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Assurance and Risk Report

Strategy & Planning Committee – 25 June 2026

Situation



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This report provides the Strategy and Planning Committee (SPC) with the status of the principal risks, operational risks, and Welsh Health Circulars (WHCs).

The Committee is asked to seek assurance from the Lead Executive Directors that the principal risks are being refreshed and will be reported to the Board in July, 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 SPC at its next meeting in August 2026.

Principal Risks:

9

Under Review

Operational Risks

15

6 reportable

Welsh Health Circulars

4

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 (e.g 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.



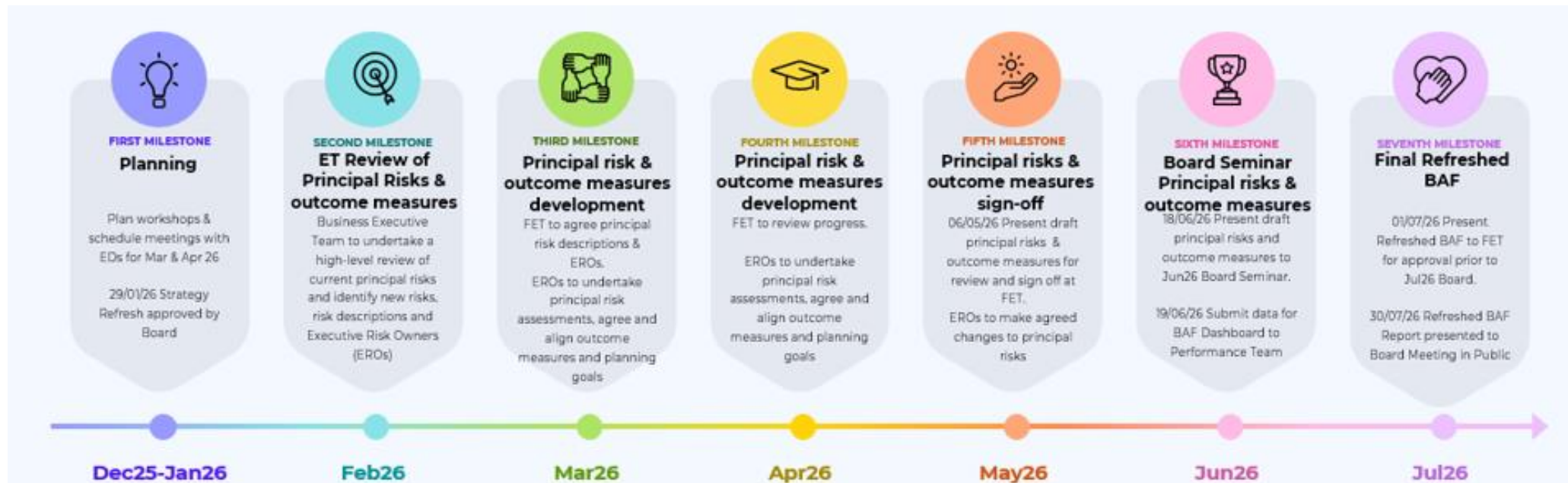
Principal Risks



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As a result of the Strategy Refresh, presented to Board in January 2026, the plan is to present a refreshed Board Assurance Framework (BAF) to Board in July 2026. A review of principal risks will be undertaken as part of the BAF refresh, in addition to the supporting planning goals and outcome measures per the timeline below.



Principal risks and outcome measures have been reviewed and discussed at FET in May, with final amendments being made by Executive Risk Owners ahead of presentation at Board seminar in June 2026, and to the Board in July 2026.

Each principal risk will be aligned to a Board committee and will be reported via the Assurance and Risk Report to ensure that they are being managed appropriately, taking into account gaps in control, planned actions and agreed tolerances, and to provide assurance to the Board through their update report on the management of these risks.

Operational Risks assigned to SPC



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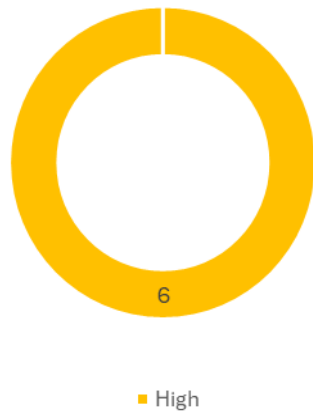
15 operational risks on Datix are aligned to SPC, of which 6 have been identified as reportable based on the following criteria:

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

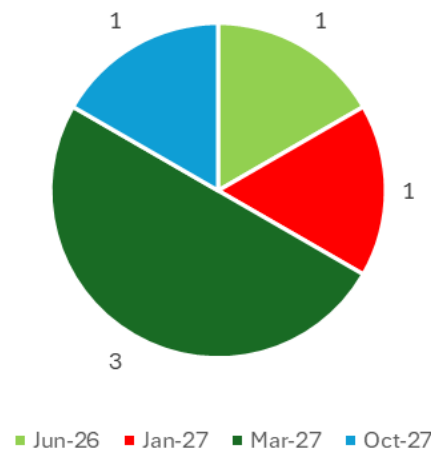
The following slides summarise the operational risks aligned to SPC as at 28 May 2026. All 6 reportable risks have been reviewed within the required timescales and have been assigned a date expected to achieve their target risk scores. The Risk Register attached at **Appendix 1**, provides full detail of reportable risks.

Total Number of Open Risks meeting criteria for reporting	6
New/Realigned Risks since last reported to SPC	0
Closed Risks since last reported to SPC	1
Increase in Risk Score since last reported to SPC ↑	0
Decrease in Risk Score since last reported to SPC ↓	1
No Change in Risk Score since last reported to SPC →	6
EXTREME (RED) Risks (based on 'Current Risk Score')	0
HIGH (AMBER) Risks (based on 'Current Risk Score')	6

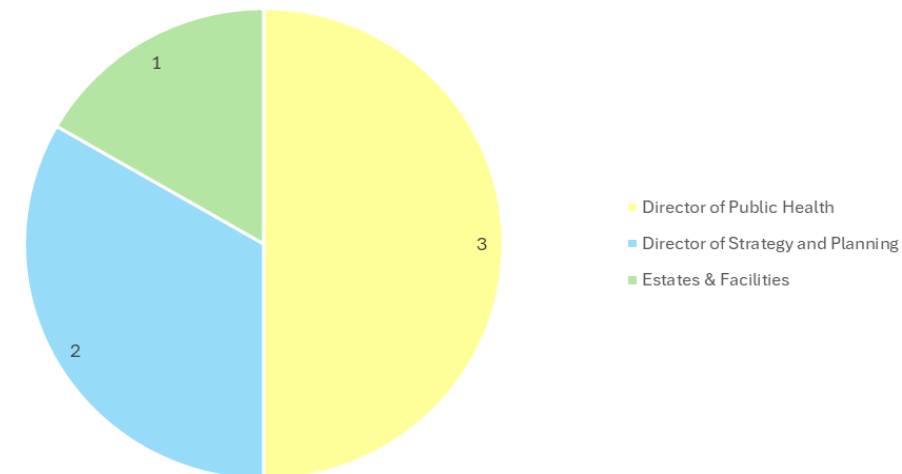
Current Level of Risks Assigned to SPC



Expected Date to Achieve Target Risk Score



Risks split out by Clinical Care Group/Executive Function



Operational risks closed since previous report



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Rationale for risk closure	Date risk closed
2235 - Risk of disruption to smoking cessation service and national monitoring due to vacancies arisen in team	Public Health	Director of Public Health	Posts have now been filled. Risk fully mitigated.	24/04/2026

Risks that are no longer reportable



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Rationale	Date Risk Re-Aligned / Became Non-reportable
2204 - Risk of HB being unable to meet statutory CRL due to uncertainties around funding provision and capital commitments	Strategy and Planning	Director of Strategy and Planning	Risk escalated to Corporate Risk Register, and closed on 13 May 2026 as the risk did not materialise by 31 March 2026.	08/03/2026
1844 - Risk of not being able to provide a timely and effective Public Health service due to limited public health Consultant capacity	Public Health	Director of Public Health	Risk removed from report as no longer meets criteria for reporting (see next slide 'Decrease in risk score since previous report')	26/05/2026

Decrease in risk score since previous report



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
1844 - Risk of not being able to provide a timely and effective Public Health service due to limited public health Consultant capacity	Public Health	Director of Public Health	12	4 ↓	4	31/03/2026	26/05/2026

Rationale for Current Risk Score

Control measures will only manage sight on all priority areas stretched across a pressured service at very senior level.

Target score reflects correct impact as per risk identified and likelihood reflects aim of having an appropriate staffing profile delivering on population health priorities.

The risk score has been reduced following successful recruitment to full time consultant post. Pending a discussion with the Director of Public Health, this risk is likely to be closed imminently as it has now achieved the Target Risk Score.

No Change in Risk Score since last reported to SPC



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
1855 - Risk of no non-drug adult allergy service due to the end of commissioning arrangements with CVUHB.	Strategy and Planning	Director of Strategy and Planning	12 →	3	29/01/2027	14/05/2026
2065 - Risk of not achieving the WG performance measure for CO validated quit attempts due to capacity and accessibility challenges	Public Health	Director of Public Health	12 →	8	31/03/2027	20/04/2026
1773 - Risk of Covid-19 vaccine waste due to ordering schedule and vaccine hesitancy	Public Health	Director of Public Health	9 →	6	31/03/2027	20/05/2026
1301 - Risk to delivery of Health Board objectives due to insufficient capacity and capability within the Planning Team.	Strategy and Planning	Director of Strategy and Planning	9 →	6	30/06/2026	14/05/2026
1931 - Risk that funding allocated for public health services will not be available when required due to financial improvement measures	Public Health	Director of Public Health	8 →	4	31/03/2027	26/05/2026
551 - Risk of non-compliance with Workplace recycling regulations by April 2026 due to funding/resources and completion of works	Estates & Facilities	Director of Allied Health Professions and Health Sciences	12 →	12	31/10/2027	06/05/2026

Risk Themes



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Risk owners are able to 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 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 themed risks are aligned to SPC as of 28 May 2026.

Risk Theme	Definition	Number of Operational risks	Date themed Risk Register last shared
Capital - Digital	A risk that could occur as a result of a lack of capital funding towards the procurement or development of a specific digital system.	13	14/05/2026
Capital - Equipment	Capital defined as: <ul style="list-style-type: none"> • any item of equipment which is valued at more than £5,000 inclusive of VAT • and also has a life of more than 1 year • any IT asset valued at more than £250 which is plugged into a wider IT network • the initial equipping of a new or refurbished area 	53	15/04/2026
Capital - Estates	Risk which requires Capital investment to improve/update or modify the Estate to address the risk.	119	08/05/2026

Implementation of Welsh Health Circulars (WHCs)



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There are 4 open WHCs aligned to SPC as of 28 May 2026, 1 of which is complete and awaiting formal approval from the Lead Executive to close.

All 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 Welsh Health Circular (WHC) is assigned a status category. The table below outlines the definition of each category, the number of WHCs assigned to each as of May 2026, and the number completed since the previous report.

Status Category	Definition	Number of WHCs
Overdue	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.	0
Unable to Complete	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.	0
Pending Decision	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
In Progress	The WHC is currently in progress, and within the agreed original timeframe for implementation.	3
Reliant on External Factors	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.	0
Complete Pending Formal Approval	The Service / Function have completed the WHC and are currently awaiting formal approval to close.	1
Complete	The WHC has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.	7

Oversight of the delivery of WHCs has been included in new 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.

Welsh Health Circulars - In Progress



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WHC	Issued On	Lead CCG / EF	Lead Director	Implementation Date	Progress Status	Progress Update
012-26: Population Health Management	02/04/26	Public Health	Director of Public Health	31/07/26	In Progress	WHC has been received by the service and discussed at Senior Leadership Team meeting in April 2026. Service lead to discuss further at the next Population Health Management Group in July 2026.
016-26: Updated 'National Supplementary Service Specification for non-routine immunisations for adults and children at risk'	02/04/26	Chief Operating Officer	Chief Operating Officer	31/05/26	In Progress	Primary Care CCG have confirmed ownership of this WHC. Awaiting update from service lead.
018-26: Reminder of Statutory Duties under the Notification of Infectious Diseases Regulations (Wales)	06/05/26	Public Health	Director of Public Health	30/06/26	In Progress	New WHC. Awaiting response from service lead.

Welsh Health Circulars

– Complete Pending Formal Approval For Closure



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The following Welsh Health Circular has reached completion and is pending formal executive approval for closure.

WHC	Issued On	Lead CCG / EF	Lead Director	Clinical Care Group/Executive Function	Completion Date
<u>049-25: Patient Travel Policy</u>	15/12/2025	Chief Operating Officer Management	Chief Operating Officer	Chief Operating Officer Management	20/04/2026

Welsh Health Circulars - Complete



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Since the previous report to the Committee, the following seven WHCs have been confirmed as implemented and formally approved as closed (**Complete**):

WHC	Issued On	Lead CCG / EF	Lead Director	Clinical Care Group/Executive Function	Completion Date
<u>008-25: Part 4 of the Public Health (Wales) Act 2017: Introduction of a National Mandatory Licensing Scheme for Special Procedures in Wales</u>	25/06/2025	Public Health	Director of Public Health	Public Health	28/11/2025
<u>028-25: Expansion of the shingles immunisation programme for severely immunosuppressed individuals aged 18-49</u>	09/07/2025	Public Health	Director of Public Health	Public Health	03/11/2025
<u>043-25: New clinical pathway for treating and managing obesity</u>	03/10/2025	Public Health	Director of Public Health	Public Health	24/12/2025
<u>046-25: The introduction of a routine NHS varicella (chickenpox) vaccination programme for young children in Wales from 1 January 2026</u>	31/10/2025	Public Health	Director of Public Health	Public Health	29/01/2026
<u>052-25: COVID-19 spring vaccination programme 2026</u>	05/01/2026	Public Health	Director of Public Health	Public Health	02/04/2026
<u>053-25: Expansion of RSV vaccine eligibility to adults aged 80+ and residents in a care home for older adults</u>	02/02/2026	Public Health	Director of Public Health	Public Health	02/04/2026
<u>054-25: A change of vaccine product for the routine adult pneumococcal vaccination programme, and those with certain clinical risk conditions</u>	17/12/2025	Public Health	Director of Public Health	Public Health	02/04/2026

Recommendations



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

Risk Management

- **RECEIVE ASSURANCE** that the principal risks are being refreshed and will be reported to the Board in July; and
- **RECEIVE ASSURANCE** that there are processes in place to oversee operational risks to ensure these are being managed effectively.

Welsh Health Circulars

- **RECEIVE ASSURANCE**, or otherwise, from the lead Executive Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.



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Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date		
1855	Director of Strategy and Planning	Strategy and Planning	Strategic Development and Operational Planning: Commissioning	Davies, Lee	Ayres, Shaun	Ayres, Shaun	Ayres, Shaun	19-May-23	<p>There is a risk of the Health Board being unable to refer new patients to a non-drug adult allergy service.</p> <p>This is caused by the termination by Cardiff and Vale University Health Board of current commissioning arrangements on 1st November 2023, exacerbated by a national shortage of immunologists. A "prior approval" process is available, however it is unknown if all GPs/referring clinicians are referring via this route. Whilst the service ended on 1st November 2023, an element of the financials will have to stay in the system at Cardiff as they have agreed to see and treat the Hywel Dda residents who are in the system at that point. In 2019/20 outturn Cardiff & Vale saw 120 new outpatients (cost of £19,564 to the UHB) and 243 follow up patients (£50,700).</p> <p>This will lead to an impact/affect on adult patients being unable to access relevant clinical support to manage their condition. Potential clinical acute episodes. Potential non-adherence with national standards. Limited financial envelope due to monies staying in the Cardiff & Vale system.</p> <p>Risk location, Health Board wide.</p>	<p>This risk is being managed through an all-Wales approach (Head of Strategic Commissioning is part of the All Wales group), working collaboratively across South Wales, and reflects a wider system-level challenge affecting multiple health boards.</p> <p>Work is ongoing across South Wales to manage demand collectively and mitigate the impact on patient pathways.</p> <p>At present, urgent and priority cases are managed via the Individual Patient Funding Request (IPFR) process, ensuring that patients with the highest clinical need continue to receive timely access to specialist assessment and treatment.</p> <p>GPs/referring clinicians would be able to refer patients via the "prior approval" process. A prior approval is normally defined as a request for a patient to receive routine treatment outside of local services or established contractual arrangements. Such a request will normally fall within a number of categories, in this instance it would fall within:-</p> <ul style="list-style-type: none"> Lack of local/commissioned service provision/expertise <p>The referring clinician is able to complete a prior approval application, which would be considered by the Hywel Dda Prior Approval Panel.</p> <p>Hywel Dda has an established paediatric allergy service in place, which provides a degree of mitigation and supports safe clinical decision-making within existing pathways.</p> <p>Given the active work underway to identify a sustainable South Wales</p>	Safety - Patient, Staff or Public	4	3	12	<p>Position substantially unchanged since the last review. The non-drug adult allergy service for Hywel Dda patients is currently accessed via commissioning arrangements with Cardiff and Vale University Health Board (CVUHB). These arrangements remain in place but are not underpinned by a signed long-term agreement, and Hywel Dda has no internal pathway to absorb demand if the arrangement ends or capacity tightens. The residual score of 12 continues to reflect a credible risk of service interruption and potential patient harm.</p>	<p>To scope the possibility of commissioning the service with North Bristol, as part of an All Wales approach</p>	Ayres, Shaun	30/04/2024-31/12/2026	<p>As of February 2026, discussions with the All Wales group continue, with decisions not yet agreed upon. Work remains ongoing.</p>	Strategy and Planning Committee	1	3	3	<p>The risk is being managed through an all-Wales approach, working collaboratively across South Wales and remains until a sustainable, all-Wales solution is fully implemented. The target risk score and rationale will be updated on the risk register, with ongoing review every six months to ensure continued appropriateness and responsiveness to any change in service demand or policy context.</p> <p>The TRS was reviewed in February 2026 and extended to January 2027 to reflect the all-Wales approach.</p> <p>The target score of 3 by 29/01/2027 remains achievable but is contingent on a commissioning decision and funding confirmation during 2026/27. The rate-limiting step is decision-making on the CVUHB commissioning arrangement, not internal mitigation.</p>				14-May-26

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date		
										<p>Following a sustainable solution, the current position remains to manage urgent and priority cases through IPFR, with onward referral to Birmingham University Hospital where clinically appropriate.</p> <p>Ongoing dialogue with CVUHB commissioning leads on continuity of provision; engagement with the all-Wales allergy network; internal scoping of an alternative pathway, led by Strategy and Planning, including initial demand and workforce assumptions.</p>						Bring a position paper to Strategy and Planning Committee in Q2 2026/27	Ayres, Shaun	30/09/2026	New action - Update on next review									

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
551	Estates & Facilities	Estates & Facilities	E&F: Property Performance	Severs, James	Chiffi, Simon	Chiffi, Simon	Williams, Paul -	22-Dec-17	<p>There is a risk of noncompliance with legislation e.g. workplace recycling regulations, potential pollution, risk to human health through incorrect handling & disposal of clinical waste, fines, poor recycling & reuse</p> <p>This is caused by the potentially harmful nature of waste, the level of regulatory control, obligations and Welsh Governments aspirations for long term sustainable waste management, lack of internal departmental resource, costs associated with waste disposal and poor resource efficiency.</p> <p>This will lead to an impact/affect on staff, patients and visitors through incorrect handling and storage, negative publicity through wasteful practices, unnecessary spend through inefficient waste segregation and purchasing practices and regulatory fines for not meeting legal requirements.</p> <p>Risk location, Health Board wide.</p>	<p>The Waste Management Policy (V4 2023) is in place.</p> <p>Departmental waste procedures are in place in, for example, labs, Hotel Services and Pharmacy.</p> <p>Legal compliance monitoring as part of ISO 14001 standard.</p> <p>External audits covering compliance with the ISO 14001 standard, waste pre-acceptance, Dangerous goods and Natural Resource Wales audits to ensure compliance with the HTM-07-01 Safe Management of healthcare waste.</p> <p>Internal audits including waste management compliance, segregation, storage, transport, training, operational audits of storage.</p> <p>A Waste Management Strategy updated(2022) to reflect current National targets</p> <p>Delivery of segregation projects in line with Welsh Government and statutory targets and compliance. e.g. Workplace recycling regulations and Absorbent hygiene project to recycle hygiene waste instead of landfilling it.</p> <p>Training programmes and toolbox talks have been developed in 2025 by the Environment Team, although not mandatory they are linked on ESR and would benefit all staff to complete. Clinical waste training is also included in Infection Control induction basic level 1 and 2.</p>	Statutory duty/inspections	3	4	12	<p>The following sites still require compactor replacements or additional compactors to enable the HB to comply with WRR. GGH is being audited against the WRR on June 2nd 2026 Whilst this enables us to comply with the WRR it is noted that the compound is still not compliant in WGH in that the clinical and domestic/recycling wastes steams should be stored separately as recommended in WHTM 07 01 and funding opportunities should continue to be explored to extend the compound, so it is fully compliant and fit for purpose. Current audits ongoing include NRW (Regulator for waste),pre-acceptance audits, dangerous goods audits and ISO 14001 audits. Resources in the team managing these audits are very limited and not currently sufficient to mitigate all current risk</p>	<p>Reduce Total Waste arising by 1.5% each year/10,000 patients by 2030 using 18/19 as baseline year. Interim target 24/25 per 10,000 patients - General Waste 14t, Recycling Waste 7.6t, Food waste 4t. Total waste reduction-25.1t.</p> <p>Increase the amount of waste recycled to 70% by 2030 using 18/19 as baseline year. Interim target for 24/25 is 55%</p> <p>Reduce waste sent to landfill to a max of 5% by 2030 compared to 18/19 baseline year. Interim target 24/25 Recycling 55%, Recovery 30%, Landfill 15%</p> <p>Reduce Total Waste arising by 1.5% each year/10,000 patients by 2030 using 18/19 as baseline year. Interim target 25/26 per 10,000 patients - General Waste 13.8t, Recycling Waste 7.5t, Food waste 3.8t. Total waste reduction-24.7t.</p> <p>Increase the amount of waste recycled to 70% by 2030 using 18/19 as baseline year. Interim target for 25/26 is 58%</p> <p>Reduce waste sent to landfill to a max of 5% by 2030 compared to 18/19 baseline year. Interim target 25/26 Recycling 58%, Recovery 30%, Landfill 12%</p>	Shaw, Terri	Completed	<p>Current status end of year 24/25 per 10,000 patients - General Waste 1.7t, Recycling Waste 10.2t, Food waste 4.5t. Total waste reduction- 28.2t.</p> <p>Current position at end of 24/25 is 52%</p> <p>Current position end of year 24/25 is Recycling 52%, Recovery 42%, Landfill 6%</p> <p>Current status end of year 25/26 per 10,000 patients - General Waste 2.6t, Recycling Waste 8.1t, Food waste 3.1t. Total waste reduction- 21.8t.</p> <p>Current position at end of 25/26 is 51%</p> <p>Current position end of year 25/26 is Recycling 51%, Recovery 41%, Landfill 8%</p>	Strategy and Planning Committee	2	3	6	<p>The department are in the process of producing a resource paper for a restructure of the whole department, including waste management, Energy management & Decarbonisation and ISO14001 compliance. Additional resource would allow increased auditing and engagement with departments to educate staff on the consequences of incorrect segregation, improved signage and training materials, improved communication and engagement with hotel services and operational teams. Putting processes in place to ensure correct segregation and increased resources will improve compliance, reduce waste disposal costs, increase recycling rates and reduce carbon emissions and other risks associated with waste handling.</p>	Treat	15-May-26

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														<p>To meet the requirement to comply with the Workplace recycling Regulations(WRR) the following actions are needed at Prince Phillip and Withybush.</p> <p>PPH waste compound - The compound allows for an additional compactor, but the electrical infrastructure requires upgrade. WGH waste Compound - Ducting and cabling work</p>	Shaw, Terri	31/03/2026 30/06/2026	PPH need to shut the hospital down to connect the new mains into the LV Panel to house the new compactors, the Authorising Engineer from Cardiff needs to come and permit the work. He is not due on site until 03.06.2026. WGH - New compactor to be delivered to site w/c 11/5/2026															
														Reduce Total Waste arising by 1.5% each year/10,000 patients by 2030 using 18/19 as baseline year. Interim target 26/27 per 10,000 patients - General Waste 13.6t, Recycling Waste 7.4t, Food waste 3.8t. Total waste reduction-24.3t.	Shaw, Terri	31/05/2027	Current status end of year 25/26 per 10,000 patients - General Waste 2.6t, Recycling Waste 8.1t, Food waste 3.1t. Total waste reduction- 21.8t.															
														Increase the amount of waste recycled to 70% by 2030 using 18/19 as baseline year. Interim target for 26/27 is 61%	Shaw, Terri	31/05/2027	Current position at end of 25/26 is 51%															
														Reduce waste sent to landfill to a max of 5% by 2030 compared to 18/19 baseline year. Interim target 26/27 Recycling 61%, Recovery 30%, Landfill 9%	Shaw, Terri	31/05/2027	Current position end of year 25/26 is Recycling 51%, Recovery 36%, Landfill 12%															

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2065	Director of Public Health	Public Health -	Public Health: Health Improvement & Wellbeing	Gjini, Ardiana	Lewis, Bethan	Hughes, Lisa -	Hughes, Lisa -	15-Jan-25	<p>There is a risk of Hywel Dda University Health Board will not achieve the NHS Wales performance measure of 40% of adult smokers who make a quit attempt being CO validated</p> <p>This is caused by •Service delivery model changes following Covid which resulted in a move to telephone support •Loss of dedicated rooms and venues for locality teams on the hospital sites •A need to train new staff commencing work after the service delivery model changes •Delay in purchase and distribution of monitors and consumables •Issues with on site storage of monitors and consumables •Increase in patients choosing telephone support over face to face meetings •Rurality issues including venue provision for low numbers and travel costs</p> <p>This will lead to an impact/affect on •Reduced Productivity: Increasing face-to-face support will reduce practitioner productivity, leading to longer</p>	<ul style="list-style-type: none"> - Secured an increase in venues across the 3 counties - CO monitors supply to other HB professionals with access to vulnerable clients eg. Oxygen assessment nurses, mental health professionals, maternity and respiratory nurses - input into a national pharmacy service level agreement to enable local pharmacies to co validate with patients. All local pharmacists have been provided with CO monitors and have a dedicated practitioner to support and train as appropriate - Trained admin to encourage assessments to be booked into face to face venues rather than telephone support. Hybrid model of working 	Quality/Complaints/Audit	3	4	12	There is still a possible likelihood of not achieving targets.	Scoping further community and outpatient clinics to maximise CO validating sessions	Hughes, Lisa -	Completed	<p>Validation figure has increased from 8% - 21.2%</p> <p>SWOT Analysis & Action Plan developed to improve CO validation rates</p>	Strategy and Planning Committee	2	4	8	Target risk score of 8 due to likelihood score of 2 (unlikely) due to the uptake national target being 40%	Treat	26-May-26

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								<p>waiting times for appointments.</p> <ul style="list-style-type: none"> Decreased Treated Smoker Numbers: Shifting staff capacity to face-to-face CO validation and travel will reduce the number of treated smokers. Higher Costs and Admin Time: Ensuring accessible venues across a large geographical area will increase costs and require significant administrative time for sourcing, booking, organizing payment, and covering staff sickness. Lower Productivity at Venues: Staff at venues are less productive, and appointments are more prone to no-shows and cancellations. Weekly sessions need to be booked, leading to higher dropout rates compared to telephone support. Additional Costs: There will be increased costs associated with room hire, travel, consumables, and additional CO monitors for staff. Patient Choice: Vulnerable patients or those with caring responsibilities or chronic diseases may face challenges if telephone support is reduced. <p>Risk location, Health Board wide.</p>								Sustain and improve on CO validation up to national target of 40% through increased and innovative ways to a sustainable model of delivery	Hughes, Lisa -	31/03/2026-20/04/26; 31/03/2027	Continued slow improvement noted with additional focused areas of action plan in progress. Currently running at 25% which exceeds the HB interim target of 20%. Plans to increase this in 26/27								

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1773	Director of Public Health	Public Health - Vaccination Centres	Gjini, Ardiana	Lewis, Bethan	Lewis, Bethan	Jones, Glenna	14-Dec-23	<p>There is a risk of vaccine waste within the Covid-19 vaccination programmes.</p> <p>This is caused by the lead in time required to ordering and managing large scale Primary care planning in a position where vaccine hesitancy is increasing.</p> <p>This will lead to an impact/affect on the effective use of Covid-19 vaccines available within the programme, which could result in a reduction of availability in another part of the overall programme wider across Wales, as well as incurring increased costs.</p> <p>Risk location, Health Board wide.</p>	<p>Close management of vaccine delivery plans to facilitate limiting ordering on weekly basis of thawed product to a minimum whilst continuing to allow flexibility for opportunistic vaccination to maximise uptake.</p> <p>To ensure close monitoring of stock levels and use on digital system in place across all delivery centres / practices.</p>	Finance inc. claims	3	3	9	<p>Risk likelihood remains possible due to need to order thawed vaccine with variable expiry dates with increasing hesitancy amongst remaining population to vaccinate.</p> <p>23/02/2026- Frozen vaccine unavailable. Review of ordering control systems for spring vaccination. Autumn campaign saw decreased wastage, but still remains in excess of accepted waste.</p> <p>20/05/2026. Continued review of ordering processes. on track to see further waste reduction by end of the Spring campaign.</p>	<p>Explore control of vaccine orders through single point of contact in communication hub to provide strict management of control versus usage monitoring.</p> <p>Explore opportunity to store frozen vaccine in HB freezers in preparation for Autumn programme with national leads and local Pharmacy leads.</p> <p>Rotation of vaccine stock across HB and primary care sites to ensure reduction of waste.</p>	Jones, Glenna	Completed	<p>in progress</p> <p>System devised for ordering covid vaccines through the Public health communication hub. A sharepoint ordering form highlighting clinic size and dates to ensure orders are sufficient for clinic capacity. This system will be rolled out also for Flu vaccinations in Autumn/Winter.</p>	Strategy and Planning Committee	2	3	6	Target score reflective of need to aim for a reduction of waste to lower levels than currently realised.	Treat	20-May-26	

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1301	Director of Strategy and Planning	Strategy and Planning	Strategic Development and Operational Planning: Planning	Davies, Lee	Ayres, Shaun	Ayres, Shaun	Ayres, Shaun	01-Jun-21	<p>There is a risk of insufficient capacity within the existing Planning Team to deliver Health Board objectives with regard to strategic, operational and capital plans.</p> <p>This is caused by the scope and extent of the planning function as being exceptionally large given the scale of the change programme required for the organisation to deliver its objectives. A review of capacity to meet National and Board objectives is required to support this.</p> <p>This will lead to an impact/affect on delivering objectives as agreed in the Annual Plan/IMTP; Health Board/Regional/National Planning; support for Operational teams and Business Cases; and being able to provide sufficient project/programme support and providing a sufficient level of governance and scrutiny to the planning cycle, providing commissioning support and compliance with best practice standards.</p> <p>Risk location, Health Board wide.</p>	<p>Deputy Director of Operational Planning and Commissioning commenced January 2023.</p> <p>The Planning Directorate continue to work with other corporate teams, in particular Finance and Workforce, to develop the content of IMTPs/Annual plans.</p> <p>Utilised Head of Commissioning to support Annual plan submission 23/24, due to limited resources to draw upon.</p> <p>Annual plan is reported to SDODC, SRC and ratified at Public Board.</p> <p>The Transformation Programme Office (TPO) now sits under the Deputy Director of Operational Planning and Commissioning and are supporting both the Annual Plan and the Medium Term direction through the Clinical Service Plan.</p> <p>Existing planning capacity is being prioritised to support critical organisational requirements. Prioritisation by Strategy and Planning leadership.</p> <p>Weekly oversight of priorities and deliverables.</p> <p>Targeted use of fixed-term and seconded resource to maintain delivery during the transition.</p> <p>Executive support for the agreed establishment and funding envelope.</p>	Business objectives/projects	3	3	9	<p>Risk remains at score 9, but the mitigating position has strengthened since the last review. The Planning Team continues to carry a workload that exceeds substantive establishment, covering the Integrated Medium Term Plan (IMTP), Annual Plan, service change cases, and population health planning. However, recruitment to address the underlying capacity and capability gap is now actively progressing.</p> <p>Job descriptions for the required posts have been finalised and banded, and the recruitment plan has been supported by Executives. A small number of process items are being closed out before posts go to advert, after which recruitment will move through Workforce in line with standard timescales.</p> <p>Substantive recruitment is now mobilising rather than stalled; capability in commissioning,</p>	Agree staffing resource required for strategic, operational and commissioning planning team.	Ayres, Shaun	Completed	In response to our organisation's escalated status requiring targeted intervention, it has not been feasible to expand the Strategic and Operational Planning Team as initially envisioned. However, we have implemented an organisational response that involves assembling a centralised team drawn from various sectors across the Health Board. The expectation is that this team will operate under a Project Management Office (PMO) style approach, this approach is vital in supporting the delivery of the annual plan and going further where possible to support the de-escalation of the Health Board. This structure ensures that the plan is not only delivered but also supported by adequately resourced and agile response capabilities, enabling dynamic allocation of resources and prompt addressal of emergent issues.	Strategy and Planning Committee	2	3	6	The target score of 6 by 30/06/2026 remains achievable on the current trajectory and is expected to reduce as posts are filled. If recruitment slips materially, the target date will be re-baselined and brought back to Committee in a transparent manner.	Treat	14-May-26

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														service modelling and population health analytics will be addressed through the planned post mix; succession arrangements for senior posts will be considered as part of the wider team design.	Utilise existing vacancy to enhance team to support work on Targeted Intervention.	Ayres, Shaun	31/10/2024-31/03/2025-30/06/2025-30/09/2025-31/12/2025-30/06/2026	Three planning job descriptions are currently progressing through the workforce banding process, with the intention of submitting a business case for consideration once banding is confirmed. There has been some iterative clarification required on the job descriptions; however, following the most recent submission on 23rd January 2026, confirmation is anticipated shortly, enabling the business case to proceed.								
														Complete the final pre-advert steps	Ayres, Shaun	31/07/2026	New action - Update on next review									
														Progress recruitment to the agreed establishment during Q1 and Q2 2026/27	Ayres, Shaun	30/09/2026	New action - Update on next review									
														On appointment, implement the refreshed team development plan with focus on commissioning, modelling and analytics; review the residual position once the first wave of posts is filled.	Ayres, Shaun	30/09/2026	New action - update on next review									

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1931	Director of Public Health	Public Health -	Public Health	Gjini, Ardiana	Lewis, Bethan	Lewis, Bethan	Lewis, Bethan	01-Aug-24	<p>There is a risk of that funding allocated through ring fenced, grants, or core budgets for public health services that require a fluctuating approach to spending opportunities are not available following each monthly financial update.</p> <p>A further risk is that any of the funding from these budgets used in updating HDUHB financial recovery will have to be redressed.</p> <p>This is caused by the financial improvement measure whereby there will be a rebuttable presumption that any budget underspend realised in a given month will be recorded as a non-recurrent saving in that month and preventing a fluctuating approach to spending against demands in service delivery.</p> <p>This will lead to an impact/affect on the ability of the Public Health Directorate to deliver on service areas under the relevant planning objectives, and will impend the ability of meeting the executive objectives.</p> <p>There are significant multiagency led workstreams affected, including: substance misuse, Healthy Schools and pre-schools, prevention including early years and health protection.</p> <p>On a number of these budgets the Health Board is only one of the partners for the funded project but acts as a 'bank' for the partnership hence any</p>	<p>All service leads meet monthly with Finance Business Partner and ensure forecast spending is updated and relevant to needs of service.</p> <p>Review of service level finance meetings scrutinised by DPH / Interim Assistant Director PH to ensure forecast relevant and capture sufficient service demand impact.</p> <p>Ringfenced budgets recognised to protect from underspend savings targets.</p>	Finance inc. claims	2	4	8	<p>Following recent discussion with Finance leads there is some protection of ring fenced budgets for grants and key work areas recognised as outside of the non-recurring allocation of savings for this financial year. This has reduced likelihood score.</p>	<p>Explore the opportunity to include ring fenced and grant funded budgets onto the exclusion criteria for financial improvement measures for directorate.</p> <p>Review current detailed forecasting with each service lead and ensure robust approach in place for all budget allocation.</p> <p>Review current detailed forecasting with regard to non-recurring amount identified against each budget and ring fenced funding up to month 5 to mitigate against spending lost.</p> <p>Review current savings plans for directorate against monthly underspending to maximise available resource for population health priorities.</p> <p>Review current detailed forecasting with regard to non-recurring amount identified against each budget and ring fenced funding to mitigate against spending lost.</p>	<p>Lewis, Bethan</p> <p>Lewis, Bethan</p> <p>Lewis, Bethan</p> <p>Lewis, Bethan</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>31/03/2027</p> <p>27/07/2026</p>	<p>Confirmation received by Director of Finance that budgets will be ring fenced and excluded from measures going forward for remainder of year post month 5.</p> <p>Review complete, additional spending plans and forecast in progress</p> <p>Ongoing monitoring of spending to ensure maximum spend against ringfenced budgets in place</p> <p>Review complete for 25/26 financial year. Action to continue for 2026/27 financial year balanced with forecasting and underspend / savings allocations towards health coaching</p> <p>New financial year focused actions</p>	Strategy and Planning Committee	1	4	4	Target score reduced to lower value as aim is for directorate to have flexibility within allocated budgets to prioritise key areas of work to enhance population health as recurring savings plans realised for the previous 2 year period.	Treat	26-May-26

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								<p>underspend is subject to the partnership not just the UHB. The public health workforce budget is also ring fenced (under TUPE Oct 2022). There is also an impact on the reputation of the Health Board due to the multi agency approach to approval of spending areas across several of these funding streams and need for close monitoring of compliance to Welsh Government.</p> <p>Risk location, Health Board wide.</p>							Identify pay and non pay non-recurring underspend to allocate for health Coaching expansion as per Exec Team instruction, creating cost centre for recruitment and service delivery in 2026/27	Lewis, Bethan	06/01/2026	Budget for 2026/27 financial year identified through underspends across all budgets in directorate. SBAR for change of use into new cost centre to commence recruitment process completed and submitted to Deputy Director of Finance							