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# Assurance and Risk Report

*Quality, Safety and Experience Committee – 8 October 2026*

This report provides the Quality, Safety & Experience Committee (QSEC) with the status of the principal risks, operational risks, and Welsh Health Circulars.

The Committee is asked to seek assurance from the Lead Executive Directors that the principal risks have been updated as part of the Strategy Refresh, and that there are processes in place to oversee operational risks to ensure these are being managed effectively, and that WHCs are being implemented by the Health Board.

Corporate risks, audit and inspections recommendations and Ministerial Directions are reported at alternate meetings, and due to be presented to QSEC at its next meeting in December 2026.

Principal Risks:

2

Operational Risks

489

Welsh Health Circulars

28

# Further developments since the previous report to QSEC



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Both QSEC and the Audit and Risk Assurance Committee (ARAC) have raised concerns regarding the organisation's delivery of assurance and improvement activity, resulting in correspondence being sent by the Chairs of each Committee to Executives and a meeting with the CEO to discuss their continuing concerns.

QSEC has expressed concern regarding the significant number of overdue audit, inspection and regulatory recommendations, alongside issues relating to ownership, accountability and quality of implementation plans. QSEC noted that progress is not being achieved at the expected pace, with repeated slippage against agreed timescales risking confidence in the Health Board's ability to translate learning into sustainable improvement.

Both Committees have called for strengthened executive oversight, clearer accountability and improved delivery to ensure audits process as planned, and recommendations are implemented in a timely and effective manner. Performance continues to be monitored via the Health Board's internal escalation framework

The Assurance and Risk team continue to support Clinical Care Groups and Executive Functions via a business partnering approach, which include:

- presentation of Assurance and Risk reports at local governance meetings, which details any areas of concern (including Audits and Inspections) via the 3A approach;
- 1-2-1 meetings with report and recommendation leads to support the development of management responses, and the provision of progress updates; and
- AMAT system training.



# 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.



# Principal Risks assigned to QSEC



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| Hywel Dda Risk Heat Map |              |               |               |             |                        |
|-------------------------|--------------|---------------|---------------|-------------|------------------------|
|                         | LIKELIHOOD → |               |               |             |                        |
| IMPACT ↓                | Rare<br>1    | Unlikely<br>2 | Possible<br>3 | Likely<br>4 | Almost<br>Certain<br>5 |
| Catastrophic<br>5       |              |               |               |             |                        |
| Major<br>4              |              |               | 2357<br>→     |             |                        |
| Moderate<br>3           |              |               |               | 2359<br>↓   |                        |
| Minor<br>2              |              |               |               |             |                        |
| Negligible<br>1         |              |               |               |             |                        |

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 aligned to the most appropriate Board level Committee.

These risks have been identified by individual Directors and associated with the achievement of the Health Board's strategic objectives. The Health Board has updated the planning objectives, principal risks and outcome measures which support the four strategic objectives as part of the Strategy Refresh.

There are 2 principal risks currently aligned to QSEC (out of the 12 that are on the PRR as of 3 September 2026).

The following slides provide a summary of the reportable corporate risks aligned to QSEC. 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.

# Principal risks aligned to QSEC



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The principal risks aligned to the Committee highlight that the Health Board faces challenges in:

- Embedding a consistent quality, improvement and patient experience culture across the organisation.
- Delivering person-centred, high-quality services through effective systems, processes and digital capabilities.
- Balancing transformation and service improvement ambitions with workforce and capacity pressures.

The potential impacts of the risks include:

- Reduced quality, safety and consistency of care, affecting patient, family and staff experience.
- Increased governance, compliance and assurance challenges, including the ability to demonstrate the Duty of Quality.
- Delays in improvement, reduced organisational learning and failure to achieve strategic objectives.

Common actions noted across the risks demonstrate the need to:

- Strengthen governance, quality improvement and assurance arrangements.
- Improve the integration and use of digital systems, data and intelligence to support decision-making.
- Build workforce capability, standardise approaches and embed organisational learning to drive sustainable improvement.



## Principal Risks assigned to QSEC



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| Risk Reference & Title                                                     | Clinical Care Group / Executive Function            | Lead Director                                       | Previous Risk Score | Current Risk Score               | Target Risk Score (TRS) | Expected Date to Achieve TRS |
|----------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|---------------------|----------------------------------|-------------------------|------------------------------|
| 2359 - Embedding a Quality Management System and demonstrating improvement | Director of Nursing, Quality and Patient Experience | Director of Nursing, Quality and Patient Experience | 16                  | 12<br>↓<br>(Reviewed 23/09/2026) | 6                       | 30/04/2028                   |

### Rationale for Current Risk Score (CRS)

Although a Quality Management System (QMS) framework is established, further work is required to achieve consistent organisational implementation, mature measurement arrangements, effective triangulation of intelligence and demonstrable evidence of improvement. Financial pressures, workforce constraints, service stability concerns and competing operational priorities may limit organisational capacity to embed the QMS at the pace required. Failure to address these gaps could reduce the organisation's ability to demonstrate continuous improvement, provide robust assurance of quality and safety, evidence compliance with national expectations, and maintain confidence that risks to patients and services are being effectively identified, managed and improved.

### Rationale for Target Risk Score (TRS)

A TRS of 6 is achievable only once:

- 7 day Urgent and Emergency Care (UEC) model is embedded across all counties.
- Planned Care recovery pathways are standardised and sustainable.
- A digital unified record supports early deterioration detection and flow.
- Enhanced community capacity reduces acute demand.
- Diagnostic resilience enables timely treatment and improved Referral to Treatment (RTT).
- Duty of Quality operationalisation is demonstrated across all care pathways through consistent use of the Quality Management System and articulation of the impact through the lens of the Healthcare Quality Standards (STEEEP).

# Principal Risks assigned to QSEC



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| Risk Reference & Title                        | Clinical Care Group / Executive Function            | Lead Director                                       | Previous Risk Score | Current Risk Score          | Target Risk Score (TRS) | Expected Date to Achieve TRS |
|-----------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|---------------------|-----------------------------|-------------------------|------------------------------|
| 2357 - Enhancing Patient and Staff Experience | Director of Nursing, Quality and Patient Experience | Director of Nursing, Quality and Patient Experience | 12                  | 12<br>(Reviewed 24/09/2026) | 4                       | 31/03/2028                   |

## Rationale for Current Risk Score (CRS)

The score reflects developing but partial maturity of systems that gather, analyse and act on customer insight across patients and staff. Tools and forums exist (Civica, patient/staff surveys and pulses, Listening & Learning Sub Committee, Communication Hub, Waiting List Support Service (WLSS) engagement, Harms and Our Performance dashboards, Improving Together), yet integration and consistent follow through remain variable, limiting timely, reliable responses and systematic learning. There is fragility and capacity within the current waiting list support service, communication hub and Patient Advice and Liaison Service (PALS) service which requires digital and financial support to deliver enhanced customer service across the health board.

## Rationale for Target Risk Score (TRS)

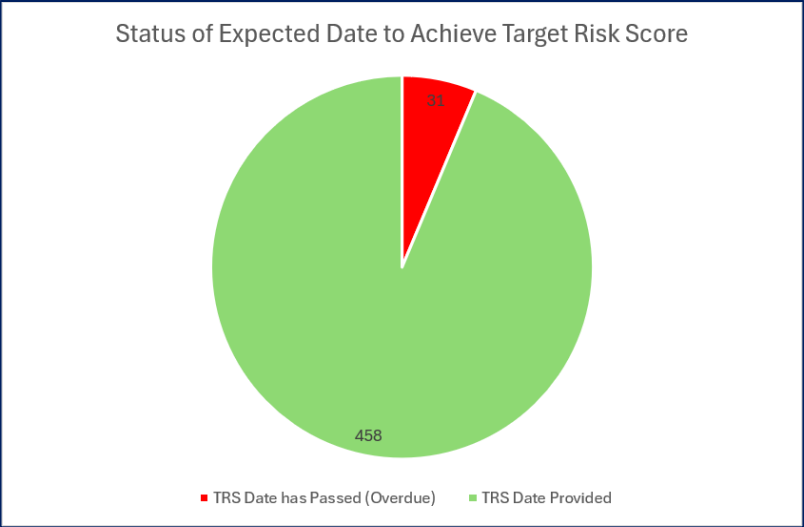
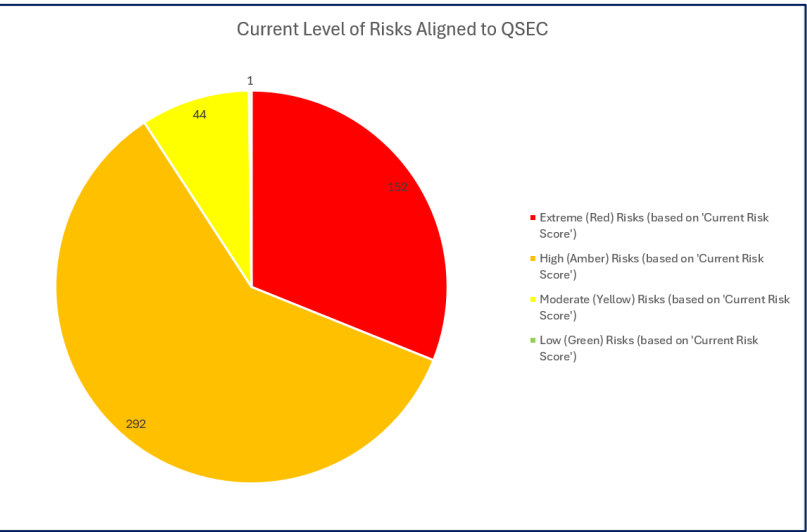
Achieving TRS requires: (1) establishing a Single Point of Contact (SPOC) and PALS style function; (2) adopting a customer service framework and standards; (3) implementing a unified query management approach with clear triage/escalation and defined response times; (4) strengthening triangulation across Civica, PREMs/PROMs, complaints, staff pulses, WLSS contact and quality/safety metrics; (5) routine post implementation reviews evidencing improvements for customers. To reduce this risk to the TRS of 4 will require realignment of resources to support the development of a customer service centre, and to support the enhancements required to the digital infrastructure.

# Operational Risks assigned to QSEC

489 operational risks are aligned to QSEC (484: June 2026). Due to the large number of risks aligned to the Committee, a summary of the risks are provided over the next slides.

All risks now have an assigned TRS date and 31 risks having an overdue TRS date. This is an improvement on 5 reported with having no TRS date, and 70 risks reported as having an overdue TRS date, reported to the Committee in June 2026.

Where expected dates to achieve the TRS have lapsed, the Assurance and Risk Team continue to remind risk leads to ensure the appropriate actions and updates are taken on Datix (e.g., has this risk now been fully managed and mitigated? If the TRS has not been met what further actions are required? What is the revised TRS date and an updated rationale?). In addition, the Assurance and Risk Team continue to highlighting these risks within governance reports and the expectations around their updates.



# Operational risks aligned to QSEC



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The operational risks aligned to the Committee highlight that the Health Board faces challenges in:

- Sustaining a safe and effective workforce across clinical, diagnostic, mental health and community services amid workforce shortages and recruitment challenges.
- Managing increasing demand and capacity pressures that are impacting access to assessment, diagnostics, treatment and rehabilitation services.
- Maintaining ageing estate, infrastructure and medical equipment required to support safe service delivery.
- Ensuring digital systems, clinical information processes and governance arrangements are robust and reliable.

The potential impact of the risks include:

- Increased risk of patient harm, delayed diagnosis, delayed treatment and poorer clinical outcomes.
- Reduced service capacity, longer waiting times and deterioration in patient experience.
- Disruption to clinical services caused by staffing gaps, equipment failures and infrastructure issues.
- Financial, regulatory and reputational consequences arising from failure to meet national standards, guidance and quality requirements.

Common actions noted across the risks demonstrate the need to:

- Strengthen recruitment, retention, workforce planning and staff development initiatives.
- Increase service resilience through demand and capacity reviews, pathway redesign and improved operational oversight.
- Secure investment in estate, infrastructure and equipment replacement programmes.
- Enhance digital capability, governance controls, compliance monitoring and assurance processes.

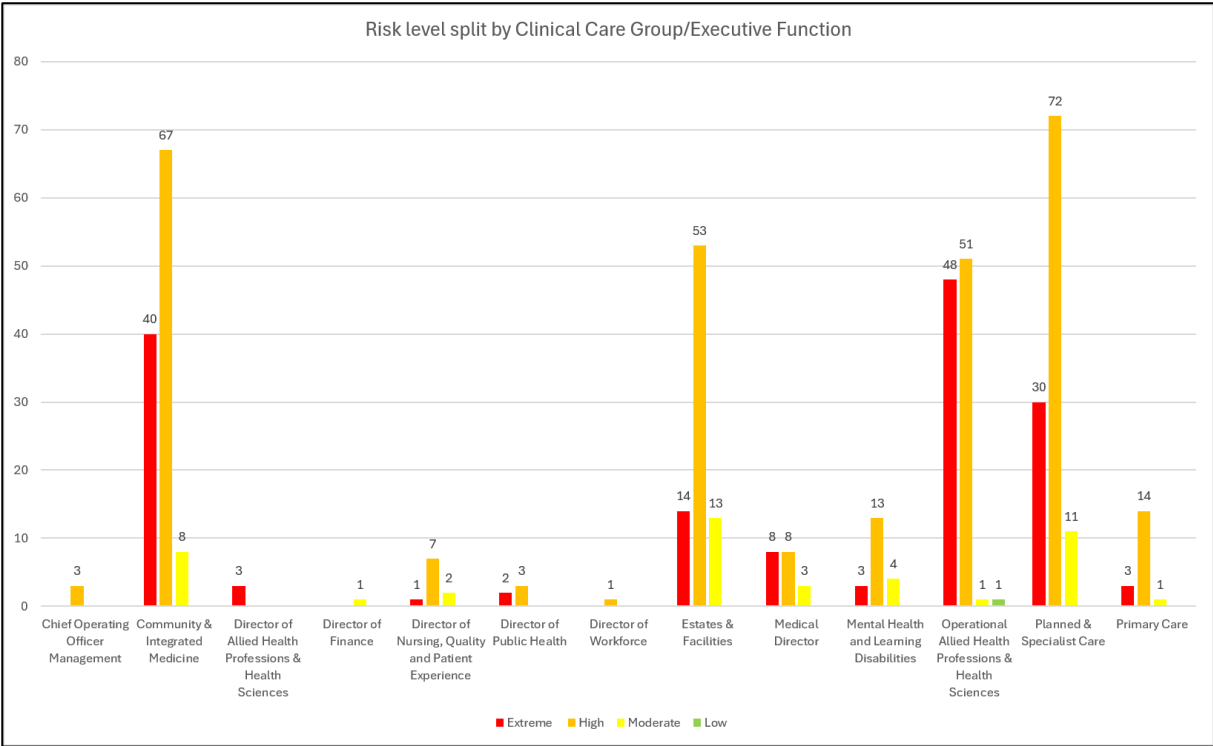
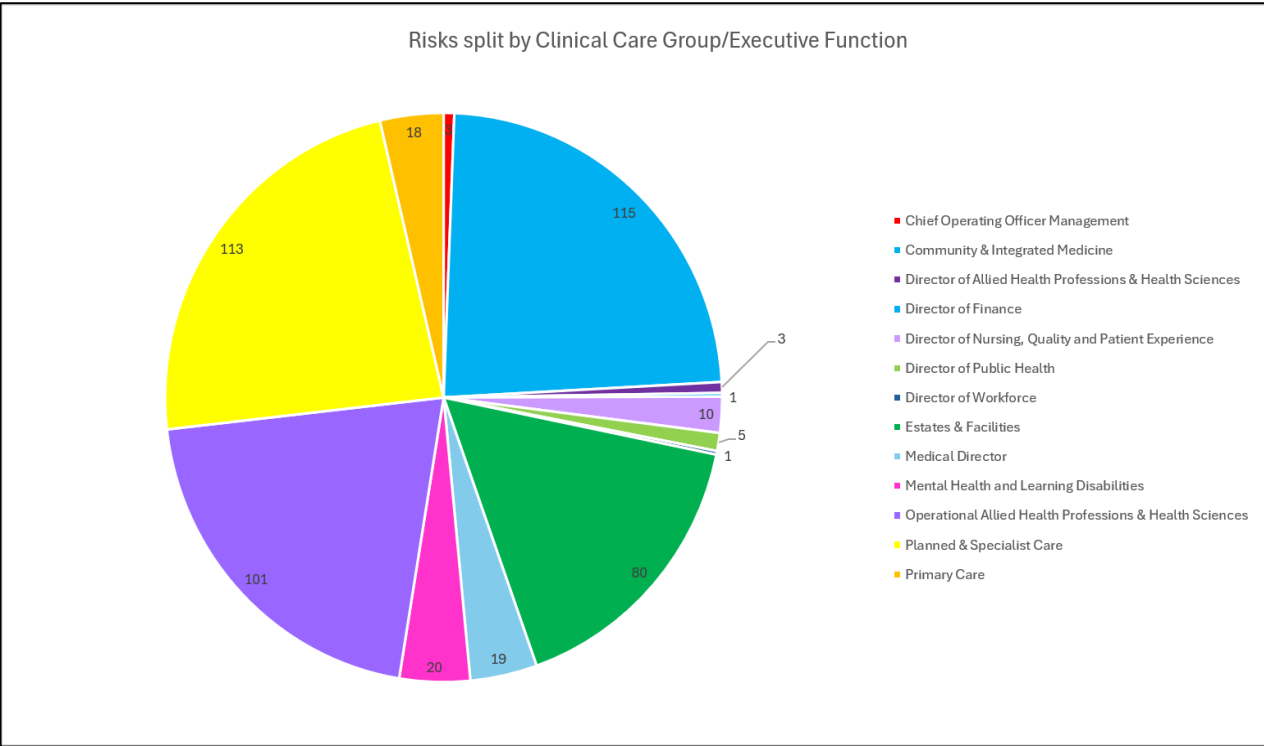


# Operational Risks assigned to QSEC

## Risks Split Out By Clinical Care Group/Executive Function

As at 31<sup>st</sup> August 2026 Community & Integrated Medicine hold 115 risks assigned to QSEC, citing operational challenges within unscheduled care and the fragility across the urgent and emergency care system related to workforce compromise and increasing levels of demand and acuity.

Planned & Specialist Care follow with 113 risks, reflecting workforce shortages, service fragility, demand exceeding capacity, reliance on ageing or inadequate equipment, and continued lack of fully developed digital systems.

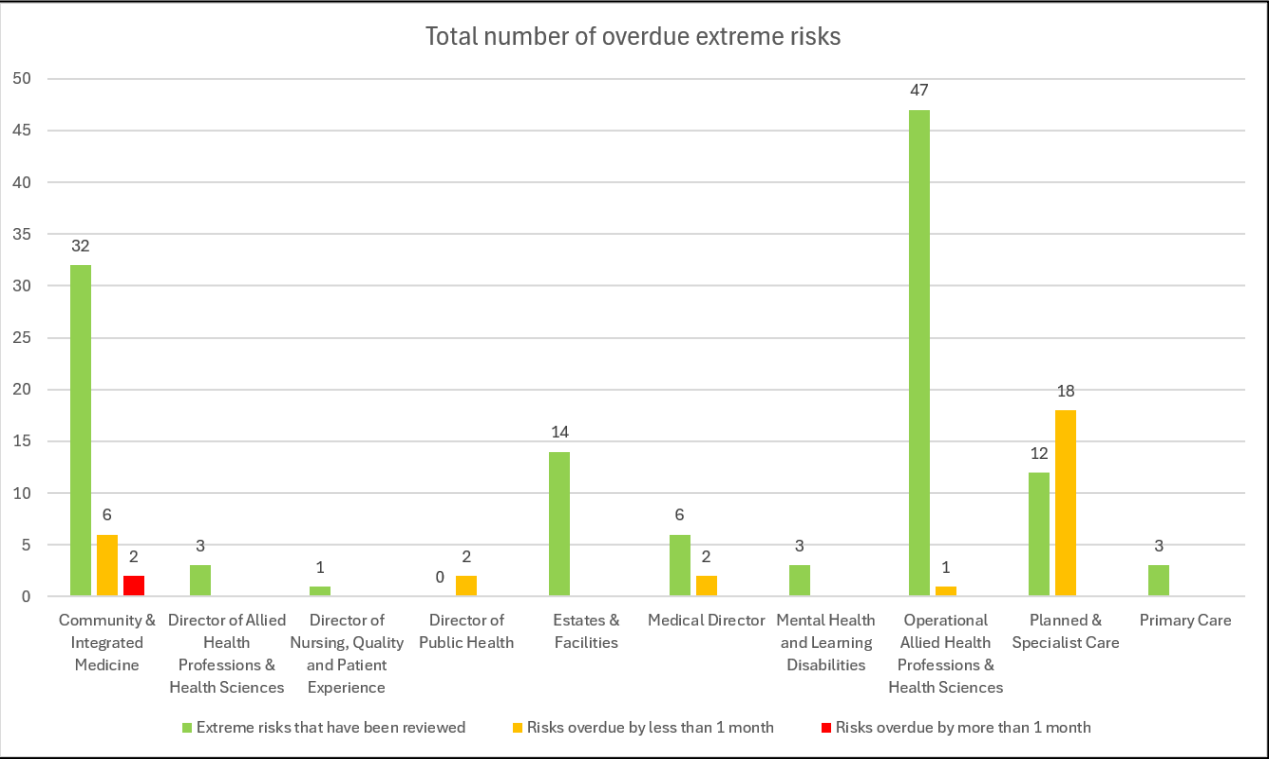
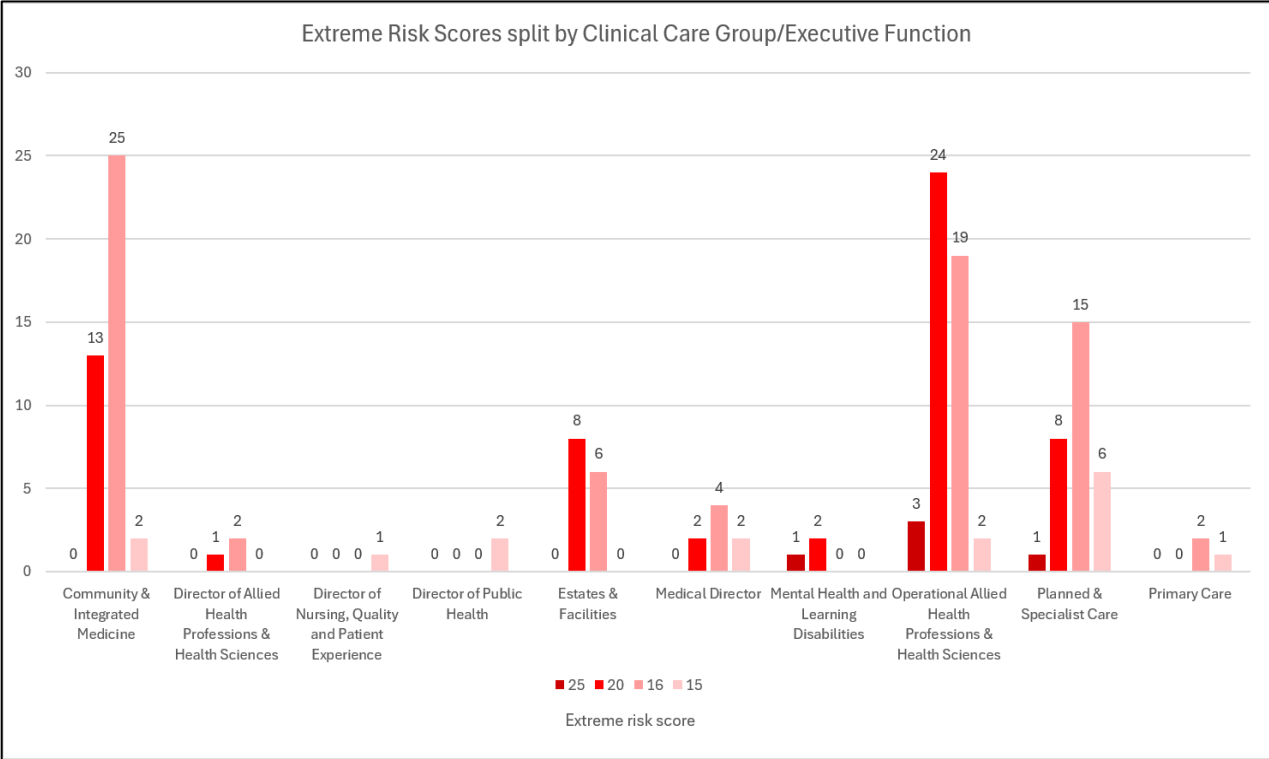


# Operational Risks assigned to QSEC

## – Extreme scoring risks

Risks with an extreme current risk score assigned to QSEC are concentrated within Operational Allied Health Professions & Health Sciences (48), Community & Integrated Medicine (40) and Planned & Specialist Care (30). Operational Allied Health Professions & Health Sciences hold 27 risks scored 20 or above, with financial constraints, service fragility, demand exceeding capacity, and infrastructure constraints cited as main drivers.

Planned & Specialist Care has 18 risks exceeding review date, followed by Community & Integrated Medicine with 8 risks exceeding review date (2 of which are overdue by more than 1 month), reflecting the operational pressures facing the Clinical Care Groups. Assurance and Risk Officers continue to offer support to risk leads to improve timely review.



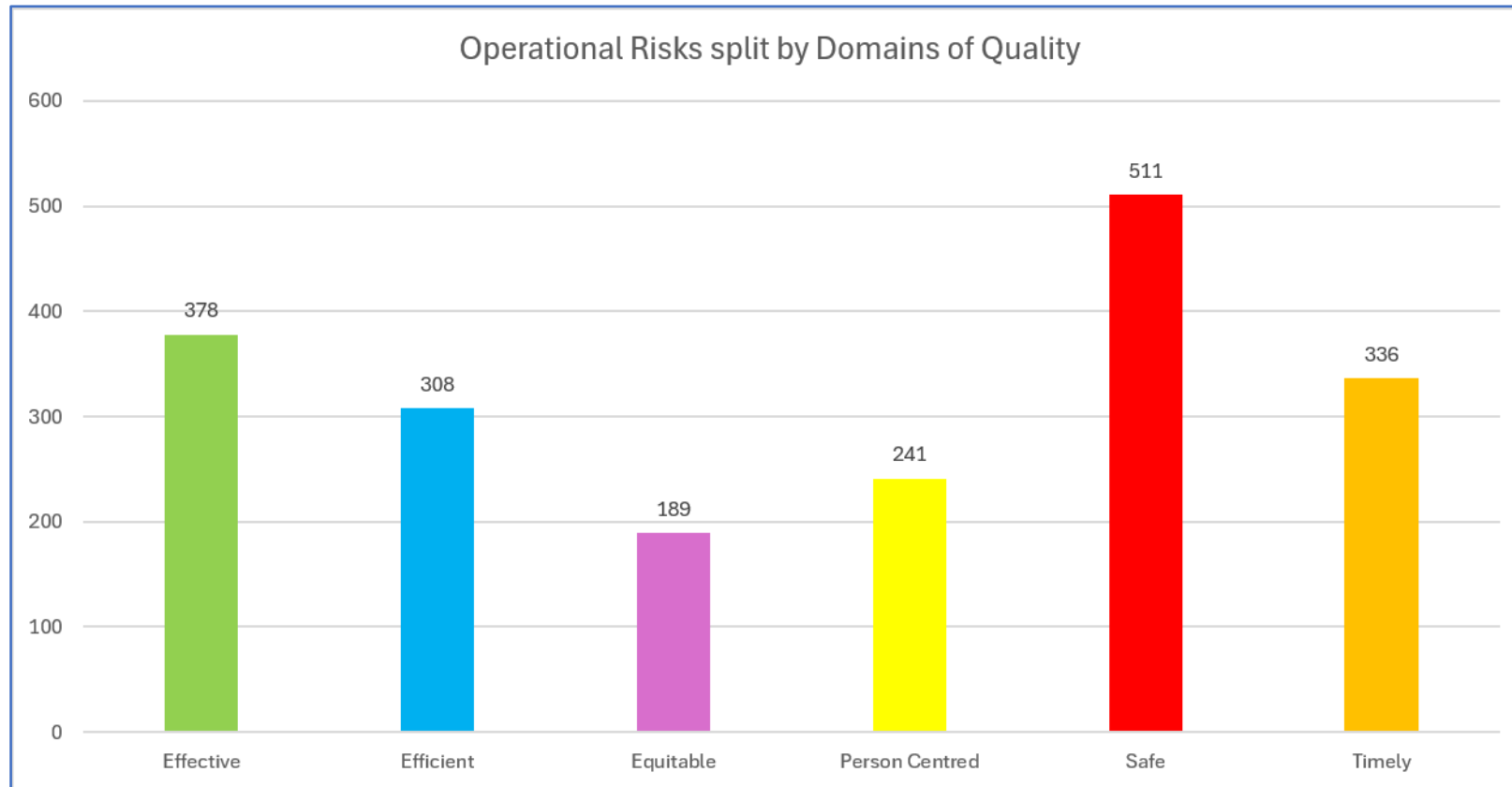
# Domains of Quality



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Risk owners can assign one or more of the six Domains of Quality to each risk. The chart shows the distribution of all operational risks across the six Domains of Quality (regardless of the Committee the risk is assigned to), highlighting that the highest number of risks is associated with the Safe domain (511), followed by Effective (378) and Timely (336).



# Operational Risks by Domain

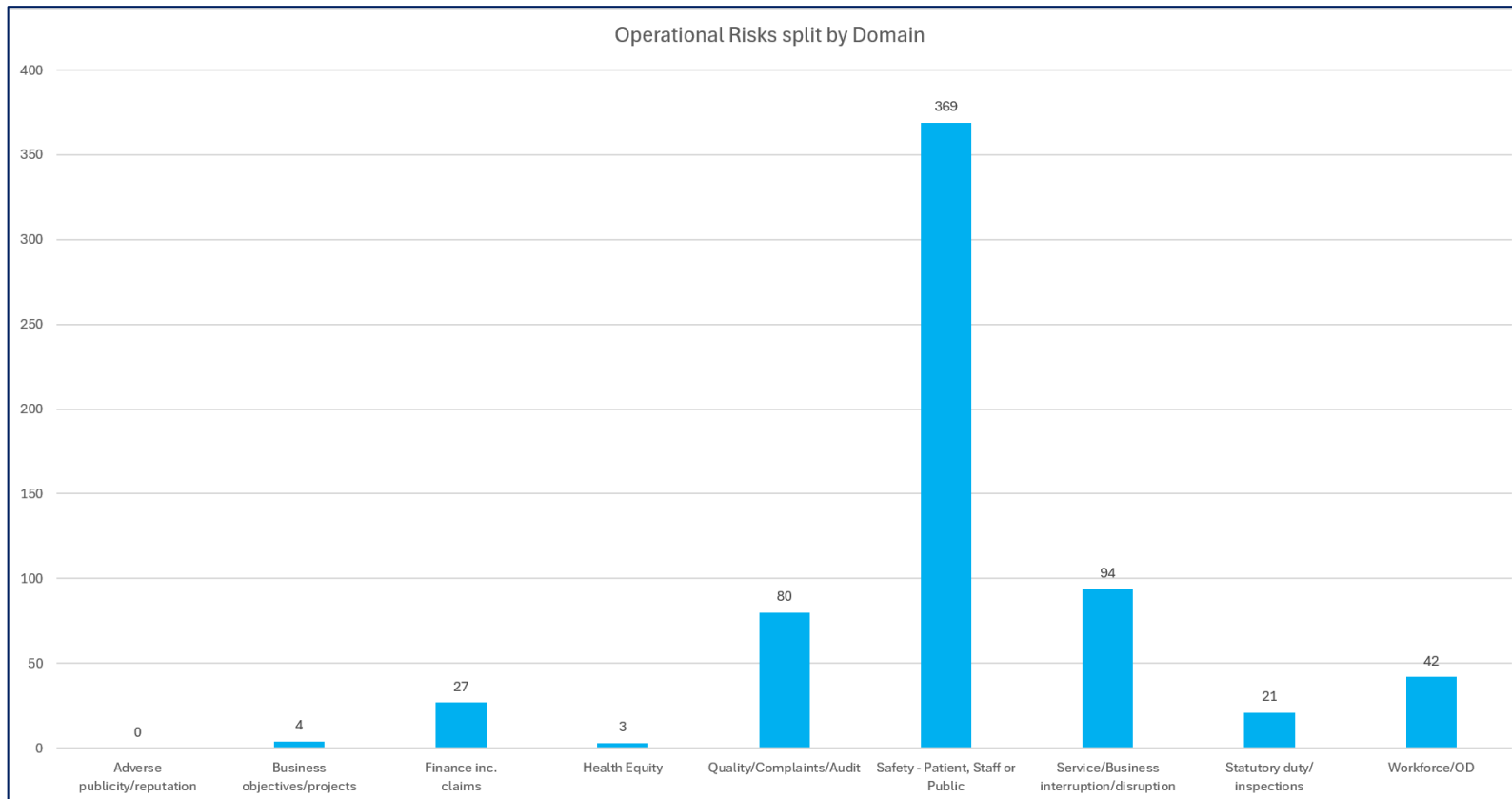


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Each risk on Datix is assessed by analysing the consequences/impact of the risk (i.e. its impact or magnitude of effect), and the likelihood that those consequences may occur (i.e. its frequency or probability). The consequence and likelihood are rated against established criteria which are on the Risk Scoring Matrix. Risk Owners assess the risk against only one 'domain' based on the consequence/impact identified in the risk description. Where a number of impacts have been identified, the domain selection should be based on the impact with the severest consequence/impact.

Out of 640 operational risks, 369 as assessed against the domain of 'Safety- Patient, Staff or Public' and 80 against 'Quality/Complaints/Audits'.



## Risk Impact Domains:

- Safety of Patients, Staff or Public
- Quality, Complaints or Audit
- Workforce & OD
- Statutory Duty or Inspections
- Adverse Publicity or Reputation
- Business Objectives or Projects
- Finance including Claims
- Service or Business interruption or disruption
- Health Equity

# Risk themes (1 of 3)

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

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

The following themes are currently aligned to QSEC as of 1 September 2026:

| Theme                                   | Definition                                                                                                                                                                                                                                                                                                                                                                                                 | Sub-Committee/Group theme reported to                | Number of risks | Date themed Risk Register last shared |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------|---------------------------------------|
| Acute Deterioration / NEWS              | A risk in relation to patient care and treatment relating to acute deterioration and NEWS scores / lack of escalation                                                                                                                                                                                                                                                                                      | RADAR Group                                          | 12              | August 2026                           |
| Business continuity/ service disruption | A risk that threatens to disrupt the functioning of the organisation, typically caused by an untoward incident or disaster that has a negative impact on operations.                                                                                                                                                                                                                                       | N/A- not currently reported to a sub-committee/group | 168             | August 2026                           |
| Consent and Mental Capacity             | Risks relating to consent to examination or treatment e.g. missing, illegible, incorrect consent form; failure to obtain consent; mismatch between consent form and list etc.<br>Risks relating to people who may lack mental capacity e.g. failure or concerns relating to: assessment of decision-making capacity; acting in the person’s best interests; consulting with those close to the person etc. | Mental Capacity Act and Consent Group                | 0               | N/A - no risks aligned to theme       |



# Risk themes (2 of 3)



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| Theme                                          | Definition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Sub-Committee/Group theme reported to         | Number of risks | Date themed Risk Register last shared |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------|---------------------------------------|
| <b>Deprivation Of Liberty Standards (DOLS)</b> | Risks relating to: <ul style="list-style-type: none"> <li>• a failure to submit DoLS referral when needed</li> <li>• a person being deprived of their liberty when they have capacity to consent to be in hospital</li> <li>• a lack of awareness of what actions can and cannot be taken when a DoLS authorisation is in place (e.g. you can stop someone from absconding</li> <li>• DoLS doesn't give authority for care and treatment decisions</li> <li>• patient with a DoLS authorisation can be discharged).</li> </ul> | Mental Capacity Act and Consent Group         | <b>0</b>        | <i>N/A- no risks aligned to theme</i> |
| <b>Effective Clinical Practice</b>             | Risks related to the Health Board's ability to comply with evidence-based national guidance for health and care                                                                                                                                                                                                                                                                                                                                                                                                                | Effective Clinical Practice                   | <b>0</b>        | July 2026                             |
| <b>Fragile Services</b>                        | A fragile service is one where there is a risk or the actual delivery of a diminished service or a service being unable to be delivered due to staffing / or other challenges                                                                                                                                                                                                                                                                                                                                                  | Fragile Services Oversight Group              | <b>209</b>      | Sept 2026                             |
| <b>HTA Compliance</b>                          | A risk that involves complying with the regulations and legislation under the Human Tissue Act.                                                                                                                                                                                                                                                                                                                                                                                                                                | Human Tissue Authority Assurance Group        | <b>6</b>        | August 2026                           |
| <b>Infection Control</b>                       | A risk that may compromise the effectiveness of infection prevention and control measures, leading to staff and/ or patients being exposed to a confirmed or suspected pathogen increasing the likelihood of a transmission event and a healthcare acquired infection (HAI) or outbreak                                                                                                                                                                                                                                        | Infection Prevention Strategic Steering Group | <b>38</b>       | July 2026                             |
| <b>Medical Devices</b>                         | A risk relating to a medical device, which is any instrument (other than a medicine) that is used to diagnose, monitor, treat or manage a medical condition. The definition covers a wide range of products including syringes, dressings, surgical tools, scanners, software, apparatus, machines and some medical apps.                                                                                                                                                                                                      | Medical Devices Group                         | <b>36</b>       | August 2026                           |

# Risk Themes (3 of 3)



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| Risk theme                      | Theme description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sub-Committee/Group theme reported to | Number of risks | Date themed Risk Register last shared |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------|---------------------------------------|
| <b>Medical Exposure / IRMER</b> | A risk relating to the guidance and regulations for Health Board staff and patients in the use of Ionising Radiation for or medical equipment for treatment purposes and the deliberate exposure of patients to ionising radiation for diagnostic, therapeutic, or health monitoring purposes, with safety and optimisation                                                                                                                                                                                                                                                 | Medical Exposures Group               | <b>0</b>        | <i>N/A- no risks aligned to theme</i> |
| <b>Medication</b>               | A risk that involves the prescribing, dispensing or supply, administration or monitoring of medicines.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Medicines Management Oversight Group  | <b>27</b>       | September 2026                        |
| <b>NICE/National Guidance</b>   | Risks related to the Health Board's ability to comply with evidence-based guidance for health and care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Effective Clinical Practice           | <b>116</b>      | July 2026                             |
| <b>Nutrition and Hydration</b>  | A risk in relation to patient care and treatment relating to nutrition and hydration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Nutrition & Hydration Group           | <b>30</b>       | August 2026                           |
| <b>Resuscitation</b>            | A risk in relation to patient care and treatment relating to resuscitation and DNACPR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RADAR Group                           | <b>3</b>        | August 2026                           |
| <b>Safeguarding</b>             | Safeguarding in its wider context is everyone's responsibility and we have duty of care to support children and adults. It is expected that services and professionals "own" their concerns and take responsibility for the work that needs to be done to keep individuals safe. This includes taking action before, during and after a safeguarding referral has been made. Should risks arise whereby children and adults may be put at risk due to gaps in service provision, or training compliance for example, then a safeguarding theme may be assigned to the risk. | Strategic Safeguarding Group          | <b>30</b>       | July 2026                             |

# Implementation of Welsh Health Circulars



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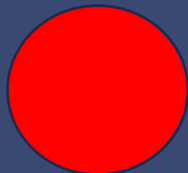
All Welsh Health Circulars (WHCs) are managed via the Audit Management and Tracking system (AMaT), which gives leads direct access to update and upload relevant evidence to demonstrate compliance with their requirements. Each WHC is assigned a status category. The table below outlines the definition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

| Status Category                         | Definition                                                                                                                                                                                                                                                                         | Number of WHCs |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>Overdue</b>                          | The WHC is behind schedule to the timescale provided by the Lead officer or as stipulated in the WHC, or a plan (with date for implementation) is not yet in place.                                                                                                                | 5              |
| <b>Unable to Complete</b>               | The WHC cannot be implemented due to existing barriers and/or it is no longer relevant/appropriate for the Health Board. Formal sign-off by the CCG/Function Lead is required prior to escalation to the Executive Team for formal approval via operational governance structures. | 3              |
| <b>Pending Decision</b>                 | The WHC is pending a decision in order to implement e.g. outcomes of annual planning process, approval of funding requests, outcome of a QIA panel. Committee updates will detail whether the WHC is overdue or not whilst decision pending.                                       | 0              |
| <b>In Progress</b>                      | The WHC is currently in progress, and within the agreed original timeframe for implementation.                                                                                                                                                                                     | 9              |
| <b>Reliant on External Factors</b>      | The WHC is considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation to implement.                                                                                                                                    | 3              |
| <b>Complete Pending Formal Approval</b> | The Service / Function have completed the WHC and are currently awaiting formal approval to close.                                                                                                                                                                                 | 1              |
| <b>Complete</b>                         | The WHC has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.                                                                                                                                                                 | 5              |

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

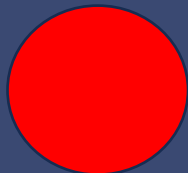
The timely implementation of WHCs is included within the Governance domain of the Health Board's internal escalation framework, with services escalated in instances of non-compliance.

# WHCs - Overdue



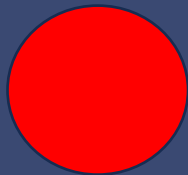
| Name of WHC                                                                                                         | Clinical Care Group / Executive Function | Lead Executive (and CCG Director for those aligned to Chief Operating Officer) | Reason for Overdue Status                                                                                                                    | Impact of non-compliance according to risk assessment                                                                               | Next Steps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <a href="#">019-22: Non-Specialised Paediatric Orthopaedic Services</a><br>Issued June 2022                         | Planned & Specialist Care                | Chief Operating Officer / CCG Service Director for Planned & Specialist Care   | <b>Original implementation date not met</b><br><br><b>Original Completion Date:</b> 30/04/2025<br><b>Revised Completion Date:</b> Not Known  | No risk identified on Datix.                                                                                                        | The Trauma and Orthopaedics Service Leads developed a Maturity Matrix to support compliance with the requirements of this WHC. Due to the service specification requirements, completion of the Matrix will require input from multiple Clinical Care Groups (CCGs). All Service Leads identified within the Matrix have been contacted and asked to complete the sections relevant to their areas of responsibility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <a href="#">002-24: Standards for Competency Assurance of Non-Medical Prescribers in Wales</a><br>Issued March 2024 | Nursing, Quality and Patient Experience  | Director of Nursing, Quality and Patient Experience                            | <b>Original implementation date not met</b><br><br><b>Original Completion Date:</b> 31/03/2026<br><b>Revised Completion Date:</b> 31/03/2029 | <b>Risk Ref:</b> 2450<br><b>Current Risk Score:</b> 12<br><b>Impacts:</b><br>Increased risk of prescribing errors and patient harm. | <p>Parts 1 and 2 of the Welsh Health Circular have been completed, including submission of the nominated lead, position statement and action plan to HEIW. Work is ongoing to achieve Part 3 compliance, which requires arrangements for the employment, supervision and review of non-medical prescribers. Key developments include maintaining an up-to-date Health Board register, development of electronic data capture processes, review of the non-medical prescribing policy, and delivery of CPD sessions in partnership with Swansea University.</p> <p>The Health Board continues to participate in an All-Wales Task and Finish Group for the non-medical prescribing appraisal process, working alongside HEIW to oversee implementation of this WHC. Monthly meetings have been established with a key focus to review pilot programme feedback (following its commencement in September 2026), share learning, and support a consistent approach to implementation across Health Boards and Trusts.</p> |

# WHCs - Overdue



| Name of WHC                                                                                                        | Clinical Care Group / Executive Function | Lead Executive (and CCG Director for those aligned to Chief Operating Officer)     | Reason for Overdue Status                                                                                                                    | Impact of non-compliance according to risk assessment                                                                                              | Next Steps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <a href="#">006-24: National Clinical Guideline for Stroke, for the UK and Ireland</a><br><b>Issued March 2024</b> | Community & Integrated Medicine          | Chief Operating Officer / CCG Service Director for Community & Integrated Medicine | <b>Original implementation date not met</b><br><br><b>Original Completion Date:</b> 30/04/2025<br><b>Revised Completion Date:</b> Not Known  | <b>Risk Ref:</b> 2409<br><b>Current Risk Score:</b> 20<br><b>Impacts:</b> Delayed assessment and treatment of patients; Increased length of stays  | The Health Board has identified Stroke as being one of the fragile services that is being reviewed by the Clinical Services Plan (CSP). As such, the 5 key recommendations of this WHC cannot be fully implemented until the outcomes of the CSP have been determined. Risk associated with WHC is on Datix (2409) and confirmation has now been received that the QIA undertaken as part of the CSP process is sufficient and that a separate submission to the QIA Panel is not required for this WHC. Assurance & Risk Officer to continue to work with the Stroke Service Manager to ensure the remaining barriers to completion are clearly captured and understood. |
| <a href="#">041-24: Ambulance patient handover guidance</a><br><b>Issued October 2024</b>                          | Community & Integrated Medicine          | Chief Operating Officer / CCG Service Director for Community & Integrated Medicine | <b>Original implementation date not met</b><br><br><b>Original Completion Date:</b> 31/12/2025<br><b>Revised Completion Date:</b> 30/11/2026 | <b>Risk Ref:</b> 1027<br><b>Current Risk Score:</b> 20<br><b>Impacts:</b> Delayed assessment and treatment of patients; Increased serious incident | Ambulance Handover 45 group established between Welsh Ambulance Services University (WAST), Health Board and Local Authority, including a Programme Plan between Health Board and WAST, detailing timescales and owners of actions. Any delay in progress to be escalated through UEC Programme Group and National escalation meetings.                                                                                                                                                                                                                                                                                                                                   |

# WHCs - Overdue



| Name of WHC                                                                                                            | Clinical Care Group / Executive Function | Lead Executive (and CCG Director for those aligned to Chief Operating Officer)             | Reason for Overdue Status                                                                                                                   | Impact of non-compliance according to risk assessment | Next Steps                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| 013-26: Publication of Quality Statements for Mental Health, and Self-Harm (Not Available Online)<br>Issued April 2026 | Mental Health and Learning Disabilities  | Chief Operating Officer / CCG Service Director for Mental Health and Learning Disabilities | <b>Original implementation date not met</b><br><br><b>Original Completion Date:</b> 30/04/2026<br><b>Revised Completion Date:</b> Not Known | No risk identified on Datix.                          | Local requirements already embedded across MH&LD. Awaiting evidence to be uploaded to AMAT to enable closure by Executive Director. |

\* Upon receipt of a new WHC, responsible leads are contacted by the Assurance and Risk Team and are required to provide an implementation date within 10 working days along with an appropriate response, during which time the WHC is noted as “In Progress”. After 10 working days, if no response is received, the WHC is noted as “Overdue”.

# WHCs – Unable to Complete



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| Welsh Health Circular                                                                             | Clinical Care Group / Executive Function | Lead Executive (and CCG Director for those aligned to Chief Operating Officer) | Reason for Pending Decision Status                                                                                                                | Impact of non-compliance according to risk assessment                                                                                                                                        | Next Steps                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 006-18: Framework of Action for Wales, 2017-2020 (Not Available Online)<br><b>Issued Feb 2018</b> | Planned & Specialist Care                | Chief Operating Officer / CCG Service Director for Planned and Specialist Care | Service unable implement due to funding requirements.<br><b>Original Completion Date:</b> 30/04/2022<br><b>Revised Completion Date:</b> Not Known | <b>Risk Ref :</b> 1457<br><b>Current Risk Score:</b> 12<br><b>Impacts:</b> Patients unable to access specialist care in a timely manner, closer to home; Additional pressures on GP capacity | An Ear Wax Management service has been implemented across the Health Board; however, additional funding is required to complete phase two of the relevant WHC, currently reflected under risk 1457 (risk score 12) relating to the recruitment of Advanced Practitioner Audiologists. The WHC was not identified as a priority by the CCG for inclusion within the 2026/27 annual plan.                                                                   |
| <a href="#">017-19: Living with persistent pain in Wales guidance –</a><br><b>Issued May 2019</b> | Planned & Specialist Care                | Chief Operating Officer / CCG Service Director for Planned and Specialist Care | Service unable implement due to funding requirements.<br><b>Original Completion Date:</b> 31/01/2025<br><b>Revised Completion Date:</b> Not known | <b>Risk Ref:</b> 2120<br><b>Current Risk Score:</b> 12<br><b>Impacts:</b> Patients unable to access specialist care in a timely manner, breaches in achieving RTT                            | There is currently a 12+month waiting list for the Biopsychosocial service (BPS) within the Health Board. The service needs to be upscaled across the Health Board to be compliant with the requirements of this WHC. Significant investment is required in order to increase the capacity of the BPS service within the HB to meet the current demand. The WHC was not identified as a priority by the CCG for inclusion within the 2026/27 annual plan. |

# WHCs – Unable to Complete



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| Welsh Health Circular                                                              | Clinical Care Group / Executive Function | Lead Executive (and CCG Director for those aligned to Chief Operating Officer) | Reason for Pending Decision Status                                                                                                                | Impact of non-compliance according to risk assessment                                                                                                           | Next Steps                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <a href="#">009-21: School Entry Hearing Screening pathway - Issued March 2021</a> | Planned & Specialist Care                | Chief Operating Officer / CCG Service Director for Planned & Specialist Care   | Service unable implement due to funding requirements.<br><b>Original Completion Date:</b> 31/01/2023<br><b>Revised Completion Date:</b> Not Known | <b>Risk Ref:</b> 1456<br><b>Current Risk Score:</b> 8<br><b>Impacts:</b> Detrimental impact on quality, accuracy and consistency of screening services provided | Implementation of this WHC requires the transfer of school hearing examinations from School Nursing to Audiology, supported by additional systems, processes and funding. The WHC was not identified as a priority by the CCG for inclusion within the 2026/27 annual plan. |

# WHCs - In Progress



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| Welsh Health Circular                                                                                                                                                                                  | Clinical Care Group/Executive Function            | Lead Executive (and CCG Director for those aligned to Chief Operating Officer) | UHB Implementation Date |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------|-------------------------|
| <a href="#">030-23: New 2023 National Safety Standards for Invasive Procedures (NatSSIPS2) by the Centre for Perioperative Care (CPOC) and Patient Safety Notice PSN 034</a> <b>Issued August 2023</b> | Medical Directorate                               | Medical Director                                                               | Sep-26                  |
| <a href="#">039-25: AMR and HCAI Improvement Goals for 2025 – 2027</a> <b>Issued October 2025</b>                                                                                                      | Nursing, Quality & Patient Experience Directorate | Director of Nursing, Quality & Patient Experience                              | Mar-27                  |
| <a href="#">024-25: NHS Wales hearing care: future approach to audiology services</a> <b>Issued December 2025 (NEW)</b>                                                                                | Planned & Specialist Care                         | Chief Operating Officer / CCG Service Director for Planned & Specialist Care   | Jan-31                  |
| <a href="#">051-25: Safety netting discharge leaflets for adults and children</a> <b>Issued December 2025</b>                                                                                          | Nursing, Quality & Patient Experience Directorate | Director of Nursing, Quality & Patient Experience                              | Dec-26                  |
| <a href="#">001-26: Timelines and responsibilities for implementing the patient and family-initiated escalation approach, Call4Concern</a> <b>Issued January 2026</b>                                  | Nursing, Quality & Patient Experience Directorate | Director of Nursing, Quality & Patient Experience                              | Dec-26                  |
| <a href="#">015-26: All Wales General Practice and Health Board Clinical Interface Standards</a> <b>Issued April 2026</b>                                                                              | Medical Directorate                               | Medical Director                                                               | Apr-27                  |
| <a href="#">014-26: NHS Wales National Clinical Audit and Outcome Review Plan Annual Rolling Programme for 2026/27</a> <b>Issued April 2026</b>                                                        | Medical Directorate                               | Medical Director                                                               | Apr-27                  |
| <a href="#">024-26: Regulation 28 Prevention of Future Deaths Report –Assurance on alarm “latching” functionality in acute monitored environments</a> <b>Issued May 2026</b>                           | Nursing, Quality & Patient Experience Directorate | Director of Nursing, Quality & Patient Experience                              | Jul-27                  |
| <a href="#">027-26 Update to ‘Safety netting discharge leaflets for adults and children</a> <b>Issued August 2026</b>                                                                                  | Nursing, Quality & Patient Experience Directorate | Director of Nursing, Quality & Patient Experience                              | Dec-26                  |

# WHCs – Reliant on External Factors



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| Welsh Health Circular                                                                                             | Clinical Care Group / Executive Function          | Lead Executive (and CCG Director for those aligned to Chief Operating Officer) | Reason for External Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Impact of non-compliance according to risk assessment                                                                                      | UHB Implementation Date |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <a href="#">040-23: The NHS Wales: Newborn and Infant Physical Examination Cymru (NIPEC) Issued November 2023</a> | Planned & Specialist Care                         | Chief Operating Officer / CCG Director for Planned & Specialist Care           | The service is currently compliant with all aspects of this WHC apart from the data capture requirements, for which no national system is currently available. An all-Wales data system is awaited. In the interim the Health Board has its own system for capturing the data.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | No risk identified on Datix.                                                                                                               | N/K                     |
| <a href="#">033-18: Airborne Isolation Room Requirements Issued July 2018</a>                                     | Nursing, Quality & Patient Experience Directorate | Director of Nursing, Quality & Patient Experience                              | <p>Architectural Projects Team undertook Project Feasibility Report in July 2024 and provided estimate of costs £1,419,946 (including contingency fund of £109,416), with project time of 48 weeks from project brief development to completion of works to install negative pressure isolation suite in Clinical Decisions Unit (CDU) GGH.</p> <p>To date, funding not allocated for this project and whilst issue has been raised at 'All Wales High Consequence Infectious Disease Group' hosted by Public Health Wales, there has been no indication of central funding being considered by Welsh Government to support improvement and to move work forward. In the meantime, out turn costs continue to escalate and it is recognised that estimated costs of 2024 may have increased.</p> <p>As of September 2026, the Head of Infection Prevention confirmed that the situation is unchanged with the WHC remaining unable to be progressed due to funding ('unable to complete'), noting Swansea Bay University Health Board and Aneurin Bevan University Health Board are in a similar position.</p> | <p><b>Risk Ref:</b> 1640</p> <p><b>Current Risk Score:</b> 15</p> <p><b>Impacts:</b> Increased risk of transmitting infectious disease</p> | N/K                     |

# WHCs – Reliant on External Factors



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| Welsh Health Circular                                                                             | Clinical Care Group / Executive Function | Lead Executive (and CCG Director for those aligned to Chief Operating Officer) | Reason for External Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Impact of non-compliance according to risk assessment | UHB Implementation Date |
|---------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------|
| <a href="#">016-24: Healthy Child Wales Programme: for school aged children</a> Issued April 2024 | Planned & Specialist Care                | Chief Operating Officer / CCG Service Director for Planned & Specialist Care   | A Healthy Child Wales Programme 2 (HCWP2) School-Aged Children Operating Model Workshop took place on 29 June 2026 to review implementation progress and agree next steps. The Welsh Government Policy Team has been tasked with developing a programme-lite HCWP2 Delivery Plan and refreshing reporting arrangements to provide greater clarity on deliverables, risks and dependencies. Consequently, local HCWP2 implementation remains dependent on national decisions and timescales, with further direction, revised delivery expectations and associated delivery plans awaited from Welsh Government. | No risk identified on Datix.                          | N/K                     |

# WHCs – Complete Pending Formal Approval For Closure



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| Welsh Health Circular                                                                                                                 | Clinical Care Group/Executive Function                  | Lead Executive (and CCG Director for those aligned to Chief Operating Officer)                                                                                                | UHB Implementation Date |
|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <u>037-25: Infected Blood Inquiry: Implementation of Recommendation 7e: Implementing SHOT reports</u><br><b>Issued September 2025</b> | Operational Allied Health Professions & Health Sciences | Chief Operating Officer & Executive Director of Allied Health Professions & Health Sciences/ CCG Service Director for Operational Allied Health Professions & Health Sciences | Feb-26                  |

# WHCs – Complete and Approved



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| Welsh Health Circular                                                                                                                                                   | Clinical Care Group/Executive Function            | Lead Executive (and CCG Director for those aligned to Chief Operating Officer) | UHB Implementation Date | Date WHC completed (i.e. Executive approval received). |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------|
| 006-18: Framework of Action for Wales, 2017-2020 (Not Available Online) <b>Issued Feb 2018</b>                                                                          | Primary Care                                      | Chief Operating Officer                                                        | Mar-26                  | Jul-26                                                 |
| <a href="#">004-25: NHS Wales National Clinical Audit and Outcome Review Plan Annual Rolling Programme for 2026/27</a> <b>Issued April 2025</b>                         | Medical Directorate                               | Medical Director                                                               | Apr-26                  | Aug-26                                                 |
| <a href="#">006-26: Listening to People: The amended NHS Wales complaints, incidents and redress process</a> <b>Issued March 2026</b>                                   | Nursing, Quality & Patient Experience Directorate | Director of Nursing, Quality & Patient Experience                              | Jul-26                  | Jul-26                                                 |
| 017-26 Enabling community pharmacies to supply medicines ordered by optometrists as part of providing NHS care in Wales (Not Available Online) <b>Issued March 2026</b> | Primary Care                                      | Chief Operating Officer                                                        | May-26                  | Jun-26                                                 |
| <a href="#">026-18: Phase 2 – primary care quality and delivery measures</a> <b>Issued July 2018</b>                                                                    | Primary Care                                      | Chief Operating Officer                                                        | Mar-26                  | Jul-26                                                 |



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## Risk Management

- ## 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.





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



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CYMRU  
**NHS**  
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| Risk Ref | Risk (for more detail see individual risk entries)                  | Executive Director | Domain                   | Previous Risk Score | Risk Score Sep-26 | Trend    | Target Risk Score (tolerable score) | Expected Date of achieving Target Risk Score | Risk on page no... |
|----------|---------------------------------------------------------------------|--------------------|--------------------------|---------------------|-------------------|----------|-------------------------------------|----------------------------------------------|--------------------|
| 2359     | Embedding a Quality Management System and demonstrating improvement | Daniel, Sharon     | Quality/Complaints/Audit | NA                  | 4×4=16            | New risk | 3×2=6                               | 30/04/2028                                   | <a href="#">6</a>  |
| 2357     | Enhancing Patient and Staff Experience                              | Daniel, Sharon     | Quality/Complaints/Audit | NA                  | 3×4=12            | New risk | 2×2=4                               | 31/03/2028                                   | <a href="#">11</a> |

## RISK SCORING MATRIX

| Likelihood x Impact = Risk Score                                                                                                                    |                                                                                                                   |                                                                                            |                                                                                                                                           |                                                                                                           |                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
|                                                                                                                                                     |                                                                                                                   | Corporate Risk Description:                                                                |                                                                                                                                           |                                                                                                           |                                                                    |
| Likelihood                                                                                                                                          | 1                                                                                                                 | 2                                                                                          | 3                                                                                                                                         | 4                                                                                                         | 5                                                                  |
| Descriptor                                                                                                                                          | Rare                                                                                                              | Unlikely                                                                                   | Possible                                                                                                                                  | Likely                                                                                                    | Almost Certain                                                     |
| Frequency - How often might it/does it happen?<br><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?<br><small>(what is the chance the adverse consequence will occur in a given reference period?)</small>         | (0-5%*)                                                                                                           | (5-25%*)                                                                                   | (25-75%*)                                                                                                                                 | (75-95%*)                                                                                                 | (>95%*)                                                            |
|                                                                                                                                                     | *used to assign a probability score for risks related to time-limited or one off projects or business objectives. |                                                                                            |                                                                                                                                           |                                                                                                           |                                                                    |
| Risk Impact Domains                                                                                                                                 | Negligible - 1                                                                                                    | Minor - 2                                                                                  | Moderate - 3                                                                                                                              | Major - 4                                                                                                 | Catastrophic - 5                                                   |
| Safety of Patients, Staff or Public                                                                                                                 | Minimal injury requiring no/minimal intervention or treatment.                                                    | Minor injury or illness, requiring minor intervention.                                     | Moderate injury requiring professional intervention.                                                                                      | Major injury leading to long-term incapacity/disability.                                                  | Incident leading to death.                                         |
|                                                                                                                                                     | No time off work.                                                                                                 | Requiring time off work for >3 days                                                        | Requiring time off work for 4-14 days.                                                                                                    | Requiring time off work for >14 days.                                                                     | Multiple permanent injuries or irreversible health effects.        |
|                                                                                                                                                     |                                                                                                                   | Increase in length of hospital stay by 1-3 days.                                           | Increase in length of hospital stay by 4-15 days.<br>Agency reportable incident.<br>An event which impacts on a small number of patients. | Increase in length of hospital stay by >15 days.<br>Mismanagement of patient care with long-term 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.<br>Reduced performance if unresolved. | Major patient safety implications if findings are not acted on.                                                                           |                                                                                                           |                                                                    |

|                                                       |                                                                                   |                                                                                                                              |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Workforce &amp; OD</b>                             | 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.                                                                                 |
| <b>Statutory Duty or Inspections</b>                  | 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.                                                                                                                                                                                                                                                                                           | Complete systems change required.                                                                                                                        |
|                                                       |                                                                                   |                                                                                                                              |                                                                                                                                                                                                                       | Low achievement of performance/delivery requirements.                                                                                                                                                                                                                                                          | Low achievement of performance/delivery requirements.                                                                                                    |
| <b>Adverse Publicity or Reputation</b>                | 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.                                                                                                                         |
| <b>Business Objectives or Projects</b>                | 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.                                                            |
| <b>Finance including Claims</b>                       | 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.                                                                                            |
| <b>Service or Business interruption or disruption</b> | 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.                                                                                                                            |
| <b>Environmental</b>                                  | Minimal or no impact on the environment.                                          | Minor impact on environment.                                                                                                 | Moderate impact on environment.                                                                                                                                                                                       | Major impact on environment.                                                                                                                                                                                                                                                                                   | Catastrophic/critical impact on environment.                                                                                                             |
| <b>Health Equity</b>                                  | 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                                                          |                                         | NB Assurance Map will tell you if<br>you have sufficient sources of<br>assurance not what those sources<br>are telling you |
|-----------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
|  | 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                   |

|                              |               |
|------------------------------|---------------|
| <b>Date Risk Identified:</b> | Mar-26        |
| <b>Strategic Objective:</b>  | 3. Great Care |

|                                  |                                          |                             |        |
|----------------------------------|------------------------------------------|-----------------------------|--------|
| <b>Executive Director Owner:</b> | Daniel, Sharon                           | <b>Date of Review:</b>      | Jun-26 |
| <b>Lead Committee:</b>           | Quality, Safety and Experience Committee | <b>Date of Next Review:</b> | Jul-26 |

|                                                                    |             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------|-------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Risk ID:</b>                                                    | <b>2359</b> | <b>Principal Risk Description:</b> | There is a risk that the Health Board may be unable to demonstrate full compliance with the Duty of Quality or deliver sustained quality improvement in the delivery of our strategy. This is caused by inconsistent implementation of key organisational frameworks such as the Quality Management System and Fragile Services Framework, continued service fragility and system pressures. This could lead to an impact/affect on the Health Board being unable to evidence decision making through a quality lens, system-wide continuous quality improvement, reduced ability to provide assurance that patient care is safe, timely, effective, efficient, equitable and person-centred (STEEEP), loss of public confidence and heightened regulatory scrutiny. |
| <b>Does this risk link to any Directorate (operational) risks?</b> |             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

|                                   |                          |                                 |
|-----------------------------------|--------------------------|---------------------------------|
| Risk Rating:(Likelihood x Impact) |                          | No trend information available. |
| Domain:                           | Quality/Complaints/Audit |                                 |
| Inherent Risk Score (L x I):      | 5×5=25                   |                                 |
| Current Risk Score (L x I):       | 4×4=16                   |                                 |
| Target Risk Score (L x I):        | 3×2=6                    |                                 |
| Expected Date To Achieve TRS:     | 30/04/2028               |                                 |
|                                   |                          |                                 |
| Trend:                            | New risk                 |                                 |

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Rationale for CURRENT Risk Score:</b>                                                                                                                                                          |
| Financial pressures, known and unassessed service fragility, implementation of the agreed quality management system and assurance that all strategic decisions are made through the quality lens. |

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| <b>Rationale for TARGET Risk Score:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p>A TRS of 6 is achievable only once:</p> <ul style="list-style-type: none"> <li>• 7 day UEC model is embedded across all counties.</li> <li>• Planned Care recovery pathways are standardised and sustainable.</li> <li>• A digital unified record supports early deterioration detection and flow.</li> <li>• Enhanced community capacity reduces acute demand.</li> <li>• Diagnostic resilience enables timely treatment and improved RTT.</li> <li>• Duty of Quality operationalisation is demonstrated across all care pathways through consistent use of the Quality Management System and articulation of the impact through the lens of the Healthcare Quality Standards (STEEEP).</li> </ul> |

| Key CONTROLS Currently in Place:<br>(The existing controls and processes in place to manage the risk)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Gaps in CONTROLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                    |            |                                                                                                                                                                                                               |
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| <p>Quality Planning</p> <ul style="list-style-type: none"> <li>• 6 Goals for Urgent &amp; Emergency Care (UEC) delivery framework defining the future model for urgent and emergency care.</li> <li>• Planned Care Recovery Programme focused on RTT reduction, theatre utilisation, diagnostics and cancer performance.</li> <li>• Women's Health improvement actions, including access reviews and pathway redesign.</li> <li>• Mental Health strategy focused on strengthening crisis response, community alternatives and early intervention.</li> <li>• Digital Strategic Plan, including e Observations, electronic patient flow and unified data architecture.</li> <li>• Development of a regional data fabric and digital front door to support future access and integration.</li> <li>• International recruitment strategy, preceptorship programmes, ACP/ANP pipeline and medical workforce stabilisation plans.</li> <li>• Organisational Change Process supporting the move to 7 day services.</li> </ul> <p>Quality Control</p> <ul style="list-style-type: none"> <li>• Daily and weekly operational huddles focused on patient safety, flow and harm surveillance.</li> <li>• Waiting List Support and prioritisation processes to manage and protect highest risk patients.</li> <li>• Our Safety and Our Performance dashboards available to all CCGs for real time oversight of patient safety indicators.</li> <li>• Performance dashboards monitoring access, flow, productivity and quality metrics.</li> <li>• Operational oversight of partial UEC improvements (clinical streaming, virtual wards, 5 day SDEC).</li> </ul> <p>Quality Assurance</p> <ul style="list-style-type: none"> <li>• Quality Management System (Improving Together) incorporating STEEP indicators.</li> <li>• Quality Impact Assessments (QIAs) and Equality Impact Assessments (EQIAs) to assure safe and equitable service change.</li> <li>• Formal governance and escalation through Directorate IGGs, QSEC, Performance Committee and IQFPD oversight cycles.</li> <li>• Use of consistent assurance data from harms and performance dashboards to support Executive and Board assurance.</li> </ul> <p>Quality Improvement</p> | <p>Quality Planning</p> <ul style="list-style-type: none"> <li>• Full 7 day SDEC, Clinical Streaming and Hospital@Home models not yet implemented consistently across all sites.</li> <li>• Incomplete community capacity to prevent demand, redirect patients, and support Home First models.</li> <li>• Women's Health and Mental Health pathway optimisation still in early stages of implementation.</li> <li>• Estates constraints limiting patient flow, theatre productivity and diagnostic expansion.</li> <li>• Insufficient diagnostic and therapeutic capacity to support delivery of UEC transformation and Planned Care recovery at scale.</li> </ul> <p>Quality Control</p> <ul style="list-style-type: none"> <li>• Digital interoperability gaps, limiting access to fully integrated, real time clinical risk and flow signals.</li> <li>• Operational impact of capacity shortfalls in diagnostics, theatres and community services affecting ability to manage flow in real time.</li> <li>• Workforce capacity pressures in key professions impacting operational consistency and responsiveness.</li> </ul> <p>Quality Assurance</p> <ul style="list-style-type: none"> <li>• Variation in pathway standards and clinical practice across localities, reducing assurance of equitable and consistent care.</li> <li>• Incomplete digital integration, limiting assurance that early warning signs, clinical risk and deterioration are</li> </ul> | <p>Implement phased 7 day CSS, SDEC, H@H (per business case).</p>   | Carruthers, Andrew | 31/03/2028 | Support required from Medical Director and Executive Director of Nursing, Quality and Patient Experience to fully implement this action.                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Develop extended hours model and workforce plan.                    | Henwood, Mr Mark   | 30/04/2028 | Support required from Medical Director and Executive Director of Allied Health Professions and Health Sciences to fully implement this action.                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Implement theatre, outpatient & diagnostics optimisation; GIRFT.    | Carruthers, Andrew | 31/03/2027 | Support required from Medical Director to fully implement this action.                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Deliver Digital Strategic Plan foundations and real time analytics. | Thomas, Huw -      | 31/03/2027 | Year 1 foundations are currently underway.                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Expand urgent community response, frailty, virtual wards.           | Carruthers, Andrew | 31/03/2028 | Support required from Medical Director to fully implement this action.                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Implement Health Equity Framework & pathway standardisation.        | Gjini, Ardiana     | 31/03/2027 | Support required from Medical Director, Executive Director of Nursing, Quality and Patient Experience and Executive Director of Allied Health Professions and Health Sciences to fully implement this action. |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                 |                    |                                     |                                                                                                                                                     |
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| <ul style="list-style-type: none"> <li>• Incremental delivery and optimisation of UEC improvements, including clinical streaming, virtual wards and Same Day Emergency Care.</li> <li>• Improvement activity within the Planned Care Recovery Programme to improve flow, productivity and patient outcomes.</li> <li>• Women's Health pathway redesign improving access, quality and experience.</li> <li>• Mental Health service transformation to improve crisis response and reduce reliance on acute care.</li> <li>• Continuous improvement enabled through digital transformation (flow management, data integration, e Obs).</li> <li>• Workforce capability development via preceptorship, advanced practice expansion and stabilisation initiatives.</li> </ul> | <p>consistently visible across settings.</p> <ul style="list-style-type: none"> <li>• Workforce constraints reducing assurance that staffing models can reliably sustain safe and effective services.</li> </ul> <p>Quality Improvement</p> <ul style="list-style-type: none"> <li>• Scaling and standardisation of SDEC, Clinical Streaming and Hospital@Home models across all sites.</li> <li>• Improvement required in diagnostic and therapeutic capacity, including productivity and access.</li> <li>• Strengthening community based alternatives to reduce avoidable hospital attendance and admission.</li> <li>• Digital improvement to integrate real time risk, flow and safety intelligence.</li> <li>• Pathway optimisation for Women's Health and Mental Health to achieve consistent, system wide impact.</li> <li>• Workforce improvement actions to address supply, skill mix and sustainability pressures.</li> </ul> | Embed pathways, workforce and service redesign.                                                 | Carruthers, Andrew | 31/03/2027                          | Support required from Mental Health CCG Director to fully implement this action.                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Develop QMS agenda template for sub-groups of QSIG and QMS report for groups reporting to QSIG. | Daniel, Sharon     | <del>31/05/2026</del><br>31/10/2026 | Support required from Risk and Governance Team for reporting into QSIG e.g. amending AAA report Template ToR has been trialled with SSSG and IPSSG. |

| ASSURANCE MAP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           |                   |                    | Control RAG Rating (what the assurance is telling you about your controls) | Latest Papers (Committee & date)                                                                                                                                                                                                                                   | Gaps in ASSURANCES                                                           |                                                                                                                                                                                                                   |                    |            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------|--------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------|-----------------------------------------------------------------------------------------------|
| Performance Indicators                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sources of ASSURANCE                                                                                      | Type of Assurance | Required Assurance |                                                                            |                                                                                                                                                                                                                                                                    | Identified Gaps in Assurance:                                                | How are the Gaps in ASSURANCE will be addressed                                                                                                                                                                   | By Who             | By When    | Progress                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                           | (1st, 2nd, 3rd)   | Current Level      |                                                                            |                                                                                                                                                                                                                                                                    |                                                                              |                                                                                                                                                                                                                   |                    |            |                                                                                               |
| ED 4-hr / 12-hr measures; ambulance handover <15/45 mins.<br><br>RTT (26/36/52/104-week) performance; Diagnostics <8 weeks; Cancer targets.<br><br>Weekend activity/flow metrics including zero-day LOS for SDEC.<br><br>H@H utilisation, avoidable admissions, early supported discharge.<br><br>Harm events: deterioration, inpatient falls, waits to treatment.<br><br>Equity indicators: deprivation gap, rurality access, protected characteristics outcomes.<br><br>Workforce: fill rates, vacancies, sickness. | Clinical Care Group Integrated Governance Groups .                                                        | 1st               |                    |                                                                            | UEC Business Case - Board (Jan 2026).<br><br>Digital Strategic Plan - Board (Jan 2026)<br><br>A Healthier Mid & West Wales Strategy Refresh - Board (Jan 2026)<br><br>Planned Care Recovery updates to FPC<br><br>Safety & Experience Reports to QSEC (bi-monthly) | Limited assurance of weekend risk reduction until 7 day model is operational | Compile and present an evidence pack demonstrating QMS (Improving Together) embedded in decision-making, including STEEEP measures, QIA/EQIA usage and governance minutes to evidence Duty of Quality compliance. | Daniel, Sharon     | 31/05/2026 | QMS reporting template and evidence pack in development; initial submission due May-26.       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Use of Our Safety, PROMS. Listening to People (complaints and incidents) and other quality related data . | 1st               |                    |                                                                            |                                                                                                                                                                                                                                                                    | Need stronger triangulation across UEC + Planned Care + community outcomes   | Implement real-time deterioration and patient-flow alerts (eObs/EPR + dashboards) and produce a routine assurance report for IGGs/QSEC.                                                                           | Thomas, Huw -      | 31/03/2027 | Digital foundations underway; alerting approach to be incorporated into Year 1 delivery.      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Patient flow meetings .                                                                                   | 1st               |                    |                                                                            |                                                                                                                                                                                                                                                                    | Limited real-time predictive analytics                                       | Commission an evaluation of Phase 1 of the 7-day UEC model (including weekend outcomes, safety and flow metrics) and report findings to QSEC.                                                                     | Carruthers, Andrew | 30/09/2026 | Scope to be agreed with Medical Director; evaluation approach and timescales to be confirmed. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Audits .                                                                                                  | 1st               |                    |                                                                            |                                                                                                                                                                                                                                                                    |                                                                              | Deliver and evidence full operationalisation of the 7-day UEC model (SDEC, clinical streaming, Hospital@Home) across all sites, including weekend performance assurance.                                          | Carruthers, Andrew | 31/03/2028 | UEC business case approved Jan-26; phased implementation in progress.                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Performance dashboards .                                                                                  | 1st               |                    |                                                                            |                                                                                                                                                                                                                                                                    |                                                                              | Agree and deliver a sustainable Planned Care recovery plan (diagnostics + theatres optimisation/GIRFT) with clear assurance metrics and committee reporting.                                                      | Carruthers, Andrew | 31/03/2027 | Programme established; optimisation plan to be tracked through Performance Committee.         |

|                                                                           |                                                      |     |  |  |  |  |  |                                                                                                                                                                                                        |                  |            |                                                                                                      |
|---------------------------------------------------------------------------|------------------------------------------------------|-----|--|--|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------|------------------------------------------------------------------------------------------------------|
| Patient experience: PREMs, complaints, Friends & Family, Civica feedback. | Reports to DDIC, FPC, PODCC & QSEC .                 | 2nd |  |  |  |  |  | Deliver Digital Strategic Plan priorities to enable a unified record and predictive analytics, with a Board-level assurance dashboard.                                                                 | Thomas, Huw -    | 31/03/2027 | Year 1 foundations underway; analytics roadmap in development.                                       |
|                                                                           | HIW inspections .                                    | 3rd |  |  |  |  |  | Expand community & preventative capacity (20Four7/Community by Design), including urgent community response, frailty and virtual wards, with outcome and utilisation assurance metrics.                | Henwood, Mr Mark | 30/04/2028 | Model design underway; workforce and capacity plan to be agreed and implemented.                     |
|                                                                           | External audits undertaken by Audit Wales .          | 3rd |  |  |  |  |  | Implement the Health Equity Framework and pathway standardisation to reduce unwarranted variation; incorporate equity indicators into routine assurance reporting.                                     | Gjini, Ardiana   | 31/03/2027 | Framework implementation planned; baseline equity metrics being defined.                             |
|                                                                           | Internal Audits on quality, governance and digital . | 3rd |  |  |  |  |  | Embed the use of the Healthcare Quality Standards (STEEEP) and enablers across all services and improve reporting through the QMS lens to committees and groups (Support required from all Directors). | Daniel, Sharon   | 31/03/2027 | Reporting cycles established; standardisation of outcome measures and assurance mapping in progress. |

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| <b>Date Risk Identified:</b> | Mar-26            |
| <b>Strategic Objective:</b>  | 1. Thriving Teams |

|                                  |                                          |                             |        |
|----------------------------------|------------------------------------------|-----------------------------|--------|
| <b>Executive Director Owner:</b> | Daniel, Sharon                           | <b>Date of Review:</b>      | Sep-26 |
| <b>Lead Committee:</b>           | Quality, Safety and Experience Committee | <b>Date of Next Review:</b> | Nov-26 |

|                                                                    |             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------|-------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Risk ID:</b>                                                    | <b>2357</b> | <b>Principal Risk Description:</b> | There is a risk the Health Board will be unable to consistently deliver a high quality, person centred experience for patients, families and staff, in line with its ambition to provide safe, compassionate and equitable care. This is caused by the absence of a fully embedded, organisation-wide customer service and experience framework, including the lack of a Single Point of Contact, limited advice and support capacity, and fragmented systems for triaging, tracking, and managing care pathways, and learning from and acting on customer feedback and concerns. This could lead to an impact/affect on patient and staff experience, early identification and reduction of harm, equitable access to support, reduced public trust and confidence, staff morale, and missed opportunities to learn, improve and deliver its strategic objectives for quality, safety, efficiency, prevention and population outcomes. |
| <b>Does this risk link to any Directorate (operational) risks?</b> |             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

|                                          |                          |                                        |
|------------------------------------------|--------------------------|----------------------------------------|
| <b>Risk Rating:(Likelihood x Impact)</b> |                          | <b>No trend information available.</b> |
| <b>Domain:</b>                           | Quality/Complaints/Audit |                                        |
| <b>Inherent Risk Score (L x I):</b>      | 4×4=16                   |                                        |
| <b>Current Risk Score (L x I):</b>       | 3×4=12                   |                                        |
| <b>Target Risk Score (L x I):</b>        | 2×2=4                    |                                        |
| <b>Expected Date To Achieve TRS:</b>     | 31/03/2028               |                                        |
|                                          |                          |                                        |
| <b>Trend:</b>                            | New risk                 |                                        |

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| <b>Rationale for CURRENT Risk Score:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| The score reflects developing but partial maturity of systems that gather, analyse and act on customer insight across patients and staff. Tools and forums exist (Civica, patient/staff surveys and pulses, Listening & Learning Sub Committee, Communication Hub, WLSS engagement, Harms and Our Performance dashboards, Improving Together), yet integration and consistent follow through remain variable, limiting timely, reliable responses and systematic learning. There is fragility and capacity within the current waiting list support service, and communication hub. PALS service has been stood down due to capacity and requirement to focus on early resolution as part of the Listening to People Process. This requires digital and financial support to deliver enhanced customer service across the health board. |

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| <b>Rationale for TARGET Risk Score:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Achieving TRS requires: (1) establishing a SPOC and PALS style function; (2) adopting a customer service framework and standards; (3) implementing a unified query management approach with clear triage/escalation and defined response times; (4) strengthening triangulation across Civica, PREMs/PROMs, complaints, staff pulses, WLSS contact and quality/safety metrics; (5) routine post implementation reviews evidencing improvements for customers. To reduce this risk to the TRS of 4 will require realignment of resources to support the development of a customer service centre, and to support the enhancements required to the digital infrastructure. |

| Key CONTROLS Currently in Place:<br>(The existing controls and processes in place to manage the risk)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Gaps in CONTROLS                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                                     |             |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 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>Central Communication Hub with workstreams supporting operational teams to communicate with patients.</p> <p>Contact details available to the public via website.</p> <p>Waiting List Support Service (WLSS) engagement using the 3Ps approach.</p> <p>PALS in place.</p> <p>Civica real time feedback deployed across multiple services.</p> <p>Improving Together sessions and dashboards; Harms and Our Performance dashboards for triangulation.</p> <p>Quality Impact Assessment process embedding experience considerations in service change.</p> <p>Ongoing engagement with Llais and communities, including novel approaches deployed during major consultations.</p> <p>To add detail on Patient Experience Charter / policies / procedures / strategies for patient communication.</p> <p>WLSS - full report on activity in line with national requirements to identify pathway concerns (i.e activity outcomes aligned to national guidance).</p> <p>Listening and Learning Committee.</p> | Fragmented, unconnected customer query routes (multiple phone numbers, emails, inboxes), risk of dropped or delayed responses.                                                        | Design and implement a Health Board wide Single Point of Contact (SPOC) with clinical oversight. This will require the project management capacity, scoping, designing and resourcing of a SPOC model (telephony + digital + case management) for patients, families and staff, with defined service standards (e.g., call answer time, first contact resolution, escalation criteria, response time SLAs). (Support will be required of the Director of Finance, Director of Communications, Director of Strategy and Planning and Chief Operating Officer to fully implement this action). | Daniel, Sharon | 31/12/2027                          | New action. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No integrated system/dataset providing whole system oversight of customer contact points and outcomes.                                                                                | Establish a modernised PALS style service to provide on the ground support to facilitate early resolution, signposting, advocacy and proactive follow up. This will require alignment with Speak Up arrangements and complaints to avoid duplication. (Support will be required of the Director of Workforce, Chief Operating Officer and a Patient Experience Lead to fully implement this action).                                                                                                                                                                                         | Daniel, Sharon | 31/03/2027                          | New action. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Insufficient PALS capacity "front of house", WLSS and Communication Hub to provide early resolution, advocacy and real time support.                                                  | Implement a unified customer query management & tracking system to provide one system of record required to log, triage, track and close all customer enquiries; integrate with Civica and complaints, and to provide near real time operational and Board level reporting. (Support will be required of the Director of Finance and Patient Experience Lead).                                                                                                                                                                                                                               | Daniel, Sharon | <del>31/12/2026</del><br>31/03/2027 | New action. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No standard protocol for triage, escalation, tracking and closure of enquiries across all services.                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                                     |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Lack of an organisation wide customer service framework and standards with defined behaviours and response time expectations.                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                                     |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Inconsistent triangulation of qualitative and quantitative data (Civica, PREMs/PROMs/FROMs, complaints, WLSP, dashboards).                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                                     |             |

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|  | Adopt a Customer Service Framework & Standards + training which will set out the definitions required of behaviours, response times, escalation rules, and compassionate communication standards, and the delivery of targeted training (listening skills, conflict resolution, difficult conversations, inclusive communications). (Support will be required of the Director of Workforce, Director of Communications and Patient Experience Lead to fully implement this action). | Daniel, Sharon | 31/03/2027                          | New action.                                                                                                                                         |
|  | Strengthen triangulation & insight which will require the integration of Civica, PREMs/PROMs/WLSS contacts, complaints, staff pulses, operational KPIs and safety indicators into a unified Customer Experience Dashboard; embed in Improving Together and Board reporting.                                                                                                                                                                                                         | Daniel, Sharon | 31/12/2026                          | New action.                                                                                                                                         |
|  | Embed routine post implementation reviews (PIRs) to assess customer experience impact of service changes; publish learning and improvement actions.                                                                                                                                                                                                                                                                                                                                 | Daniel, Sharon | 30/09/2026                          | New action.                                                                                                                                         |
|  | Enhance the digital infrastructure to accommodate all services and functions hosted within the SPOC                                                                                                                                                                                                                                                                                                                                                                                 | Thomas, Huw -  | 31/12/2027                          | New action.                                                                                                                                         |
|  | Develop a workforce plan to support the development and implementation of digital systems.                                                                                                                                                                                                                                                                                                                                                                                          | Daniel, Sharon | <del>30/09/2026</del><br>31/12/2026 | Development of a SPOC is dependent on a digital infrastructure, with a Patient Services Centre paper due to be presented to Board in November 2026. |
|  | To update all forms of communication and correspondence, website and links ensuring patients are signposted to the relevant area (via search engine results)                                                                                                                                                                                                                                                                                                                        | Daniel, Sharon | <del>30/09/2026</del><br>31/12/2026 | New action.                                                                                                                                         |

| ASSURANCE MAP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |                   |                                      | Control RAG Rating (what the assurance is telling you about your controls) | Latest Papers (Committee & date)       | Gaps in ASSURANCES                                                                                                                                                                                                                                       |                                                                                                                                                                                               |                  |                                     |                                                                                                                                                                                                                                                         |
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| Performance Indicators                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sources of ASSURANCE                                                             | Type of Assurance | Required Assurance                   |                                                                            |                                        | Identified Gaps in Assurance:                                                                                                                                                                                                                            | How are the Gaps in ASSURANCE will be addressed                                                                                                                                               | By Who           | By When                             | Progress                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  | (1st, 2nd, 3rd)   | <div><div></div></div> Current Level |                                                                            |                                        |                                                                                                                                                                                                                                                          |                                                                                                                                                                                               |                  |                                     |                                                                                                                                                                                                                                                         |
| SPOC metrics: time to answer, abandonment rate, first contact resolution, average handling time.<br><br>PALS style metrics: % resolved within 48/120 hours; themes and early resolution rate.<br><br>Civica metrics: coverage, response rate, positive sentiment, equity (experience by population group), top 5 themes by site/service.<br><br>PREMs/PROMs/FR OM: experience indicators on priority pathways and trend over time.<br><br>Complaints/Ombudsman: volume, severity, conversion from concerns to formal complaints, time to respond, early resolution.<br><br>Staff pulse survey: customer service | Communication Hub Steering Group and operational leads .                         | 1st               |                                      |                                                                            | Patient Service Centre - Board (Jan26) | Inconsistent / lack of system integration to allow PROMs capture across whole patient pathways<br><br>Timeliness: SLA not in place to monitor compliance for responses across all interfacing services<br><br>Lack of SPOC project management governance | To further develop / strengthen access to PROMS/PREMS across whole patient pathway to drive decision making                                                                                   | Henwood, Mr Mark | 31/01/2027                          | New action.                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Directorate Quality Governance Meetings .                                        | 1st               |                                      |                                                                            |                                        |                                                                                                                                                                                                                                                          | To develop and implement SLAs with each Clinical Care Group to ensure compliance for timely responses, and appropriate reporting (Support will be required from the Chief Operating Officer). | Daniel, Sharon   | <del>30/06/2026</del><br>31/10/2026 | Revised date provided due to the testing and development of a new patient concerns processes via the Communication Hub and Waiting List Support Service. Work is ongoing with operational teams to develop processes which will inform the formal SLAs. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Improving Together performance sessions .                                        | 2nd               |                                      |                                                                            |                                        |                                                                                                                                                                                                                                                          | To develop a SPOC steering group, including involvement with Digital and incorporating previous WLSS Steering Group                                                                           | Daniel, Sharon   | <del>30/06/2026</del><br>31/12/2026 | Revised action date provided as dependent on the digital infrastructure, with a paper due to Board in November 2026.                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Patient Experience Reports to Board .                                            | 2nd               |                                      |                                                                            |                                        |                                                                                                                                                                                                                                                          |                                                                                                                                                                                               |                  |                                     |                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Listening & Learning Sub Committee .                                             | 2nd               |                                      |                                                                            |                                        |                                                                                                                                                                                                                                                          |                                                                                                                                                                                               |                  |                                     |                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Quality, Safety & Experience Committee scrutiny assurance on improved outcomes . | 2nd               |                                      |                                                                            |                                        |                                                                                                                                                                                                                                                          |                                                                                                                                                                                               |                  |                                     |                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Executive Team oversight of Planning Objectives .                                | 2nd               |                                      |                                                                            |                                        |                                                                                                                                                                                                                                                          |                                                                                                                                                                                               |                  |                                     |                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Speak Up / engagement reports .                                                  | 2nd               |                                      |                                                                            |                                        |                                                                                                                                                                                                                                                          |                                                                                                                                                                                               |                  |                                     |                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Our Performance and Harms dashboards .                                           | 2nd               |                                      |                                                                            |                                        |                                                                                                                                                                                                                                                          |                                                                                                                                                                                               |                  |                                     |                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                   |                                      |                                                                            |                                        |                                                                                                                                                                                                                                                          |                                                                                                                                                                                               |                  |                                     |                                                                                                                                                                                                                                                         |

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| Customer service culture items (respect, support, communication).<br><br>Timeliness: SLA compliance for responses across all interfacing services. | HIW inspection findings and follow up .                                                         | 3rd |  |  |  |  |  |  |
|                                                                                                                                                    | PSOW decisions .                                                                                | 3rd |  |  |  |  |  |  |
|                                                                                                                                                    | Internal Audit work on safety indicators / quality governance / triangulation as commissioned . | 3rd |  |  |  |  |  |  |