



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Assurance and Risk Report

Digital, Data and Innovation Committee – 7 October 2025

Situation



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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.

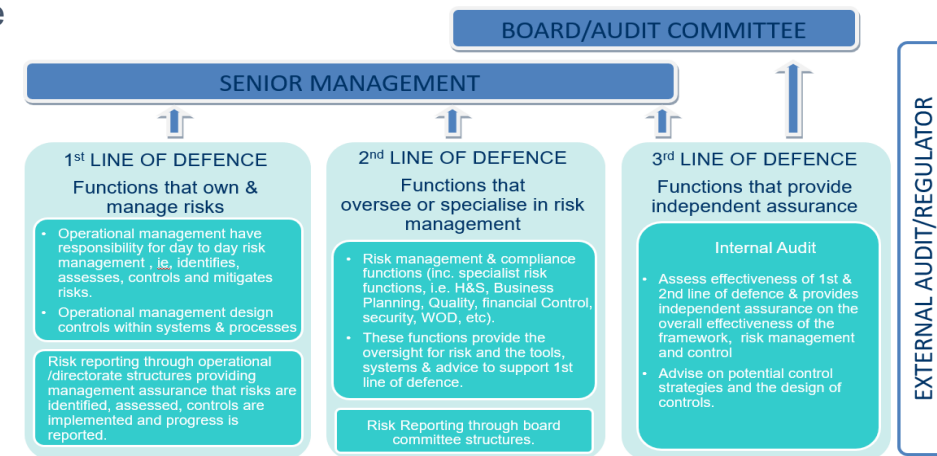
The Health Board's risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either Principal, Corporate or Operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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
- 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, 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	Yellow	Orange	Red	2079 (→)	Red
Major 4	Yellow	Orange	Orange	1352 (→)	Red
Moderate 3	Green	Yellow	Orange	Orange	Red
Minor 2	Green	Yellow	Yellow	Orange	Orange
Negligible 1	Green	Yellow	Yellow	Orange	Orange

Corporate Risks assigned to DDIC



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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 →	5 ↓	31/12/2025 01/04/2026
1352 - Risk of business disruption and delays in patient care due to a cyber attack	Director of Finance	16 →	12 →	31/12/2027

Rationale for Current Risk Score of Risk 2079	Rationale for Target Risk Score of Risk 2079
<p>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.</p> <p>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 Hywel Dda University Health Board (HDdUHB) Annual Plan 25/26.</p> <p>The September LIMS 2.0 Programme Board recognised that timescales to deliver in October 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 Oct Programme Board. This is likely to mean delivery in Commencing in November and completing in March with little contingency should further delays occur.</p> <p>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</p>	<p>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.</p> <p>On risk review in September 2025, the expected date to achieve the TRS was amended from January 2026 to April 2026.</p>

Operational Risks assigned to DDIC

Nine 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, four have been identified as reportable to DDIC based on the following criteria:

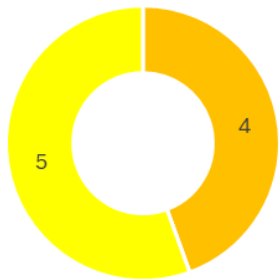
- DDIC has been selected by the risk lead as the 'Assuring Committee' on Datix;
- Risks have been identified at operational level (previously Service and Directorate level) on Datix risk module;
- The current risk score is 'extreme' or 'high'; and
- The current risk score is either equal to or exceeds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

The following slide summarises 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	4
New Risks since last reported to DDIC	0
Closed Risks since last reported 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 →	4
EXTREME (RED) Risks (based on 'Current Risk Score')	0
HIGH (AMBER) Risks (based on 'Current Risk Score')	4

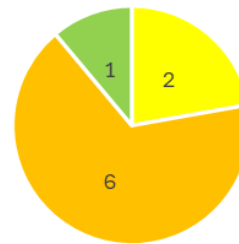
* Risk 1679 Risk to the delivery of digital transformation projects which are reliant on DHCW as planned due to conflicting priorities, was reported to DDIC in July 2025 but due to the decrease in the current risk score to 6 the risk no longer meets the criteria for reporting.

Current Level of Risks assigned to DDIC



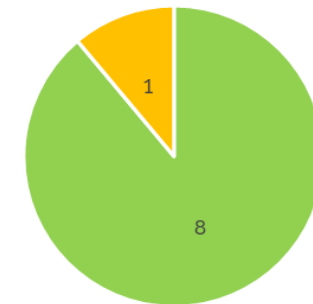
- HIGH (AMBER) Risks (based on 'Current Risk Score')
- MODERATE (YELLOW) Risks (based on 'Current Risk Score')

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score*	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
1535 - Risk of unresponsiveness and limitations in Digital Transformation projects due to limited funding	Finance	Director of Finance	12 →	9	31/03/2026	19/07/2025
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	07/08/2025
2029 - Risk of harm to patients and inadequate clinical governance in digital systems	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	8 →	4	31/03/2027	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	Finance	Director of Finance	8 →	1	01/10/2025	08/08/2025

*any movement in the current risk score since the risk was previously reported to DDIC is denoted by the arrow under the current risk score.

Operational Risks assigned to DDIC sub committees



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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, with a moderate current risk score, are reported.

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
1492 - Risk to research delivery funding due to Health and Care Research Wales funding fluctuations.	Medical	Medical Director	6	6	03/08/2026	05/08/2025
1508 - Risk of a lack of wider organisational support for TriTech and Innovation projects (Digital, IG and Clinical)	Medical	Medical Director	6	3	22/12/2025	05/06/2025
1511 - Risk that the regulatory climate may impact on opportunities to innovate	Medical	Medical Director	6	2	02/02/2026	12/05/2025

IGSC currently have 13 reportable risks, summarised on the next two slides.

The following risk themes are aligned to IGSC to receive assurance in relation to the process of management oversight, with subject matter experts receiving the themed risk registers on a bi-monthly basis:

- Information & Data Capture
- Information Governance
- Cyber Security

Operational Risks Reportable to IGSC (1 of 2)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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
1993 - Risk of failure of Sidexis due to software being End of Life	Primary Care, Community, Strategy & Long Term Care	Director of Primary Care, Community and Long Term Care	16	6	31/03/2026	01/09/2025
1939 - Risk of data breach and non-compliance with information governance standards due to patient information being stored on MS Teams	Operational Allied Health Professions Health Sciences	Chief Operating Officer	15	8	31/07/2030	09/09/2025
1369 - Risk of non-compliance with data protection legislation for Corporate & Medical Records due to unclear locations and conditions	Finance	Director of Finance	15	6	29/08/2025	11/08/2025
2061 - Risk of loss of client data access due to potential change of Tier 2 service provider	Public Health	Director of Public Health	12	4	31/03/2026	27/06/2025
1988 - Risk of prolonged outage following cyber-attack caused by insufficient measures to recover	Finance	Director of Finance	12	4	30/12/2026	14/08/2025
1987 - Risk of cyber-attack caused by insufficient technical measures to protect against cyber-attack.	Finance	Director of Finance	12	8	30/12/2028	14/08/2025
1986 - Risk of cyber-attack caused by insufficient processes to manage security risk	Finance	Director of Finance	12	8	30/12/2028	14/08/2025

Operational Risks Reportable to IGSC (2 of 2)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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
1898 - Risk to management of patient information due to lack of single electronic patient files	Community & Integrated Medicine	Chief Operating Officer	12	4	TBC	16/06/2025
1480 - Risk of losing touch with National Work programmes and not meeting statutory reporting obligations due to capacity	Finance	Director of Finance	9	3	31/10/2025	23/07/2025
1319 - Risk of patient harm due to inability to access and manage digital health documentation systems	Allied Health Professions Health Sciences	Director of Allied Health Professions & Health Sciences	9	6	TBC	20/06/2025
2058 - Risk of Welsh Radiology Information System (WRIS) Vulnerabilities due to insufficient patching and legacy operating system	Finance	Director of Finance	8	1	01/12/2025	08/08/2025
1562 - Risks to Information Systems Caused by Physical Security	Finance	Director of Finance	8	8	30/12/2025	08/08/2025
1474 - Risk of missing clinical information and increasing user workloads due to lack of appropriate system integration	Finance	Director of Finance	8	3	31/03/2026	23/07/2025

Risk themes



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Risk owners can allocate themes to their risks, which allows the Health Board to share risk information on specific areas with relevant experts as part of the second line of defence. Risk themes 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.

The following risk themes are currently aligned to DDIC:

Themed Risk Register	Recipients	Date of last report
Capital-Digital	Head of Capital Planning, Digital Director, Head of Digital Operations, Capital Programme Manager Planning, Head of Digital Business & Engagement	05/09/2025
Digital Transformation	Digital Director, Head of Digital Operations, Head of Digital Innovation & Transformation, Head of Digital Business & Engagement	14/08/2025
ICT (Information and Communications Technology)	Digital Director, Head of Digital Operations, Head of Digital Business & Engagement, Cyber Security Manager	29/07/2025

These 'themes' are included on Datix and shared with the appropriate team leaders on a bi-monthly basis to improve the 'oversight' of risks by specialist areas and functions within the Health Board, to provide guidance to those responsible for managing risk and develop/improve organisational controls, i.e., policies, procedures, systems, processes, to reduce the risk to the Health Board.

Service leads receive a notification when risks with a 'theme' are entered on the Datix Risk Module. On review of the risk registers, theme leads identify any risks which may require further support, and the relevant risk owner and/or service is then contacted for further discussion when required.

The Sub-Committee's role in respect of these themed risks is to receive assurance in terms of the management oversight of these, i.e., that advice has been provided to the management lead where appropriate on the management of the risk, as well assuring that any themes/trends have been picked up and addressed e.g., form part of work plans, training, etc.

Audits and Inspections - Overview



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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; and
- Demonstrate a prompt response to any HIW inspections, concerns, incidents, never-events, coroners requests and regulation 28s; *and*
- 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.

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

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 original timeframe for implementation (<i>AMAT Status: Partially Complete / In Progress</i>)
Red	Recommendation is in progress, but has exceeded its agreed original 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.

Audits and Inspection Reports assigned to DDIC



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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

3.1.8 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	1	0	18	0	n/a - Electronic Prescribing & Medicines Administration (ePMA) system funding now received
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	Oct-25	4	1	0	3	0	n/a

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

Since the last report to DDIC, the *Internal Audit Digital Strategic Partner Final Internal Audit Report 2024/25* has been closed.

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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:

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

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

Welsh Health Circulars assigned to DDIC (1 of 2)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

WHC	Issued On	Lead CCG / EF	Lead Director	Implementation Date	RAG Status	Associated risk (if applicable)	Barriers to implementation
032-22: Further extending the use of Blueteq in secondary care	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

Progress continues on the national rollout of Blueteq. The All-Wales Blueteq Steering Group, supported by the All-Wales Therapeutics and Toxicology Centre (AWTTC), is finalising several drug-specific forms, with Rheumatology and Weight Management forms nearing completion (noting delays due to technical issues) and multiple additional forms for other therapeutic areas currently in development. The Health Board continues to support and contribute towards the development of these forms.

Once forms are available, implementation within our Health Board will consider operational workflows, clinical engagement and data capture requirements. While Blueteq supports governance and appropriate use of high-cost medicines, it is not primarily a pharmacy system, and its integration should reflect broader clinical and service-level workflows. Given the scale and complexity of implementation, additional resource may be required to proactively plan and coordinate the rollout across services.

While no formal timeline has been confirmed, Q4 of 2025/26 has been suggested as a feasible starting point, subject to national progress and local capacity.

Welsh Health Circulars assigned to DDIC (2 of 2)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Since the previous report to DDIC, the following WHCS have been implemented (**Green**):

WHC Ref	Name of WHC	Date Issued	Lead Director	Update
042-24	Introduction of the dictionary of medicines and devices (REISSUED)	22/01/2025	Director of Finance	<p>Approval for closure of this WHC was received from the Director of Finance on 13/08/2025.</p> <p>This WHC is considered during Digital procurement of systems using dictionary of medicines and devices (dm+d).</p>
026-25	The safe and responsible adoption of ambient voice technologies ('AI Scribes') in clinical and practice settings	04/08/2025	Director of Finance	<p>Approval for closure of this WHC was received from the Director of Finance on 13/08/2025.</p> <p>The UHB does not currently have any AI transient scribes for patient or clinical settings. The WHC has been attached to the UHB handover checklist for new projects, to ensure adherence to the WHC should any AI scribes be introduced.</p>

Ministerial Directions- Overview



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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:

3.1.20 Seek assurance on the delivery of 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 assigned to DDIC



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

MD	Issued On	Lead CCG / EF	Lead Director	Implementation Date	RAG Status	Associated risk (if applicable)	Barriers to implementation
WG23-08: Local health boards and NHS Trusts reporting on the introduction of new medicines into the National Health Service in Wales Directions 2023	24/03/23	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 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 All-Wales Blueteq Steering Group, supported by the All-Wales Therapeutics and Toxicology Centre (AWTTC), is finalising several drug-specific forms and our Health Board continues to support and contribute towards the development of these forms.

The Health Board continues to engage with AWTTC to ensure readiness for implementation and is actively contributing to the development of drug-specific forms. A start date to begin implementation of Q4 2025/26 has been suggested but not formally confirmed (subject to national progress and local capacity).

Recommendations



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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.

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; 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).



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

CORPORATE RISK REGISTER SUMMARY SEPTEMBER 2025

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Sep-25	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	30/01/2026 01/04/2026	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 Increase in length of hospital stay by 1-3 days.	Requiring time off work for 4-14 days. Increase in length of hospital stay by 4-15 days. Agency reportable incident. An event which impacts on a small number of patients.	Requiring time off work for >14 days. Increase in length of hospital stay by >15 days. Mismanagement of patient care with long-term effects.	Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients.
Quality, Complaints or Audit	Peripheral element of treatment or service suboptimal.	Overall treatment or service suboptimal.	Treatment or service has significantly reduced effectiveness.	Non-compliance with national standards with significant risk to patients if unresolved.	Totally unacceptable level or quality of treatment/service.
	Informal complaint/inquiry.	Formal complaint.	Formal complaint -	Multiple complaints/ independent review.	Gross failure of patient safety if findings not acted on.
		Local resolution.	Escalation.	Low achievement of performance/delivery requirements.	Inquest/ombudsman inquiry.
		Single failure to meet internal standards.	Repeated failure to meet internal standards.	Critical report.	Gross failure to meet national standards/performance requirements.
		Minor implications for patient safety if unresolved. Reduced performance if unresolved.	Major patient safety implications if findings are not acted on.		

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

RISK MATRIX




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

RISK ASSESSMENT - FREQUENCY OF REVIEW

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

Assurance Key:

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


Key - Assurance Required		<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	

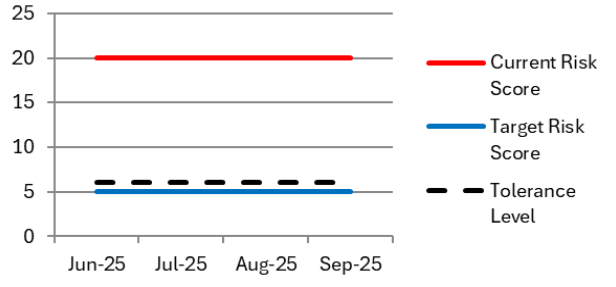
Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective 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:	

Executive Director Owner:	Carruthers, Andrew	Date of Review:	Sep-25
Lead Committee:	Digital, Data and Innovation Committee	Date of Next Review:	Oct-25

Risk ID:	2079	Corporate Risk Description:	<p>There is a risk of loss of Pathology services across the Health Board from 31st March 2026 affecting a wide range of services across primary, community and secondary care including urgent and emergency care.</p> <p>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.</p> <p>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 £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</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:	01/04/2026
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 September LIMS 2.0 Programme Board recognised that timescales to deliver in October 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 Oct Programme Board. This is likely to mean delivery commencing in November and completing in March 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 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.

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	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>No national contingency plan in place after 31st March 2026</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</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>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>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>

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
All Wales Project Timelines	Pathology Strategy Group	1st	Blue
	Quality And Safety	2nd	Blue
	LIMS 2.0 National Programme Board	3rd	Blue
	Regular Communication with DHCW	2nd	Pink

Control RAG Rating (what the assurance is telling you about your controls)
Yellow

Latest Papers (Committee & date)
CCG Q&S Committee 16-07-2025 - Pathology Mitigation Paper submitted by DoD.

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress
Further action necessary to address the gaps				

DDIC Operational Risk Register

Date: September 2025

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	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	The work with the strategic partner has provided support for the implementation of the current projects	Treat	19-Jul-25

DDIC Operational Risk Register

Date: September 2025

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>Publish and share the DI&T delivery roadmap.</p>	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&T roadmap is a component. Roadmap - plan on a page provided and conversations around the structure and content being discussed.</p>								
															<p>Publish a refreshed Digital Response</p>	Tracey, Anthony	30/06/2025-31/12/2025	<p>Update at next review</p>								

DDIC Operational Risk Register

Date: September 2025

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
1719	Operational Allied Health Professions & Health Sciences	AHP&HS: Radiology	AHP&HS: Radiology	Carruthers, 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 also financial implications, with the current contract due to expire 31 August 2026.</p> <p>Risk location, Health Board wide.</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 contract negotiations providing additional contingency.</p> <p>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</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> <p>Appoint to a fixed term pathways project manager to manage the pathways and centralised booking work</p> <p>Confirmation received that the go live date for RISP has been delayed until 24/10/25</p>	<p>Roberts-Davies, Gail</p> <p>Roberts-Davies, Gail</p> <p>Procter, Sarah</p> <p>Procter, Sarah</p>	<p>Completed</p> <p>31/12/2025</p> <p>Completed</p> <p>11/01/2025</p>	<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> <p>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</p> <p>New action - need to ascertain if further slippage of date will increase risk.</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	07-Aug-25

DDIC Operational Risk Register

Date: September 2025

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function	Clinical Service Sub-Group / Executive Function	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Lead	Clinical Service Sub-Group Lead / Executive Function 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
1676	Director of Finance	Digital	Digital: Information and Communication Technology	Thomas, Huw	Tracey, Anthony	Jones, Gavin	Jones, Gavin	01-Dec-20	<p>There is a risk of to telephone communications into and out of the Health Board.</p> <p>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).</p> <p>This will lead to an impact/affect on the effective delivery of services by the Health Board and introduce clinical risk when 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>	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	<p>We have a programme in place to move away from the legacy PSTN environment and into modern communication technologies.</p> <p>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 than planned which adds some unpredictability to the risk.</p>	<p>Complete audit of PSTN infrastructure</p> <p>Move legacy ISDN services to modern SIP services</p> <p>Move legacy PSTN services to modern SIP services</p>	Solloway, Paul	Completed	<p>Audit completed by 3rd Party company and report provided to the Health Board</p> <p>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.</p> <p>PSTN services still running at BGH awaiting a DECT Phone solution.</p>	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	08-Aug-25

DDIC Operational Risk Register

Date: September 2025

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
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 digital clinical records going missing or being altered with no mechanism to recover them or track changes. 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. 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 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>	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.	<p>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.</p> <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.</p>	Evans, Nick	30/04/2025 31/07/2025	<p>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.</p> <p>Pending feedback from informatics. Email request for update sent 28/02/2025. 22/05/25 - Further emails sent, no response.</p>	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

Report Title	Recommendation Reference	Recommendation	Management Response	Person Responsible	Original Completion Date	Current Due Date	Status (Red-behind schedule, Amber- on schedule, Green-complete)
Medicines Management in Acute Hospitals	AW_295A2015_002	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	Red
IT Infrastructure	HDUHB-2223-24_003	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	Jul-23	Jul-23 Oct-23 Apr-26	Red
Data Quality Final Internal Audit Report 2024/25	HDU-2425-28_004	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	Red