.	Claim(s) between £100,000 and £1 million.	Failure to meet specification/ slippage
					Claim(s) >£1 million.
Service or Business interruption or disruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours.	Loss/interruption of >1 day.	Loss/interruption of >1 week.	Permanent loss of service or facility.
		Some disruption manageable by altered operational routine.	Disruption to a number of operational areas within a location and possible flow onto other locations.	All operational areas of a location compromised. Other locations may be affected.	Total shutdown of operations.
Environmental	Minimal or no impact on the environment.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic/critical impact on environment.
Health Equity	Minimal or no impact on our attempts to improve health equity	Minor impact on our attempts to improve health equity or low level of certainty on the impact we are having on health equity	Moderate impact on our attempts to improve health equity or a lack of sufficient information that would demonstrate this. Indications that we are not having a positive impact on health improvement or health equity	Major impact on our attempts to improve health equity. Validated data suggesting that we are not improving the health of the most disadvantaged in our population whilst clearly supporting the least disadvantaged. Validated data suggesting we are having no impact on health improvement or health equity.	Validated data clearly demonstrating a disproportionate widening of health inequalities or a negative impact on health improvement and/or health equity.

RISK MATRIX

IMPACT ↓	LIKELIHOOD →				
	RARE	UNLIKELY	POSSIBLE	LIKELY	ALMOST CERTAIN
	1	2	3	4	5
CATASTROPHIC 5	5	10	15	20	25
MAJOR 4	4	8	12	16	20
MODERATE 3	3	6	9	12	15
MINOR 2	2	4	6	8	10
NEGLIGIBLE 1	1	2	3	4	5

RISK ASSESSMENT - FREQUENCY OF REVIEW

RISK SCORED	DEFINITION	ACTION REQUIRED (GUIDE ONLY)	MINIMUM REVIEW FREQUENCY
15-25	Extreme	Unacceptable. Immediate action must be taken to manage the risk. Control measures should be put into place which will have an effect of reducing the impact of an event or the likelihood of an event occurring. A number of control measures may be required.	This type of risk is considered extreme and should be reviewed and progress on actions updated, at least monthly.
8-12	High	Very unlikely to be acceptable. Significant resources may have to be allocated to reduce the risk. Urgent action should be taken. A number of control measures may be required.	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	Moderate	Not normally acceptable. Efforts should be made to reduce risk, providing this is not disproportionate. Establish more precisely the likelihood & harm as a basis for determining the need for improved measures.	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	Low	Risks at this level may be acceptable. If not acceptable, existing controls should be monitored & reviewed. No further action or additional controls are required.	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

Assurance Key:

3 Lines of Defence (Assurance)		
1st Line	Business Management	Tends to be detailed assurance but lack independence
2nd Line	Corporate Oversight	Less detailed but slightly more independent
3rd Line	Independent Assurance	Often less detail but truly independent

Key - Assurance Required	
	Detailed review of relevant information
	Medium level review
	Cursory or narrow scope of review

NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you

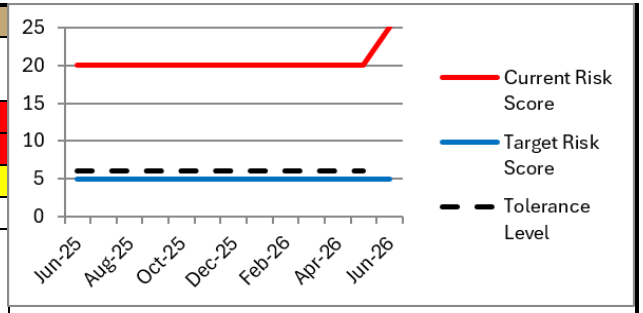
Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective and in proportion to the risk
INSUFFICIENT	Insufficient information at present to judge the adequacy/effectiveness of the controls

Date Risk Identified:	Nov-24		
Strategic Objective:	3. Great Care		

Executive Director Owner:	Carruthers, Andrew	**Date of Review:**	May-26
Lead Committee:	Digital, Data and Innovation Committee	**Date of Next Review:**	Jun-26

Risk ID:	**2079**	**Corporate Risk Description:**	There is a risk of loss of Pathology services across the Health Board from 31st December 2026 affecting a wide range of services across primary, community and secondary care including urgent and emergency care. This is caused by the potential inability of Digital Health Care Wales (DHCW) and the contracted supplier to provide a functional, reliable and safe system to enable Health Board approval and mobilisation before funding ceases to support the LIMS Programme at the end of December 2026 and the hardware becomes end of life in August 2026 (extension solution being investigated). The System Build milestone is 18 months behind schedule and a significant volume of work is outstanding to provide a safe minimal viable product. This could lead to an impact/affect on a total loss of service resulting in potential serious harm to patients. The financial implications would be significant, this would include approx £100k/annum for Telepath and £2m for hardware upgrade, these costs are circulated to CEOs and yet to be agreed by Health Boards. It would also detrimentally impact on the Health Board's ability to meet Ministerial priorities and targets including a significant proportion of diagnostic turn around and referral to treatment times. It would have an adverse impact on the reputation of the Health Board, and render it liable to increased complaints, litigation and scrutiny from external regulators, Welsh and UK governments. Outsourcing would be a difficult and costly approach and would need to be outside of Wales as this is a national concern. A year of contingency would be circa £4m
Does this risk link to any Directorate (operational) risks?		1526, 1352, 1310	

Risk Rating:(Likelihood x Impact)	
Domain:	Service/Business interruption/disruption
Inherent Risk Score (L x I):	5×5=25
Current Risk Score (L x I):	5×5=25
Target Risk Score (L x I):	1×5=5
Expected Date To Achieve TRS:	12/31/2026
Trend:	⟷



Rationale for CURRENT Risk Score:	Rationale for TARGET Risk Score:
The impact of loss of service would be considerable, Pathology is crucial for diagnosis and treatment of patient conditions and ultimately the loss of service could lead to catastrophic patient outcomes. The current national system (TCL2016) is provided by InterSystems on Digital Health and Care Wales (DHCW) hardware, the project involves development on the InterSystems Cloud as the software and hardware becomes end of life in Aug 2026. Programme funding is due to run out at the end of Q2 26/27. 22/05/26 - Increased likelihood from 4-5 as there is very little confidence that the delivery of LIMS will be complete by end of Q2, which will have a significant financial impact to each health board.	The reduction of the current risk score to the target risk score is reliant on DHCW and the wider system finding a robust mitigation plan and financial support to manage the risks of compressing the timescales or staying on end of life hardware and software until the system can be implemented. On risk review in September 2025, the expected date to achieve the TRS was amended from January 2026 to April 2026. On risk review in November 2025 the expected date to achieve the TRS was extended further to August 2026 as discussed in the LIMS Programme Board. 24/04/2026 - Tranche 5 scheduled for completion after Aug 26 but prior to 31st Dec 2026.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS **Identified Gaps in Controls :** (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Project plans in place both locally and nationally, they are monitored monthly. Local concerns are escalated to programme board. The Health Board have also raised concerns directly to the SRO. Project teams in place both locally and nationally, both meet weekly. Weekly meetings scheduled: HDU/SBU Leads, Technical Delivery and Testing Progress Regional Risks, Assumption, Issues and Decisions (RAID) Log is updated weekly and discussed monthly in the regional programme board including representatives from DHCW and InterSystems. Governance process are in place, Hywel Dda have raised and escalated the risk to LIMS 2.0 Programme board and direct to the national SRO on multiple occasions including in Feb 2025 with a proposal of an alternative plan. A joint all Wales Health Board letter to the SRO on 7th April 2025 led to agreement that the project plan needs to be re-set. Local contingency plans are in place for short term LIMS downtime.	Only high level plans in place after tranche 3 go live (microbiology). Awaiting conformation of Tranche 4&5 plans. A local contingency plan is in place but will only enable continuity for up to 5 days. More long term contingencies would involve reliance on supplier middleware solutions. Lack of resource to complete the build and configuration by DHCW and InterSystems; lack of resource to complete the volume of testing and validation currently required to meet current timescales. Ineffective and incomplete user acceptance testing as the system is not functional and reliable. Blood transfusion (BT) legacy data	All Health Boards to work alongside DHCW and ISC to approve a national contingency plan, including extension of hardware and software provision for current system with costs and mechanisms to enact.	Jones*, Dylan	Completed	DHCW presented the current position to Health Board CEOs on 8th April and they have requested a detailed, costed, contingency plan is developed by DHCW and ISC for review by Health Boards. 28/05/2025 - No contingency plan agreed at last LIMS Programme Board. Revised plan and costings to be provided by next programme board. 26/06/2025 - Mitigation plan agreed in June Programme Board, changing from HB deployment to discipline deployment with Microbiology commencing in July and the final discipline (Blood transfusion) going live in Jan 2026. National contingency plan inc costings has been submitted to Health Board CEOs via DHCW.

Blood transfusion (BT) legacy data unavailable due to inaccuracies on upload, therefore BT testing cannot be completed and the service will not meet regulatory compliance via the Medicines and Healthcare products Regulatory Authority (MHRA). 26/06/2025 - Draft national contingency plan circulated to Health Board CEOs but not yet agreed. Additional funding will be required to support contingency plan, extending implementation into early 2026. 17/07/2025 - LIMS Programme Board wrote to CEOs requesting approval for the new service by service mitigation plan. The proposal will take the programme into 2026 and consequently will have financial impact. DoD has circulated summary paper of proposal to execs, waiting CEO decision. 26/09/2025 - All Health Boards have agreed with extension of mitigation plan to March 2026. Currently we have timelines for tranche 1,2 (Cell Path go live -Nov 25) and 3 (Micro Go Live - Jan 26) but yet to determine timelines for tranche 4,5 (Blood Science and Transfusion) 28/11/2025 - Further delays with Tranche 1 and 2 (go live now likely in Jan 26). This will push the programme beyond March 26. 27/02/2026 - Gone live with tranche 1&2 (cell Pathology), Tranche 3 scheduled for May 18th. Concerns remain with Blood Science and	Review local contingency action plan and duration.	Jones*, Dylan	Completed	Short term contingency includes use of middle-ware and paper based processes which is not viable for more than 5 days. 28/05/2025 - Local Business Continuity Plan already established and captured in Pathology BCP SOP (found on QPulse) Long term would be to prioritise urgent samples to be done manually and outsource all others to English laboratories. This would be logistically difficult and involve manual transcribing of results into WCP requiring significant staff resource, training and testing. This is practically not a viable option.
	To review staff resourcing to support testing requirements	Jones*, Dylan	Completed	There has been no agreed funding from the programme to support overtime in 2025/26. Review has highlighted increased staff resource requirements are 4 Biomedical Scientists (Only Agency BMS likely to be available) for 6 months. £39k x 4 - £156,000 DHCW has explored the possibility of hiring an external resource company and will work with Health Boards on the approach in May/June. 28/05/2025 - On going. DHCW continue to explore resource opt 28/08/2025 - Blood Transfusion BMS appointed on a fixed term/ part time basis to support legacy data and UAT testing.

remain with Blood Science and Transfusion. 24/04/2026 - Delays to Tranche 3 (approx go live 22nd June), May cause further delay to Tranche 4&5. 22/05/2026 - Tranche 3 go live extended again to 20th July 26. The current plans for Tranche 4 is also 20th July and September for Tranche 5. There is increased uncertainty with Tranche 4 and 5 timescales. Extension beyond Q2 will have financial impact on HBs (approx £300,000)	Agree Telepath LIMS extension for Blood Transfusion from Dec 2025 - Dec 2026.	Jones*, Dylan	Completed	Oracle order has been approved. Once confirmation of extension has been received from company, this action can be closed.
	Sign off Tranche 1 and 2 prior to Cell Path Go live (19th Jan 2026)	Jones*, Dylan	Completed	New Action T1 - Dylan signed off on this for Cell Path. T2 - Dylan and Craig signed off on this for Cell Path. All internal approvals were collated via email (and saved as DHCW were having issues with electronic signatures)
	Sign off tranche 3 (Microbiology - Feb 26)	Jones*, Dylan	~~30/01/2026~~ ~~30/04/2026~~ ~~31/05/2026~~ ~~30/06/2026~~ 31/07/2026	tranche 3 moved to later in 2026
	Understand cost implications associated with extension to programme as a result of missing March deadline. DHCW to collate costs and impact to Health Boards.	Jones*, Dylan	Completed	costings collated and sent to CEO for decision.
	Escalated BT options SBAR to Execs for decision. include financial impact of decision.	Jones*, Dylan	~~31/03/2026~~ ~~07/04/2026~~ ~~30/04/2026~~ ~~31/05/2026~~ 30/06/2026	SBAR drafted and discussed with CCG and DoD. waiting costings from Dedulas

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
All Wales Project Timelines	Pathology Strategy Group	1st			CCG Q&S IG meeting 16-07-2025 - Pathology Mitigation Paper submitted by DoD.					
	Quality And Safety	2nd								
	LIMS 2.0 National Programme Board	3rd								
	Regular Communication with DHCW	2nd								

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function	Clinical Service Sub-Group / Executive	Executive Director	Clinical Care Group Director / Executive	Clinical Service Group Lead / Executive	Clinical Service Sub-Group Lead / Executive	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
2337	Planned & Specialist Care	Children, Women & Family Health	CW&FH: Health Visiting	Carruthers, Andrew	Goode, Paula	Davies, Nick	Wilson, Liz	29-Apr-26	There is a risk of that there will be no replacement digital platform in place at the end of the Life of WCCIS in March 2027. This is caused by having no identified platform procured to transition over the current patient records which consists of over 27000 in Health visiting. This will lead to an impact/affect on -Incomplete exit and transition arrangements -a dependency on an interim work around, such as paper records, standardised templates. -Safeguarding concerns due to missed, delayed and/or fragmented records -Non - compliance with NMC code record keeping standards -Increased administrative burden -Patient safety -Inability to evidence Programme and service delivery -Insufficient time to train the workforce within a new system -Staff disengagement and burnout Risk location, Health Board wide.	-Information governance and record keeping policies in place -Health Board digital team are exploring replacement systems -Readiness within teams to transition temporary paper records -Exploration of Badgernet within neonatal outreach.	Safety - Patient, Staff or Public	3	5	15	The risk remains scored at 15 as the core issue, the absence of an assured, fully implemented replacement digital clinical record system, has not yet been resolved. The current platform is approaching endâ€'ofâ€'life, and reliance on interim workarounds means disruption to the continuity, accessibility or integrity of longitudinal records remains likely during transition. Exploration of Badgernet within the neonatal outreach is in the early stages while Badgernet is becoming embedded as a system. The potential impact remains major because longitudinal records are critical to safeguarding, patient safety, clinical decisionâ€'making, statutory compliance, and organisational assurance. Currently WCCIS holds within Health Visiting alone	Source New digital platform system to replace WCCIS	Tracey, Anthony	30/11/2026	Update at next review	Digital, Data and Innovation Committee	2	2	4	Once new digital system in place there will still be a risk while training needs are being met and records being transferred. Assurance is required in relation to the storage and access to current digital records once WCCIS is no longer available (after March 2028).	Treat	8-May-26
																Develop Business Continuity plan	Freeman, Lyndon	30/06/2026	Update at next review							
																Exploration of Badgernet within the neonatal outreach team	Freeman, Lyndon	30/06/2026	Update at next review							
1480	Director of Finance	Digital	Digital: Information Services	Thomas, Huw -	Tracey, Anthony	Beynon, Gareth	Beynon, Gareth	20-Sep-22	There is a risk of of losing touch with national work programmes and not being able to meet our statutory obligations to report to Welsh Government and Digital Health and Care Wales This is caused by the quantity of different work programmes currently underway by Welsh Government and Digital Health and Care Wales that requires input from local Information Services along side local initiatives. This will lead to an impact/affect on the Health Board of not implementing these programmes effectively or not being able to feed into the work programmes	Appropriate individuals remain as members of the groups and on the various distribution lists even if attendance is difficult or conflicts with local priorities. Ensure that any national requests for local intelligence or feedback are addressed and responded to in a timely manner.	Statutory duty/inspections	3	3	9	Too many national programmes of work underway as well as the work going on locally make attendance and involvement in all difficult. Going forward this is becoming increasingly problematic. Some rationalisation on membership has been undertaken to alleviate meeting fatigue Appointments have been made that will support the releasing of key staff in time to be closer involved with	Review current workloads of staff that could be streamlined, combined or stopped in an attempt to release staff time to attend and work on national requirements	Beynon, Gareth	**Completed**	Addition	Digital, Data and Innovation Committee	1	3	3	Improvement made following recruitment, but meeting target score will be dependent on the successful candidate being backfilled via the recruitment process	Treat	5-Jun-26

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function	Clinical Service Sub-Group / Executive	Executive Director	Clinical Care Group Director / Executive	Clinical Service Group Lead / Executive	Clinical Service Sub-Group Lead / Executive	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
									during the development phase due to inconsistent attendance and involvement, and not being in a position to report on the requirements made locally or nationally Risk location, Health Board wide.						some national work programmes. Domain changed from 'Business disruption' to 'Statutory Duty' and Impact increased from 2 to 3 to reflect current situation. Further national groups are being developed to address strategic direction set by Welsh Government, concerns raised nationally about	Ensure that any national requests for local intelligence or feedback are addressed and responded to in a timely manner	Beynon, Gareth	Completed	Ongoing						
																Develop job description to support this important work area within Information Services,	Beynon, Gareth	Completed	Job description developed and matched							
																Backfill of posts that have since become vacant following the appointment to other posts	Beynon, Gareth	~~29/05/2026~~ 31/07/2026	Vacancy currently going through the advert and recruitment process							
1535	Director of Finance	Digital	Digital: Transformation	Thomas, Huw -	Tracey, Anthony	Williams, Carolyn	Williams, Carolyn	7-Nov-22	There is a risk of that digital transformation programmes that could potentially enable improved patient care, patient outcomes and staff experience will be limited in pace and scope of delivery or may not progress at all. This is caused by there being limited funding for digital transformation which often requires investment. Conflicting priorities in the HDUHB and at Welsh Government level will make the next few years very challenging. This will lead to an impact/affect on our ability to deliver at pace and as planned, resulting in our ability to respond to the demands of our patients and services and an ability to meet targets such as RTT, 6 Goals, Cancer Pathway targets etc Risk location, Health Board wide.	Digital Transformation Roadmap to illustrate the planned project delivery in place and reviewed annually. Exec and board members are familiar with our digital transformation ambition and priorities. Proposed projects are costed and illustrate a ROI with a benefits realisation plan. Projects are submitted via the Digital Delivery Framework to ensure they are aligned with our strategic and planning objectives. New project approach being rolled out to ensure that business requests are prioritised and assessed appropriately to make the most of our limited resources.	Business objectives/projects	3	3	9	The current risk score reflects the importance of planning and prioritising however, due to funding cuts in the public sector and the fact that HDUHB remains in targeted intervention, it is still likely that some projects will not be supported due to limited funding.	Publish an update to the Digital Response	Tracey, Anthony	Completed	Delivery plan for 2026 has been shared with CGI and DDIC. Updated digital response now due Oct 2026.	Digital, Data and Innovation Committee	3	3	9	The work with the strategic partner has provided support for the implementation of the current projects and work is progressing well. Whilst the development of a Digital response to the Health Board Strategy will provide planning and prioritising, there will always be an element of this risk due to the funding mechanisms from Welsh Government which don't currently allow for long term planning. In addition there may be unidentified 'in year' requests from Welsh Government which need to be implemented and encompassed within existing resources.	Treat	27-May-26

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function	Clinical Service Sub-Group / Executive	Executive Director	Clinical Care Group Director / Executive	Clinical Service Group Lead / Executive	Clinical Service Sub-Group Lead / Executive	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
																Publish and share the DI&T delivery roadmap.	Williams, Carolyn	Completed	The roadmap has been updated for Feb 25 and is being shared with directorates during strategic meetings as well as the Digital Programme Group on a monthly basis. Strategic partner procurement is now completed -awaiting sign off from Board Nov 2024. This will feed into the digital strategy , which the DI&T roadmap is a component. Roadmap - plan on a page provided and conversations around the structure updated. Delivery plan for this year shared with CGI and DDIC.							
																Publish a refreshed Digital Response to the Health Board Strategy.	Tracey, Anthony	~~30/06/2025~~ 28/2/2026 31/05/2026	An operational Digital plan has been drafted for 2026/27 and has been shared with operational and clinical leads. The overall Health Board Digital response (for the next five years) is currently being developed by the Digital Director with input from CGI. Approximate revised date now Oct 2026.							

Report Issued By	Report Title	Recommendation Reference	Priority Level	Recommendation	Management Response	Recommendation Owner	Original Completion Date	Revised Completion Date	RAG Status
Audit Wales	Medicines Management in Acute Hospitals	AW_295A2015_002	High	R4a: Set out a clear timescale and funding plan for implementing inpatient electronic prescribing, electronic discharge and rolling out access to the Individual Health Record (IHR).	The Medicines Management Group will lead on the discussion and the inter-professional work needed so that a plan of action can be implemented. This recommendation will need an All Wales approach as it will be a huge project. All staff involved with medicines will have to be part of the project and there will need to buy in from director level down.	Owain Williams	Jun-16	~~N/K~~ ~~Mar-25~~ ~~Mar-26~~ ~~Apr-26~~ Jul-26	Overdue
Internal Audit	IT Infrastructure	HDUHB-2223-24_003	Medium	R3. Suppliers should be monitored regularly, at annual review points, to ensure all contractual obligations, including claimed standards and accreditations for themselves and their staff are being maintained.	This recommendation is being picked up as part of the supply chain security workstream of our cyber programme where assurances will be sought at contract award and annual renewal of their standards and accreditations.	Daniel Owens	Jul-23	~~Jul-23~~ ~~Oct-23~~ ~~Apr-26~~ Dec-26	Overdue
Internal Audit	Data Quality Final Internal Audit Report 2024/25	HDU-2425-28_004	Medium	R4. Information / Intelligence Strategy The health board does not currently have a formal information / intelligence strategy that outlines not only what the organisation aims to achieve with data but also how it intends to collect, manage, analyse and apply that data effectively to ensure a coordinated and systematic approach to utilising intelligence across teams and services. This absence impacts the ability to align efforts, prioritise key areas and effectively use data for decision-making.	The Digital Response requires refreshing, and “data” will be a key element to be document. As part of the data management and analytics plan, we will look to expand how the organisation will use this information to make informed decisions and create machine learning (ML) or generative artificial intelligence (AI)	Anthony Tracey	Aug-25	~~Oct-25~~ ~~Jan-26~~ ~~Apr-26~~ Jul-26	Overdue