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Assurance and Risk Report

Strategy & Planning Committee – 30 October 2025

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.

The Committee is asked to seek assurance from the Lead Executive Directors that risks 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 December 2025.

Principal Risks:

9

Operational Risks

7

Welsh Health Circulars

5

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.

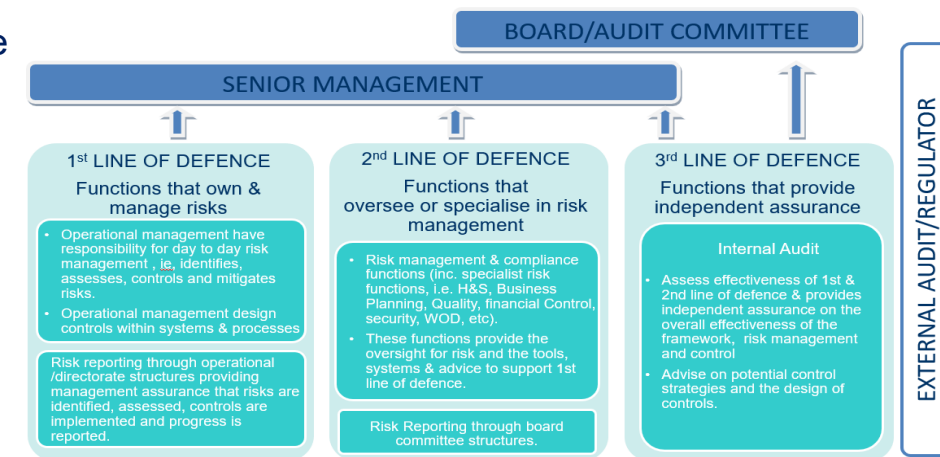
The Health Board's risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either Principal, Corporate or Operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval 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 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, recommending the 'acceptance' of risks that cannot be brought within risk appetite.



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.

Principal risks have been identified by the Executive Team via a top down and bottom-up approach and are associated with the delivery of the Health Board's strategic (long-term) objectives. Each principal risk has been also been aligned to a sub-group of Formal Executive Team.

There are nine risks currently aligned to SPC (out of the 15 that are on the PRR as of 30 September 2025).

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

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

Principal Risks assigned to SPC

(1 of 5)



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Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1196 - Insufficient investment in facilities/equipment/digital infrastructure	Executive Director of Strategy and Planning	20 → (Reviewed 24/09/25)	6	To be reviewed as part of the strategy refresh

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 Health Board's health and care strategy, until the Programme Business Case (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 autoclave aerated concrete (RAAC) which risk the viability of parts of the Health Board estate.

Rationale for Target Risk Score (TRS)

The target risk score is predicated on the production and endorsement by WG of a PBC and subsequent Outline and Full Business Cases for the infrastructure required to support the Health Board's health and care strategy.

Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1198 - Ability to shift care in the community	Chief Operating Officer	16 → (Reviewed 26/09/25)	8	To be reviewed as part of the strategy refresh

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 Target Risk Score

The target score will be reached through working with business partners and through the work of operational delivery group, as well as wide engagement across organisation to establish understanding and support for new way approaches to delivering care.

Principal Risks assigned to SPC (continued)

(2 of 5)



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Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1185 - Consistent and meaningful engagement	Director of Strategy and Planning	12 ↓ (Reviewed 13/10/25)	6	To be reviewed as part of the strategy refresh

Rationale for Current Risk Score

Resources from the Engagement Team are focussed on supporting the Clinical Services Plan, Strategy Refresh, and other service changes (e.g. PPH MIU, Mental Health, GMS contract changes). To support the savings targets, vacant posts were initially held, but the majority of the posts have now been successfully recruited to. The number and complexity of the service changes currently being consulted and engaged upon has hampered the timing and scope of the continuous engagement approach. However, a number of novel approaches to engagement are being deployed as part of the Strategic Refresh (e.g. use of social media, presence at community events, and encouragement of engaging with staff through site walk-arounds). Since the appointment of the new Head of Engagement there has been a renewed focus and energy on engaging with community groups and stakeholders. This is resulting in greater engagement in events and consultations.

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 (continued)

(3 of 5)



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Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1197 - Implementing models of care that do not deliver our strategy	Executive Director of Strategy and Planning	16 → (Reviewed 24/09/25)	4	To be reviewed as part of the strategy refresh

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 (AHMWW) strategy with plans in development. The likelihood score reflects the expectation that, through the successful strategy refresh and the delivery of the existing and refreshed Planning Objectives (POs), the Health Board 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 Target Risk Score (TRS)

The likelihood score reflects the expectation that, through the successful delivery of existing POs 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 (TRS)	Expected Date to Achieve TRS
1194 - Increasing uptake and access to public health interventions	Executive Director of Public Health	12 → (Reviewed 24/09/25)	4	To be reviewed as part of the strategy refresh

Rationale for Current Risk Score

Some interventions will fare better than others such as universal services (such as the COVID-19 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 increased from 9 to 12 in May 2025 to reflect that current immunisation rates are low and there is an immediate risk of increase of disease, eg measles, in the local community, and there is a heightened focus on this area from WG.

Rationale for Target Risk Score (TRS)

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 (continued)

(4 of 5)



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Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1192 - Wrong value set for best health and well-being	Executive Director of Public Health	12 → (Reviewed 24/09/25)	8	To be reviewed as part of the strategy refresh

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 Of Health and Well-being and what this means to its local population and communities. Well-being assessments have been updated by the Public Service Boards (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 Target Risk Score (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 Well-being 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 well-being, 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 (TRS)	Expected Date to Achieve TRS
1193 - Broadening or failure to address health inequalities	Executive Director of Public Health	9 → (Reviewed 24/09/25)	2	To be reviewed as part of the strategy refresh

Rationale for Current Risk Score

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 Target Risk Score (TRS)

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 (continued)

(5 of 5)



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Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1188 - Effective leveraging within partnerships	Executive Director of Public Health	9 → (Reviewed 24/09/25)	3	To be reviewed as part of the strategy refresh

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 (RPB); Regional Joint Committee (RJC); Emergency Ambulance Services Committee; Mid and West Wales Joint Health and Social Care 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 Target Risk Score (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 (TRS)	Expected Date to Achieve TRS
1200 - Maximising social value	Executive Director of Finance	6 → (Reviewed 23/09/25)	6	To be reviewed as part of the strategy refresh

Rationale for Current Risk Score

The Wellbeing of Future Generations Act (WBFGA) 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 Target Risk Score (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.

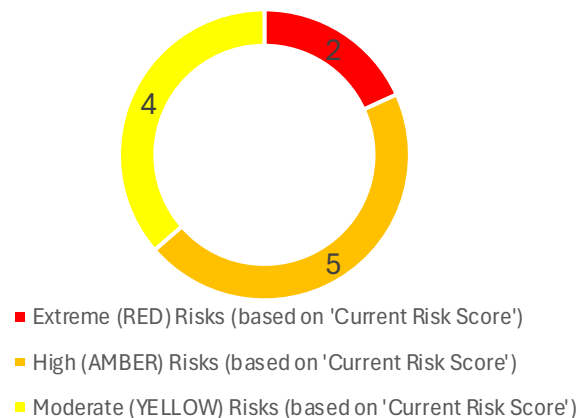
Of these, seven have been identified as reportable to SPC based on the following criteria:

- 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.

Total Number of Open Risks meeting criteria for reporting	7
New Risks since last reported to SPC	2
Closed Risks since last reported to SPC	2
Increase in Risk Score since last reported to SPC ↑	1
Decrease in Risk Score since last reported to SPC ↓	0
No Change in Risk Score since last reported to SPC →	4
EXTREME (RED) Risks (based on 'Current Risk Score')	2
HIGH (AMBER) Risks (based on 'Current Risk Score')	5

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.

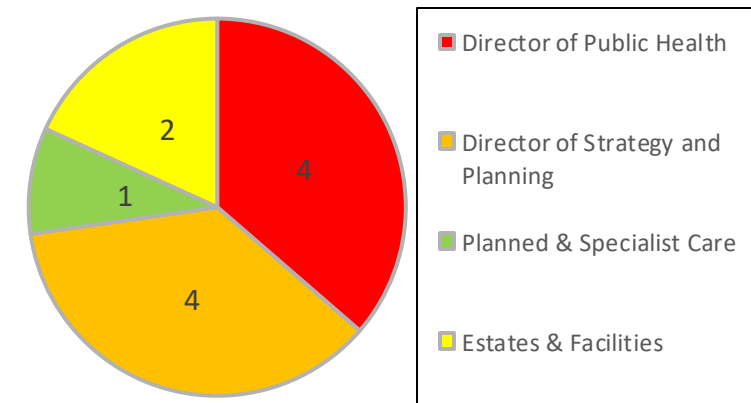
Current Level of Risks Assigned to SPC



Target Risk Score



Risks split out by Clinical Care Group/Executive Function



New 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
551* - Risk of non-compliance with 'workplace recycling regulations' by April 2026 due to funding/resources and completion of works	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	16	6	31/10/2027	26/09/2025
2065 – Risk of not achieving the WG performance measure for Carbon Monoxide (CO) validated quit attempts due to capacity and accessibility challenges	Public Health	Executive Director of Public Health	12	8	31/03/2027	24/09/2025

*Risk 551 – previously reported to Health and Safety Committee.

Operational risks closed since previous report



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Rationale
1882 - Risk that the 'Starting & Developing Well' team will be unable to deliver objectives due to cessation of Public Health Wales (PHW) Funding	Executive Director of Public Health	Director of Public Health	Recurrent core funding has been identified to sustain the member of staff who was being funded via the grant. Risk fully mitigated.
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	Risk has not been closed but has been realigned across to Quality, Safety and Experience Committee for reporting

Increase 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	Executive Director of Public Health	Director of Public Health	12	16 ↑	4	31/03/2026	29/09/2025
Rationale for Current Risk Score							
Control measures will only manage sight on all priority areas stretched across a pressured service at very senior level.							

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 Cardiff & Vale UNIVERSITY Health Board (CVUHB).	Executive Director of Strategy and Planning	Executive Director of Strategy and Planning	12 →	3	31/01/2026	16/09/2025
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	26/09/2025
1301 - Risk to delivery of Health Board 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	09/10/2025
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	26/09/2025

Risk Themes



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Risk owners can assign 'themes' to risks on Datix, allowing risk information to be shared on specific areas with relevant subject matter experts within the Health Board. They in turn can offer specific support and guidance to risk owners in the management of risk and identify trends and areas of concern. Each risk theme is aligned to a specific and relevant committee or sub-committee to provide assurance that processes are in place to deliver a holistic approach to risk management.

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.

There are no risk themes aligned to SPC as of 30 September 2025.

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 the Health Board 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.

As of 30 September 2025, there are 5 open WHCs assigned to SPC, with 4 closed since the previous report. Detail on these can be found on the following slides.

Welsh Health Circulars assigned to SPC

- Behind Schedule (**Red**)



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WHC Ref	Name of WHC	Date Issued	Implementation Date	Lead Director	Update
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	31/08/2025 31/10/2025	Executive Director of Public Health	WHC to be circulated to Primary Care colleagues to fulfil the requirements of this WHC. Revised completion date provided of 31/10/2025, with service leads confirming the WHC is on track for completion.

Welsh Health Circulars assigned to SPC

- In Progress (Amber)



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WHC Ref	Name of WHC	Date Issued	Lead Director	Update	Completion Date
023-25	PPE stockpile volumes in Wales	13/06/2025	Executive Director of Nursing, Quality and Patient Experience	The WHC is in progress, and due for completion by the end of October 2025.	31/10/2025
022-25	The National COVID-19 Vaccination Programme Autumn 2025	26/06/2025	Executive Director of Public Health	The WHC is in progress, and due for completion by the end of October 2025.	31/10/2025
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 commenced from the beginning of August 2025. health boards should establish the expanded programme to begin vaccinating once the Green Book chapter has been published and the programme resources and materials are ready. The Vaccination Programme Wales will advise health boards nearer to the time when the expansion can commence. Implementation date 31/10/2025.	31/10/2025

Welsh Health Circulars assigned to SPC

- Implemented since previous meeting (Green)



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WHC Ref	Name of WHC	Date Issued	Lead Executive (and CCG Director for those aligned to Chief Operating Officer)	Clinical Care Group/Executive Function	Implementation Date
009-24	COVID-19 Spring Booster Vaccination Programme 2024	08/02/2024	Director of Public Health	Public Health	30/06/2024
033-24	The Winter Respiratory Programme 2024/25.	02/08/2024	Director of Public Health	Public Health	31/03/2025
005-25	Climate Emergency Spread & Scale Leadership Day & Adaptation	07/03/2025	Director of Strategy and Planning	Strategy and Planning	31/12/2025
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	Chief Operating Officer	Planned Care	31/10/2025
020-25	The National Influenza Immunisation Programme 2025-26	05/06/2025	Director of Public Health	Public Health	01/10/2025



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

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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Date Risk Identified:	Apr-21
Strategic Objective:	1. Thriving Teams

Executive Director Owner:	Davies, Lee	Date of Review:	Oct-25
Lead Committee:	Strategy and Planning Committee	Date of Next Review:	Dec-25

Risk ID:	1185	Principal Risk Description:	<p>There is a risk that the Health Board does not design and deliver services that take in the views of the population.</p> <p>This is caused by a lack of a systematic approach and awareness/understanding of the legal requirements to undertake consistent and meaningful engagement with the Hywel Dda population.</p> <p>This could lead to an impact/affect on poorly designed services, lack of improvement in patient outcomes and experience, lack of improvement in performance, reduction of public confidence, increased scrutiny from media, regulators and WG and potential judicial review.</p>
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Business objectives/projects
Inherent Risk Score (L x I):	4x5=20
Current Risk Score (L x I):	3x4=12
Target Risk Score (L x I):	2x3=6
Expected Date To Achieve TRS:	
Trend:	

Date	Current Risk Score	Target Risk Score	Tolerance Level
Aug-21	12	6	6
Dec-21	12	6	6
Jun-22	12	6	6
Feb-23	12	6	6
Oct-23	12	6	6
Mar-24	12	6	6
Sep-24	16	6	6
Jan-25	16	6	6
Apr-25	16	6	6
Aug-25	12	6	6
Oct-25	12	6	6



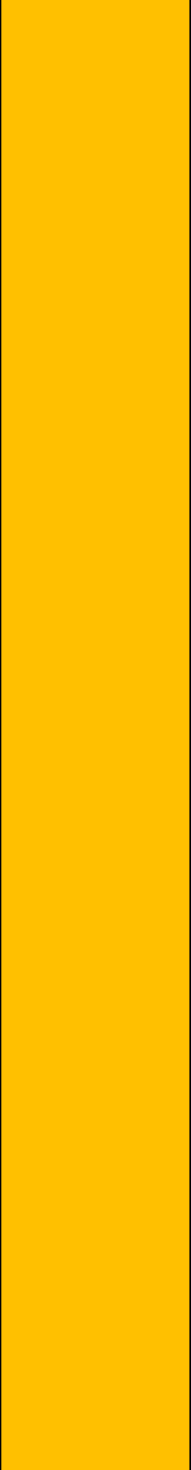



Rationale for CURRENT Risk Score:

Resources from the Engagement Team are focussed on supporting the Clinical Services Plan, Strategy Refresh, and other service changes (e.g. PPH MIU, Mental Health, GMS contract changes). To support the savings targets, vacant posts were initially held, but the majority of the posts have now been successfully recruited to. The number and complexity of the service changes currently being consulted and engaged upon has hampered the timing and scope of the continuous engagement approach. However, a number of novel approaches to engagement are being deployed as part of the Strategic Refresh (e.g. use of social media, presence at community events, and encouragement of engaging with staff through site walk-arounds). Since the appointment of the new Head of Engagement there has been a renewed focus and energy on engaging with community groups and stakeholders. This is resulting in greater engagement in events and consultations.

Rationale for TARGET Risk Score:

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.

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	By Who	By When	Progress
<p>Skills to Deliver Engagement Most of the vacant posts in the Engagement Team have been recruited to. An Administrative Support post has been held to support the financial position of the Health Board. Under the leadership of the new Head of Engagement, the team has been able to support more service change and engage on an ongoing basis with a broader range of community groups.</p> <p>Expert engagement team in place with ongoing training needs reviewed regularly.</p> <p>Operational engagement lead for each county - all posts recruited to.</p> <p>Engagement training provided to operational on an ad hoc/as required basis.</p> <p>Discussions held at Board and Board Seminar to define Board's ambition and appetite for continuous engagement. Sub group is being established to progress the agenda with Board members.</p> <p>Organisational Structures to Support the Delivery of Engagement Stakeholder Reference Group provide oversight/ input from an advisory group perspective around key HB priorities.</p> <p>Close working relationship with Llais.</p> <p>Voices of Children and Young People's Group established</p> <p>Engagement mechanisms to support the delivery of continuous engagement across the organisation include:</p> <ul style="list-style-type: none"> - provision of engagement, advice, guidance and support around continuous engagement and consultation to services across the HB - management of the Siarad Iechyd / Talking Health involvement and engagement scheme - management of the stakeholder management system Tractivity - Management of the online engagement tool Have Your Say (EngagementHQ) - advice, guidance, support around the planning and delivery of traditional engagement methods 	<p>Identified gaps in engagement team capacity to deliver continuous engagement during periods of consultation</p> <p>Improved links with acute operational teams to gain greater understanding of operational teams and their role in terms of engagement / continuous engagement with a purpose</p> <p>Clear understanding of requirements and proactive process for proposed service change within the Health Board</p> <p>Lack of understanding of operational teams on their role in terms of engagement / continuous engagement with a purpose. Most service changes require a level of up-front engagement with our communities of staff and service users.</p> <p>Awareness and staff utilisation of available engagement tools</p> <p>"Improving the use of feedback across the organisation" group has been created, however has yet to meet as at October 2024.</p>	<p>Further action necessary to address the controls gaps</p> <p>To establish an overarching programme of work for continuous engagement with a set of continuous engagement plans that make it easier for people to have conversations with us. This will:</p> <ol style="list-style-type: none"> 1. Increase public confidence and trust in the reputation of the Health Board 2. Offer greater ability of service users to influence services and to be better informed. 3. Improve decision making that is driven by public feedback. 4. Enhance visibility of the Health Board's values through open and transparent communication. <p>To undertake and complete tender exercise in relation to expert advice as part of CSP</p>	<p>Hughes-Moakes, Alwena</p> <p>Davies, Lee</p>	<p>31/03/2024 31/03/2025</p> <p>31/12/2024</p>	<p>The work continues with regards to the Clinical Services Plan engagement and ad-hoc engagement to support changes in services e.g. Primary Care GMS contracts; changes to service locations on both temporary and permanent basis. Recruiting to vacant posts in Engagement team to improve resilience and support for planned engagement and consultation activities. New Head of Engagement in post since 2 December 2024. Engagement Officer (Ceredigion) - interviews completed in February 2025. Discussion paper on how we build continuous engagement will be presented to Board in March 2025.</p> <p>Procurement complete. ORS and HICO appointed to support CSP consultation.</p>

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
See Our Outcomes section on the BAF Dashboard	Management process in place to monitor Engagement Team objectives	1st			Continuous Engagement Plan - Board (May22)					
	Key projects / programmes of work will be provided with advice, guidance and support around the design and delivery of robust engagement plans (and where required consultation plans)	1st								
	Reflective review of the engagement to ensure learning from the process is recorded and influences future work. This will include a programme / project group review to inform future learning and delivery of engagement. The operational reflection by the Engagement Team will form part of the team's learning log, to ensure there is continuous improvement embedded within engagement practice. Ongoing process in place	1st								
	SRG used a oversight assurance mechanism	2nd								

For major pieces of engagement and consultation work sign off will be via Board	2nd			
Where contentious engagement / consultation is identified the organisation can seek external advice and guidance through Consultation Institute to minimise risk of judicial review	3rd			
The Health Board and Llais have key duties around changes to health services. Changes to health services should be presented to the CHC at Services Planning Committee	3rd			

SPC Risk Register

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1844	Director of Public Health	Public Health -	Public Health	Gjini, Ardiana	Lewis, Bethan	Lewis, Bethan	Lewis, Bethan	01-May-24	<p>There is a risk of that the Hywel Dda Public Health Team will be unable to effectively support the Health board to deliver its priorities, as set out in the Health Board's Annual Plan, and its public health responsibilities, including its statutory functions, such as responding effectively to any acute outbreaks adequately.</p> <p>This is caused by limited capacity within the Public Health Team with only two of five consultants in post.</p> <p>This will lead to an impact/affect on the oversight in relevant areas to improve health, prevent ill health and slow down on the long-term trends of increasing burden of ill health on the Health Board, poorly designed services that do not improve outcomes for individuals and communities, reduction of public confidence, increased scrutiny from media, regulators and WG. This will also result in challenges in managing the day-to-day activity and the line management arrangements within the Local Public Health Team.</p> <p>Risk location, Health Board wide.</p>	<p>Appointment of new Deputy Director of Public Health / Consultant in Public health complete and in post. With additional posts returning from leave there are now 2.7 wte Consultants in Public Health in post also in team.</p> <p>Workplan alignment to priorities completed by Executive Director of Public Health and will be rolled out alongside Heads of Service to maximise leadership and cement of annual planning goals.</p>	Service/Business interruption/disruption	4	4	16	Control measures will only manage sight on all priority areas stretched across a pressured service at very senior level.	<p>Prioritise 'go live' with recruitment of substantive Consultant roles</p> <p>Explore fast track locum recruitment approach to recruiting to provide rapid cover whilst substantive recruitment running.</p> <p>Monitoring of planning objectives with team members assigned as leads to ensure timely escalation of any movement anticipate on achieving plan targets.</p> <p>Recruitment to vacant full time Consultant post to be completed</p>	Lewis, Bethan	Completed	<p>Process commenced with vacancy request applications, hoping to go live with recruitment of substantive Consultant in Health Protection Post by end of week. Went live to advert 26.7.2024</p> <p>Process commenced with vacancy requests for locum cover, approval received and process of go live with advertisement to fill Locum/Fixed Term posts will commence this week. One Locum post recruited to start once checks complete and 1 locum via bank for rapid appointment achieved</p> <p>Monitoring to review actions undertaken at end of each quarter and is currently on track.</p> <p>Recruitment process commenced, awaiting outcome. Completed. Offers accepted and awaiting a start date of mid September.</p>	Strategy and Planning Committee	1	4	4	Target score updated to reflect correct impact as per risk identified and reduced likelihood to reflect aim of having an appropriate staffing profile delivering on population health priorities.	Treat	29-Sep-25

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551	Estates & Facilities	Estates & Facilities	E&F: Property Performance	Davies, Lee	Chiffi, Simon	Chiffi, Simon	Williams, Paul -	22-Dec-17	<p>There is a risk of 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	4	4	16	<p>The HB have to comply with the Workplace recycling regulations by 1/4/2026.This still needs to be completed internally at Glangwilli. PPH and WGH require works to be completed to external compounds to enable waste streams to be collected separately in line with the regulations. At PPH this requires an electrical upgrade and at WGH this requires a restructure of the current waste compound. Feasibility complete and funding request submitted to WG for circa £810k, awaiting a response.</p> <p>Unlikely the funding will be secured and works completed by the deadline particularly at WGH. Consequences are additional space will be needed so the segregation of the separated waste streams can be managed by a temporary bin system leading to increased waste costs for waste to be removed from site more regularly, an area needed in close proximity to compound to house bins, could impact on carpark spaces as options at WGH is limited. Failure to provide a temporary solution is non compliance with the workplace recycling regulations, contractor refusing to remove non segregated waste from</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>	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 24/25 per 10,000 patients - General Waste 1.7t, Recycling Waste 10.2t, Food waste 4.5t. Total waste reduction- 28.2t.</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, Biodiversity 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. Once the upgrades to compounds are complete, correct segregation can occur. These measures will improve compliance, reduce waste disposal costs, increase recycling rates and reduce carbon emissions.</p>	Treat	26-Sep-25

SPC Risk Register

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															<p>site. Natural Resource Wales(Regulator for waste) are currently auditing HB premises for compliance with the HTM 07 01 Safe management of Healthcare waste and with the new workplace recycling regulations. Other ongoing audits include pre-acceptance audits, dangerous goods audits and ISO 14001 audits. Resources in the team managing this are very limited and not currently sufficient to mitigate all current risks</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>	Shaw, Terri	29/05/2026	Current position at end of 24/25 is 52%																
															<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	29/05/2026	Current position end of year 24/25 is Recycling 52%, Recovery 42%, Landfill 6%																	
															<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.</p> <p>WGH waste Compound - a complete re-design is required to address current compound issues and to fit one additional compactor.</p>	Shaw, Terri	31/03/2026	<p>Feasibilities complete, total capital investment needed circa £810k. Funding request submitted to Welsh Government. Awaiting a response. The deadline to make changes to comply is March 2026, and there is a risk that funding may not be allocated in time. This could result in the HB being non-compliant with workplace recycling regulations, leading to increased costs, waste collection failures/refusals or recyclable waste being consigned as general waste at a greater cost and a reduction in recycling rates leading to non compliance with other WG recycling targets for public sector.</p>																	

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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</p>	<p>1. Head of Strategic Commissioning part of All Wales group, which are discussing potential new arrangements</p> <p>2. 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>3. In line with other HBs, Hywel Dda has written to Cardiff & Vale University Health Board asking that they consider continued support until 31st March 2024 and to continue to work with the joint group to explore either the potential to maintain the service beyond 1st April 2024 or alternative service models that may enable us to collaboratively provide a sustainable</p>	Safety - Patient, Staff or Public	4	3	12	<p>Following comprehensive review of activity data, market testing, and assurance received through both the IQFPD and Board, it is now proportionate to revise the risk score for this item from "High" to "Medium" (proposed score: 12). The basis for this recommendation is as follows. Treatment volumes for adult non-drug allergy assessment have remained consistent averaging 7-8 per month over the past 15 months and circa 11 referrals per month for 24/25 (12 months of data), with no evidence of material unmet or latent demand. Current arrangements, which rely on out-of-area referral pathways, are functioning safely and efficiently, and there have been no adverse incidents or patient</p>	To scope the possibility of commissioning the service with North Bristol, as part of an All Wales approach	Ayres, Shaun	30/04/2024-30/04/2025-31/08/2025	As of April 2025, discussions with the All Wales group continue, with decisions not yet agreed upon. Work remains ongoing.	Strategy and Planning Committee	1	3	3	The residual risk 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.			16-Jul-25

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									national standards. Limited financial envelope due to monies staying in the Cardiff & Vale system. Risk location, Health Board wide.	service on a longer-term basis					safety concerns recorded (we will of course be monitoring this and liaising with Birmingham). Moreover, recent engagement with the provider market has demonstrated the availability of multiple compliant providers able to mobilise quickly if needed, ensuring a clear contingency position. The Board retains both operational flexibility and the ability to respond rapidly to any emerging need, and is fully aligned with ongoing All-Wales allergy pathway developments. Given the above, the likelihood and impact of risk have materially reduced. This reflects both the current stability of demand and the robust mitigations in place, while acknowledging that residual risk remains until a sustainable, all-Wales solution is fully implemented.											

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2065	Director of Public Health	Public Health -	Public Health: Health Improvement & Wellbeing	Gjini, Ardiana	Dainton, Joanna	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 waiting times for appointments.</p>	<p>- 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</p>	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	24-Sep-25
														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	Work ongoing									

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									<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>																			

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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>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>	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> <p>Discussions ongoing, not possible for Spring campaign and to explore for next Autumn as larger volumes across HB Freezer capacity not sufficient. continue to explore options for Autumn/Winter 25/26</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	26-Sep-25	

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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>	Business objectives/projects	3	3	9	<p>A revised organisational structure is currently under development in collaboration with the newly established clinical care groups. The objective of this revised structure is twofold:</p> <p>To significantly enhance alignment between the planning capability and capacity and the clinical care groups.</p> <p>To systematically break down existing organisational barriers, reducing isolated working practices, thereby ensuring integrated and streamlined planning across directorates and clinical groups in support of achieving the strategic and planning objectives of the Health Board.</p> <p>Detailed financial costings for the proposed structural adjustments have recently been finalised. Initial discussions and consultations have already taken place with the Head of Corporate Planning, Service Group</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	Assurance & Risk Officer has entered today's date whilst undertaking housekeeping on this risk. Risk lead to input 'Rationale for the target risk score' and 'Expected date to achieve Target Risk Score' at next review.	Treat	30-Jun-25

SPC Risk Register

Date: October 2025

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															Service Group Directors, and the Head of Commissioning regarding potential refinements and necessary adjustments to the proposal. Subject to comprehensive discussion, the proposal will be shared and discussed with the Business Executive Team. It is anticipated that a comprehensive review of the final proposal will be undertaken within the next four to six weeks, ensuring sufficient scrutiny, endorsement, or required further refinement before implementation.	Utilise existing vacancy to enhance team to support work on Targeted Intervention.	Ayres, Shaun	31/10/2024-31/12/2024 31/09/2025-30/06/2025 30/08/2025	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 the dynamic allocation of resources and prompt addressing of emergent issues. As of April 2025, we have been unable to secure resource.							

SPC Risk Register

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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. 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. There are significant multiagency led workstreams affected, including: substance misuse, Healthy Schools and pre-schools, prevention including early years and health</p>	<p>All service leads meet monthly with Finance Business Partner and ensure forecast spending is updated and relevant to needs of service. Review of service level finance meetings scrutinised by DPH / Interim Assistant Director PH to ensure forecast relevant and capture sufficient service demand impact. 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>	Lewis, Bethan	Completed	<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>	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 savings plans realised for the 2 year period.	Treat	26-Sep-25

SPC Risk Register

Date: October 2025

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									<p>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 underspent 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>								Review current savings plans for directorate against monthly underspending to maximise available resource for population health priorities.	Lewis, Bethan	17/06/2025-18/08/2025-26/11/2025	Review commenced and will be monitored monthly against programmes of work.								

SPC Risk Register

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1370	Planned & Specialist Care	Children, Women & Family Health	CW&FH: Sexual Health	Carruthers, Andrew	Goode, Paula	Owen, Tracy	Davies, Nick	12-Apr-22	<p>There is a risk of of delay in patient access to sexual health services</p> <p>This is caused by the current location of gynaecology outpatients in the sexual health clinic site reducing capacity from five days to two days (90 patient slots a week) with many nurses now having to work from home.</p> <p>This will lead to an impact/affect on potential harm to patients as a result of delays being seen face-to-face and access to contraception and emergency contraception, which may lead to unplanned pregnancies and increase in then umber of abortions. If medication has to be posted out, an additional member of staff who has not previously spoken to the patient may need to be involved in dispensing the medication, meaning there is an increased risk of error.</p> <p>There may be a delay in access to testing and treatment for sexually transmitted disease which may result in long term health sequelae such as pelvic inflammatory disease, infertility, epididymitis and an inability to break the cycle of transmission (partner treatment etc).</p> <p>There may be a delay in cervical smear testing which can result in delayed diagnosis of cervical intraepithelial neoplasm. Numbers of smear tests are reported to Cervical Screening Wales (CSW) and we are not currently not providing a smear clinic in each county as per their</p>	<p>Utilisation of virtual appointments, attend anyway and telephone.</p> <p>Postage of medication direct to patient.</p> <p>Offering alternative location for face to face appointments.</p>	Service/Business interruption/disruption	2	3	6	A review is currently underway in respect of whether a 5 days a week service is required at BGH. Currently patients have access to sexual health services across the Health Board.	<p>Meeting with BGH Site management team to identify potential sites in main hospital for gynaecology outpatients to be housed.</p> <p>Further meeting with BGH site management team to discuss relocation of gynaecology</p>	Humphrey, Lisa	Completed	<p>Gynaecology unable to return to Rhiannon Ward, other areas to be considered including DSU 3</p> <p>CSW were satisfied with the current location and therefore this option is not being further pursued.</p>	Strategy and Planning Committee	1	3	3	Once demand has been scoped we will further understand what capacity is required as it is unclear whether a 5 days a week service is required at this stage.	Treat	01-Aug-25

SPC Risk Register

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									<p>minimum requirement.</p> <p>There is reduced capacity for face-to-face psychosexual counselling services.</p> <p>This risk has a significant affect on the local demographic as Aberystwyth University students may have a higher need of these services.</p> <p>Risk location, Padarn Health Centre.</p>							Explore options for either relocating Gynaecology back to hospital site or new site for Sexual Health that will allow for 5-day clinic weeks.	Freeman, Lyndon	31/03/2024-30/06/2024-30/09/2024-02/07/2025-31/12/2025	<p>Currently does not look like Gynaecology will be able to move back to the hospital site. No further updates on BGH integrated care centre model.</p> <p>updates on BGH ICC remain unavaialble, currently no scope for return, awaiting outcome to tolerate this risk</p> <p>Data from the new dashboard may underpin the requirement for 5-day clinic weeks and will determine actions that support this move.</p>								

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1544	Director of Strategy and Planning	Strategy and Planning	Strategic Development and Operational Planning: Planning	Davies, Lee	Ayres, Shaun	Hughes, Sharon	Hughes, Sharon	17-Jan-22	<p>There is a risk of the UHB will not achieve the Welsh Government ambition for a net zero public sector by 2030, as outlined in the NHS Wales Decarbonisation Strategic Delivery Plan.</p> <p>This is caused by a)timescales for Health Board's existing organisational transformational plans do not align to decarbonisation ambitions, with capital build process/regime impacting ability to drive forward changes to our estate. b)not securing sufficient resource (internal staff/external support), capital and revenue funding; c) significant operational and financial pressures (targeted intervention) have impacted our ability to deliver the programme within planned timescales. d) current estate infrastructure/electrical capacity is aged and not fit for purpose to</p>	<p>Executive Team support for the programme is in place and a shared programme management resource allocated.</p> <p>Approved Decarbonisation Delivery Plan in place to prioritise and focus efforts which we aim to review/refresh in Q3/4 2025/26</p> <p>Organisation wide engagement / activity as part of the Strategic Property & Environment Group & Governance.</p> <p>Regular comms/reporting to WGov H&SC climate change team and reporting of performance, risks and issues</p> <p>Colleagues associated with transformational plans are part of the Strategic Property & Environment Taskforce Group and can guide/monitor the planned transformational activity and work to ensure alignment across organisational objectives.</p> <p>Key leads from Procurement, Estates, Transport and wider membership are part of the decarbonisation</p>	Business objectives/projects	3	2	6	<p>There are unknowns linked to Welsh Government (WG) funding and carbon baseline reporting boundaries, as well as significant issues with the national grid capacity.</p> <p>The funding identified by WG is insufficient to deliver the initiatives in the plan and is always over subscribed.</p> <p>The audit report highlighted the recommendation 'to have a fully costed plan' which is unachievable because to provide accurate costings requires funding for feasibility and optimisation type studies (which will go out of date unless</p>	<p>Risk actions are to be established following discussion at the next Decarbonisation Task group in January 2023.</p> <p>Appropriate UHB representatives to respond to consultation on the NHS decarbonisation delivery plan, which includes engagement in WG review workshops.</p> <p>Explore external funding opportunities. This will be ongoing every year.</p>	Williams, Paul -	Completed	<p>Complete- risk actions now added.</p> <p>WGov have now advised they are going to tender the review of the strategic plan in Q2/Q3 of 2025/26, this tender will include engagement with the LHBs and both S.Hughes and P.Williams will be part of the review</p> <p>Successful in leveraging RE;FIT TEF and EFAB funding. Further funding opportunities to be explored as and when these become available.</p>	Strategy and Planning Committee	3	2	6	The net zero target of 2030 is not achievable. We formally wrote and advised WG of this in Autumn 2023 and have again reported the same message within our Net Zero annual qualitative report. This is the same pattern across all HBs/trusts in Wales. NHS England have a target of 2050 and the H&SC climate change board have been urged to align to England's target dates which is potentially more realistic. The funding needed to reach a net zero position across public sector bodies, particularly the NHS in Wales, is simply not available and retrofitting a very aged estate is not good	Treat	21-May-25

SPC Risk Register

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									<p>deliver decarbonisation improvements.</p> <p>f) the significant demand and competition for WGov and other relevant funding to be able to deliver decarbonisation feasibility and net zero initiatives successfully</p> <p>g) Lack of NHS systems and structures around climate change and decarbonisation/route to net zero to create the necessary internal priorities and the unrealistic expectation that this entire agenda will be delivered from within existing NHS resources that are already under significant pressure</p> <p>h)change in baseline and reporting data that impacts targets.</p> <p>i)Emissions increasing in 2023/24 due to increases in estate footprints and supply chain spend, increased commuting/business travel.</p> <p>This will lead to an impact/affect on Non-compliance with climate change act 2008, non-compliant with environmental standards and ISO, poor carbon and financial related performance, adverse publicity, reduction in stakeholder confidence, reputational damage and increased scrutiny from WG. Possible legal implications from fines for non-compliance with law/legislation.</p> <p>Risk location, Health Board wide.</p>	<p>planning/delivery and the relevant groups</p> <p>Formal governance structure in situ since 2021/22 with reporting to the Strategy & Planning Committee and Board.</p> <p>Key barrier / risks identified & monitored via established bi-annual DCR Reporting and risk/issues register.</p> <p>Excellent channels of communication/integration across strategic planning and transformational plans, with dedicated groups/workstreams which report back to the WG national programme boards.</p> <p>HB informed WG in September 2023 of the inability to meet targets and deliver many of the initiatives within the delivery plan.</p> <p>Internal audit report recommendations are all complete apart from one which recommended we have a fully costed plan. Unable to meet this control measure because a fully costed plan requires additional funds/resource that we do not have and it would be outdated within only a few months - this did not offer value to the HB or WG and WG were advised of this outcome via IQPD meeting in March 2025.</p> <p>Successful in obtaining TEF to implement building retrofit projects e.g. window replacements, lighting replacement all with a net zero focus and products.</p>					<p>actioned early and this will result on that spend being wasted). This has been highlighted to the auditors and to WG Climate Change team via IQPD meeting in March 2025. The DoSP has been advised that achieving a fully costed delivery plan position requires external support because HDD do not have the finances, capabilities or expertise to deliver this within existing resource..</p>	<p>Build decarbonisation and sustainable approaches into existing HB processes and pathways. DoPH to develop a Climate Adaptation Plan to further enable a whole system approach to the HB adapting to the impacts of climate change.</p>	Williams, Paul	Completed	<p>Training slides are being amended by August 25 to include info on climate mitigation and adaptation which will form part of the Service & Quality Improvement training for all clinical & other staff, the first training session using the new updated slides will be in September 2025 which supports the (SUSQI) framework. SH has also prepared a briefing document on the broader climate change and sustainability agendas that includes mapping and gapping activity for the Exec Team to raise awareness of our responsibilities in it's entirety. The Sustainability in Nursing Lead, supported by Procurement is taking forward a number of green/sustainable healthcare projects. DoPH is leading the development of a Climate Adaptation Plan to ensure the whole system can adapt to climate impacts and events, this will be approved at the board in Nov 25 and shared with WGov by the deadline of Dec 25. L.Davies and P.Williams have also agreed for the HBs climate response to be a common theme/golden thread within the Hywel Dda strategic refresh and CSP.</p>					<p>value. Reducing supply chain emissions is extremely challenging and there is a lack of control in this area, typically due to existing contracts, reusables being more costly than single use, sourcing not willing to support localised pilots/proof of concepts.</p>		

SPC Risk Register

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340	Director of Strategy and Planning	Strategy and Planning	Strategic Development and Operational Planning: Planning	Davies, Lee	Rosser, Eideg	Stuart, Rachel	Stuart, Rachel	01-Sep-16	<p>There is a risk of the development of business cases for priority projects not being funded within required timescales.</p> <p>This is caused by the pressure on Discretionary Capital increasing due to the funding of Health Board backlog pressures.</p> <p>This will lead to an impact/affect on the Health Board possibly being unable to achieve those service improvements and developments included within the Annual Plan and or 3 year plan.</p> <p>Risk location, Health Board wide.</p>	<p>The Health Board is progressing with business cases within the constraints of DCP available.</p> <p>The prioritisation process for capital in 2024/25 has been undertaken and a report prepared for Executive Team in February 2024 and endorsed by SDOCD in February 2024 and Board in March 2024. This will include an allocation for the development of business cases.</p> <p>Work continues with the Business Ops Team to prioritise estates improvement schemes.</p> <p>The cost of business case development will be included in the final costs of the business cases and thereby refund into the business case development allocation in the DCP if approved.</p> <p>An initial allocation of £200k has been allocated for business case development in 2024/25 with £100k of this earmarked to complete the SARC and Aseptic BJC.</p> <p>Opportunities for IRCF funding is regularly explored. The UHB's Community Schemes are incorporated into the 10 Year Regional Capital Plan developed by the West Wales Regional Partnership Board.</p> <p>Additional DCP allocation for 25/26 will alleviate some of this pressure and the earmarking of TEF and Diagnostic Equipment allocations on an all Wales basis allows the UHB to direct further</p>	Business objectives/projects	3	2	6	<p>The limited DCP availability and the backlog on replacement of equipment, estates and digital infrastructure results in the organisation having to prioritise funding to deal with organisational risks.</p> <p>Additional DCP allocation for 25/26 will alleviate some of this pressure and the earmarking of TEF and Diagnostic Equipment allocations on an all Wales basis allows the UHB to direct further allocations towards business cases should it need to.</p> <p>For schemes which are included in the All Wales priorities agree with WG direct requests for the fees to develop business cases have been made and fees for the development of the Phase 2 Fire Schemes in GGh have been awarded.</p>	<p>Continue to work with the Ops Team, Planning and CEIM&T Sub Committee to ensure the prioritisation process enables priority business cases to be progressed within the DCP constraints without substantial adverse impact on Estates, equipment and IM&T funding requirements.</p> <p>Business Case writers have been appointed for development of Primary and Community Care projects, following approval by Welsh Government.</p>	Stuart, Rachel	Completed	<p>Work continues with the Business Ops Team to prioritise estates improvement schemes. Agreed action and discussion with WG to secure approved business cases and thereby refund business case development costs into the DCP. The initial Discretionary Capital allocation for 22/23 has been allocated to specific schemes, equipment and IT replacement following a reduction in £1.8m. Opportunities are being explored with partners to access the Integration and Rebalancing Capital Fund to progress some of the Community Integrated Hub business cases. Currently risk tolerance score has been reviewed to reflect this. Completed.</p> <p>Business Cases writers are appointed in line with relevant frameworks and governance structures for relevant Capital Projects. Completed.</p>	Strategy and Planning Committee	2	3	6		Tolerate	22-May-25
															Review and consider any recommendations from the Decarbonisation Programme Audit report	Hughes, Sharon	Completed	<p>All management actions have been completed apart from 1.1 which requires a longer term plan and will be considered as part of the DAP review in Q3/Q4 2024/25</p>								

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									<p>basis allows the CMB to direct further allocations towards business cases should it need to.</p> <p>For schemes which are included in the All Wales priorities agree with WG direct requests for the fees to develop business cases have been made and fees for the development of the Phase 2 Fire Schemes in GGh have been awarded.</p>							<p>Explore opportunities with partners to access the Integration and Rebalancing Capital Fund to progress some of the Community Integrated Hub's business cases.</p> <p>Explore utilisation of DCP for 2023/24 to enable the UHB to also progress community hub business cases and business continuity business cases.</p>	Williams, Paul	Completed	Completed action-opportunities for IRCF funding is being regularly explored. Completed.								
																Williams, Paul	Completed	We have appointed business case writers to enable the Health Board to progress the next tranche of community schemes. The two bids for funding support have been submitted to the IRCF at WG for consideration following the RPBs endorsement in April 2023 (this action is with the Head of Capital Planning to implement, however as their name is not yet available on the Datix system, this action has been assigned to the Assistance Director of Strategic Planning in the interim). Completed.									

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															Submit paper to Executive Team in June 2023 to consider options available by the UHB to manage additional costs and re-prioritise the Capital allocation for 2023/24.	Rosser, Eideg	Completed	Paper being prepared following discussion at Capital Sub Committee. A paper was submitted to the Executive Team in June 2023 which reprioritised the DCP allocation for 2023/24 to enable the UHB to progress with the Fire Scheme in WGH and the RAAC surveys and remedial works in WGH. This will involve the slowing down of expenditure on the development of business cases. Paper submitted to July CSC								
															Maintain dialogue with WG around the funding possibility for WGH Fire Phase 1 and RAAC.	Williams, Paul	Completed	Estates to provide costs information on both schemes to WG. Estates provided costs information on both schemes to WG and WG funding is now confirmed for both.								
															Review the costs and schedule of business cases to be progresses in 2024/25.	Rosser, Eideg	Completed	Review completed. DCP allocations amended to reflect the current position.								

SPC Risk Register

Date: October 2025

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
547	Estates & Facilities	Estates & Facilities	E&F: Property Performance	Severs, James	Chiffi, Simon	Chiffi, Simon	Williams, Paul -	31-Mar-17	<p>There is a risk of failing to meet a mandatory Welsh Government requirement to operate an environmental management system (EMS) certified to the 2015 ISO 14001 standard, externally audited by a UKAS approved auditor.</p> <p>This is caused by insufficient resources and enablers, e.g. within the environment team and supporting teams and the wider staff base. Inherent difficulties are associated with behavioural change, engagement, leadership and limited funding for improvement projects, and the cost of assessment and consultancy.</p> <p>This will lead to an impact/affect on the organisation's ability to achieve or maintain the ISO 14001 standard, which is also the principal means through which environmental and resource efficiency performance and continual improvement is delivered and measured.</p> <p>Risk location, Health Board wide.</p>	<p>The 2006 ISO 14001 standard, 3 year UKAS (United Kingdom Accreditation Service) certification, was achieved in 2012 and continued to maintain key systems reviewed by external auditors.</p> <p>Utilised consultancy support to update system documentation to the 2015 standard during 2017/18. The system has now been updated to comply with the requirements of the 2015 standard.</p> <p>Formal UKAS accredited assessment against the 2015 standard was achieved in 2020. Annual external audits will be carried out annually to check the continual compliance with the 2015 ISO14001 standard</p> <p>Clinical waste training has been delivered, all procedures for ISO14001 system have been reviewed and updated and Senior Managers have received awareness of the ISO14001 standard. In 2020 the Health Board underwent a 17 day audit and achieved accreditation to the 2015:ISO14001 standard with no major or minor Non conformances. The annual surveillance audits since then, up to 2024 also identified non major or minor non conformances. The HB has continued to maintain compliance following annual external audits since this time.</p> <p>Key ISO 14001 requirements have been integrated into Health Board systems e.g. governance objectives and targets and management review via the Strategy & Property Task Force Group (SPTFG) and risks via Datix Risk Assessment Forms.</p>	Statutory duty/inspections	2	3	6	Despite the organisation being accredited to the 2015:ISO14001 standard in October 2020 with no major or minor non conformances and continuing to maintain the standard at the last audit in October 2024. As this is an annual audit and reliant on multiple departmental input and given the challenges with current resource within the department there is an ongoing risk that the Health Board could fail to maintain the mandatory requirement by Welsh Government to maintain the standard. The next annual audit is scheduled for 3/11/2025.	<p>Undertake Annual Management Review for 24/25</p> <p>Complete and Obtain approval for Environmental T&O's for 24/25</p> <p>Undertake Annual Management Review for 25/26</p> <p>Complete and Obtain approval for Environmental T&O's for 25/26</p>	Shaw, Terri	31/03/2026	<p>This is scheduled at the next Strategic Property Task Force Group on Oct 20th 2025</p> <p>This is scheduled at the next Strategic Property Task Force Group on Oct 20th 2025</p> <p>Once review complete submit to Environmental Hygiene Group for approval to ensure compliance with the ISO 14001:2015 standard</p> <p>Prepare Annual Environmental T&O's and submit to Capital Sub Committee for approval to ensure compliance with the ISO 14001:2015 Standard</p>	Strategy and Planning Committee	2	3	6	The Health Board has successfully achieved and maintained this standard for the last 5 years following annual surveillance visits by a UKAS accredited body. During this time the Health Board has not had any major or minor non conformances which demonstrates that the Health Board are able to demonstrate that they are fully compliant with the standard. As this is an annual audit and reliant on whole Health Board involvement, resource being a challenge within the Environment department as the lead facilitator for these audits, there is always a risk that one or more elements of the standard may not be met.	Treat	26-Sep-25