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Assurance and Risk Report

Digital, Data and Innovation Committee – 21 April 2026

Situation



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This report provides the Digital, Data and Innovation Committee (DDIC) with the current status of the risks, audits and inspections recommendations, Welsh Health Circulars (WHCs) and Ministerial Directions (MDs) within its remit. The Committee is asked to seek assurance from the Lead Executive Directors that risks are being managed effectively, and that recommendations from audit and inspections, WHCs and MDs are being implemented by the Health Board.



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 allocated 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.



Corporate Risks Assigned to DDIC



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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.

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
- Escalated operational risks that are of significant concern and require corporate oversight and management.

There are 2 risks currently aligned to DDIC (out of the 24 that are currently on the CRR).

Due to the sensitive nature of risk 1988 which relates to Cyber Security, the detail is being reported to in-committee to provide discussion and assurance.

The following slide provides 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.

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					

Corporate Risks assigned to DDIC



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Risk Reference & Title	Clinical Care Group / Executive Function	Lead Director	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 LIMS	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	20 → (Reviewed 27/02/2026)	5 →	01/04/2026 31/08/2026

Rationale for Current 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.

User Acceptance Testing (UAT) began on a system which was not built and integrated, leading to inefficient and repetitive testing, there is a lack of Health Board resource to support the volume of testing and validation subsequently required. The project plan milestones have consistently not been met by Digital Health and Care Wales (DHCW) and there is significant build, configuration and testing work to be completed to provide a safe, functional and reliable minimal viable product by the end of the year. The delay affects the pace and scale of pathology service transformation as set out in the HDUHB Annual Plan 2025/26.

The December LIMS 2.0 Programme Board acknowledged that the original timescales for delivery by March 2026 were no longer achievable. The revised plan anticipates delivery commencing in January 2026, with completion extending beyond March 2026; however, a definitive completion date has not yet been confirmed. Additionally, the Programme Board has advised that no further funding will be available beyond March 2026.

The current national system (TCL2016) is provided by InterSystems on DHCW hardware, the project involves development on the InterSystems Cloud as the software and hardware becomes end of life in August 2026.

Rationale for the Target Risk Score on next slide

Corporate Risks assigned to DDIC



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Risk Reference & Title	Clinical Care Group / Executive Function	Lead Director	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 LIMS	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	20 → (Reviewed 27/02/2026)	5 →	01/01/2026 01/04/2026 31/08/2026

Rationale for Target Risk Score

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.

In September 2025, the original date for achieving the Target Risk Score (TRS) was revised from January 2026 to **April 2026**. The timeline was further extended in November 2025 to **August 2026**, as reported to and discussed by the LIMS Programme Board aligning with the end-of-life date of the existing system. The implementation of Tranches 1 and 2 has resulted in delays to the full deployment of the new system, with completion of Tranche 3 is currently scheduled for May 2026.

Operational Risks assigned to DDIC



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Seven operational risks on Datix have been aligned to DDIC which are all within review date. Reporting of these risks is currently under review by the risk lead.

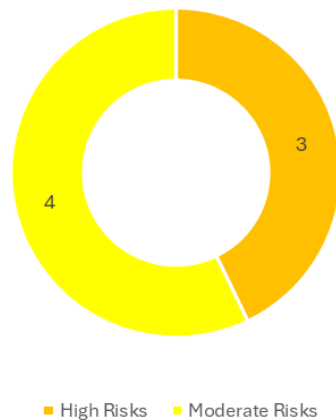
Of these, three have been identified as reportable to DDIC based on the following criteria:

- DDIC has been selected by the risk lead as the 'Assuring Committee' on Datix;
- Risks have been identified at operational level (previously Service and Directorate 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.

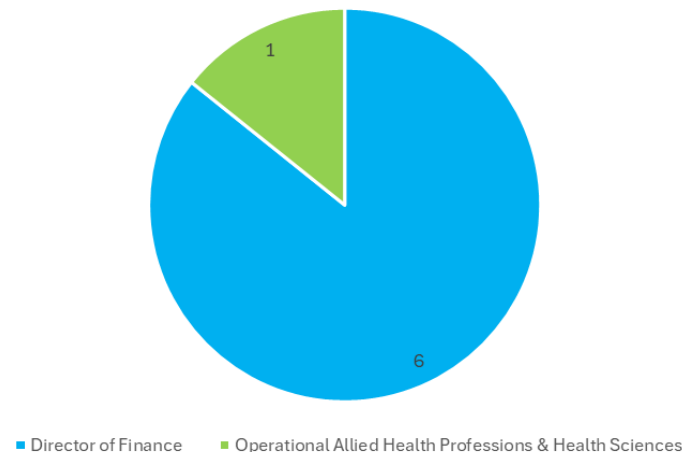
The following slides summarise the operational risks currently aligned to DDIC. The Risk Register attached at **Appendix 2**, provides full detail of each risk, including control measures in place and the risk action plan to further manage and mitigate the risk.

Total Number of Open Risks meeting criteria for reporting	3
New risks since last reported to DDIC	0
Closed risks since last reported to DDIC	1
Risks no longer reportable to DDIC	0
Increase in risk score since last reported to DDIC →	0
Decrease in risk score since last reported to DDIC ↑	1
No change in risk score since last reported to DDIC →	2
EXTREME (RED) Risks (based on 'Current Risk Score')	0
HIGH (AMBER) Risks (based on 'Current Risk Score')	3

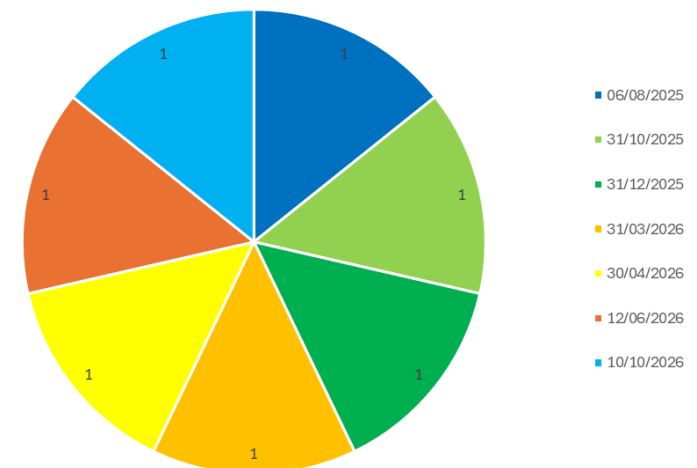
Risk Level



Risks by Clinical Care Group/Executive Function



Expected Date to Achieve Target Risk Score



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
1719 – Risk of loss of Radiology services across the Health Board from 31 March 2025 due to delayed implementation of RISP	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	Radiology Information Systems Procurement (RISP) system went live 1 December 2025.	27/01/2026

Risks with decreased CRS ↓



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	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 (Digital)	Executive Director of Finance	12	9	9	31/03/2026	30/03/2026

Rationale for Current Risk Score

The current risk score reflects the importance of planning and prioritising however, due to funding cuts in the public sector and the fact that the Health Board remains in targeted intervention, it is still likely that some projects will not be supported due to limited funding.

Rationale for Target Risk Score

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 do not currently allow for long term planning. Additionally, there may be unidentified 'in year' requests from Welsh Government which need to be implemented and encompassed within existing resources.

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 (TRS)	Expected Date to Achieve TRS	Date of last risk review
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	9	6	01/01/2026 30/04/2026	01/03/2026
1480 - Risk of losing touch with National work programmes and not meeting statutory reporting obligations due to capacity	Finance (Digital)	Executive Director of Finance	9	3	31/10/2025 01/05/2026	30/03/2026



The Research & Innovation Sub Committee (RISC) and Information Governance Sub Committee (IGSC) report to DDIC, with current risk reports provided as below:

Research & Innovation Sub Committee (RISC)

A risk report for Research & Innovation risks, and a separate risk report for Tri Tech risks, are provided quarterly to RISC. All 3 operational risks (which includes those with a moderate current risk score) are reported. These were last reported to RISC in March 2026.

Information Governance Sub Committee (IGSC)

IGSC meet on a bi-monthly basis, with a risk report provided to every other meeting. The criteria for reportable risks is the same as outlined for DDIC. IGSC currently have 13 reportable risks, last reported to IGSC in March 2026.



Risk themes



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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. Risks are allocated to a committee based on their main impact on reporting. Risk themes are assigned based on any additional impacts or contributory factors, with each theme aligned to the appropriate committee for oversight. 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 March 2026:

Theme	Definition	Number of 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.	14	31/03/2026
Digital Transformation	Risks 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	31/03/2026
ICT (Information and 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.	29	27/02/2026

Audits and Inspections - Overview



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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;
- Develop a prompt response to any HIW unannounced inspections, Audit Wales 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 Audit Management and Tracking (AMaT), 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 assigned to DDIC



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There are **7 open reports** aligned to DDIC to enable them to undertake the following responsibility set out in their Terms of Reference:

3.1.8 Seek assurance of the Health Board's compliance against relevant statutory requirements, internal and external standards and assessment criteria, via the Information Governance Toolkit, Cyber Assessment Framework (CAF) any other relevant requirements or assessments, and audits, inspections and reviews, including the implementation of Audit Wales, Health Inspectorate Wales and Internal Audit recommendations.

Full detail of recommendations that are overdue are included in **Appendix 3**. Overdue recommendations in the table below have revised implementation dates provided.

Date of report	Report issued by	Report Title	Report Assurance Rating	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendations in original report	Overdue	In Progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Any Barriers to Completion Noted?
Jun-15	Audit Wales	Medicines Management in Acute Hospitals	N/A	Medical Director	Medical Director	Apr-16	Sep-22 Mar-23 Mar-26 Apr-26 Jul-26	19	1	0	17	1	0	0	0	n/a - Electronic Prescribing & Medicines Administration (ePMA) system currently being rolled out.
Oct-22	Internal Audit	IT Infrastructure	Reasonable	Director of Finance	Director of Finance	Mar-24	Mar-24 Jul-24 Dec-24 Apr-26 Dec-26	6	1	0	5	0	0	0	0	Recruitment to Contract Manager post will allow remaining recommendation to be progressed.
Jan-25	Internal Audit	Data Quality Final Internal Audit Report 2024/25	Limited	Director of Finance	Director of Finance	Aug-25	Oct-25 Jan-26 Apr-26	4	1	0	3	0	0	0	0	n/a - Health Board's Data Strategy to be presented at DDIC in April 2026.
Dec-25	Internal Audit	Cyber Security Internal Audit Report 2025/26	Substantial	Director of Finance	Director of Finance	Mar-26	Mar-26	1	0	1	0	0	0	0	0	n/a- evidence being collated.

Due to their sensitive nature the following 3 reports are presented via in-committee to provide discussion and assurance:

- NHS Wales Cyber Resilience Unit Cyber Assessment Framework Report March 2024
- NHS Wales Cyber Resilience Unit Cyber Security Assurance Report September 2024
- NHS Wales Cyber Resilience Unit Cyber Security Assurance Report Hywel Dda University Health Board September 2025

Implementation of Welsh Health Circulars



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All Welsh Health Circulars (WHCs) are managed via the AMaT system, which gives leads direct access to update and upload relevant evidence to demonstrate compliance with their requirements. Each WHC is assigned a status category. The table below outlines the definition of each category, the number of WHCs assigned to each as of 13 March 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.	0
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 are 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.	0

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 Reliant on External Factors



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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 Director	Medical Director	April 2024 March 2027	External Factors	Progress continues with the national rollout of Blueteq, and there are now 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. Full rollout is expected by the end of March 2027.
034-25: Implementation of the Planned Care Referrals DSCN (DSCN 2024/11)	01/10/25	Director of Finance	Executive Director of Finance	N/K	External Factors	The Health Board has partially implemented this WHC, but have been unable to provide all the 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 but no date currently known. The Health Board have 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), current risk score 8).
002-26: Modernised Outpatient Dataset Phase 2: Planned Care activity	04/03/26	Director of Finance	Executive Director of Finance	N/K	External Factors	The Health Board are 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.

Implementation of Ministerial Directions



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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 13 March 2026, summarised over the next slides. To provide a more accurate reflection of MD's progress, three new status categories have been introduced since the last Committee report to mirror those used on the Audit & Inspection tracker. Definitions for these new categories are included in the table below.

Status Category		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	The Service / Function have completed the MD and currently awaiting formal approval to close.	0
Complete	The MD has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.	0

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

3.1.19 Seek assurances on the requirements arising from the Health Board's regulators, Welsh Government and professional bodies

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

Ministerial Directions Reliant on External Factors



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MD	Issued On	Lead CCG / EF	Lead Director	Implementation Date	Progress Status	Progress Update
<u>WG23-08: Local health boards and NHS Trusts reporting on the introduction of new medicines into the National Health Service in Wales Directions 2023</u>	24/03/23	Medical Director	Medical Director	April 2024 March 2027	External Factors	Implementation of this MD is aligned to Welsh Health Circular 032-22 - "Further extending the use of Blueteq in secondary care" (see slide 15) which is also aligned to DDIC. 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. Full rollout is expected by the end of March 2027.



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DDIC CORPORATE RISK REGISTER SUMMARY MARCH 2026

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Mar-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	4×5=20	4×5=20	→	1×5=5	31/08/2026	6

RISK SCORING MATRIX

Likelihood x Impact = Risk Score					
Likelihood	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Frequency - How often might it/does it happen? <small>(how many times will the adverse consequence being assessed actually be realised?)</small>	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? <small>(what is the chance the adverse consequence will occur in a given reference period?)</small>	(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. Agency reportable incident. An event which impacts on a small number of patients.	Increase in length of hospital stay by >15 days. Mismanagement of patient care with long-term effects.	
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.					

DDIC CORPORATE RISK REGISTER SUMMARY MARCH 2026

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). Low staff morale.	Unsafe staffing level or competence (>5 days). Loss of key staff.	Ongoing unsafe staffing levels or competence. 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. Reduced performance levels if unresolved.	Single breach in statutory duty.	Enforcement action	Multiple breaches in statutory duty.
			Challenging external recommendations/ improvement notice.	Improvement notices.	Prosecution. 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 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 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		<i>NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you</i>
	Detailed review of relevant information	
	Medium level review	
	Cursory or narrow scope of review	

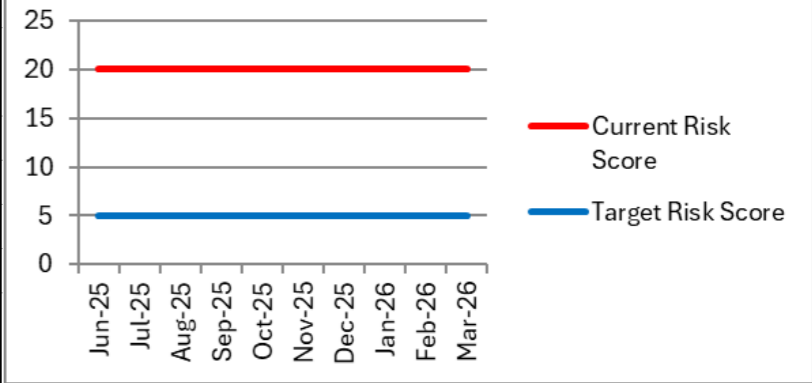
Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective 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:	Feb-26
Lead Committee:	Digital, Data and Innovation Committee	Date of Next Review:	Mar-26

Risk ID:	2079	Corporate Risk Description:	<p>There is a risk of loss of Pathology services across the Health Board from 31st August 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 March 2026 and the hardware becomes end of life in August 2026. The System Build milestone is 12 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 £53k 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</p>
Does this risk link to any Directorate (operational) risks?		1526, 1352	

Risk Rating:(Likelihood x Impact)	
Domain:	Service/Business interruption/disruption
Inherent Risk Score (L x I):	5x5=25
Current Risk Score (L x I):	4x5=20
Target Risk Score (L x I):	1x5=5
Expected Date To Achieve TRS:	31/08/2026
Trend: 	



Rationale for CURRENT 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.

User Acceptance Testing (UAT) began on a system which was not built and integrated, leading to inefficient and repetitive testing, there is a lack of Health Board resource to support the volume of testing and validation subsequently required. The project plan milestones have consistently not been met by DHCW and there is significant build, configuration and testing work to be completed to provide a safe, functional and reliable minimal viable product by the end of the year. The delay affects the pace and scale of pathology service transformation as set out in the HDUHB Annual Plan 25/26.

The December LIMS 2.0 Programme Board acknowledged that the original timescales for delivery by March 2026 are no longer achievable. The revised plan anticipates delivery commencing in January 2026, with completion extending beyond March 2026; however, a definitive completion date has not yet been confirmed. Additionally, the Programme Board has advised that no further funding will be available beyond March 2026.

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

Rationale for TARGET Risk Score:

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.

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
<p>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.</p> <p>Project teams in place both locally and nationally, both meet weekly.</p> <p>Weekly meetings scheduled: HDU/SBU Leads, Technical Delivery and Testing Progress</p> <p>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.</p> <p>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.</p> <p>Local contingency plans are in place for short term LIMS downtime.</p>	<p>Only high level plans in place after tranche 3 go live (microbiology). Awaiting conformation of Tranche 4&5 plans.</p> <p>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 and outsourcing for histology.</p> <p>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.</p> <p>Ineffective and incomplete user acceptance testing as the system is not functional and reliable.</p> <p>Blood transfusion (BT) legacy data</p>	<p>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.</p>	<p>Jones*, Dylan</p>	<p>Completed</p>	<p>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.</p> <p>28/05/2025 - No contingency plan agreed at last LIMS Programme Board. Revised plan and costings to be provided by next programme board.</p> <p>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.</p>

<p>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).</p> <p>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.</p> <p>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.</p>	<p>Review local contingency action plan and duration.</p>	<p>Jones*, Dylan</p>	<p>Completed</p>	<p>Short term contingency includes use of middle-ware and paper based processes which is not viable for more than 5 days.</p> <p>28/05/2025 - Local Business Continuity Plan already established and captured in Pathology BCP SOP (found on QPulse)</p> <p>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.</p>
<p>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)</p> <p>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.</p> <p>27/02/2026 - Gone live with tranche 1&2 (cell Pathology), Tranche 3 scheduled for May 18th. Concerns remain with Blood Science and Transfusion.</p>	<p>To review staff resourcing to support testing requirements</p>	<p>Jones*, Dylan</p>	<p>Completed</p>	<p>There has been no agreed funding from the programme to support overtime in 2025/26.</p> <p>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</p> <p>DHCW has explored the possibility of hiring an external resource company and will work with Health Boards on the approach in May/June.</p> <p>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.</p>

	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	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	26/03/2026	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	SBAR drafted and discussed with CCG and DoD.

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 Committee 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							
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Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	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
1480	Director of Finance	Digital	Digital: Information Services	Thomas, Huw -	Tracey, Anthony	Beynon, Gareth	Beynon, Gareth	20-Sep-22	<p>There is a risk 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</p> <p>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.</p> <p>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 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</p> <p>Risk location, Health Board wide.</p>	<p>Appropriate individuals remain as members of the groups and on the various distribution lists even if attendance is difficult or conflicts with local priorities.</p> <p>Ensure that any national requests for local intelligence or feedback are addressed and responded to in a timely manner.</p>	Statutory duty/inspections	3	3	9	<p>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.</p> <p>Some rationalisation on membership has been undertaken to alleviate meeting fatigue</p> <p>Appointments have been made that will support the releasing of key staff in time to be closer involved with some national work programmes.</p> <p>Domain changed from 'Business disruption' to 'Statutory Duty' and Impact increased from 2 to 3 to reflect current situation.</p> <p>Further national groups are being developed to address strategic direction set by Welsh Government, concerns raised nationally about the number of meetings being asked of Information Health Board teams to contribute to these groups and local priorities when they are either not aligned or at similar levels of maturity.</p> <p>Unable to stretch the team further with regards to number of meetings and workstreams that need input from us nationally. Discussions taken place outside of national meetings in an attempt to keep pace with the requirements</p> <p>Job description being developed to strengthen appropriate area of structure in a attempt to support this situation.</p>	<p>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</p> <p>Ensure that any national requests for local intelligence or feedback are addressed and responded to in a timely manner</p> <p>Develop job description to support this important work area within Information Services,</p>	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	30-Mar-26

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	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	
2222	Operational Allied Health Professions & Health Sciences	AHP&HS: Occupational Therapy	AHP&HS: Occupational Therapy	Carruthers, Andrew	Quarrie, Sara	Adams, Jon	Davies, Carol-Anne	12-Nov-25	<p>There is a risk of that acute occupational therapy referrals will be missed being received or delayed in being received by the acute OT teams due to the new e-obs e-flow system being implemented without explicit indication within the training sessions that existing referral pathways for occupational therapy will remain in place until local agreements are established.</p> <p>This is caused by The implementation of an new e-flow e-obs system across the acute sites which has not yet been updated with the occupational therapy changes required. Although the digital team have stated in correspondence with the service that existing referral pathways will exist and any changes will need to be made locally this is not explicitly being highlighted in the training which could lead to ward staff sending referral via the e-flow e-obs dashboard which therapy teams wont be aware of.</p> <p>This will lead to an impact/affect on An increase in duplication of work for acute occupational therapy teams</p>	Occupational Therapy staff attending training sessions to learn how to access the system Escalating concerns to digital project managers Referrals to Occupational Therapy via Miyer Flow app can be seen by the MDT and oversight of referrals that have not been progressed will be monitored by the MDT	Safety - Patient, Staff or Public	3	3	9	<p>new system changes are a significant change from current established referral systems leading to OT referral being sent via multiple routes causing confusion and duplication until new systems and processes established</p>	<p>Raise concerns with digital team and request that it is reinforced during E-Obs E-flow roll out training sessions that existing referral pathways remain in place until changes are agreed</p> <p>Occupational Therapy Service Representative attend Miya Referrals Implementation meeting on Monday 17/11 to discuss current risk and mitigations that can be put in place</p> <p>Occupational Therapy Service to review service processes for receiving referrals and monitor existing referral pathways and new referral pathways via the Miyer Flow system the interim during implementation to mitigate risk of referrals being missed</p>	Adams, Jon	Completed	Completed	<p>Email sent on 13/11 to Caryl Jones highlighting current risk</p> <p>Sharon to feedback following the meeting today. JA discussed meeting outputs with Sharon and JA had follow up call with Carolyn Williams. New actions added</p> <p>to be discussed by service leads Process continuing and mitigating actions in place</p>	Digital, Data and Innovation Committee	2	3	6	Once local systems and processes have been established it is anticipated that this risk will be managed		01-Mar-26
																Beynon, Gareth	29/05/2026	Vacancy currently going through the advert and recruitment process									

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	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								
									<p>acute occupational therapy teams and it could result in a delay to referrals being accessed if the teams are needing to check 2 systems and it could result in referrals being missed.</p> <p>Risk location, Bronglais General Hospital, Glangwili General Hospital, Prince Philip Hospital, Withybush General Hospital.</p>							<p>occupational Therapy Service to monitor implementation and review in 4 weeks with digital team any snags identified</p> <p>Occupational Therapy Service to monitor snags with referral processes and other issues during implementation of Myer Flow system and report back to strategy group</p> <p>Acute Occupational Therapy staff to attend Myer Flow System Training</p> <p>Digital team to reinforce during training sessions for roll out of Myer Flow system that existing referral processes for Occupational Therapy remain in place until agreed otherwise.</p> <p>Where a new referral is submitted via the Myer Flow system only and existing referral pathways are not used then the referral will be rejected until a local agreement has been reached and any change in referral process has been agreed.</p> <p>IT Team are building occupational therapy dashboard which has been designed to the OT service requirements. This will need to be tested once built.</p>	<p>Davies, Sharon</p> <p>Adams, Jon</p> <p>Adams, Jon</p> <p>Williams, Carolyn</p> <p>Darby, Katie</p> <p>Darby, Katie</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>31/12/2025 30/04/2026</p> <p>30/04/2026</p>	<p>Review in 4 weeks</p> <p>31/12/25 Inpatients Team monitor system daily for Referrals that have not been sent through the usual system and contact referrers to advise. 01/03/26 Ongoing meetings with digital team to review progress</p> <p>Monitor snags. 01/03/26 on going meetings with digital team to review progress and monitor snags</p> <p>Staff to book on training prior to launch of the Myer Flow system and attend any mop up sessions</p> <p>message to be reinforced during training sessions.</p> <p>Site teams continuing to action. Ongoing liaison with Digital Team and Informatics Nurses to ensure accurate communication of any change to referral processes.</p> <p>Further meetings to be arranged with OT colleagues</p>															

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	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
1535	Director of Finance	Digital	Digital	Thomas, Huw -	Tracey, Anthony	Williams, Carolyn	Williams, Carolyn	07-Nov-22	<p>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.</p> <p>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.</p> <p>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</p> <p>Risk location, Health Board wide.</p>	<p>Digital Transformation Roadmap to illustrate the planned project delivery in place and reviewed annually.</p> <p>Exec and board members are familiar with our digital transformation ambition and priorities.</p> <p>Proposed projects are costed and illustrate a ROI with a benefits realisation plan.</p> <p>Projects are submitted via the Digital Delivery Framework to ensure they are aligned with our strategic and planning objectives.</p> <p>New project approach being rolled out to ensure that business requests are prioritised and assessed appropriately to make the most of our limited resources.</p>	Business objectives/projects	3	3	9	<p>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.</p>	<p>Publish an update to the Digital Response</p> <p>Publish and share the DI&T delivery roadmap.</p> <p>Publish a refreshed Digital Response to the Health Board Strategy.</p>	Tracey, Anthony	Completed	<p>Delivery plan for 2026 has been shared with CGI and DDIC. Updated digital response due May 2026.</p> <p>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.</p> <p>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.</p> <p>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 of 31st May 2026, awaiting steer from Digital Director.</p>	Digital, Data and Innovation Committee	3	3	9	<p>The work with the strategic partner has provided support for the implementation of the current projects and work is progressing well.</p> <p>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.</p>	Treat	30-Mar-26

Appendix 3- Overdue Audit and Inspection Recommendations

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/A 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.	Cyber Security Manager	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	Overdue