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Assurance and Risk Report
Strategy & Planning Committee – 26 February 2026

Situation



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

The Committee is asked to seek assurance from the Lead Executive Directors that 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 on 28 April 2026.

Principal Risks:

9

Under Review

Operational Risks

18

Welsh Health Circulars

6

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.

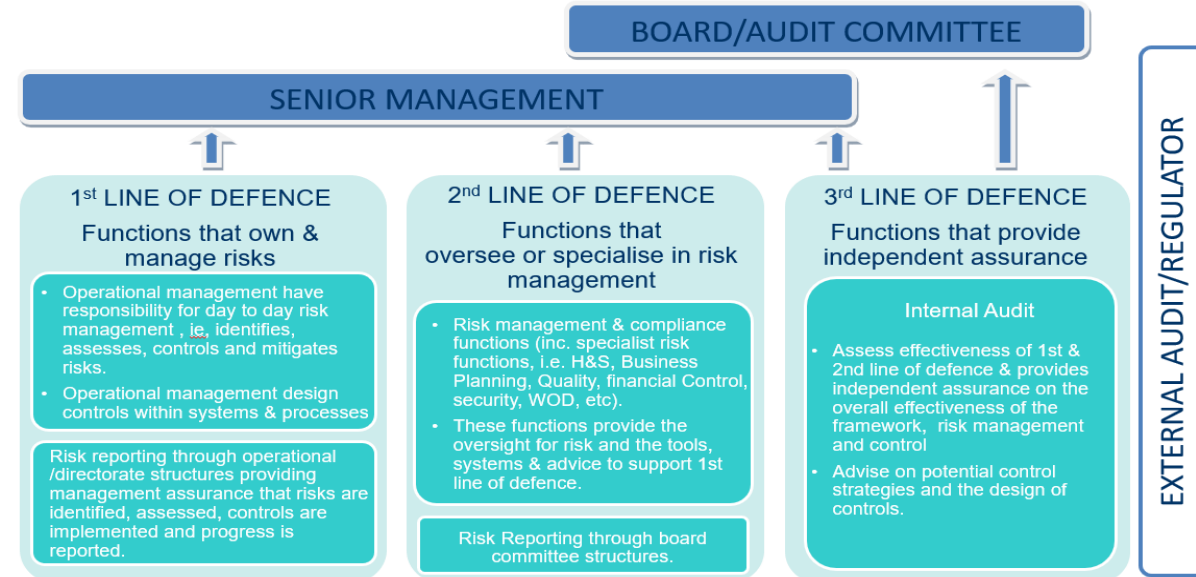
The Health Board’s risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either Principal, Corporate or Operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval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

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



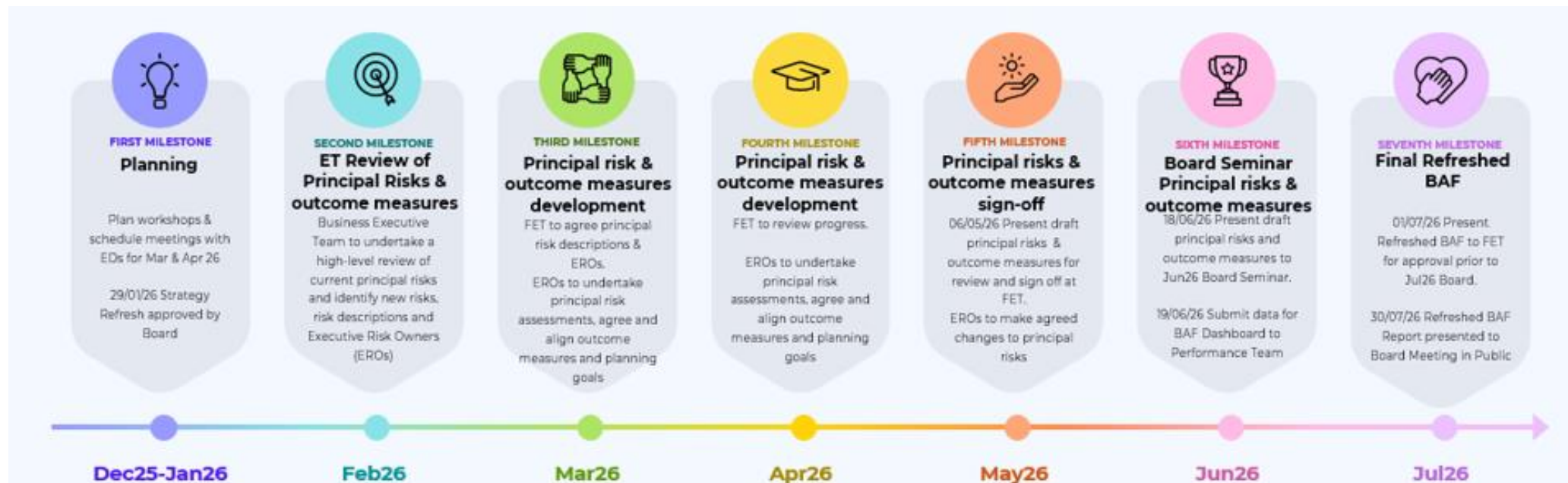
Principal Risks



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As a result of the Strategy Refresh, presented to Board on 29 January 2026, the plan is to present a refreshed Board Assurance Framework (BAF) to Board in July 2026. A review of principal risks will be undertaken as part of the BAF refresh, in addition to the supporting planning goals and outcome measures per the timeline below.



Refreshed principal risks will be discussed at Board seminar in June 2026 ahead of presentation to the Board in July 2026.

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

Operational Risks assigned to SPC



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18 operational risks on Datix are aligned to SPC, four of which have passed their review date.

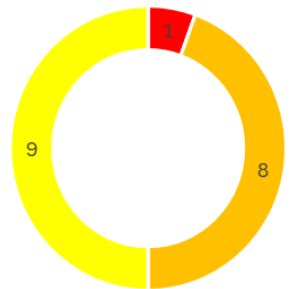
Of these, nine have been identified as reportable to SPC based on the following criteria:

- 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.

The following slides summarise the operational risks aligned to SPC as at 26 January 2026.

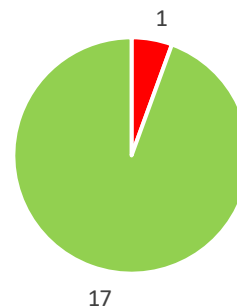
Total Number of Open Risks meeting criteria for reporting	9
New/Realigned Risks since last reported to SPC	2
Closed Risks since last reported to SPC	1
Increase in Risk Score since last reported to SPC ↑	0
Decrease in Risk Score since last reported to SPC ↓	2
No Change in Risk Score since last reported to SPC →	5
EXTREME (RED) Risks (based on 'Current Risk Score')	1
HIGH (AMBER) Risks (based on 'Current Risk Score')	8

Current Level of Risks Assigned to SPC



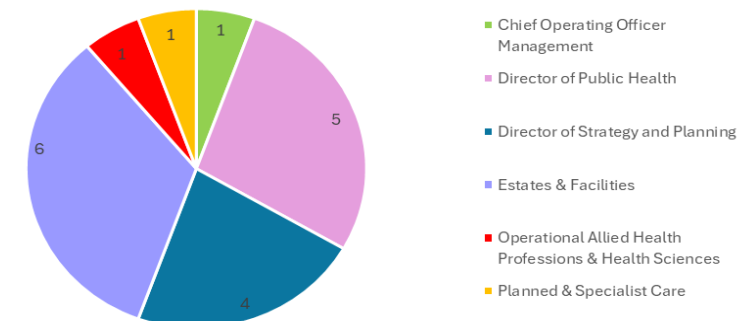
■ Extreme ■ High ■ Moderate

Target Risk Score



■ Number of Risks without a Target Risk Score Expected Date
■ Number of Risks with a Target Risk Score Expected Date

Risks split out by Clinical Care Group/Executive Function



■ Chief Operating Officer Management
■ Director of Public Health
■ Director of Strategy and Planning
■ Estates & Facilities
■ Operational Allied Health Professions & Health Sciences
■ Planned & Specialist Care

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
2235 - Risk of disruption to smoking cessation service and national monitoring due to vacancies arisen in team	Public Health	Director of Public Health	16 (NEW)	8	02/02/2026	25/11/2025
2204 - Risk of Health Board being unable to meet statutory Capital Resource Limit (CRL) due to uncertainties around funding provision and capital commitments	Strategy and Planning	Director of Strategy and Planning	12 (NEW)	8	31/03/2026	06/11/2025

Operational risks closed since previous report



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Rationale
340 - Risk of business cases not being funded within required timescales due to pressure on Discretionary Capital.	Strategy and Planning	Director of Strategy and Planning	Existing control measures in place are managing and mitigating the risks, with newer risks added to the Planning Risk Register in 2025 articulating the situation in 2025 (see operational 2204 - <i>Risk of Health Board being unable to meet statutory CRL due to uncertainties around funding provision and capital commitments</i> , principal risk 1196 - <i>Insufficient investment in facilities/equipment/digital infrastructure</i> , and corporate risk 1745 - <i>Risk of not being able to safely deliver services due to ageing estate and infrastructure across the Health Board</i>).

Decrease in risk score since previous report



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
1844 - Risk of not being able to provide a timely and effective Public Health service due to limited public health Consultant capacity	Public Health	Director of Public Health	16	12 ↓	4	31/03/2026	26/11/2025

Rationale for Current Risk Score

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

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
551 - Risk of non-compliance with workplace recycling regulations by April 2026 due to funding/resources and completion of works	Planned & Specialist Care	Chief Operating Officer	16	12 ↓	6	31/10/2027	14/01/2026

Rationale for Current Risk Score

The Health Board must comply with the Workplace Recycling Regulations (WRR) by 1 April 2026. This still needs to be completed internally at Glangwili General Hospital (GGH), Prince Phillip Hospital (PPH) and Withybush General Hospital (WGH) require works to be completed to external compounds to enable waste streams to be collected separately in line with WRR. PPH requires an electrical upgrade and WGH requires a restructure of the current waste compound. Funding was requested from Welsh Government (WG) but declined. Several site meetings have been held to explore alternative solutions to manage the requirements of the regs at WGH within existing infrastructure. Two replacement compactors have been installed in January 2026. These now have bin lifts so are rear loading. The gates to the compound have been altered to open outwards, and siting the new compactors closer together has created space for an additional compactor for the third waste stream required by the regs and for displaced bins in the compound. Whilst this enables us to comply with the WRR it is noted that the compound is still not compliant in that the clinical and domestic/recycling wastes streams should be stored separately as recommended in Welsh Health Technical Memorandum 07-01 and funding opportunities should continue to be explored to extend the compound, so it is fully compliant and fit for purpose. Current audits ongoing include Natural Resources Wales (Regulator for waste), pre-acceptance audits, dangerous goods audits and ISO 14001 audits. Resources in the team managing these audits are very limited and not currently sufficient to mitigate all current risks.

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).	Strategy and Planning	Director of Strategy and Planning	12 →	3	31/01/2026	09/10/2025
2065 - Risk of not achieving the WG performance measure for CO validated quit attempts due to capacity and accessibility challenges	Public Health	Director of Public Health	12 →	8	31/03/2027	26/11/2025
1773 - Risk of Covid-19 vaccine waste due to ordering schedule and vaccine hesitancy	Public Health	Director of Public Health	9 →	6	31/03/2026	26/11/2025
1301 - Risk to delivery of Health Board objectives due to insufficient capacity and capability within the Planning Team.	Strategy and Planning	Director of Strategy and Planning	9 →	6	30/06/2026	09/10/2025
1931 - Risk that funding allocated for public health services will not be available when required due to financial improvement measures	Public Health	Director of Public Health	8 →	4	31/03/2026	26/11/2025

Risk Themes



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

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



The following are aligned to SPC as of 20 January 2026.

Risk Theme	Definition	Number of Operational risks
Capital - Digital	A risk that could occur as a result of a lack of capital funding towards the procurement or development of a specific digital system.	13
Capital - Equipment	Capital defined as: <ul style="list-style-type: none"> • any item of equipment which is valued at more than £5,000 inclusive of VAT • and also has a life of more than 1 year • any IT asset valued at more than £250 which is plugged into a wider IT network • the initial equipping of a new or refurbished area 	49
Capital - Estates	Risk which requires Capital investment to improve/update or modify the Estate to address the risk.	120

Implementation of Welsh Health Circulars (WHCs)



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There are six open WHCs aligned to SPC as of 20 January 2026, with three closed since the previous meeting.

All WHCs are managed via the Audit Management and Tracking system (AMaT), which gives leads direct access to update and upload relevant evidence to demonstrate compliance with their requirements. Each WHC is assigned a status category. The table below outlines the definition of each category, the number of WHCs assigned to each as of January 2026, and the number completed since the previous report. To provide a more accurate reflection of WHC progress, three new status categories have been introduced since the last Committee report. Definitions for these new categories are included in the table below.

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

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

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

Welsh Health Circulars - In Progress



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WHC Ref	Name of WHC	Date Issued	Lead Director	Update	Implementation date
046-25	The introduction of a routine NHS varicella (chickenpox) vaccination programme for young children in Wales from 1 January 2026	31/10/2025	Director of Public Health	Training has been delivered to Primary Care Practice Nurses, as well as other staff involved in advising on or administering the routine childhood immunisation schedule. This training has been provided jointly by Public Health Wales and the Hywel Dda University Health Board (HDdUHB) Senior Nurse team in preparation for the introduction of the new vaccine and the associated 18-month appointment. The service is currently awaiting updates to the relevant Green Book chapters and the publication of supporting resources from Public Health Wales.	31/01/2026
054-25	A change of vaccine product for the routine adult pneumococcal vaccination programme, and those with certain clinical risk conditions	17/12/2025	Director of Public Health	Public Health have confirmed they will lead on this WHC supported by Primary Care colleagues. PPV23 central supply will be run down and PCV20 will become available to order for the programme.	28/02/2026
049-25	Patient Travel Policy	15/12/2025	Chief Operating Officer Management	To ensure that all Health Boards and Trusts comply with policy requirements, the following is expected: All Health Boards and Trusts undertake the following actions: <ul style="list-style-type: none"> ▪ (Central Transport Unit) To have an updated Patient Travel Policy in line with policy requirements by March 2026. ▪ (Central Transport Unit/ Scheduled Care) To ensure the Patient Travel Policy is communicated and made available to patients on their landing pages. ▪ (Planned and Specialist Care) To ensure that patients are provided with the relevant information regarding the potential need to travel for appointments and how they can access support to travel. This should be provided verbally when booking appointments as well as via patient referral confirmation and appointment letters as well as other digital and non-digital formats. 	28/02/2026

Welsh Health Circulars – Complete Pending Formal Approval For Closure



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The following three Welsh Health Circulars have reached completion and are pending formal Executive approval for closure.

WHC Ref	Name of WHC	Date Issued	Lead Executive (and CCG Director for those aligned to Chief Operating Officer)	Clinical Care Group/Executive Function	Completion Date
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	Director of Public Health	Public Health	28/11/2025
028-25	Expansion of the shingles immunisation programme for severely immunosuppressed individuals aged 18-49	09/07/2025	Director of Public Health	Public Health	03/11/2025
043-25	New clinical pathway for treating and managing obesity	03/10/2025	Director of Public Health	Public Health	24/12/2025

Welsh Health Circulars – Completed



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Since the previous report, formal Executive approval has been secured for the closure of the following three Welsh Health Circulars.

WHC Ref	Name of WHC	Date Issued	Lead Executive (and CCG Director for those aligned to Chief Operating Officer)	Clinical Care Group/Executive Function	Completion Date
020-25	The National Influenza Immunisation Programme 2025-26	05/06/2025	Director of Public Health	Public Health	01/10/2025
023-25	PPE stockpile volumes in Wales	13/06/2025	Director of Nursing, Quality and Patient Experience	Director of Nursing, Quality and Patient Experience	31/10/2025
022-25	The National COVID-19 Vaccination Programme Autumn 2025	26/06/2025	Director of Public Health	Public Health	31/10/2025

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

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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