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Assurance and Risk Report

Situation



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This report provides the Strategy and Planning Committee (SPC) with the current status of the risks, audits and inspections recommendations, Welsh Health Circulars (WHCs) and Ministerial Directions (MDs) within its remit. The Committee is asked to seek assurance from the Lead Executive Directors that risks are being managed effectively, and that recommendations from audit and inspections, WHCs and MDs are being implemented by the Health Board.

Principal Risks:
9

Corporate Risks:
0

Operational Risks
11

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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.

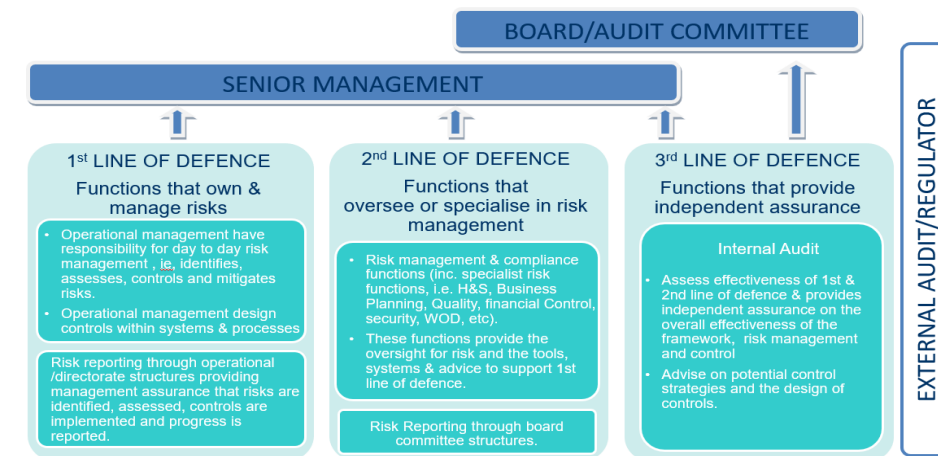
The Health Board operates within the widely accepted "Three Lines of Defence" model to ensure the appropriate responsibility is allocated for the management, reporting and escalation of risk.

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 report areas of significant concern (eg where the risk appetite is exceeded, or there is a lack of action).

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

A revised approach to risk tolerance was agreed by the Board at its meeting in March 2025 to reflect the organisation's readiness to bear the risk after risk treatment, in order to achieve its objectives. Risk leads are required to provide a rationale for the target risk score (TRS), and an expected date when the TRS will be achieved. These are mandatory fields on Datix as of 1 July 2025, and therefore where risks do not currently have this detail, risk leads will be asked to provide by the next report to SPC.



Principal Risks Assigned to SPC



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

Following the implementation of the new Board Committee structure on 1 April 2025, principal risks have been re-aligned to the most appropriate Board level Committee.

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

There are nine principal risks currently aligned to SPC (out of the 15 that are currently on the PRR).

The following slides provide a summary of the reportable principal risk aligned to SPC .

The risk register attached at Appendix 1, provides full detail of the risk, including control measures in place, a risk action plan to further manage and mitigate the risk, and sources of assurance.

Hywel Dda Risk Heat Map					
	LIKELIHOOD →				
Impact ↓	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5				1196	
Major 4			1194	1197, 1198, 1185	
Moderate 3			1193, 1188	1192	
Minor 2			1200		
Negligible 1					

Principal Risks assigned to SPC

(1 of 9)



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Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve TRS
1196 - Insufficient investment in facilities/equipment/digital infrastructure	Executive Director of Strategy and Planning	20 → (Reviewed 16/06/25)	6	TBC

Rationale for Current Risk Score

Whilst a programme has been established to manage the production of business cases to secure long term investment in support of the Hywel Dda University Health Board (HDdUHB) Health and Care Strategy, until the PBC is endorsed by Welsh Government (WG), the Health Board cannot assume investment is likely to be forthcoming at the scale or in the timelines required. Significant risks exist with the existing estate across business continuity issues, fire and Reinforced Autoclaved Aerated Concrete (RAAC) which risk the viability of parts of the HDdUHB estate.

Rationale for TRS

The TRS is predicated on the production and endorsement by WG of a Programme Business Case (PBC) and subsequent outline and full business cases for the infrastructure required to support the HDdUHB Health and Care Strategy.

Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve TRS
1198 - Ability to shift care in the community	Chief Operating Officer	16 → (Reviewed 19/06/25)	8	TBC

Rationale for Current Risk Score

There is a recognition that this is complex and there are a number of historical process and system issues to be addressed, and there continue to be traditional patient behaviours and expectations within the population on how services are accessed and provided. My Health, My Choice videos are available but are underused. Current internal processes do not facilitate and support the transition to new ways of working and shifting of services and their resources.

Rationale for TRS

The TRS will be reached through working with business partners and through the work of the Operational Delivery Group, as well as wide engagement across the organisation to establish understanding and support for new approaches to delivering care.

Principal Risks assigned to SPC

(3 of 9)



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Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve TRS
1185 - Consistent and meaningful engagement through our workforce	Executive Director of Strategy and Planning	16 → (Reviewed 25/02/25)	6	TBC
Rationale for Current Risk Score				
Resources from the Engagement Team are focussed on supporting the Clinical Services Plan (CSP) and other service changes. To support the savings targets, vacant posts have been held. However, a lack of resource will have an impact on the capacity of the team to deliver continuous engagement expertise at a senior level and the operational capacity to deliver the full spectrum of engagement activities during this period, ensuring our communities have a real influence on strategic direction. With increased service changes proposed and underway as of October 2024, this has resulted in increased need of the support of the Engagement Team a cross the HDdUHB..				
Rationale for Target Risk Score (TRS)				
The current Annual Plan is ambitious in delivering change. There is going to be a major requirement for continuous engagement around this work at the very least. Engagement always requires input from different departments and directorates, so the phasing of work is going to be important. The team continues to respond to demand for engagement and consultation around service changes as well as planned engagement work.				

Principal Risks assigned to SPC

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Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve TRS
1197 - Implementing models of care that do not deliver our strategy	Executive Director of Strategy and Planning	16 → (Reviewed 19/06/25)	8	TBC

Rationale for Current Risk Score

The current risk score reflects where the Health Board is in terms of its implementation of A Healthier Mid & West Wales (AHM WW) strategy with plans in development. The likelihood score reflects the expectation that, through the successful Strategic Refresh and the delivery of the existing and refreshed Planning Objectives, the HDdUHB will be successful in reaching the clear ambitions set out within AHMWW. The impact of failure to do so remains the same. The current risk score reflects the delays to the programme relating to the WG requirement for a clinical review (now complete) and the work with WG to understand the affordability framework and to scope a strategic and interim delivery programme.

Rationale for TRS

The likelihood score reflects the expectation that, through the successful delivery of existing Planning Objectives and new ones developed the Health Board will be successful in reaching the clear ambitions set out within its AHMWW strategy. The Impact of failure to do so remains the same.

Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve TRS
1194 - Increasing uptake and access to public health interventions	Executive Director of Public Health	12 → (Reviewed 23/06/25)	4	TBC

Rationale for Current Risk Score

Possible x moderate risk. Some interventions will fair better than others such as universal services (such as the COVID vaccination programme and social prescribing) than targeted services, however equity of uptake and access needs constant analysis to determine appropriate improvement measures. Accuracy of risk scoring will improve over time as the new scoring impact domain of Health Inequalities becomes more sensitive. The current risk score has increased from 9 to 12 to reflect that current immunisation rates are low and there is an immediate risk of increase of disease, e.g. measles, in the local community; and there is a heightened focus on this area from WG.

Rationale for TRS

Unlikely x minimal/no adverse impact. Ambitious target risk score for this long-term objective. We should be attempting to ensure that adverse impact on our attempts to reduce health inequalities or improve health equity is an unlikely or even rare event.

Principal Risks assigned to SPC

(6 of 9)



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Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve TRS
1192 - Wrong value set for best health and well-being	Executive Director of Public Health	12 → (Reviewed 23/06/25)	8	TBC

Rationale for Current Risk Score

Whilst the Board does undertake engagement with its population, it is still defining its approach to continuous engagement, its approach to tackling inequality / inequity, and its understanding of the Social Model for Health and Wellbeing and what this means to its local population and communities. Well-being assessments have been updated by the Public Services Board (PSBs), however the Board does not currently have an effective method of measuring the well-being of individuals, communities and the population. A number of plans and actions are currently in place to support mitigation of this risk, although not at population scale.

Rationale for TRS

Actions include developing an implementable plan for continuous engagement, and the Board defining its approach to tackling health inequality, and also what the Social Model for Health and Wellbeing means to the Board and its population; and further actions that are required. The comprehensive needs assessment, the actions on early years and food and wellbeing, and the implementation of locality based resourcing will all support mitigation of the risk to target score. There is however a residual risk, given measurement of population well-being is a challenge for all populations internationally.

Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve TRS
1193 - Broadening or failure to address health inequalities	Executive Director of Public Health	9 → (Reviewed 19/06/25)	2	TBC

Rationale for Current Risk Score

Possible x moderate impact. Indications emerging that we are having little or no impact on health equity and certainly nothing of significance that would demonstrate that we are addressing the widening the gap.

Rationale for TRS

Unlikely x minimal/no adverse impact. Ambitious target risk score for this long-term objective. We should be attempting to ensure that adverse impact on our attempts to reduce health inequalities or improve health equity is an unlikely or even rare event.

Principal Risks assigned to SPC

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Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve TRS
1188 - Effective leveraging within partnerships	Executive Director of Public Health	9 → (Reviewed 23/06/25)	3	TBC

Rationale for Current Risk Score

The Health Board is an active partner in a number of strategic and statutory partnerships. These include the following: Public Services Boards; Regional Partnership Board; A Regional Collaboration for Health (ARCH) partnership; Emergency Ambulance Services Committee; Mid Wales Joint Committee; Community Safety Partnerships; Mid and West Wales Regional Safeguarding Children Board; Mid and West Wales Regional Safeguarding Adults Board; Area Planning Board for Substance Misuse. Partnership arrangements are well established and have been in place for many years. This provides a reasonable degree of confidence that partnership actions are being leveraged effectively with minimal duplication of effort.

Rationale for TRS

The Health Board approved a Partnership Governance Framework and Toolkit in September 2017. This has not been reviewed or actively utilised for a number of years but in itself, is not sufficient to mitigate against this risk. All departments and directorates have a role to play in leveraging the benefits of partnership working as well as ensuring synergy between partnership and Health Board priorities.

Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve TRS
1200 - Maximising social value	Executive Director of Finance	6 → (Reviewed 30/05/25)	6	TBC

Rationale for Current Risk Score

The Wellbeing of Future Generations Act requires the Health Board to consider the impact of value across a range of activities for the Health Board. The Health Board has particularly identified the procurement of goods and services and 'Grow your own' as opportunities to maximise the impact we have on our local communities. These are now programmes which are embedded within decision-making processes and consequently, the risk of delivery has been reduced from previous levels.

Rationale for TRS

The risk will not be realised as an event, but the long term impact will be felt by our communities.

Operational Risks assigned to SPC



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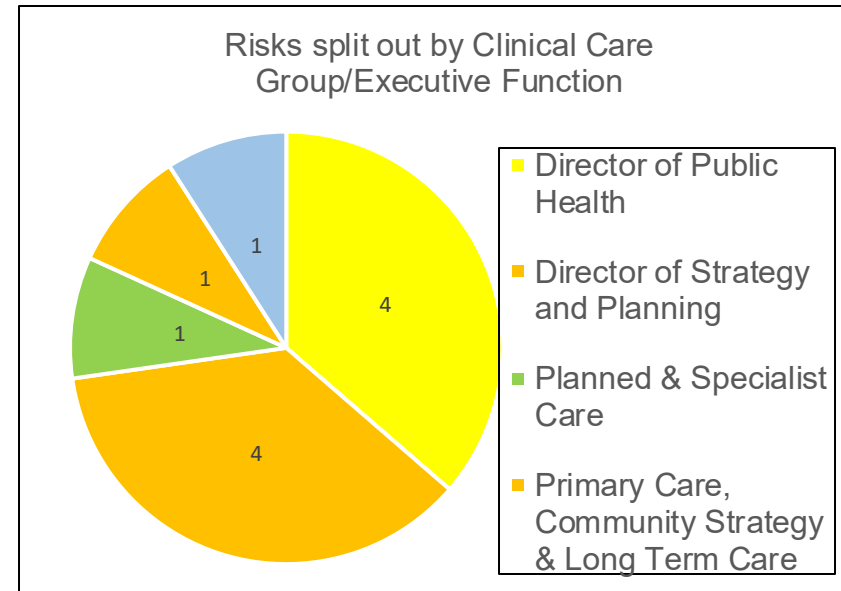
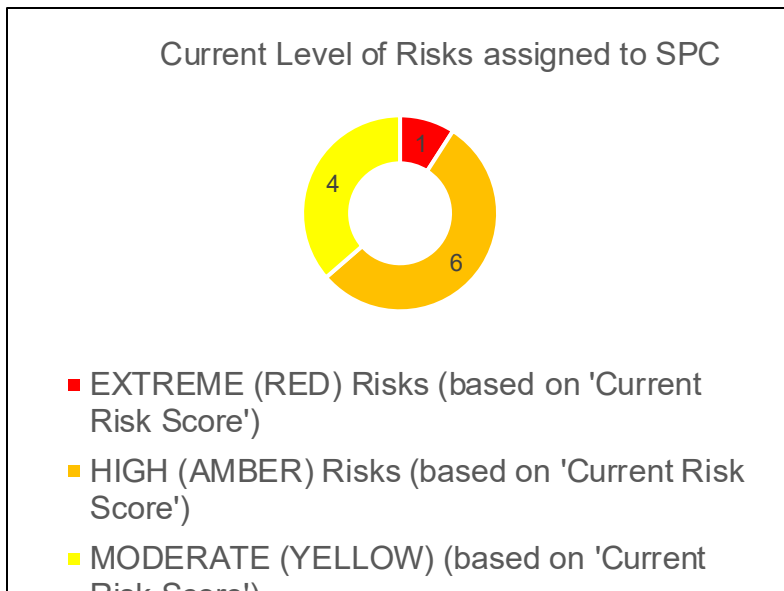
11 operational risks on Datix are aligned to SPC which are all within review date.

Of these, seven have been identified as reportable to 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 (previously Service and Directorate level) on Datix risk module;
- The current risk score is 'extreme' or 'high'; and
- The current risk score is either equal to or exceeds the target risk score.

Detail in relation to target risk scores became mandatory fields on Datix as of 1 July 2025, and therefore where risks do not currently have this detail, risk leads will be asked to provide by the next report to SPC.

The following slide summarises the operational risks aligned to SPC. The Risk Register attached at Appendix 2, provides full detail of each risk, including control measures in place and the risk action plan to further manage and mitigate the risk.



Operational Risks Reportable 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
1844 - Risk of not being able to provide a timely and effective Public Health service due to limited public health Consultant capacity.	Executive Director of Public Health	Executive Director of Public Health	12 →	3	31/01/2026	16/07/2025
1931 - Risk that funding allocated for public health services will not be available when required due to financial improvement measures.	Executive Director of Public Health	Executive Director of Public Health	8 ↓	4	31/03/2026	17/06/2025
1882 - Risk that the 'Starting and Developing Well' team will be unable to deliver objectives due to cessation of Public Health Wales (PHW) funding.	Executive Director of Public Health	Executive Director of Public Health	8 →	4	31/03/2026	17/06/2025
1773 - Risk of Covid-19 vaccine waste due to ordering schedule and vaccine hesitancy.	Executive Director of Public Health	Executive Director of Public Health	9 →	6	31/03/2026	23/06/2025
1301 - Risk to delivery of HDdUHB objectives due to insufficient capacity and capability within the Planning Team.	Executive Director of Strategy and Planning	Executive Director of Strategy and Planning	9 →	6	TBC	30/06/2025
695 - Risk to sustainability of Care Home Sector due to financial, operational and service-level issues.	Primary Care, Community Strategy & Long Term Care	Chief Operating Officer	8 ↓	8	31/12/2026	09/07/2025
1855 - Risk of no non-drug adult allergy service due to the end of commissioning arrangements with Cardiff and Vale University health Board (CVUHB).	Executive Director of Strategy and Planning	Executive Director of Strategy and Planning	12 →	3	31/01/2026	16/07/2025

*any movement in the current risk score since the risk was previously reported to Committee is denoted by the arrow under the risk score as at July 2025.

Audits and Inspections - Overview



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HDdUHB remains in Targeted Intervention (TI) (Level 4) status with WG as a result of challenges relating to financial sustainability, strategy and planning, service delivery and organisational performance. Whilst the Health Board has been de-escalated for 'Governance' from TI (Level 4) to Enhanced Monitoring (Level 3), the Health Board has to meet the revised set criteria:

- Evidence that all recommendations from the Royal Colleges / Health Inspectorate Wales (HIW) and other reviews specific to HDdUHB are discharged and either verified or delivered or scheduled for delivery within the Health Board's longer-term improvement plan;
- Demonstrate a prompt response to any HIW inspections, concerns, incidents, never-events, coroners requests and Regulation 28s; and
- The Board acts on, and addresses appropriately, concerns raised through NHS regulators such as HIW.

All reports from audits, inspections and reviews undertaken across HDdUHB are logged and tracked on AMaT (Audit Management and Tracking), with progress updated by relevant service leads against each recommendation, with evidence required to be uploaded to demonstrate progress and implementation.

AMaT enables services to directly update progress against all recommendations via one central system, promoting a consistent approach with regards to processes and reporting, improvement in transparency and accountability, supporting services with their governance arrangements, and improvement in information flow.

Progress is monitored via the utilisation of a traffic light system based on performance against original completion dates.

Recommendations that have exceeded original timescales, along with the management responses m as provided by the lead officer on AMaT are included in Appendix 3.

Status	Explanation
Green	Recommendation has been confirmed as completed by the service / directorate lead (<i>AMAT Status: Complete and awaiting approval / Fully Complete</i>)
Amber	Recommendation is currently in progress, and within the agreed original timeframe for implementation (<i>AMAT Status: Partially Complete / In Progress</i>)
Red	Recommendation is in progress, but has exceeded its agreed original timeframe for implementation (i.e. overdue) (<i>AMAT Status: Overdue / Partially Complete (Overdue)</i>)
External	Recommendations considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation. Due to current system limitations, the action title has been amended to include the phrase "external" to denote this status.

Audits and Inspection Reports assigned to SPC



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

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

Appendix 3 details the

Date of report	Report issued by	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendations in original report	Red (behind schedule)	Amber (on schedule)	Green (complete)	External Recs	Any Barriers to Completion Noted?
Sep-23	Welsh Government	Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	Primary Care, Community Strategy & Long Term Care	Chief Operating Officer	Apr-31	N/A	16	3	2	1	10	Financial constraints, WG guidance and lack of clinical space within the Health Board

Welsh Health Circulars - Overview



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Welsh Health Circulars (WHCs) provide a streamlined, transparent and traceable method of communication between NHS Wales and NHS organisations relating to different areas such as estates, finance, governance, health professional letters, information governance, quality and safety, legislation, planning, performance and delivery, policy, public health, research, science, and workforce. WHCs are published on the [Welsh Government \(WG\) website](#).

Committees have responsibility to seek assurance that HDdUHB is compliant with WHCs and that these are implemented in line with stated/agreed timescales, and where this has not been possible, to receive assurance the impacts resulting from late/non-delivery are understood and managed appropriately.

Where WHCs are not clear in terms of implementation timescales, leads are requested to provide the planned date for implementation by the Health Board. The following RAG status is applied to WHCs:

- **Red** = behind schedule to the timescale provided by the Lead officer, or a plan (with date for implementation) is not yet in place
- **Amber** = a plan is in place and on schedule to be completed by the timescale provided by the Lead Officer
- **Green** = completed
- **Blue** = External i.e., the means to achieve compliance is currently outside the gift of the Health Board.

WHCs included within this report 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 WHCs are extracted from the AMaT system.

Welsh Health Circulars assigned to SPC

(Amber 1 of 2)



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The following WHCs have been received and confirmed as having a plan in place and being on schedule to be completed by the timescale provided (**Amber**):

WHC Ref	Name of WHC	Date Issued	Lead Director	Update
005-25	Climate Emergency Spread & Scale Leadership Day & Adaptation	07/03/2025	Executive Director of Public Health	The Health Board is on target with the wider planning and embedding of climate mitigation (Decarbonisation/Net Zero) activity across the HDdUHB; mitigation activity has formally been underway since 2021/22 and recently made business as usual by embedding in local/departmental plans. This work sits within the Strategic Property and Environment Governance Structure and the Taskforce Group is chaired by the Executive Director of Strategy and Planning who has also agreed for the HDdUHB Strategic Refresh to include Climate Change (adaptation and mitigation) as a common theme. The Health Board's Climate Adaptation Plan is due to be approved at the November 2025 Board meeting and will be compliant with the WHC. A governance structure under the Health Protection Group is in place for this work with a ToR and Project Plan in situ – the Deputy Director of Public Health is chairing this group. Lastly, the Health Board is awaiting WG to conduct a refresh of the NHS Wales Decarbonisation Plan and then action will be undertaken within the Strategic Property and Environment Group to embed any new areas of focus and/or initiatives.
020-25	The National Influenza Immunisation Programme 2025-26	05/06/2025	Executive Director of Public Health	Head of Nursing will be taking the lead on this WHC.

Welsh Health Circulars assigned to SPC

(Amber 2 of 2)



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WHC Ref	Name of WHC	Date Issued	Lead Director	Update
023-25	PPE stockpile volumes in Wales	13/06/2025	Executive Director of Nursing, Quality and Patient Experience	Awaiting confirmation of ownership as WHC transferred from Public Health to Nursing, Quality and Patient Experience on 25/07/2025.
008-25	Part 4 of the Public Health (Wales) Act 2017: Introduction of a National Mandatory Licensing Scheme for Special Procedures in Wales	25/06/2025	Executive Director of Public Health	In progress due for completion on 31/08/2025.
022-25	The National COVID-19 Vaccination Programme Autumn 2025	26/06/2025	Executive Director of Public Health	In progress due for completion on 01/10/2025.
028-25	Expansion of the shingles immunisation programme for severely immunosuppressed individuals aged 18-49	09/07/2025	Executive Director of Public Health	The changes are planned to commence from the beginning of August 2025. Health Boards should establish the expanded programme to begin vaccinating when the Green Book chapter has been published and the programme resources and materials are ready. Vaccination Programme Wales will advise Health Boards nearer to the time when the expansion can commence. Implementation date 31/10/2025.
029-25	Introduction of Nirsevimab passive immunisation against Respiratory Syncytial Virus (RSV) in at risk infants for upcoming 2025/26 RSV Season	14/07/2025	Executive Director of Public Health	Awaiting confirmation of ownership as WHC transferred from Public Health to Children, Women and Family Health on 04/08/2025.

Welsh Health Circulars assigned to SPC



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Since the previous report to SPC, the following WHCs have been confirmed as implemented (**Green**):

WHC Ref	Name of WHC	Date Issued	Lead Director	Implementation Date	Update
028-24	The National Influenza Immunisation Programme 2024-25	12/06/2024	Executive Director of Public Health	01/10/2025	The WHC has been confirmed as implemented by the Director of Public Health and shared appropriately across the Health Board.
043-24	Pertussis Vaccine Offer for Healthcare Workers	14/11/2024	Executive Director of Public Health	31/03/2025	The WHC has been confirmed as implemented by the Director of Public Health as Pertussis vaccine has been offered to all new Health Care Workers and/or upon a change in role.
046-24	Influenza (flu) Vaccination Programme deployment 'mop up' 2024- 2025	04/12/2024	Executive Director of Public Health	31/03/2025	The WHC has been confirmed as implemented by the Director of Public Health as Influenza (flu) vaccination mop ups have been facilitated with Primary Care services. The programme ended on 31/03/2025.
047-24	COVID-19 spring vaccination programme 2025	18/12/2024	Executive Director of Public Health	30/06/2026	The WHC has been confirmed as implemented as the COVID-19 Spring Vaccination programme was delivered as per plan and all offers for vaccination were completed by 30/06/2025.
010-25	Arrangements for the prescribing of antiviral and neutralising monoclonal antibody treatments for COVID-19	11/04/2025	Chief Operating Officer	23/07/2025	The WHC has been confirmed as implemented. Assistant Director of Primary Care has received evidence from Clinical Director Pharmacy and Medicines Management and confirmation of compliance.
016-25	Update on NHS Wales vaccination programme against respiratory syncytial virus (RSV)	06/05/2025	Executive Director of Public Health	01/07/2025	The WHC has been confirmed as implemented as a vaccination plan was approved by Formal Executive Team in May 2025. Vaccination clinics commenced on 01/07/25 and will continue for two months.
019-25	Changes to the routine childhood vaccination schedule and to the selective hepatitis B vaccination programme from 01 July 2025	13/05/2025	Executive Director of Public Health	21/05/2025	WHC shared with relevant stakeholders. Working group established to co-ordinate streamlined roll out of education, training and data collection and reporting workstreams
021-25	Introduction of routine vaccination programmes for the prevention of mpox and gonorrhoea	02/06/2025	Executive Director of Public Health	01/07/2025	The WHC has been confirmed as implemented as a new 'soft' roll out of this programme commenced on 01/07/25.

Recommendations



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

Risk Management

- **RECEIVE ASSURANCE** that identified controls are in place and working effectively;
- **RECEIVE ASSURANCE** that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise; and
- **CHALLENGE** where assurances are inadequate. Acts of Parliament, Acts of Senedd Cymru, Assembly Measures and Assembly Acts enable Welsh Ministers to develop more detailed legislation, known as secondary or subordinate legislation, usually by means of Statutory Instruments (SI).

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 with any barriers to delivery noted.

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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SAFE | SUSTAINABLE | ACCESSIBLE | KIND



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