GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Assurance and Risk Report

Strategy and Planning Committee – 20 August 2026

Situation

This report provides the Strategy and Planning Committee (SPC) with the status of the corporate risks, audit and inspections recommendations and Ministerial Directions (MDs).

The Committee is asked to seek assurance from the Lead Executive Directors that risks are being managed effectively, that recommendations from audit and inspections, and MDs, are being implemented by the Health Board.

Principal risks, operational risks, and Welsh Health Circulars are reported at alternate meetings, and due to be presented to SPC at its next meeting in November 2026.

Corporate Risks:	Audits & Inspection Reports	Ministerial Directions
2	9	0

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.

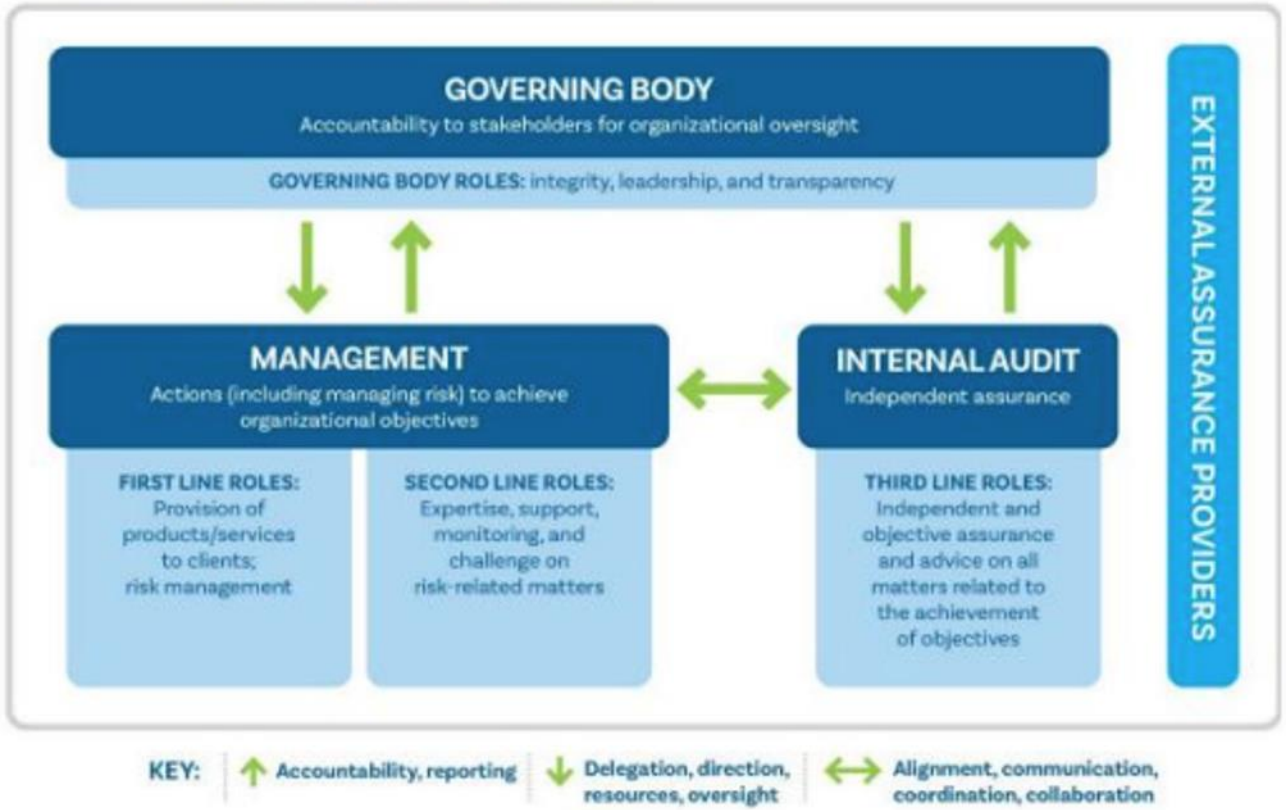
The Health Board's risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either Principal, Corporate or Operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval 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 (CCG) 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 reporting areas of significant concern (eg where the risk appetite is exceeded, or there is a lack of action).

Committees are also responsible for reviewing risks over tolerance and where appropriate, recommend the 'acceptance' of risks that cannot be brought within risk appetite.



Corporate risks assigned to SPC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Hywel Dda Risk Heat Map					
	LIKELIHOOD →				
IMPACT ↓	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5					
Major 4				2212, 2379	
Moderate 3					
Minor 2					
Negligible 1					

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

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

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

There are two corporate risks currently aligned to SPC (out of the 26 that are currently on the CRR at 13 July 2026).

The following slide provides a summary of the reportable corporate risks aligned to SPC. The Corporate Risk Register attached at **Appendix 1**, provides full detail of the risks, including control measures in place, a risk action plan to further manage and mitigate the risks, and sources of assurance.

Corporate Risks aligned to SPC

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

- Meeting statutory and regulatory requirements;
- Delivering long-term strategic objectives due to resource constraints, financial pressures, and reliance on significant organisational change;
- Building sufficient organisational resilience to respond to external system pressures and internal operational pressures;
- Faces financial constraints and funding dependencies; and
- Demonstrating an achievable route to sustainability and improvement.

The potential impact of the risks includes:

- Continued regulatory intervention;
- Financial instability;
- Reduced organisational resilience;
- Risks to service quality and patient safety; and
- Reduced confidence in the ability to deliver the Health Board's strategic objectives

Common actions noted across the risks demonstrate the need to:

- Strengthen leadership and governance arrangements;
- Improve planning capacity;
- Enhance organisational capability and accountability;
- Increase assurance and performance monitoring; and
- Improve organisational resilience.

Corporate Risks assigned to SPC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference and Title	Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS	Included in Annual Plan 2026/27?
2212 - There is a risk that the Health Board will not have an approvable Integrated Medium-Term Plan (IMTP) by March 2028.	**Director of Strategy and Planning**	**Director of Strategy and Planning**	**16**	**16** (Reviewed 16/07/2026)	**4**	31/03/2028	N/A

Rationale for Current Risk Score

The 2026/27 Annual Plan sits within a three-year planning horizon (2026–29), but it has not been possible to submit an approvable IMTP. The statutory breach under Section 175(2A) of the NHS (Wales) Act 2006 continues and the Health Board remains in Targeted Intervention (TI) for Planning and Finance, Urgent and Emergency Care (UEC) and Hospital Acquired Infections.

Following the Accountability Framework meeting in June 2026, the Managing Director of NHS Performance & Improvement issued a letter identifying three priorities: significant progress in UEC; action on fragile clinical services; and a credible trajectory to financial balance. It described the planned £41m deficit as neither agreed nor acceptable to Welsh Government, and required stronger savings delivery, clearer workforce and financial triangulation, and more ambitious but deliverable trajectories for planned care, diagnostics, cancer and UEC.

Following the Level 4 Escalation Board on 3 June, the Chief Executive of NHS Wales concluded that the Health Board did not have sufficient grip on its most significant financial and performance challenges. Ahead of the next escalation meeting, it required a clear financial roadmap to the required position and balance, a 50% reduction in Nationally Reportable Incident (NRI) investigations, and clear and ambitious trajectories for planned care, cancer and UEC. It also sought sustained improvement in infection prevention and control, complaints handling and learning from never events.

Rationale for Target Risk Score (TRS)

The target risk score of 4 and expected achievement date of 31 March 2028 were agreed by the Formal Executive Team in November 2025. Achievement of a financially balanced and approvable plan remains a key driver for de-escalation from Targeted Intervention.

The current gap between current and target risk score requires explicit Executive Team and Board consideration of whether the March 2028 target date remains realistic, given that the three-year financial trajectory does not achieve breakeven.

Corporate Risks assigned to SPC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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	Included in Annual Plan 2026/27?
2379 - Risk to effective climate adaptation and compliance due to insufficient resourcing, leadership and system-wide coordination	**Director of Public Health**	**Director of Public Health**	N/A	**16 (NEW) (Reviewed 19/06/2026)**	**9**	31/03/2030	**N/A new risk in FY26/27**

Rationale for Current Risk Score

While key strategic plans and national policy alignment are in place, there are significant gaps in leadership, co-ordination, resourcing and governance. These gaps reduce the effectiveness of existing controls and increase the likelihood of the risk materialising. Given the scale of climate-related risks to service delivery, patient safety and infrastructure, the consequence remains high (impact score 4). However, existing plans, partnerships and baseline activity provide some mitigation, reducing likelihood from very high (5) to high (4).

Rationale for TRS

Following establishment of clear leadership, strengthened governance, dedicated resourcing, and full integration of climate adaptation into planning cycles, risk registers, and operational planning, the likelihood of the risk materialising will reduce to moderate. Impact will also be reduced through improved preparedness, resilience measures, and proactive service adaptation. Residual risk will remain due to external climate pressures and system constraints.

Audits and Inspections - Overview

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The Health Board remains in Level 4 status with Welsh Government (WG) as a result of challenges relating to financial sustainability, strategy and planning, service delivery and organisational performance. Whilst the Health Board has been de-escalated for 'Leadership and Governance' from Level 3 to Level 1, the Health Board must meet the revised criteria:

- Evidence that all recommendations from the Royal Colleges / Health Inspectorate Wales (HIW) and other reviews specific to Hywel Dda University Health Board (HDdUHB) are discharged and either verified or delivered or scheduled for delivery within the Health Board's longer-term improvement plan;
- Support the implementation and realisation of Getting It Right First Time (GIRFT) and the national programme reviews opportunities;
- Support the implementation and realisation of the three Ps policy, GIRFT, theatre optimisation, Clinical Implementation Network (CIN) optimisation programmes and related national improvement recommendations; and
- Develop a prompt response to any HIW unannounced inspections, Audit Wales and Royal College recommendation, developing and completing action plans that demonstrate sustainable evidence.

All reports from audits, inspections and reviews undertaken across the Health Board are logged and tracked on AMaT (Audit Management and Tracking), with progress updated by relevant service leads against each recommendation, and evidence required to be uploaded to demonstrate progress and implementation; and any barriers to completion clearly noted.

AMaT enables services to directly update progress against all recommendations via one central system, promoting a consistent approach with regards to processes and reporting, improvement in transparency and accountability, supporting services with their governance arrangements, and improvement in information flow. Progress is monitored via the utilisation of a traffic light system based on performance against original completion dates.

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

Audit & Inspections – Summary
(1 of 2)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

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

Full detail of recommendations that are overdue are included in Appendix 2.

Report issued by	Report Title	Clinical Care Group / Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Total number of recs	Overdue	In Progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Unable to Complete	Any Barriers to Completion Noted?
Welsh Government	Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales **(issued Sep 23)**	Primary Care, Community Strategy & Long-Term Care	Chief Operating Officer	Apr-31	Apr-31	16	1	8	0	2	4	1	Lack of space within Health Board to support medicine hub.
Audit Wales	Primary Care Follow-up Review **(issued Nov 23)**	Primary Care, Community Strategy & Long-Term Care	Chief Operating Officer	Mar-25	~~Oct-25~~ N/K	2	0	0	0	0	0	2	Success will be achieved when CIVICA is available for use across Primary Care contractors
Internal Audit	Energy Management Final Internal Audit Report 2024/25 **(issued Nov 24)**	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	~~Jun-26~~ N/K	8	1	0	7	0	0	0	None noted.
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – **(issued May 25)**	Community & Integrated Medicine	Chief Operating Officer	Dec-25	Sep-26	14	4	0	8	2	0	0	None noted.

Audit & Inspections – Summary
(2 of 2)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Report issued by	Report Title	Clinical Care Group / Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Total number of recs	Overdue	In Progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Unable to Complete	Any Barriers to Completion Noted?
Internal Audit	Commissioning – Long Term Agreements Final Internal Audit Report 2025/26 **(issued Sep 25)**	Director of Strategy and Planning	Director of Strategy and Planning	Apr-26	Sep-26	1	1	0	0	0	0	0	The Health Board is working with other NHS Wales organisations to address the findings..
Internal Audit	Vaccination & Immunisation Final Internal Audit Report 2025/26 **(issued Feb 26)**	Director of Public Health	Director of Public Health	Jun-26	~~Jun-26~~ Dec-26	9	5	0	0	4	0	0	None noted.
Internal Audit	Major Infrastructure Investment Programme Final Internal Audit Report 2025/26 **(issued Apr 26)**	Director of Strategy and Planning	Director of Strategy and Planning	Jan-27	Jan-27	10	0	4	4	2	0	0	None noted – all recommendations currently in progress and not overdue
Internal Audit	Withybush General Hospital (WGH) – Fire Precautions Works Phase 2. Final Internal Audit Report 2025/26 **(issued Apr 26)**	Director of Strategy and Planning	Director of Strategy and Planning	Jul-26	Jul-26	8	0	2	6	0	0	0	None noted – all recommendations currently in progress and not overdue
Internal Audit	Commissioning – Third Sector Final Internal Audit Report 2025/26 **(issued Jun 26)**	Director of Strategy and Planning	Director of Strategy and Planning	Mar-27	Mar-27	4	0	4	0	0	0	0	None noted – all recommendations currently in progress and not overdue

Audits and Inspection Reports closed since previous report

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Since the previous report presented to SPC, the following reports have been formally approved as closed:

Report issued by	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Implementation Date	Number of recommendations in report	Report status
Audit Wales	Structured Assessment 2024 (issued Nov 24)	Director of Public Health	Director of Public Health	Mar-26	Mar-26	3	Complete

Implementation of Ministerial Directions

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Ministerial Directives are legislative in character as they alter legal rights and duties. MDs are issued by Welsh Ministers and include codes of practice and guidance. In complying with the requirements of various governance codes and the Annual Governance Statement requirements, the Health Board has a duty to provide assurance of compliance with MDs.

There are currently no open MDs assigned to SPC.

Status Category	Definition	Number of MDs
Overdue	The MD is behind schedule to the timescale provided by the lead officer.	0
Unable to Complete	The MD cannot be implemented due to existing barriers and/or it is no longer relevant/appropriate for the Health Board. Formal sign-off by the CCG/Function Lead is required prior to escalation to the Executive Team for formal approval via operational governance structures.	0
Pending Decision	The MD is pending a decision in order to implement e.g. outcomes of annual planning process, approval of funding requests, outcome of a QIA panel. Committee updates will detail whether the recommendation is overdue or not whilst decision pending.	0
In Progress	The MD is currently in progress, and within the agreed original timeframe for implementation.	0
Reliant on External Factors	The MD is considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation to implement.	0
Complete Pending Formal Approval	CCG / Function have confirmed compliance with the statutory requirements of the MD, and evidence send to relevant Lead Executive for confirmation.	0
Complete	CCG / Function have confirmed compliance with the statutory requirements of the MD, and receipt of approval to close obtained from Lead Executive.	0

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

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

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

Recommendations

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

Risk Management

- **RECEIVE ASSURANCE** that there are processes in place to oversee operational risks to ensure these are being managed effectively.

Audits, Inspections and Regulatory Reports

- **RECEIVE ASSURANCE** from the lead Executive Director or Supporting Officer on the management of recommendations raised in audit, inspection and regulatory reports within their area of responsibility, particularly in respect of confirming the full implementation of recommendations, any barriers to delivery and subsequent impacts of non/late delivery, and assurance that the risks associated with these are being managed effectively.

Ministerial Directions

- **RECEIVE ASSURANCE** that the Health Board is compliant with the MDs issued by Welsh Government.

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University Health Board

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Jun-26	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score	Risk on page no...
2379	Risk to effective climate adaptation and compliance due to insufficient resourcing, leadership and system-wide coordination	Gjini, Ardiana	Statutory duty/inspections	NA	**4×4=16**	New risk	**3×3=9**	3/31/2030	6

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? (how many times will the adverse consequence being assessed actually be realised?)	**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? (what is the chance the adverse consequence will occur in a given reference period?)	**(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.**	**Increase in length of hospital stay by >15 days.**	**An event which impacts on a large number of patients.**
			Agency reportable incident.	**Mismanagement of patient care with long-term effects.**	
			An event which impacts on a small 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.	**Major patient safety implications if findings are not acted on.**		
		Reduced performance if unresolved.			

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

RISK MATRIX

IMPACT ↓	LIKELIHOOD →				
	RARE	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	
Detailed review of relevant information	*NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you*
Medium level review	
Cursory or narrow scope of review	

Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective and in proportion to the risk
INSUFFICIENT	Insufficient information at present to judge the adequacy/effectiveness of the controls

Date Risk Identified:	Jun-26
Strategic Objective:	2. Healthier Communities

Executive Director Owner:	Gjini, Ardiana	**Date of Review:**	Jun-26
Lead Committee:	Strategy and Planning Committee	**Date of Next Review:**	Jul-26

Risk ID:	**2379**	**Corporate Risk Description:**	There is a risk that Hywel Dda UHB is unable to effectively implement its Climate Adaptation Plan and meet Welsh Government Climate Change requirements. This is caused by a lack of resources and investment to deliver climate adaptation and sustainability requirements. This could lead to an impact/affect on compliance with Welsh Government climate adaptation requirements and failure to meet statutory Climate Change reporting obligations, and a failure to manage climate-related risks to patients, staff, services and infrastructure.
Does this risk link to any Directorate (operational) risks?	1544		

Risk Rating:(Likelihood x Impact)	**No trend information available.**
Domain:	Statutory duty/inspections
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	3×3=9
Expected Date To Achieve TRS:	3/31/2030
Trend:	*New risk*

Rationale for CURRENT Risk Score:
While key strategic plans and national policy alignment are in place, there are significant gaps in leadership, coordination, resourcing and governance. These gaps reduce the effectiveness of existing controls and increase the likelihood of the risk materialising. Given the scale of climate-related risks to service delivery, patient safety and infrastructure, the consequence remains high (impact score 4). However, existing plans, partnerships and baseline activity provide some mitigation, reducing likelihood from very high (5) to high (4).

Rationale for TARGET Risk Score:
Following establishment of clear leadership, strengthened governance, dedicated resourcing, and full integration of climate adaptation into planning cycles, risk registers, and operational planning, the likelihood of the risk materialising will reduce to moderate. Impact will also be reduced through improved preparedness, resilience measures, and proactive service adaptation. Residual risk will remain due to external climate pressures and system constraints.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Board-approved Climate Adaptation Plan (March 2026) providing strategic direction and governance framework Establishment of Climate Adaptation Steering Group to provide oversight and coordination Alignment with Welsh Government Climate Adaptation Strategy and WHC/2025/005 requirements Existing Decarbonisation Programme (46 initiatives) embedded within business-as-usual delivery Participation in national climate change networks and Community of	Lack of resource with specific knowledge and expertise to provide leadership and coordination across the Health Board. Insufficient specialist knowledge and skills to inform climate adaptation actions across clinical and corporate services. Climate adaptation not consistently embedded within planning cycles and service planning.	Dedicate resources to coordinate and assess the sustainability agenda and identify requirements for the ongoing future management of the portfolio across the Health Board.	Hussell, Sam	31/03/2027	Band 7 post temporarily aligned to agenda to commence coordination and assessment process.
		Scope and align with national training and upskilling opportunities for delivery across the Health Board.	Hussell, Sam	31/12/2026	Progress update to be provided at next risk review
		Develop and implement Climate Adaptation workplan aligned to priority risks.	Hussell, Sam	31/10/2026	Progress update to be provided at next risk review

Experts groups Multi-agency severe weather and resilience plans via Dyfed-Powys LRF Existing business continuity, emergency preparedness and severe weather arrangements Estates and infrastructure risk management processes (backlog maintenance, capital programmes) Initial organisation-wide Climate Change Risk Assessment informing priority risks and actions	Adaptation measures not fully integrated into business continuity and critical infrastructure resilience planning. Limited capital and revenue allocation to support adaptation priorities and mitigate identified risks. Absence of defined metrics, thresholds and monitoring mechanisms for climate risk and adaptation effectiveness.	Develop a process through the Climate Adaptation Steering Group for embedding climate risk into planning cycles, planning, service plans and risk registers across the Health Board.	Hussell, Sam	31/12/2026	Progress update to be provided at next risk review
		Further integrate climate adaptation into BCP by adding specific climate adaptation references to HB BCP templates.	Hussell, Sam	30/09/2026	Progress update to be provided at next risk review
		Within a complete BC cycle, ensure all plans have considered and referenced specific climate adaptation mitigations and contingencies linked to their critical functions.	Conroy, Claire	31/03/2029	Progress update to be provided at next risk review
		Explore and scope anticipated financial support required to delivery climate adaptation through the Climate Adaptation Steering Group workplan.	Hussell, Sam	31/12/2028	Progress update to be provided at next risk review
		Explore development of metrics, thresholds and monitoring mechanisms for climate risk and adaptation effectiveness.	Hussell, Sam	31/03/2027	Progress update to be provided at next risk review

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level		
	Programme and delivery reports	1st			Climate Adaption paper to FET Feb 2026 Climate Adaption Plan paper to SPC Feb 2026 Climate Adaptation Plan paper to Board March 2026 Sustainability Report section of Annual Report to SPC June 2026
	Sustainability Report section of the Annual Report	1st			

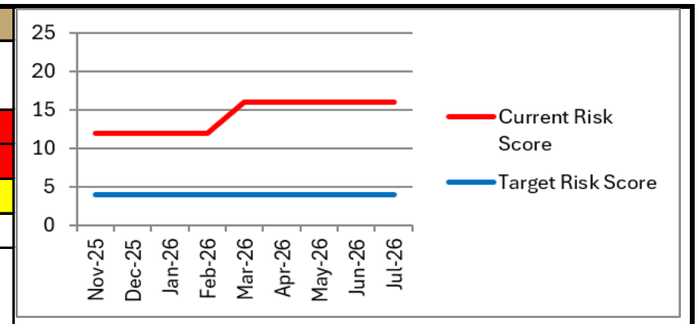
Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress

Date Risk Identified:	Sep-25
Strategic Objective:	3. Great Care

Executive Director Owner:	Davies, Lee	**Date of Review:**	Jul-26
Lead Committee:	Strategy and Planning Committee	**Date of Next Review:**	Aug-26

Risk ID:	**2212**	**Corporate Risk Description:**	There is a risk that the Health Board will not have an approvable Integrated Medium-Term Plan (IMTP) by March 2028. This is caused by the continued statutory planning breach, the 2026/27 Annual Plan not meeting approvable IMTP requirements, and the three-year financial trajectory not achieving breakeven. This could lead to an impact/affect on continued Targeted Intervention, failure to de-escalate, reduced confidence, and adverse impacts on service quality, patient safety and financial sustainability.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Statutory duty/inspections
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	1×4=4
Expected Date To Achieve TRS:	3/31/2028
Trend:	⟷



Rationale for CURRENT Risk Score:

The 26/27 Annual Plan sits within a three-year planning horizon (2026-29), but it has not been possible to submit an approvable IMTP. The statutory breach under Section 175(2A) of the NHS (Wales) Act 2006 continues and the Health Board remains in TI for Planning and Finance, Urgent and Emergency Care (UEC), and Hospital Acquired Infections.

Following the Accountability Framework meeting in June 2026, the MD of NHS P&I issued a letter identifying three priorities: significant progress in UEC; action on fragile clinical services; and a credible trajectory to financial balance. It described the planned £41m deficit as neither agreed nor acceptable to Welsh Government, and required stronger savings delivery, clearer workforce and financial triangulation, and more ambitious but deliverable trajectories for planned care, diagnostics, cancer and UEC.

Following the Level 4 Escalation Board on 3 June, the Chief Executive of NHS Wales concluded that the Health Board did not have sufficient grip on its most significant financial and performance challenges. Ahead of the next escalation meeting, it required a clear financial roadmap to the required position and balance, a 50% reduction in Nationally Reportable Incident (NRI) investigations, and clear and ambitious trajectories for planned care, cancer and urgent and emergency care. It also sought sustained improvement in infection prevention and control,

Rationale for TARGET Risk Score:

The target risk score of 4 and expected achievement date of 31 March 2028 were agreed by the Formal Executive Team in November 2025. Achievement of a financially balanced and approvable plan remains a key driver for de-escalation from Targeted Intervention.

The current gap between current and target risk score requires explicit Executive Team and Board consideration of whether the March 2028 target date remains realistic, given that the three-year financial trajectory does not achieve breakeven.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
1. A Healthier Mid and West Wales Strategy agreed by Board in 2018 continues to provide the strategic framework. 2. The 2026/27 Annual Plan has been produced within a three-year planning horizon, using risk-led prioritisation, Priority Bundles and demand and capacity modelling. 3. Strategy refresh and Clinical Services Plan decisions provide the basis for medium-term service planning, subject to delivery, capital and implementation constraints. 4. Financial roadmap, savings programme and recovery plan assumptions are subject to Executive and Finance and Performance Committee oversight. 5. Planning Co-ordination Group, Business Executive Team, Formal Executive Team, Strategy and Planning Committee and Board oversight arrangements are in place. 6. Welsh Government dialogue continues through JET, Targeted Intervention, IQPD and planning touchpoint meetings. 7. Operational management and assurance structures are in place through Clinical Care Groups, IQPFDG, Value and Sustainability Group and Board Committees. 8. The Annual Plan triangulates operational, corporate, quality and safety, workforce, estates and digital risks to inform priorities and Board understanding.	1. The Health Board does not yet have an approvable IMTP and the statutory breach continues. 2. The 2026/27 financial trajectory does not achieve breakeven within the three-year horizon; the £41.0m deficit including WRP is a deterioration against prior positions. 3. Recurrent savings delivery, WRP assumptions and recovery actions are not yet fully assured. 4. TI criteria cannot currently be met in full within available resources whilst maintaining safe services. 5. Operational, quality and safety, workforce, estates and digital risk exposure creates compound delivery risk. 6. External dependencies remain material, including Welsh Government recovery funding, capital, diagnostics, national priorities and post-election changes. 7. Annual Plan delivery requires clearer milestones, trajectories, benefits and accountable recovery actions. 8. The March 2028 target date requires	The Annual Plan 2026/27 will be written in the context of a 3 year plan cycle, the implications of the strategy refresh and CSP will be factored into year 2 (2027/28).	Davies, Lee	~~31/03/2026~~ ~~30/06/2026~~ 31/08/2026	The planning cycle will be continually reviewed throughout 2026/27 in the wider context of the delivery of an approvable IMTP. Operational risk registers have been fundamental in the approach to developing the annual plan for 2026/27. of Year 1 will focus on addressing the implications of the strategy refresh and CSP, which are due to be presented to Board in Q4 of 2025/26. Revised financial and performance outturns for 2026/27 were presented to Board in May 2026 and submitted to WG. This has resulted in further ongoing negotiation.
		Sufficient and assured recurrent savings schemes are planned across Clinical Care Groups	Carruthers, Andrew	~~31/03/2026~~ 30/06/2026	Progress update to be provided at next risk review - to be presented to Board in May 2026 before onward submission to WG.
		Share WG feedback of last year's Annual Plan at the scheduled Planning Workshops throughout Autumn 2025 (Oct, Nov and Dec) with clear expectations of input and output, with support from the Planning Team.	Davies, Lee	Completed	Series of workshops held during Autumn 2025, with feedback from Welsh Government to date shared. The Health Board are still awaiting the Planning Framework to be published by Welsh Government, expected by the end of first week of December 2025 in order to fully address this action, which will also define the regional approach.

	review.	Refresh the 2026/27 Annual Plan delivery architecture so Priority Bundle milestones, benefits, risk treatment plans and escalation triggers are explicitly mapped to the route to an approvable IMTP and March 2028 target.	Davies, Lee	Completed	Planning Goals assurance reports are provided to the relevant Committees which feed into BAF. A single report that encompasses the Annual Plan, Performance and Finance are presented at each meeting, rather than separate papers to provide one overview, starting from July 2026.
		Strengthen financial recovery and savings assurance, including recurrent savings conversion, WRP assumptions, Q2 financial review and corrective actions if deficit or savings delivery moves off trajectory.	Carruthers, Andrew	30/09/2026	Financial roadmap and savings programme to be reviewed through Finance and Performance Committee and Executive oversight. Recurrent savings pipeline and WRP assumptions require further assurance.
		Review current score, target risk score and target date after Welsh Government formal assessment, Senedd election outcome, recovery funding decision and Q2 financial review.	Davies, Lee	~~31/07/2026~~ 31/08/2026	Current score increased to 16. Target date remains under review and should be considered explicitly by Formal Executive Team and Board.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
1. Current risk score: 16 (4Ã—4); target score: 4. 2. 2026/27 Annual Plan submitted; approvable IMTP not yet achieved. 3. Section 175(2A) statutory planning breach continues. 4. Financial trajectory: £41.0m	Planning Co-ordination Group oversight of the 2026/27 Annual Plan, planning cycle and IMTP route map.	1st			2026/27 Annual Plan Board report; SPC Annual Plan/IMTP updates; Clinical Services Plan and strategy refresh reports; FPC finance, savings and WRP updates; Welsh Government	1. Welsh Government's formal assessment of the 2026/27 Annual Plan is awaited.	Present Welsh Government formal assessment and management response to Strategy and Planning Committee and Board; update risk 2212 and the IMTP trajectory once feedback is confirmed.	Davies, Lee	~~31/07/2026~~ 31/08/2026	Awaiting formal Welsh Government response. Risk score remains 16 pending review.
	Business Executive Team and Formal Executive Team oversight of Annual Plan delivery, Priority Bundles, risk score and target date.	1st				2. Limited assurance that the three-year financial trajectory will reach breakeven by 31/03/2028.	Provide Q1/Q2 Annual Plan delivery reports showing Priority Bundle milestones, savings delivery, risk movement, benefits and corrective actions.	Davies, Lee	30/09/2026	Delivery reports to be reviewed through Planning Co-ordination Group, Executive governance, SPC and Board.

deficit including WRP; breakeven not achieved within three-year horizon. 5. Savings delivery: £42.8m programme and recurrent conversion requiring assurance. 6. Targeted Intervention: Planning and Finance, UEC and HCAI. 7. Risk profile: 656 risks; 391 score 12+; 63 score 20+; 9 extreme. 8. Quality, workforce, estates and digital exposure: 226 patient safety risks, surge/boarding harm, workforce fragility, e-prescribing discontinuation and 100+ estates risks.	Strategy and Planning Committee and Board assurance on the Annual Plan, strategy refresh and Clinical Services Plan implementation.	2nd			Planning Framework and formal assessment; Planning Maturity Matrix; IA Annual Planning - May 2025 (Reasonable); operational and corporate risk register reports.	3. Recurrent savings, WRP assumptions and recovery actions are not yet fully assured. 4. Further triangulation is required between quality and safety, workforce, estates, digital, finance and performance risks and the IMTP route map. 5. FET and Board have not yet reviewed whether the target risk score and March 2028 date remain realistic following the increase to 16. 6. External funding, capital, diagnostic and policy dependencies remain uncertain.	Deep-dive financial recovery, WRP and recurrent savings assurance through Finance and Performance Committee, with clear triggers for corrective action if off trajectory.	Carruthers, Andrew	30/09/2026	Q2 financial review required to test trajectory and savings deliverability.
	Finance and Performance Committee review of financial roadmap, savings delivery, WRP assumptions and Q2 financial review.	2nd					Triangulate quality and safety, workforce, estates and digital risks into the IMTP route map and committee assurance cycle.	Davies, Lee	31/10/2026	Risk profile identified in Annual Plan; thematic assurance to be scheduled.
	PODCC, FPC and IQPFDG assurance on people, workforce, finance, quality and performance elements of the Annual Plan.	2nd					Formal Executive Team and Board to review whether the target risk score and March 2028 target date remain realistic.	Davies, Lee	~~31/07/2026~~ 31/08/2026	Target date under review following current risk score increase to 16.
	Planning Maturity Matrix and annual planning self-assessment presented to Board and Welsh Government.	2nd					Update Planning Maturity Matrix and route map to reflect Welsh Government feedback, 2026/27 delivery learning and residual control gaps.	Warm, Daniel	31/12/2026	To inform the 2027/28 planning cycle and future IMTP development.
	Welsh Government oversight through JET, Targeted Intervention, IQPD and planning touchpoint meetings, including formal plan assessment.	3rd					Confirm external dependencies and funding, capital and digital assumptions after Welsh Government decisions and any post-election changes.	Davies, Lee	31/10/2026	Dependencies to be monitored through the planning cycle and risk review.
	Internal Audit Annual Planning - May 2025 (Reasonable) and subsequent internal/external assurance outputs.	3rd					Consider internal audit or independent assurance on 2026/27 planning delivery, benefits realisation and route to IMTP.	Davies, Lee	31/03/2027	To be considered through internal audit and assurance planning.
	Operational and corporate risk registers, risk deep dives and thematic triangulation through Annual Plan and committee reporting.	2nd								

Quarterly operational and corporate risk register refresh process used to triangulate movement in the Annual Plan risk profile, control effectiveness and assurance gaps, drawing on Planning Co-ordination Group, IQPFDG (or as amended) and relevant committee reporting. This will inform any required change to risk score, target date, controls or further mitigating action.	1st							

Report Issued By	Report Title	Priority Level	Recommendation	Management Response	Recommendation Owner	Original Completion Date	Revised Completion Date	Status Category
Welsh Government	Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales (issued Sep 23)	N/A	R2.1 Improving pharmacy workforce planning b) Health boards and Velindre University NHS Trust chief pharmacists should ensure the organisation has a pharmacy workforce plan to support and expand advanced and consultant pharmacist practice and to identify more clinical roles for pharmacy technicians	MD22/1 Work currently ongoing to develop workforce plan. Beginning planning for development and training of consultant and advanced practice pharmacists. Expand the role of pharmacy technicians using enhanced training courses.	Elizabeth Williams	Apr-25	~~Apr-25~~ N/K	Overdue
Internal Audit	Energy Management Final Internal Audit Report 2024/25 (Nov 24)	Medium	R6. Display Energy Certification action follow-up Display Energy Certifications had recently provided recommendations for improvement in energy performance alongside their assessments, including those with 1 – 3 year payback (which would apply at all sites) e.g. at Glangwili these included: • time controls on heating cylinders; • local targets and user control (e.g. Energy Champions); • IT switch off; • air conditioning performance enhancements • loft insulation; and • review simultaneous heating and cooling. An Energy Conservation Re-fit Assessment commissioned from consultants in September 2024 commented on: • circuit controls, thermostat controls and loops; and • “obsolete controls not compatible with new connections” and the need to upgrade the Building Management Systems to better interface with modern equipment e.g. at Prince Philip Hospital.Potentially such matters could form a focus of EFAB (Estates Funding Advisory Board) investment	Recommendations from display energy certificates to be added to existing DEC information log.Develop validation checks in new Energy Manager software for automation assisting review of arrears. Explore with Finance colleagues the potential of automated checks for timely payment.	Owen Harris, Energy & Environment Officer	Sep-25	~~Sep-25~~ ~~Jun-26~~ N/K	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	N/A	R3. To help address the high demand for urgent care due to dental problems the health board should ensure dental practices provide clear, accessible information about urgent and emergency care services on their websites and conduct a future audit to ensure compliance.	A dental nurse triage review of calls received from 111 for patients requiring urgent access to NHS Dental Services indicated that out of 800 calls, 300 patients did not require an urgent dental appointment. Without clinical triage at source this is skewing the data on the actual demand for urgent dental care.	Marie Mickiewicz	Aug-25	~~Aug-25~~ Aug-26	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	N/A	R3. To help address the high demand for urgent care due to dental problems the health board should ensure dental practices provide clear, accessible information about urgent and emergency care services on their websites and conduct a future audit to ensure compliance.	The demand for urgent dental care currently outstrips the level of service that Practices are willing to provide. Consideration to pilot putting Dental Nurse triage in at the end of the week and over the weekend has recently been discussed and a plan will be developed.	Marie Mickiewicz	Jun-25	~~Jun-25~~ Aug-26	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	N/A	R3. To help address the high demand for urgent care due to dental problems the health board should ensure dental practices provide clear, accessible information about urgent and emergency care services on their websites and conduct a future audit to ensure compliance.	An agreed format of words will be developed and shared with all Dental Practices for consistent use; a review of this will be included as part of the Practice visiting programme Link to “My Health, My Choice” videos to be recirculated	Marie Mickiewicz	Jun-25	~~Jun-25~~ Jul-26	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	N/A	R5. To ensure alignment between the information held by the Health Board and by WAST on available pathways and referral mechanisms, the Health Board should work with WAST to set out clearly how its clinical streaming hubs and the WAST directory of service work together effectively	The purposing behind co-locating MDT staff in the hubs is to create a living DoS options to deploy, so when the PTAS/ WAST stack attack is active the direction of enquiry is usually to the CSH MDT of what alternative options can be deployed locally in a reasonable timeframe, this will be further reinforced when 7 Day functionality is deployed.	Gareth Cottrell	Nov-25	~~Nov-25~~ Sep-26	Overdue

Report Issued By	Report Title	Priority Level	Recommendation	Management Response	Recommendation Owner	Original Completion Date	Revised Completion Date	Status Category
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	N/A	R6. Data reviewed as part of this work identified that demand in the region relating to urgent dental services is significantly higher than the all-Wales average, despite performance against contracts being poor. To ensure it is maximising efficiency and mitigating this pressure, the Health Board should undertake a deep dive into its urgent care demand for dental services	A review of the current demand for urgent dental care will be undertaken in line with the report. As the demand for urgent dental access peaks over the summer period the timescale for review needs to include "normal" periods of demand for comparison. The number of NHS dental contract resignations with Practices opting to provide private dental care, coupled with the rural geography has proven to be a challenge. The Health Board has an agreed dental commissioning plan which is in progress to procure additional routine NHS dental access. Given the level of calls that have been redirected on clinical triage there appears to be a cultural approach to access "urgent" dental care when the requirement is routine	Marie Mickiewicz	Dec-25	~~Dec-25~~ N/K	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	N/A	R9. The Health Board should review the feasibility of enabling the Same Day Urgent Care Centre access to GP records to improve efficiency of the service	The access to GP records and also the feedback into GP Records is a central part of the access work stream, developments in Digital solutions to include Electronic Observation and Patient Flow and a standardised GP system across the HDUHB area will support this development	Peter Skitt	Nov-25	~~Nov-25~~ N/K	Overdue
Internal Audit	Commissioning – Long Term Agreements Final Internal Audit Report 2025/26	High	R1. Quality and Safety Reports Hywel Dda do not receive regular quality and safety reports from any LTA provider organisations with the exception of one provider. Whilst the report provides high-level summary of incidents, complaints, claims and inquests for the period noted, no detailed narrative is given nor of the actions taken. In addition, there is no reporting of patient experience.	Commissioning with the support of quality colleagues to work with providers to develop a quality and safety report which meets the requirement of the reporting criteria within the LTA. To be part of the commissioning and contracting intentions. To submit a development request to the OfWCMS1 for LHB of residence to be extractable from the OfWCMS.	Shaun Ayres	Apr-26	~~Apr-26~~ Sep-26	Overdue
Internal Audit	Vaccination & Immunisation Final Internal Audit Report 2025/26	High	R3. Immunisation & Vaccination Workplan – Monitoring & Delivery There is no evidence of progress in implementing the actions within the plan, and implementation of the plan has not been monitored since inception in July 2024. We are advised that this is due to lack of Consultant capacity – this is reflected on the risk register (1844). The VESG was established in July 2025 and minutes of the September 2025 meeting indicate that the workplan was discussed, but it is not clear whether the plan itself was presented. There are 31 actions in the most recent version (easy view) of the implementation plan, with three red actions, 26 amber and two with no rating. Deadlines for nearly 60% of the actions have passed (Q2 24/25 – Q2 25/26).	A public health Consultant has now been appointed, responsibility includes leading on implementation of the IESP workplan. Action deadlines will be revised and the workplan will be routinely monitored at the VESG, which reports to the Immunisation Oversight Group.	Jo McCarthey	Apr-26	~~Apr-26~~ N/K	Overdue
Internal Audit	Vaccination & Immunisation Final Internal Audit Report 2025/26	High	R4. Vaccine Delivery Plans The Health Board has an annual delivery plan for influenza and COVID-19, but there are no delivery programmes in place for other routine vaccination programmes. Whilst recognising the availability of national guidance (such as Patient Group Directions) and frameworks (such as the Healthy Child Wales Programme and School Nursing Framework) which guide delivery of immunisation programmes, terms of reference for the planning & delivery groups (see objective 2) identify these groups as responsible for providing delivery plans for their respective vaccination areas. See also Finding 5.	Vaccine specific delivery plans will be developed and monitored by the respective governance groups	Glenna Jones, Head of Health Protection Service; Dr Jo McCarthy, Consultant in Public Health	Apr-26	~~Apr-26~~ N/K	Overdue

Report Issued By	Report Title	Priority Level	Recommendation	Management Response	Recommendation Owner	Original Completion Date	Revised Completion Date	Status Category
Internal Audit	Vaccination & Immunisation Final Internal Audit Report 2025/26	High	R5. Immunisation Planning & Delivery Groups / Vaccine Equity Steering Group • The Occupational IPDG has not been established. • The Adult IPDG has only met to discuss terms of reference, and has not met since May 2025. • The Infant & Pregnancy IPDG and Vaccine Equity Steering Group were established during audit fieldwork. • The School Age IPDG has not met since May 2025. Based on the meeting minutes provided to us, none of the IPDGs are discharging their responsibilities as set out within their respective terms of reference. Meeting minutes demonstrate notable challenges with engagement and meeting attendance across all IPDGs, particularly with Primary Care representatives who cite capacity as an issue.	The existing governance structure, terms of reference and membership will be reviewed and streamlined, in consultation with Primary Care colleagues, to achieve a more efficient structure that better supports operational needs. Guidance will be sought from the Corporate Governance Team where needed.	Glenna Jones	Mar-26	~~Mar-26~~ N/K	Overdue
Internal Audit	Vaccination & Immunisation Final Internal Audit Report 2025/26	Medium	R7. Engagement with Primary Care The circumstances or triggers for instigating intervention and the form that this will take are not defined and anecdotal comments shared during the audit suggest that this is a source of dissatisfaction among GP contractors. Informal observations during the audit indicate that there is scope to improve engagement between Public Health and Primary Care. Furthermore, minutes of the Respiratory IPDG in September 2025 note: • “lack of clarity over who is delivering what” in relation to the influenza and COVID-19 programmes “making it difficult to plan clinics”. • “there has been a lot of friction and upset over the approach [for 2- & 3-year-old flu] between primary care	Roles and responsibilities for monitoring and driving vaccination uptake, including triggers for instigating intervention and the form that this will take, will be agreed between the Immunisation Team and Primary Care and formally defined.	Dr Jo McCarthy, Consultant in Public Health; Rhian Bond, Assistant Director of Primary Care; Sion James, Deputy Medical Director Primary Care & Community Services	May-26	~~May-26~~ N/K	Overdue
Internal Audit	Vaccination & Immunisation Final Internal Audit Report 2025/26	Medium	R9. Evaluating the Impact of Interventions Whilst there is anecdotal evidence of proactive approaches to improve vaccine uptake and equity, there is limited evidence to demonstrate outcomes monitoring to evaluate the impact of engagement on immunisation uptake, to inform future engagement activity	Develop and implement tools to capture service user experienced (e.g. surveys, focus groups, interviews). Design and carry out regular monitoring to assess how targeted interventions affect vaccine uptake rates and equity outcomes across different population groups. Embed evaluation activities and feedback loops into both the strategic and implementation plans	Marie Evans, Health Protection Manager	Jun-26	~~Jun-26~~ N/K	Overdue