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Assurance and Risk Report

People, Organisational Development & Culture Committee - 4 November 2025

Situation



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This report provides the People, Organisational Development & Culture Committee (PODCC) 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.

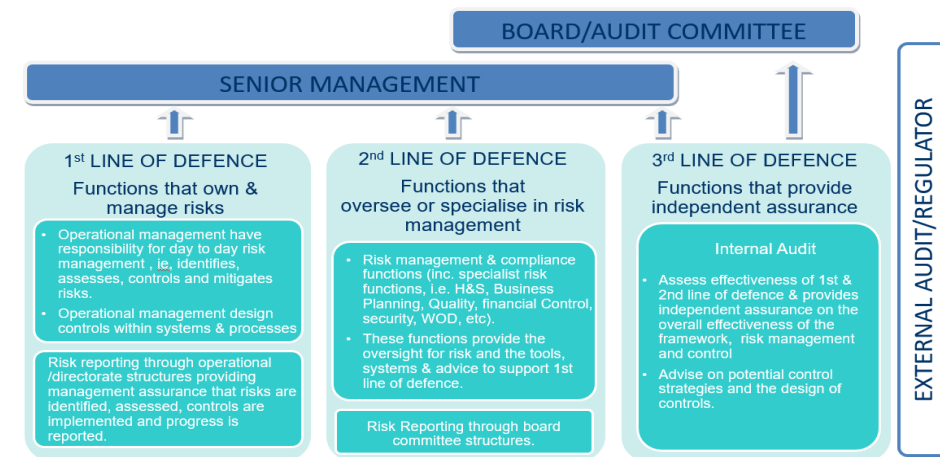
The Health Board operates within the widely accepted “Three Lines of Defence” model to ensure the appropriate responsibility is allocated for the management, reporting and escalation of risk.

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 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 PODCC.



Principal Risks Assigned to PODCC



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Each risk on the Principal Risk Register (PRR) has been mapped to a Board level Committee to ensure that risks on the PRR 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.

Principal risks have been identified by the Executive Team via a top down and bottom-up approach and are associated with the delivery of the Health Board's strategic (long-term) objectives.

There is 1 risk currently aligned to PODCC (out of the 15 that are on the PRR) as of 13 October 2025.

The following slide provides a summary of the reportable principal risk aligned to PODCC. The PRR 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.

Principal risks will be reviewed as part of the strategy refresh that is currently underway.

Principal Risk assigned to PODCC



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Risk Reference & Title	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1186 - Attract, retain and develop staff with the right skills	Deputy Chief Executive Officer and Director of Workforce & OD (Organisational Development)	15	16 ↑ (Reviewed 25/09/25)	8	31/08/2035

Rationale for Current Risk Score

There are a number of elements; how we prepare our current workforce to have the knowledge and skills to meet future demands, for example use of Artificial Intelligence, Biotechnology and wider Smart Technology & Sensors. To this point of preparedness - there is a daily occurrence where staff are not able to be released for training, vacancies exist and despite agency usage, deficits remain on a daily basis. To add if we do not enable capacity for learning or develop alternative methods to create easier access to learning, we will not be able to design or deliver the workforce of the future. This is inextricably linked to service design and future delivery of services. The impact and likelihood have been reassessed as 16 (4x4), reflecting the 'likely' occurrence that delivery of key objectives due to the lack of staff, as if we do not clearly understand our service models of the near and long-term future, we will not be able to design the workforce we need; and we may then not have the time, capacity or provision to have built and/or developed the future capability we need.

Rationale for Target Risk Score (TRS)

We foresee that population demographics mean that we will have an increase in demand on our services due to an aging population and co-morbidities, alongside this we will also see a reduction in those entering the labour market as there is a reduction in those joining the working age population. This means that we will need to be continually appraising our service delivery models to align to our demands and capacity to respond to those through our workforce which between now and 2040 will be likely to follow the profile described above. Therefore, it is unlikely that we will be completely stable across all professions and services to enable us to achieve a target impact score of 4/5. Our ambition would always be for a likelihood of 1 however we acknowledge that we realistically may face periods of lower staffing levels and therefore 2 feels more appropriate. Agency, locum and bank usage is utilised as needed. Oversight is in place by FCSG for any service change or escalation processes needed.

Corporate Risks assigned to PODCC



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Risk heatmap

Likelihood

	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5					
Major 4				1978	
Moderate 3				1821	
Minor 2					
Negligible 1					

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

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

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

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

There are 2 corporate risks currently aligned to PODCC (out of the 20 that are currently on the CRR as at 13 October 2025), with the following slides providing a summary of these.

The corporate risk register attached at **Appendix 2**, provides full detail of the risks, including control measures in place, a risk action plan to further manage and mitigate the risk, and sources of assurance.

Corporate Risks assigned to PODCC

- 1 of 2



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Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1978 – Risk of insufficiently skilled workforce to deliver services due to limited labour market	Deputy Chief Executive Officer and Director of Workforce & OD (Organisational Development)	16 → (Reviewed 26/09/25)	12	31/03/2026

Rationale for Current Risk Score

Staff sickness rates are fluctuating (reducing and increasing in different spaces) and our establishment levels are increasing. The use of contingent workforce is fluctuating and plans i.e. agency and variable pay spend has reduced significantly over the last 12 months. Further work has been undertaken to understand the level of risk across each staff group (Nursing, Medical, Allied Health Professions and Health Care Support Workers) to comprehend the level of risk by each group. It is hoped as further action is taken through stabilisation programmes & Clinical Services Plan (operational & strategic workforce planning) and Improving Together, we will be able to reduce the risk score during 2025/26.

Rationale for Target Risk Score (TRS)

The TRS reflects a reduction in the likelihood of the risk occurring. Other intelligence leads the Health Board to be alert to workforce issues as evidence suggests that patient acuity is increasing and therefore workforce requirements will increase by proxy until new models/methods to reduce or manage complexity can be identified. There could be concerns for the specific services and/or the annual risk based on season variation when at full capacity for recovery/ministerial priorities as we have a "finite" resource in our people that can only be stretched so far without causing detriment. Therefore, the probability sits between 75-90% when taking account of these factors. We hope we will be able to take mitigated actions through our interventions under the Regeneration Framework in the short term and, for the medium term begin to realign available workforce to new service design and models of care. This risk is wider than a 12-month period as actions taken or not taken today will have a long-term legacy on our available future workforce and capacity/capability to manage the associated challenges of service and workforce redesign. Taking account of our rurality, demographics and population health, a score of 12 is achievable within constraints identified.

Corporate Risks assigned to PODCC

- 2 of 2



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Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1821 – Risk to the welfare of Health Board staff due to current demands	Deputy Chief Executive Officer and Director of Workforce & Organisational Development	12 ➔ (Reviewed 26/08/25)	6	31/03/2026

Rationale for Current Risk Score

The existing control measures currently in place described above, plus action taken to address the gaps in controls within the action plan have all been completed within the last 12-months and have mitigated the risk score. New actions have been added to reflect work in place to further mitigate the risk and to achieve the target risk score.

Rationale for Target Risk Score

The target risk score is based on assessment of the work ongoing across the Health Board within the management and executive tiers to ensure clarity and focus of work programmes. Reviewing and streamlining where appropriate. The actions below are across all staff groups and focus on specific actions that are within the gift of the Workforce and OD function to drive and support with managers.

Risk leads are currently reviewing the risk and TRS to reflect the organisational context which we are currently working within. This will be reported to the next PODCC meeting.

Operational Risks assigned to PODCC



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5 operational risks on Datix have been aligned to PODCC which are all within review date. They have been identified as reportable to PODCC based on the following criteria:

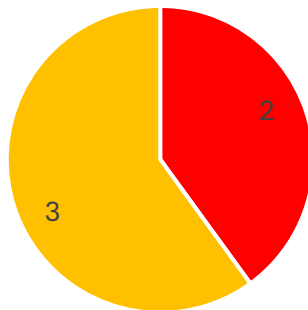
- PODCC has been selected by the risk lead as the 'Assuring Committee' on Datix;
- Risks have been identified at operational level on Datix risk module;
- The current risk score is 'extreme' or 'high'; and
- The current risk score is either equal to or exceeds the target risk score.

The Workforce-themed risk register is sent to subject matter experts on a bi-monthly basis.

Total Number of Open Risks meeting criteria for reporting	5
New Risks since last reported to PODCC	2
Closed Risks since last reported to PODCC	2
Increase in Risk Score since last reported to PODCC ↑	0
Decrease in Risk Score since last reported to PODCC ↓	1
No Change in Risk Score since last reported to PODCC →	2
EXTREME (RED) Risks (based on 'Current Risk Score')	2
HIGH (AMBER) Risks (based on 'Current Risk Score')	3

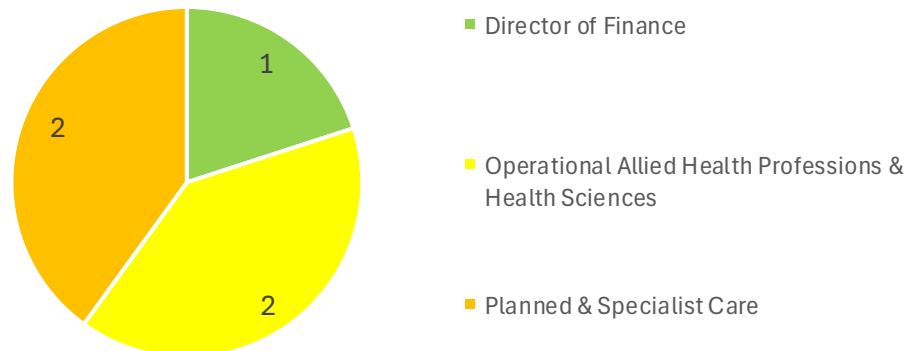
The following slide summarises the operational risks aligned to PODCC. The operational risk register attached at **Appendix 3**, provides full detail of each risk, including control measures in place and the risk action plan to further manage and mitigate the risk.

Current Level of Risks assigned to PODCC



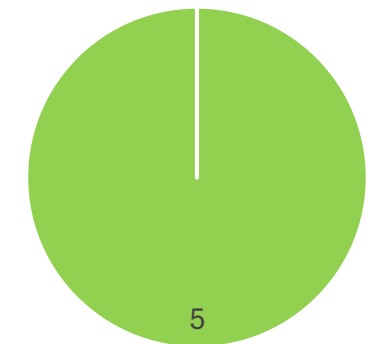
- EXTREME (RED) Risks (based on 'Current Risk Score')
- HIGH (Amber) Risks (based on 'Current Risk Score')

Risks Split Out By Clinical Care Group /Executive Function



- Director of Finance
- Operational Allied Health Professions & Health Sciences
- Planned & Specialist Care

Target Risk Score



- Number of Risks with a Target Risk Score Expected Date

New Operational Risks Reportable to PODCC



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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
2169 - Risk to staff wellbeing in weight management service due to unrealistic patient / referrers expectations with associated unreasonable behaviour	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	25	9	30/11/2025	22/09/2025
2137- Risk of unsustainable surgical SAS Level Rota in Carmarthenshire due to gaps in GGH rota and unfunded rota in PPH	Planned & Specialist Care	Chief Operating Officer	12	6	01/02/2026	11/08/2025

For further information on controls, and planned mitigations, please see Appendix 3

Closed Risks since previous report



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Reason for closure
2102 - Risk of radiology service delivery due to leadership fragility	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	Risk has been re-aligned to Quality, Safety and Experience Committee
1580 - Risk to endoscopy service provision due to challenges in recruiting consultant gastro / endoscopists	Planned & Specialist Care	Chief Operating Officer	Risk has been re-aligned to Quality, Safety and Experience Committee

Decrease in risk score since previous report



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of Last Risk Review
2088 - Risk that staff will have a poor experience whilst at work due to clinical pressures, financial challenges and change processes	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	20	12 ↓	6	31/03/2026	15/09/2025

Rationale for Current Risk Score

System pressures are consistent despite wellbeing interventions. Gains in wellbeing may be adversely impacted when returning to environments that can have an impact on wellbeing.

No Change in Risk Score since previous report



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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
1409 - Risk of reduced workforce due to difficulty recruiting qualified specialist School Nurses	Planned & Specialist Care	Chief Operating Officer	16	6	30/09/2026	30/09/2025
737 - Risk of Switchboard not complying with European Working Time Directive due to inability to cover single-handed shifts at 3 sites	Digital	Director of Finance	12	6	02/03/2026	02/10/2025

For further information on controls, and planned mitigations, please see Appendix 3

Risk Themes



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

This 'theme' is 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.

The Assurance and Risk Team are currently working with Workforce & Organisational Development to review the existing risk theme to better align to the W&OD Directorate Pillars enabling more meaningful information to be captured from the data, to provide better insight. It is anticipated that the risk themes will be agreed and operational risks aligned to these on Datix during Q3 of 2025/26.

Audits and Inspections - Overview

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
- Demonstrate a prompt response to any HIW inspections, concerns, incidents, never-events, coroners requests and regulation 28s
- 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 4.

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 PODCC



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There are currently 3 reports assigned to PODCC:

Date of Report	Report Issued By	Report Title	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 Recs (completed)	External Recs	Any Barriers to Completion Noted?
Mar-24	Health Education and Improvement Wales (HEIW)	Trauma & Orthopaedics Glangwili Hospital March 2024	Medical Director	Medical Director	Aug-24	Aug-24 Mar-25 Aug 26	8	0	0	7	1	TUEC longer term plans requiring investment
Apr-25	Health Education and Improvement Wales (HEIW)	Education & Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board	Medical Director	Medical Director	Aug-25	Aug-25 N/K	12	2	0	10	0	None Noted.
Jul-25	Internal Audit	Sickness Management Final Internal Audit Report 2025/26	Director of Workforce & Organisation Development	Director of Workforce & Organisation Development	Sep-25	Nov-25	2	1	0	1	0	None Noted.

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

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.



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