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# Assurance on Governance Arrangements

# 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.

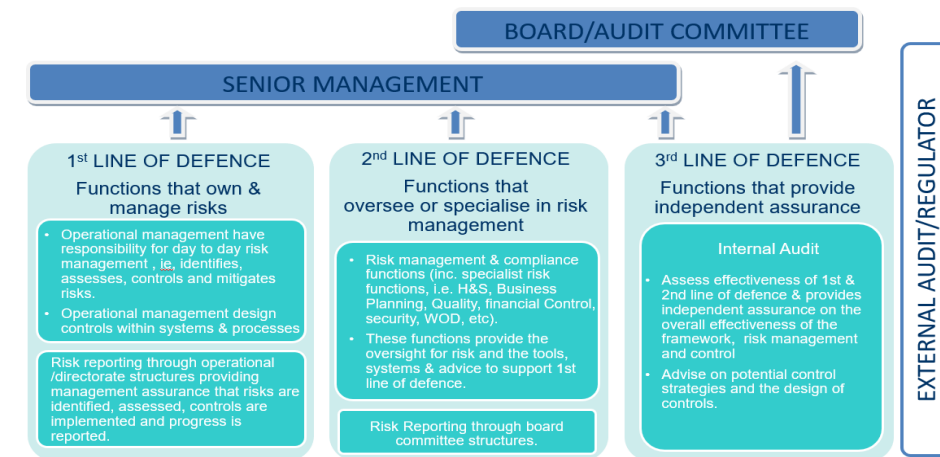
The Health Board operates within the widely accepted “Three Lines of Defence” model to ensure the appropriate responsibility is allocated for the management, reporting and escalation of risk.

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.

A revised approach to risk tolerance was agreed by the Board at its meeting in March 2025 to reflect the organisation’s readiness to bear the risk after risk treatment, in order to achieve its objectives. Risk leads are required to provide a rationale for the target risk score (TRS), and an expected date when the target risk score (TRS) will be achieved. These are mandatory fields on Datix as of 1 July 2025, and therefore where risks do not currently have this detail, risk leads will be asked to provide by the next report to DDIC.



# 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.

Following the implementation of new Board Committee structure on 1 April 2025, corporate risks have been re-aligned to the most appropriate Board level Committee, with this report being the first report of corporate risks assigned to DDIC.

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 risks currently aligned to DDIC (out of the 21 that are currently on the CRR).

Due to the sensitive nature of risk '1352 – Risk of business disruption and delays in patient care due to a cyber-attack', 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, and sources of assurance.

HYWEL DDA RISK HEAT MAP					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5	Yellow	Orange	Red	2079 (NEW)	Red
MAJOR 4	Yellow	Orange	Orange	1352 (→)	Red
MODERATE 3	Green	Yellow	Orange	Orange	Red
MINOR 2	Green	Yellow	Yellow	Orange	Orange
NEGLECTIBLE 1	Green	Green	Green	Yellow	Yellow

# Corporate Risks assigned to DDIC



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Risk Reference & Title	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	Chief Operating Officer	20 →	15	30/01/2026
1352 - Risk of business disruption and delays in patient care due to a cyber attack	Director of Finance	16 →	12	TBC

Rationale for Current Risk Score of Risk 2079	Rationale for Target Risk Score of Risk 2079
<p>No change in risk score since risk previously reported to Sustainable Resources Committee. No national contingency plan in place after 15th December 2025.</p> <p>Local contingency plan in place but only enables continuity for up to 5 days. More long-term contingencies would involve reliance on supplier middleware solutions and outsourcing.</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 unavailable due to inaccuracies on upload, therefore BT testing cannot be completed. Service will not meet regulatory compliance via the Medicines and Healthcare products Regulatory Authority (MHRA).</p>	<p>The reduction of the current risk score to the target risk score is reliant on DHCW and the wider system finding a solution to the Citrix issue and a robust mitigation plan to manage the risks of compressing the timescales or staying on end of life hardware and software until the system can be implemented.</p>

# Operational Risks assigned to DDIC



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Nine operational risks on Datix have been aligned to DDIC which are all within review date.

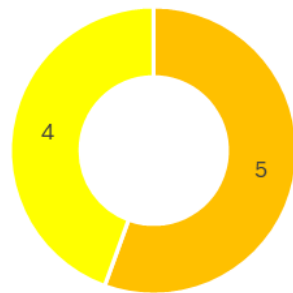
Of these, five have been identified as reportable to DDIC based on the following criteria:

- 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.

Detail in relation to target risk scores became mandatory fields on Datix as of 1 July 2025, and therefore where risks do not currently have this detail, risk leads will be asked to provide by the next report to DDIC.

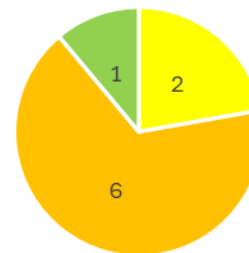
The following slide summarises the operational risks aligned to DDIC. The Risk Register attached at Appendix 2, provides full detail of each risk, including control measures in place and the risk action plan to further manage and mitigate the risk.

Current Level of Risks assigned to DDIC



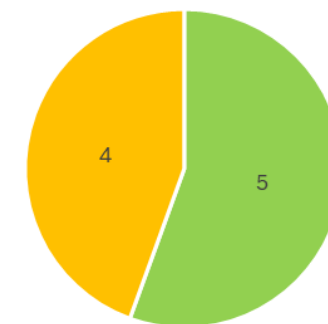
- HIGH (AMBER) Risks (based on 'Current Risk Score')
- MODERATE (YELLOW) Risks (based on 'Current Risk Score')

Risks split out by Clinical Care Group/Executive Function



- Operational Allied Health Professions & Health Sciences
- Director of Finance
- Primary Care, Community Strategy & Long Term Care

Target Risk Score



- Number of Risks with a Target Risk Score Expected Date
- Number of Risks without a Target Risk Score Date

# Operational Risks Reportable to DDIC



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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	Director of Finance	Director of Finance	12 →	9	TBC	16/05/2025
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	10 →	10	31/03/2026	04/07/2025
1679 - Risk to the delivery of digital transformation projects which are reliant on DHCW as planned due to conflicting priorities	Director of Finance	Director of Finance	8 ↓	6	TBC	28/05/2025
2029 - Risk of harm to patients and inadequate clinical governance in digital systems	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	8 →	4	TBC	02/07/2025
1676 - Risk of lack of communications in or out of the Health Board due to UK PSTN telephone network switch off in 2025	Director of Finance	Director of Finance	8 →	1	01/10/2025	09/06/2025

\*any movement in the current risk score since the risk was previously reported to Committee is denoted by the arrow under the risk score as at July 2025.

# Audits and Inspections - Overview



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The Health Board remains in Targeted Intervention (TI) (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 'Governance' from TI (Level 4) to Enhanced Monitoring (Level 3), the Health Board has to meet the revised set 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 (*TI criteria 12*); and
- Demonstrate a prompt response to any HIW inspections, concerns, incidents, never-events, coroners requests and regulation 28s (*TI criteria 38*) – *which has replaced the previous criteria of 'Effective response from the Health Board to external reports and reviews including those from Audit Wales, the Ombudsman, Royal Colleges and HIW resulting in sustainable improvements.'*
- The Board acts on, and addresses appropriately, concerns raised through NHS regulators such as HIW.

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.

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	Explanation
Green	Recommendation has been confirmed as completed by the service / directorate lead ( <i>AMAT Status: Complete and awaiting approval / Fully Complete</i> )
Amber	Recommendation is currently in progress, and within the agreed <b>original</b> timeframe for implementation ( <i>AMAT Status: Partially Complete / In Progress</i> )
Red	Recommendation is in progress, but has exceeded its agreed <b>original</b> timeframe for implementation (i.e. overdue) ( <i>AMAT Status: Overdue / Partially Complete (Overdue)</i> )
External	Recommendations considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation. Due to current system limitations, the action title has been amended to include the phrase "external" to denote this status.

Recommendations raised, along with the management responses and most recent progress update provided by the lead officer can be found in Appendix 3.

# Audits and Inspection Reports assigned to DDIC



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The following reports have been assigned to DDIC to enable them to undertake the following responsibility set out in their Terms of Reference:

3.1.8 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.

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	Red (behind schedule) *	Amber (on schedule)	Green (complete)	External Recs	Any Barriers to Completion Noted?
Jun-15	Audit Wales	Medicines Management in Acute Hospitals	N/A	Primary Care, Community Strategy & Long-Term Care	Director of Primary Care, Community and Long-Term Care	Apr-16	Sep-22 Nov-22 Mar-23 Mar-25 Mar-26	19	0	0	18	1	2025/26 WG funding is soon expected, which will enable appointment of additional staffing resources to support the programme.
Oct-22	Internal Audit	IT Infrastructure	Reasonable	Director of Finance	Director of Finance	Mar-24	Mar-24 Jul-24 Dec-24 Apr-26	6	1	0	5	0	Funding for Contract Manager post to be approved to 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	Sep-25	4	0	1	3	0	n/a
Apr-25	Internal Audit	Digital Strategic Partner Final Internal Audit Report 2024/25	Substantial	Director of Finance	Director of Finance	Aug-25	Aug-25	2	0	2	0	0	n/a

\*Red (overdue) recommendations in the above table have revised implementation dates provided.

Meeting took place on 30 June 2025 with Assurance & Risk Officer, Director of Corporate Governance, Digital Director and Internal Audit to review longstanding recommendations. Evidence currently being collated with updates to be reflected in the next report to DDIC.

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

- Internal Audit Technical Resilience Final Report
- NHS Wales Cyber Resilience Unit Cyber Assessment Framework Report March 2024
- NHS Wales Cyber Resilience Unit Cyber Security Assurance Report September 2024

# Welsh Health Circulars - Overview



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Welsh Health Circulars (WHCs) provide a streamlined, transparent and traceable method of communication between NHS Wales and NHS organisations relating to different areas such as estates, finance, governance, health professional letters, information governance, quality and safety, legislation, planning, performance and delivery, policy, public health, research, science, and workforce. WHCs are published on the [Welsh Government \(WG\) website](#).

Committees have responsibility to seek assurance that the Health Board is compliant with WHCs and that these are implemented in line with stated/agreed timescales, and where this has not been possible, to receive assurance the impacts resulting from late/non-delivery are understood and managed appropriately.

Where WHCs are not clear in terms of implementation timescales, leads are requested to provide the planned date for implementation by the Health Board. The following RAG status is applied to WHCs:

- **Red** = behind schedule to the timescale provided by the Lead officer, or a plan (with date for implementation) is not yet in place
- **Amber** = a plan is in place and on schedule to be completed by the timescale provided by the Lead Officer
- **Green** = completed
- **Blue** = External i.e., the means to achieve compliance is currently outside the gift of the Health Board.

WHCs included within this report have been re-aligned this Committee, based on the following criteria:

*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 / assessments, and audits, inspections and reviews, including the implementation of Audit Wales, Health Inspectorate Wales and Internal Audit recommendation.*

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

# Welsh Health Circulars assigned to DDIC (1 of 2)



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WHC	Issued On	Lead CCG / EF	Lead Director	Implementation Date	RAG Status	Associated risk (if applicable)	Barriers to implementation
<a href="#">03-22: Further extending the use of Blueteq in secondary care</a>	21/03/23	Primary Care, Community Strategy & Long Term Care	Director of Primary Care, Community Strategy and Long Term Care	April 2024 N/K	External	N/A	<i>See progress update below</i>

## Progress update

[Implementation of this WHC is aligned to the 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. The national roll out of Blueteq to the Health Boards will be managed and coordinated via the All-Wales Blueteq Steering Group, with management support from All Wales Therapeutics & Toxicology Centre on behalf of Welsh Government \(WG\).](#)

[The Welsh Health Specialised Services Committee \(WHSSC\) Data Protection Impact Assessment \(DPIA\) and Cyber Security Impact Assessments, approved at National level, have now been approved at a local level by the Health Board.](#)

[The steering group are continuing to develop and approve the drug proformas to be used within Blueteq and are working with the supplier to optimise the system to meet workflows within Welsh Health Boards. The phased implementation should begin in 2025/26 for HDUHB. Until implementation, use and monitoring of high-cost drugs will continue within current service provisions.](#)

# Welsh Health Circulars assigned to DDIC (2 of 2)



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WHC	Issued On	Lead CCG / EF	Lead Director	Implementation Date	RAG Status	Associated risk (if applicable)	Barriers to implementation
<a href="#">042-24: Introduction of the dictionary of medicines and devices (REISSUED)</a>	22/01/2025	Director of Finance	Director of Finance	December 2027	Amber	N/A	N/A

## Progress update

This WHC was originally issued in November 2024 but subsequently withdrawn by Welsh Government (WG). The re-issued WHC was received by the Health Board on 27 January 2025.

Implementation of this WHC is led by the Digital, and supported by Medicines Management. This WHC is considered during Digital procurement of systems using dictionary of medicines and devices (dm+d).

The Health Board has procured an Electronic Prescribing and Medicines Administration (EPMA) system that is dm+d compliant and is scheduled to begin implemented in February 2026

# Ministerial Directions- Overview



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Acts of Parliament, Acts of Senedd Cymru, Assembly Measures and Assembly Acts enable Welsh Ministers to develop more detailed legislation, known as secondary or subordinate legislation, usually by means of Statutory Instruments (SI).

Non-Statutory Instruments (NSI) are legislative in character; they alter legal rights and duties, however they are not SIs. NSIs, which are issued by Welsh Ministers, include codes of practice and guidance.

In complying with the requirements of various governance codes and the Annual Governance Statement requirements, HDdUHB has a duty to provide assurance of compliance with the NSIs.

MDs that potentially form part of the process of approving expenditure of public money have been realigned to DDIC to receive a regular assurance report on compliance.

The following RAG status is applied to MDs:

- **Red** = behind schedule to the timescale provided by the Lead officer, or a plan (with date for implementation) is not yet in place
- **Amber** = a plan is in place and on schedule to be completed by the timescale provided by the Lead Officer
- **Green** = completed
- **Blue** = External i.e., the means to achieve compliance is currently outside the gift of the Health Board.

MDs included within this report have been re-aligned this Committee, based on the following criteria:

*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 / assessments, and audits, inspections and reviews, including the implementation of Audit Wales, Health Inspectorate Wales and Internal Audit recommendation.*

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

# Ministerial Directions assigned to DDIC



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MD	Issued On	Lead CCG / EF	Lead Director	Implementation Date	RAG Status	Associated risk (if applicable)	Barriers to implementation
<a href="#">WG23-08: Local health boards and NHS Trusts reporting on the introduction of new medicines into the National Health Service in Wales Directions 2023</a>	24/03/23	Primary Care, Community Strategy & Long Term Care	Director of Primary Care, Community Strategy and Long-Term Care	<del>April 2024</del> N/K	External	N/A	<i>See progress update below</i>

## Progress update

[Implementation of this MD is aligned to the Welsh Health Circular 032-22 \(Further extending the use of Blueteq in secondary care\) which has also been aligned to DDIC. The national roll out of Blueteq to the Health Boards will be managed and coordinated via the All-Wales Blueteq Steering Group, with management support from All Wales Therapeutics & Toxicology Centre on behalf of Welsh Government \(WG\).](#)

[The Welsh Health Specialised Services Committee \(WHSSC\) Data Protection Impact Assessment \(DPIA\) and Cyber Security Impact Assessments, approved at National level, have now been approved at a local level by the Health Board.](#)

[The steering group are continuing to develop and approve the drug proformas to be used within Blueteq, and are working with the supplier to optimise the system to meet workflows within Welsh Health Boards. The phased implementation should begin in 2025/26 for HDUHB. Until implementation, use and monitoring of high-cost drugs will continue within current service provisions.](#)

# Recommendations



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

## Risk Management

- **RECEIVE ASSURANCE** that identified controls are in place and working effectively;
- **RECEIVE ASSURANCE** that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise; and
- **CHALLENGE** where assurances are inadequate Acts of Parliament, Acts of Senedd Cymru, Assembly Measures and Assembly Acts enable Welsh Ministers to develop more detailed legislation, known as secondary or subordinate legislation, usually by means of Statutory Instruments (SI).

## 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 NSIs (MDs) issued by Welsh Government.



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**SAFE | SUSTAINABLE | ACCESSIBLE | KIND**



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## CORPORATE RISK REGISTER SUMMARY JUNE 2025

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Jun-25	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score
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	30/01/2026

**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	
<b>LOW</b>	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
<b>MEDIUM</b>	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
<b>HIGH</b>	Controls in place assessed as adequate/effective and in proportion to the risk
<b>INSUFFICIENT</b>	Insufficient information at present to judge the adequacy/effectiveness of the controls

CORPORATE RISK REGISTER SUMMARY JUNE 2025

<b>Date Risk Identified:</b>	Nov-24
<b>Strategic Objective:</b>	

<b>Executive Director Owner:</b>	Carruthers, Andrew	<b>Date of Review:</b>	Jun-25
<b>Lead Committee:</b>	Digital, Data and Innovation Committee	<b>Date of Next Review:</b>	Jul-25

<b>Risk ID:</b>	2079	<b>Corporate Risk Description:</b>	<p>There is a risk of loss of Pathology services across the Health Board from 15th 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 Citrix Licenses expire on 15th December 2025 or the current supplier contract expires and the hardware becomes end of life in January 2026. The System Build milestone is seven 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, up to £1.6m for Citrix licences and £2-9m for hardware upgrade, these costs are indicative and yet to be confirmed by DHCW via a contingency plan. 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>
<b>Does this risk link to any Directorate (operational) risks?</b>			1526, 1352

<b>Risk Rating:(Likelihood x Impact)</b>		<b>No trend information available.</b>
<b>Domain:</b>	Service/Business interruption/disruption	
<b>Inherent Risk Score (L x I):</b>	5x5=25	
<b>Current Risk Score (L x I):</b>	4x5=20	
<b>Target Risk Score (L x I):</b>	1x5=5	
<b>Expected Date To Achieve TRS:</b>	30/01/2026	
<b>Trend:</b>		New risk

**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 April LIMS 2.0 Programme Board recognised that timescales to deliver in June 2025 were unrealistic and agreed to re-set the plan to include adequate time for defect resolution, testing and sign off processes. DHCW will work with the ISC and Health Boards to produce a new plan by May's Programme Board. This is likely to mean delivery in October with little contingency should further delays occur.

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 January 2026. From this date the current system will be frail, with a high risk of failure due to the inability to upgrade the system components or implement security patches to guard against cyber attacks. There would also be a minimal service level agreement, which could lead to extended down time and/or loss of functionality. Extending contracts and upgrading hardware would come at a considerable cost for Health Board and is not straight forward due to the age of the components. There is also the threat of legal challenge from alternative suppliers due to the collapse of a procurement award in 2024, should the programme extend into 2026.

In the shorter term the system is affected by the national issue of DHCW Citrix licenses expiring on 15 December 2025. If this is not resolved then the potential loss of system will take place at this point, this affects other services which rely on Citrix to support their systems - Hospital Pharmacy and HDU's WPAS. Negotiation on license price and exploration of alternative options (Parallels RAZ) are ongoing.

An all Wales CEO meeting on 8 April concluded that the project must be delivered in 2025 however this does not change the challenge and risks the project is currently facing.

**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 solution to the Citrix issue and a robust mitigation plan to manage the risks of compressing the timescales or staying on end of life hardware and software until the system can be implemented.

CORPORATE RISK REGISTER SUMMARY JUNE 2025

<b>Key CONTROLS Currently in Place:</b> (The existing controls and processes in place to manage the risk)	<b>Gaps in CONTROLS</b>				
	<b>Identified Gaps in Controls :</b> (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)	<b>How and when the Gap in control be addressed</b>  Further action necessary to address the controls gaps	<b>By Who</b>	<b>By When</b>	<b>Progress</b>
<p>Project plans in place both locally and nationally, they are monitored monthly. Local concerns are escalated via the National Implementation Steering Group (NISG) up 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</p>	<p>No national contingency plan in place after 15th December 2025</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 unavailable due to inaccuracies on upload, therefore BT testing cannot be</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>

CORPORATE RISK REGISTER SUMMARY JUNE 2025

	<p>upload, therefore B1 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>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>To review staff resourcing to support testing requirements</p>	<p>Jones*, Dylan</p>	<p><del>31/05/2025</del> <del>08/07/2025</del> 31/07/2025</p>	<p>The project has provided £10k to the Health Board for overtime and short-term cover, with an additional £23k secured for overtime in 2024/25.</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 options to support LIMS delivery.</p>

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 <span style="background-color: #00b0f0; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span> 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  Pathology Paper					
	Quality And Safety	2nd								
	LIMS 2.0 National Programme Board	3rd								
	Regular Communication with DHCW	2nd								

DDIC Risk Register

Date: July 2025

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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	4	12	<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>	Publish an update to the Digital Response	Tracey, Anthony	Completed	<p>The Digital Enablement Plan (which went to Board in November 2023 and going back to Board in March 2024 for contract approval) which will bring in resources to help address this issue.</p> <p>Work continues to improve how we highlight to colleagues across the UHB the limited resources of Digital services which has enabled prioritisation of projects.</p> <p>Governance routes to support Business cases has been agreed however an update to the digital strategy is required to reflect the procurement of the strategic partner.</p> <p>Now that the strategic partner has been appointed, this can inform the ambition and direction of travel which will be encompassed into the future digital strategy.</p>	Digital, Data and Innovation Committee	3	3	9		Treat	16-May-25

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															Publish and share the DI&T delivery roadmap.	Williams, Carolyn	Completed	<p>Timescales and project delivery are dependent on the outcome of the Board's approval of the Digital Enablement Plan and 2 Business Cases (going to Board in March and May 2024 respectively).</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&amp;T roadmap is a component.</p> <p>Roadmap - plan on a page provided and conversations around the structure and content being discussed.</p>								
															Publish Digital Strategy	Tracey, Anthony	30/06/2025	Update at next review								

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Date: July 2025

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1719	Operational Allied Health Professions & Health Sciences	AHP&HS: Radiology	AHP&HS: Radiology	Caruthers, Andrew	Quarrie, Sara	Roberts-Davies, Gail	Roberts-Davies, Gail	19-Jun-23	<p>There is a risk of loss of Radiology services across the Health Board from 31 August 2026.</p> <p>This is caused by the delayed implementation of the All Wales Radiology Information Systems Procurement (RISP) programme, with the existing contract with Fuji ceasing prior to the implementation of the All Wales solution. This could be exacerbated by delays in the roll-out of the All Wales solution across other Health Boards in Wales.</p> <p>This will lead to an impact/affect on a total loss of services being delivered by the Radiology directorate across the Health Board and the loss of all radiology data held for patients, resulting in potential harm to patients, the inability to undertake diagnostic assessments, a detriment to the Health Board's ability to achieve ministerial priorities and targets. This will also have an adverse impact on the reputation of the Health Board, and render it liable to increased complaints, litigation and scrutiny from external regulators. There are</p>	<p>Hywel Dda have initiated a new project board, with members attending from both Radiology and Digital Services and TORs in place</p> <p>Health Board attendance by colleagues from Radiology and Digital Services at monthly All Wales RISP programme meetings, hosted by Digital Health and Care Wales (DHCW) ensuring the Health Board stays informed of the All Wales position which may have an impact on Hywel Dda's contract and timelines</p> <p>Regular communication with senior colleagues in Finance</p> <p>All Wales Deployment order agreed</p>	Service/Business interruption/disruption	2	5	10	<p>The Radiology Information Systems Procurement (RISP) project is a Wales wide project and therefore Hywel Dda UHB timelines will be affected by any time delays accrued within the other Health Boards with implementation dates before Hywel Dda UHB. A contract extension has been obtained with Fuji to cover the period until 31st August 2026. It is anticipated that the new RISP system will be functional by September 2025 (this date has slipped from the original date of 30th June 2025)- as such, contingencies are in place to mitigate the risk to ensure continued service delivery. Due to revised dates, this now allows for the dual running of both systems. The likelihood rating of this risk has been reduced from 4 to 2 given the developments with</p>	<p>To prepare and present a paper for August SRC In-Committee, highlighting revised options since the matter was presented at July 2023 Board</p> <p>Complete preparatory work (informatics and implementation plan) for our Health Board, with continued attendance at RISP meetings to monitor progress of other Health Boards and learn from delays encountered to avoid repeating errors before stable operations achieved.</p>	Roberts-Davies, Gail	Completed	<p>Paper has been prepared and presented, and outcomes of discussions at SRC In-Committee inform future actions for this risk and further update to Board in September 2023.</p> <p>Meetings progressing well with Philips. New HDd project manager is settling in well. PACS team are undertaking preparatory work. Keen engagement to be kept up with Philips.</p> <p>Local meetings are also taking place with Radiology PACS Manager, Head of Radiology, HB Digital Director and the Hywel Dda RISP project Manager. A local RISP board is due to be set up imminently which includes wider stakeholder engagement.</p>	Digital, Data and Innovation Committee	2	5	10	<p>Once contracts have been agreed and renegotiated, this will reduce the likelihood of this risk occurring, with sufficient contingencies in place to manage any delays encountered by the project whilst being implemented.</p>	Treat	04-Jul-25

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									also financial implications, with the current contract due to expire 31 August 2026.  Risk location, Health Board wide.					contract negotiations providing additional contingency.  04/07/2025 - Radiology Leadership fragility reducing capacity for Radiology team to update risks and are focused on keeping patients and staff safe with remaining leadership workforce. Therefore due date updated. SQ	Appoint to a fixed term pathways project manager to manage the pathways and centralised booking work	Procter, Sarah	Completed	This action has now changed in light of the intended work with the Digital team and potentially CGI. Additional RISP budget would be used to fund WTE via the Digital Team								
1676	Director of Finance	Digital	Digital: Information and Communication Technology	Thomas, Huw -	Tracey, Anthony	Jones, Gavin	Jones, Gavin	01-Dec-20	There is a risk of to telephone communications into and out of the Health Board.  This is caused by British Telecommunications (BT) progressing towards switching off their legacy Public Switched Telephone Network (PSTN), originally planned for 2025, in 2027. They ceased sale of some PSTN services in September 2023. This also covers the legacy Integrated Services Digital Network (ISDN).  This will lead to an impact/affect on the effective delivery of services by the Health Board and introduce clinical risk when	We have completed a full audit of our PSTN estate and this information is supporting the Telecomms modernisation programme in a move to modern telephone communication.	Service/Business interruption/disruption	2	4	8	We have a programme in place to move away from the legacy PSTN environment and into modern communication technologies.  As we move closer to the switch-off date, which was initially set as 2025 but now pushed back to 2027, the likelihood score may be increased depending on how the programme progresses. Work commenced in January 2024. In some areas of the UK, the switch-off has occurred earlier	Complete audit of PSTN infrastructure  Move legacy ISDN services to modern SIP services	Solloway, Paul  Hackett, John	Completed  Completed	Audit completed by 3rd Party company and report provided to the Health Board  This action being taken as part of the Telecomms Modernisation Programme. Completion of this action is dependent on the upgrading work at BGH. Progress being made and on track to upgrade the phone system by Jun 25.	Digital, Data and Innovation Committee	1	1	1	All phones systems will be replaced with a VOIP solution so will not be impacted by the PSTN Switch off.	Treat	09-Jun-25

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									<p>Clinicians would be unable to phone or receive phone calls from patients. There would also be loss of contact with GPs and WAST, in particular the red phone. This would also impact on the monitoring of Drugs Fridge Alarms, Lift phones, Fire Alarms, intruder alarms, Estates Building management systems and any other equipment connected to the PSTN network.</p> <p>Risk location, Health Board wide.</p>						has occurred earlier than planned which adds some unpredictability to the risk.	Move legacy PSTN services to modern SIP services	Hackett, John	20/12/2024-14/06/25 28/11/25	PSTN services still running at BGH awaiting a DECT Phone solution.							
2029	Operational Allied Health Professions & Health Sciences	Allied Health Professions and Health Sciences	AHP&HS: Physiotherapy	Carruthers, Andrew	Quarrie, Sara	Davies, John	Evans, Nick	21-Feb-25	<p>There is a risk of There is a risk of digital clinical records going missing or being altered with no mechanism to recover them or track changes.</p> <p>There is a risk that this leads to medico legal qualifying liability where records are not available to support investigations of incidents.</p> <p>There is the risk that the service is unable to investigate robustly investigate clinical concerns if records tracking is not available.</p> <p>There is a risk that the unavailability of records adversely impacts quality of care where clinical information of historical care is not available to inform current management plans for patients.</p> <p>This is caused by Physio services are currently utilising</p>	Draft guidance document relating to the use of edocs system. Supplementary information (Eg referrals) scanned and held in shared drive	Safety - Patient, Staff or Public	4	2	8	There have not been high levels of lost digital records to date. The service is unable to monitor if records have been retrospectively altered due to limited audit functionality. It is not possible to fully mitigate the risk of lost records or inappropriate editing of records. The current system functionality does not meet national guidelines. Missing clinical records can adversely impact patient care and put the Health Board in a litigiously vulnerable position if complaints and concerns can not be investigated.	Review of existing guideline document for the clinical use of the e docs system on WPAS. This will then need to be submitted to physio quality and safety forum and then directorate scrutiny via document control group.	Evans, Nick	30/04/2025-31/07/2025	Awaiting comments from physio service leads 24/03/25 - SOP completed barring Paediatric Physiotherapy, who are anticipating this to be completed within 2 weeks. Then to be presented and escalated to CCG. 22/05/25 - Paeds comments back. Ready for presentation and escalation to CCG.	Digital, Data and Innovation Committee	2	2	4	Service to add rationale and expected date for TRS (date below added during administrative update by Assurance and Risk Team)	Treat	02-Jul-25

DDIC Risk Register

Date: July 2025

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									<p>WPAS digital systems such as edocs. This is the best of the limited systems currently available to support digital records. The system does not track all changes to the records, does not save, archive and lock off previous entries, does not support document upload and does not have printing functionality.</p> <p>This will lead to an impact/affect on This could lead to an impact on the ability of the service to robustly respond to complaints and litigation issues. this could lead to impact on the services ability to robustly support clinical capability processes where there are fitness to practice concerns.</p> <p>Risk location, Health Board wide.</p>							escalate clinical governance issues to informatics service with request to raise at national forum. Request time line on solutions to current issues or definitive confirmation is system will not be modified in the next 12 months.	Davies, John	30/04/2025 31/07/2025	Pending feedback from informatics. Email request for update sent 28/02/2025. 22/05/25 - Further emails sent, no response.								
1679	Director of Finance	Digital	Digital	Thomas, Huw -	Tracey, Anthony	Williams, Carolyn	Williams, Carolyn	07-Nov-22	<p>There is a risk of to the delivery of digital transformation projects which are reliant on DHCW.</p> <p>This is caused by conflicting priorities, particularly where DHCW priorities and resources (which are outside the gift of the Health Board to manage) are not aligned with the HDUHB programme of work.</p> <p>This will lead to an impact/affect on our ability to deliver project objectives at pace and as planned. In such an event the impact would result in adverse impacts on the project deliverables including service, cost, risk etc. This could have an impact on existing systems</p>	<p>Quarterly meetings with DHCW Planning team to review HDUHB roadmap. Continue to escalate and highlight importance of access to the DHCW API (Application Programme Interface) platform. Submit DHCW service requests in advance in order support planning and resource allocation.</p> <p>Hold Project Design workshops to ensure that all DHCW controlled requirements are flagged as part of the project plan (factored into all projects going forward).</p> <p>Appointment of Integration lead on some key projects. Continue to consider this for new projects.</p> <p>Prioritisation list was sent to DHCW in</p>	Business objectives/projects	2	4	8	<p>If the above controls are not in place, then DCHW will not be aware of the implications of any of the required integrations. They will be unable to plan accordingly and current response rates indicate they would not be able to respond in a timely fashion.</p> <p>Schedule slippage can impact the service budget and delay meeting objectives (local and national).</p> <p>DHCW are provided</p>	<p>Appoint a strategic partner to work with the UHB in order to deliver its Digital Enablement plan - completed</p>	Williams, Carolyn	Completed	<p>Strategic partner may negate the need for an integration lead but however this depends on the outcome. All projects in development currently reviewed. Looking at resources required and building into Business Case. To be reviewed with Digital Director. Action is dependent on whether previous action is achieved. Strategic Partner has been appointed and further discussions underway .</p>	Digital, Data and Innovation Committee	3	2	6		Treat	28-May-25	

DDIC Risk Register

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									and their functionality as well as the delivery of new systems. The worst case scenario would be that the team cannot deliver the transformation in question, directly affecting the supported services. Patient care and efficient use of resources could be impacted.  Risk location, Health Board wide.	August 2023 as requested to show them the projects which are of priority and also those which are impacting on saving plans.  Appointed a strategic partner to work with the UHB in order to deliver its Digital Enablement plan as at December 2024.					with a list of our integration requirements in order of priority, which has been provided in order to help mitigate the impact of non-delivery or delay.  The priority list is reviewed at the Digital Programmes Review Group and with DHCW at the quarterly SLA review meetings.  Likelihood score reduced in Feb 2025 from 3 to 2 as appointed a strategic partner to work with the UHB in order to deliver its Digital Enablement plan.	Review the need for and consider options for an Integration lead depending on work involved locally and the project type.	Williams, Carolyn	Completed	Strategic partner will help with integration requests however it has been agreed that do need to appoint an integration lead locally to support key HB wide projects.All projects in development currently reviewed. Looking at resources required and building into Business Case. To be reviewed with Digital Director. Action is dependent on whether previous action is achieved. Strategic Partner has been appointed and further discussions underway .Appointment of integration lead will be subject to internal approvals. Approval for integration lead has been agreed by FCG and the appoint process is underway.										
															Integration requests are reviewed as part of the SLA meetings with DHCW to ensure the priority list is up to date.	Williams, Carolyn	Completed	Review completed during July 2024 - meeting takes place quarterly. Review completed during Digital Programme group and DHCW updated accordingly. Review due mid feb 25, further discussions with the strategic partner will help to ascertain if DHCW support is needed or not. Reviewed May 2025 - No change to priority listing with DHCW											

5.1 Appendix 3- Audit and Inspection recommendations

Report Title	Recommendation Reference	Recommendation	Management Response	Person Responsible	Original Due Date	Current Due Date	Status (Red- behind schedule, Amber- on schedule, Green- complete)	Comments/Updates
Audit Wales Medicines Management in Acute Hospitals	Audit Wales/2015/162/M D2/1	(External Recommendation) 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).	(External Recommendation) 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.	Mr Owain Williams	31/03/2025	31/03/2025	External	04/04/2024 - Following a procurement exercise HDUHB contracted Better Meds as their ePMA supplier in December 2024. The programme is currently in a design and preparation phase, working with the HB strategic partner CGI to ready the HB for ePMA implementation. Welsh Government ePMA funding for 2024/25 was received by the HB and release of 2025/26 WG funding is soon expected, which will enable appointment of additional staffing resources to support the programme. The phased implementation of ePMA is expected to begin in February 2026.
Internal Audit - Data Quality Final Internal Audit Report 2024/25 (Limited)	Internal Audit/2025/436/MD 4/1	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)	Mr Anthony Tracey	31/08/2025	31/08/2025	Amber	No progress update on AMaT
Internal Audit-Digital Strategic Partner Final Internal Audit Reports 2024/25 (Substantial)	Internal Audit/2025/484/MD 1/1	R1. Staffing Model  There has not been a formal analysis of the full range digital capabilities required and which sets out how these are to be accessed across the spectrum from fully in house to fully contracted. Without this the staffing model is not fully defined and the benefits of the contract related to upskilling may not be fully	As part of any new business case for transformation, the Digital Team will conduct a digital capability assessment to ensure the utilisation of a diverse workforce model. This approach will include developing internal talent ("grow your own") and integrating the expertise of our strategic partner	Gavin Jones	31/08/2025	31/08/2025	Amber	No progress update on AMaT
Internal Audit-Digital Strategic Partner Final Internal Audit Reports 2024/25 (Substantial)	Internal Audit/2025/484/MD 2/1	R2. Financial Risk  There may be a risk of pressure on the Health Board to move faster which will lead to expenditure on Digital items taking up all the available funding, with other areas not being as efficient and effective in the bidding process.	Ensure that each business case and work package is processed through the established committee governance within the Board, starting with the Digital, Data, and Innovation Committee and subsequently progressing to the Board	Gavin Jones	31/08/2025	31/08/2025	Amber	No progress update on AMaT
Internal Audit IT Infrastructure (Reasonable)	Internal Audit/2022/267/MD 3/1	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 Owen	31/07/2023	31/07/2023	Red	18/02/25 – There are plans to introduce a contract manager post within digital who will be responsible for contact review of digital suppliers. This is expected to be in post next financial year. 06/06/2025- Job description to be drafted for contract manager post, and requires approval for post funding by Executive Team. Revised implementation date of April 2026.