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Assurance and Risk Report

Strategy & Planning Committee – 28 April 2026

Situation



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

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

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

Corporate Risks:

2

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Risk Management - Overview



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Effective risk management requires a 'monitoring and review' structure to be in place to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.

The Health Board's risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either principal, corporate or operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval processes and governance arrangements.

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

Risks are aligned to an appropriate Clinical Care Group or Executive Function (hereto referred to as "Functions"), and each has a designated risk lead responsible for reviewing in a timely and comprehensive manner.

The Board's Committees are responsible for the monitoring and scrutiny of corporate and operational risks within their remit and providing assurance to the Board that risks are being managed effectively and report areas of significant concern (eg where the [risk appetite](#) is exceeded, or there is a lack of action).

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



Corporate risks assigned to SPC



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Hywel Dda Risk Heat Map					
	LIKELIHOOD →				
IMPACT ↓	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5	Yellow	Orange	Red	Red	Red
Major 4	Yellow	Orange	Orange	2212 Red	Red
Moderate 3	Light Green	Yellow	Orange	2204 (NEW) Orange	Red
Minor 2	Light Green	Yellow	Yellow	Orange	Orange
Negligible 1	Light Green	Yellow	Yellow	Orange	Orange

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

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

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

There are 2 corporate risks currently aligned to SPC (out of the 24 that are currently on the CRR at 25 March 2026).

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

Corporate Risks assigned to SPC



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Risk Reference & Title	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
2212 - There is a risk that the Health Board will not have an approvable Integrated Medium-Term Plan (IMTP) by March 2028.	Director of Strategy and Planning	12	16 (↑) (Reviewed 23/03/2026)	4	31/03/2028

Rationale for Current Risk Score

The Health Board's 2026/27 Annual Plan sits within a three year horizon but still cannot meet the requirements for an approvable IMTP. The statutory breach of the NHS (Wales) Act 2006 continues. The Health Board remains in Targeted Intervention (TI) in planning, finance, urgent and emergency care, and hospital acquired infections. Whilst the plan is more mature, using risk led prioritisation, integrated priority bundles, clearer demand and capacity modelling, and updated strategic decisions, it exposes a more challenging reality. The financial trajectory does not reach breakeven and forecasts a £41m deficit, a deteriorating position than both the previous £31.5m control total and the £22m outturn for 2025/26. The plan acknowledges that TI criteria cannot be met within current resources while maintaining safe services.

The absence of an approvable IMTP now carries greater consequences. The plan identifies 656 organisational risks, including 391 scoring 12+, 63 scoring 20+, and 9 scoring 25. Significant quality and safety concerns remain with 226 high and extreme scoring patient safety risks, acknowledging ongoing harm from surge and boarding pressures, the discontinuation of e-prescribing, workforce fragility, and over 100 estate related risks. A clearer understanding of these pressures justifies the increased current risk score from 12 to 16, recognising six of ten dimensions since 2025/26.

Rationale for Target Risk Score (TRS)

The target risk score of 4 and expected achievement date of 31/03/2028 were agreed by the Formal Executive Team in November 2025. Achievement of a financially balanced and approvable plan remains a key driver for de-escalation from Targeted Intervention. The increase in current risk score from 12 to 16 widens the gap to target and should prompt consideration of whether the March 2028 target date remains realistic, given that the plan's own financial trajectory does not achieve breakeven within the three-year horizon.

The score of 16 will be reviewed following: Welsh Government's formal assessment of the 2026/27 plan submission; the Senedd election and any resulting changes to funding or priorities; the Q2 financial review (savings programme delivery); and the Welsh Government recovery funding decision (at the point of writing Welsh Government have stated there are no additional monies).

TRS and expected date to achieve have been agreed by Formal Executive Team in November 2025

Corporate Risks assigned to SPC



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Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
2204 - Risk of the Health Board being unable to meet statutory Capital Resource Limit (CRL) due to uncertainties around funding provision and capital commitments	Director of Strategy and Planning	12 (NEW) (Reviewed 09/03/2026)	8	31/03/2026

Rationale for Current Risk Score

There is a significant level of spend remaining within the capital programme, approximately 60% at end of January 2026 due to:

- Planned programmes of work in quarter 4. Whilst plans in place, spend has yet to be incurred. There are key projects which should they not be delivered, would have a significant impact on the ability of the Health Board to achieve the CRL.
- Approval of Welsh Government capital funding in latter half of the year - this equates to £8m to date from November 2025.
- Given the significant value and volume of schemes to be delivered the risk profile is increased. The Health Board have currently declined any additional end of year capital funding from Welsh Government.
- The consequences of significantly underspending against the Health Boards' capital programme would be: -
 - A breach of the Health Boards statutory duty to breakeven against its CRL;
 - Commitments being carried forward to the next financial year, detrimentally impacting on capital allocations in 26/27; and
 - Underspending 2025/26 schemes would need to be funded from the 2026/27 Discretionary Capital Programme (DCP), leading to an adverse impact on future years DCP.

Rationale for Target Risk Score (TRS)

In order to achieve the target risk score, the Health Board will need to demonstrate that it is able to manage its capital position effectively and meet its CRL requirements for the financial year, cognisant of the risks which are inherent in the delivery of safe and timely care.

A prioritised list of capital purchases with associated timelines for delivery is available to mitigate against any slippages / underspends which are identified. which when actioned will support the reduction of the current risk score.

TRS and expected date to achieve have been agreed by Formal Executive Team in February 2026

Audits and Inspections - Overview



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

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

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

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

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

Audit & Inspections – Summary

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There are 10 open reports aligned to SPC to enable them to undertake the following responsibility set out in their Terms of Reference:

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

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

Report issued by	Report Title	Clinical Care Group / Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Total number of recs	Overdue	In Progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Unable to Complete	Any Barriers to Completion Noted?
Welsh Government	Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales (issued Sep 23)	Primary Care, Community Strategy & Long-Term Care	Chief Operating Officer	Apr-31	Apr-31	16	1	8	0	2	4	1	Lack of space within Health Board to support medicine hub.
Audit Wales	Primary Care Follow-up Review (issued Nov 23)	Primary Care, Community Strategy & Long-Term Care	Chief Operating Officer	Mar-25	N/K	2	1	0	0	0	0	1	Success will be achieved when CIVICA is available for use across Primary Care contractors
Audit Wales	Structured Assessment 2024 (issued Nov 24)	Corporate Services	Director of Corporate Governance	Mar-26	Mar-26	3	0	1	2	0	0	0	None noted.
Internal Audit	Energy Management Final Internal Audit Report 2024/25 (issued Nov 24)	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	Mar-26	8	0	0	5	3	0	0	None noted.

Audit & Inspections – Summary

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Report issued by	Report Title	Clinical Care Group / Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Total number of recs	Overdue	In Progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Unable to Complete	Any Barriers to Completion Noted?
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – (issued May 25)	Community & Integrated Medicine	Chief Operating Officer	Dec-25	N/K	14	8	0	5	1	0	0	Assurance & Risk Officer scheduling meeting with Transformation Principal Programme Manager to support updating AMaT
Internal Audit	Commissioning – Long Term Agreements Final Internal Audit Report 2025/26 (issued Sep 25)	Director of Strategy and Planning	Director of Strategy and Planning	Apr-26	Apr-26	1	0	1	0	0	0	0	None noted.
Internal Audit	Vaccination & Immunisation Final Internal Audit Report 2025/26 (issued Feb 26)	Director of Public Health	Director of Public Health	Jun-26	Jun-26	9	0	9	0	0	0	0	None noted.



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CORPORATE RISK REGISTER SUMMARY MARCH 2026

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Mar-26	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score
2212	Risk the Health Board will not have an approvable Integrated Medium-Term Plan (IMTP) by March 2028.	Davies, Lee	Statutory duty/inspections	4×3=12	4×4=16	↑	1×4=4	31/03/2028
2204	Risk of HB being unable to meet statutory CRL due to uncertainties around funding provision and capital commitments	Davies, Lee	Finance inc. claims	NA	4×3=12	NEW	4×2=8	31/03/2026

RISK SCORING MATRIX

Likelihood x Impact = Risk Score					
Likelihood	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Frequency - How often might it/does it happen? <small>(how many times will the adverse consequence being assessed actually be realised?)</small>	This will probably never happen/recur (except in very exceptional circumstances).	Do not expect it to happen/recur but it is possible that it may do so.	It might happen or recur occasionally.	It might happen or recur occasionally.	It will undoubtedly happen/recur, possibly frequently.
	Not expected to occur for years.*	Expected to occur at least annually.*	Expected to occur at least monthly.*	Expected to occur at least weekly.*	Expected to occur at least daily.*
* time-framed descriptors of frequency					
Probability - Will it happen or not? <small>(what is the chance the adverse consequence will occur in a given reference period?)</small>	(0-5%*)	(5-25%*)	(25-75%*)	(75-95%*)	(>95%*)
*used to assign a probability score for risks related to time-limited or one off projects or business objectives.					
Risk Impact Domains	Negligible - 1	Minor - 2	Moderate - 3	Major - 4	Catastrophic - 5
Safety of Patients, Staff or Public	Minimal injury requiring no/minimal intervention or treatment.	Minor injury or illness, requiring minor intervention.	Moderate injury requiring professional intervention.	Major injury leading to long-term incapacity/disability.	Incident leading to death.
	No time off work.	Requiring time off work for >3 days	Requiring time off work for 4-14 days.	Requiring time off work for >14 days.	Multiple permanent injuries or irreversible health effects.
		Increase in length of hospital stay by 1-3 days.	Increase in length of hospital stay by 4-15 days. Agency reportable incident. An event which impacts on a small number of patients.	Increase in length of hospital stay by >15 days. Mismanagement of patient care with long-term effects.	An event which impacts on a large number of patients.
Quality, Complaints or Audit	Peripheral element of treatment or service suboptimal.	Overall treatment or service suboptimal.	Treatment or service has significantly reduced effectiveness.	Non-compliance with national standards with significant risk to patients if unresolved.	Totally unacceptable level or quality of treatment/service.
	Informal complaint/inquiry.	Formal complaint.	Formal complaint -	Multiple complaints/ independent review.	Gross failure of patient safety if findings not acted on.
		Local resolution.	Escalation.	Low achievement of performance/delivery requirements.	Inquest/ombudsman inquiry.
		Single failure to meet internal standards.	Repeated failure to meet internal standards.	Critical report.	Gross failure to meet national standards/performance requirements.
		Minor implications for patient safety if unresolved. Reduced performance if unresolved.	Major patient safety implications if findings are not acted on.		

CORPORATE RISK REGISTER SUMMARY MARCH 2026

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

RISK MATRIX




IMPACT ↓	LIKELIHOOD →				
	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5	5	10	15	20	25
MAJOR 4	4	8	12	16	20
MODERATE 3	3	6	9	12	15
MINOR 2	2	4	6	8	10
NEGLIGIBLE 1	1	2	3	4	5

RISK ASSESSMENT - FREQUENCY OF REVIEW

RISK SCORED	DEFINITION	ACTION REQUIRED (GUIDE ONLY)	MINIMUM REVIEW FREQUENCY
15-25	Extreme	Unacceptable. Immediate action must be taken to manage the risk. Control measures should be put into place which will have an effect of reducing the impact of an event or the likelihood of an event occurring. A number of control measures may be required.	This type of risk is considered extreme and should be reviewed and progress on actions updated, at least monthly.
8-12	High	Very unlikely to be acceptable. Significant resources may have to be allocated to reduce the risk. Urgent action should be taken. A number of control measures may be required.	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	Moderate	Not normally acceptable. Efforts should be made to reduce risk, providing this is not disproportionate. Establish more precisely the likelihood & harm as a basis for determining the need for improved measures.	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	Low	Risks at this level may be acceptable. If not acceptable, existing controls should be monitored & reviewed. No further action or additional controls are required.	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

Assurance Key:

3 Lines of Defence (Assurance)		
1st Line	Business Management	Tends to be detailed assurance but lack independence
2nd Line	Corporate Oversight	Less detailed but slightly more independent
3rd Line	Independent Assurance	Often less detail but truly independent


Key - Assurance Required		<i>NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you</i>
	Detailed review of relevant information	
	Medium level review	
	Cursory or narrow scope of review	

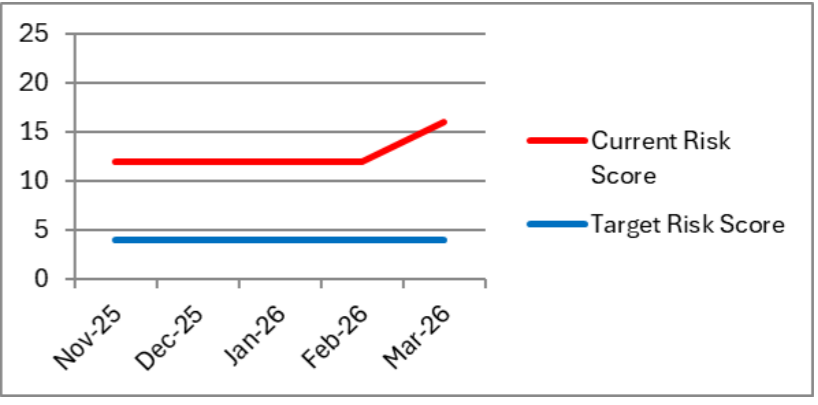
Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective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

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

Executive Director Owner:	Davies, Lee	Date of Review:	Mar-26
Lead Committee:	Strategy and Planning Committee	Date of Next Review:	Apr-26

Risk ID:	2212	Corporate Risk Description:	There is a risk that the Health Board will not have an approvable Integrated Medium-Term Plan (IMTP) by March 2028. This is caused by the Health Board not maintaining the 2024/25 outturn position of £24.1m as an absolute minimum at end of 2025/26, with a clear trajectory toward breakeven by 2027/28 as specified in our escalation framework. This could lead to an impact/affect on the Health Board meeting its statutory duty to breakeven, increased escalation and loss of public and stakeholder confidence.
Does this risk link to any Directorate (operational) risks?			2086

Risk Rating:(Likelihood x Impact)	
Domain:	Statutory duty/inspections
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	1×4=4
Expected Date To Achieve TRS:	31/03/2028
Trend:	



Month	Current Risk Score	Target Risk Score
Nov-25	12	4
Dec-25	12	4
Jan-26	12	4
Feb-26	16	4
Mar-26	16	4

Rationale for CURRENT Risk Score:

The Health Board's 2026/27 Annual Plan sits within a three year horizon but still cannot meet the requirements for an approvable IMTP. The statutory breach of the NHS (Wales) Act 2006 continues. The HB remains in Targeted Intervention (TI) in planning, finance, urgent and emergency care, and hospital acquired infections. Whilst the plan is more mature, using risk led prioritisation, integrated priority bundles, clearer demand and capacity modelling, and updated strategic decisions, it exposes a more challenging reality. The financial trajectory does not reach breakeven and forecasts a £41m deficit, a deteriorating position than both the previous £31.5m control total and the £22m outturn for 2025/26. The plan acknowledges that TI criteria cannot be met within current resources while maintaining safe services.

The absence of an approvable IMTP now carries greater consequences. The plan identifies 656 organisational risks, including 391 scoring 12+, 63 scoring 20+, and 9 scoring 25. Significant quality and safety concerns remain with 226 high and extreme scoring patient safety risks, acknowledging ongoing harm from surge and boarding pressures, the discontinuation of e prescribing, workforce fragility, and over 100 estate related risks. A clearer understanding of these pressures justifies the increased current risk score from 12 to 16, recognising six of ten dimensions since 2025/26.

Rationale for TARGET Risk Score:

The target risk score of 4 and expected achievement date of 31/03/2028 were agreed by the Formal Executive Team in November 2025. Achievement of a financially balanced and approvable plan remains a key driver for de-escalation from Targeted Intervention. The increase in current risk score from 12 to 16 widens the gap to target and should prompt consideration of whether the March 2028 target date remains realistic, given that the plan's own financial trajectory does not achieve breakeven within the three-year horizon.

The score of 16 will be reviewed following: Welsh Government's formal assessment of the 2026/27 plan submission; the Senedd election and any resulting changes to funding or priorities; the Q2 financial review (savings programme delivery); and the Welsh Government recovery funding decision (at the point of writing Welsh Government have stated there are no additional monies).

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS					
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress	
	1. A Healthier Mid and West Wales Strategy agreed by Board in 2018 forms the basis of the Health Board's Annual Plan 2. Financial roadmap has been developed and periodically updated to align to the planning cycle 3. Clear annual planning process led by the Planning Team in place - set out in Annual Plan Report to Board 25/09/25 4. Regional working partnerships in place 5. Planning Co-ordination Group in place with membership from corporate and operational/CCG representation 6. Continued dialogue with Welsh Government 7. Annual WG Planning Framework 8. Engagement with Stakeholder Reference Group on Annual Plan for 2026/27 - planned for November 2027 9. Commissioning team is a member of the Specialist Services Commissioning Group (SSCG) which meets bi-monthly, and reports to the JCC. 10. Commissioning and Contracting Oversight Group established, which meets quarterly 11. Regional Clinical Service Planning Subgroup in place 12. Operational management structures in place including Clinical Care Groups; Value and Sustainability Group; A Healthier Mid and West Wales Group; Integrated Quality, Performance and Finance Delivery Group.	1. Implications of the strategy refresh of AHMWW and the development of the Clinical Services Plan on the annual planning for 2026/27 and 2027/28 are currently not known or understood 2. Health Board's Financial Roadmap does not yet align to WG expectations with assured recurrent savings schemes to achieve breakeven in 2027/28	The Annual Plan 2026/27 will be written in the context of a 3 year plan cycle, the implications of the strategy refresh and CSP will be factored into year 2 (2027/28).	Davies, Lee	31/03/2026	The planning cycle will be continually reviewed throughout 2026/27 in the wider context of the delivery of an approvable IMTP. Operational risk registers have been fundamental in the approach to developing the annual plan for 2026/27. of Year 1 will focus on addressing the implications of the strategy refresh and CSP, which are due to be presented to Board in Q4 of 2025/26.
		3. Feedback from WG includes the need for clearer delivery plans within the Annual Plan going forward	Sufficient and assured recurrent savings schemes are planned across Clinical Care Groups	Carruthers, Andrew	31/03/2026	Progress update to be provided at next risk review
4. Closer working with the NHS Wales Joint Commissioning Committee (JCC) in regard to all-Wales commissioning decisions 5. Stronger regional planning and delivery actions through the Regional Joint Committee with Swansea Bay UHB on priority areas 6. Operational risks create compound effects that make planning assumptions unachievable 7. There is a gap in the organisations ability to deliver change		Share WG feedback of last year's Annual Plan at the scheduled Planning Workshops throughout Autumn 2025 (Oct, Nov and Dec) with clear expectations of input and output, with support from the Planning Team.	Davies, Lee	Completed	Series of workshops held during Autumn 2025, with feedback from Welsh Government to date shared. The Health Board are still awaiting the Planning Framework to be published by Welsh Government, expected by the end of first week of December 2025 in order to fully address this action, which will also define the regional approach.	

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
	Planning Co-ordination Group	1st								
	Regular updates on development of annual Plan discussed at Business Executive Team	2nd								
	Strategy and Planning Committee receive assurance on the development of the Annual Plan	2nd								
	Finance & Performance Committee to review and approve financial roadmap and financial plan	2nd								
	PODCC and FPC provide guidance on people and finance elements of Annual Plan	2nd								
	Planning Maturity Matrix is annually reviewed and presented to Board and WG	2nd								
	Regular oversight by WG of our Annual Plan through JET, TI, IQPD and informal touchpoint meetings with WG Planning Team	3rd								
	IA Annual Planning - May25 (Reasonable)	3rd								
	Addressing feedback from WG on Annual Plan 2025/26 to incorporate into planning process and product	3rd								

Date Risk Identified:	Oct-25
Strategic Objective:	2. Healthier Communities

Executive Director Owner:	Davies, Lee	Date of Review:	Mar-26
Lead Committee:	Strategy and Planning Committee	Date of Next Review:	May-26

Risk ID:	2204	Corporate Risk Description:	There is a risk that the Health Board is unable to maximise the opportunities presented by capital funding made available to it. This is caused by the uncertainty on levels of funding provided by Welsh Government, and capital commitments within the financial year being lower than anticipated. This could lead to an impact/affect on the ability of the Health Board to meet the statutory Capital Resource Limit requirements, and detrimentally impact on the health Board's Discretionary Capital Programme in future years.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)		No trend information available.
Domain:	Finance inc. claims	
Inherent Risk Score (L x I):	4x5=20	
Current Risk Score (L x I):	4x3=12	
Target Risk Score (L x I):	4x2=8	
Expected Date To Achieve TRS:	31/03/2026	
Trend:		

Rationale for CURRENT Risk Score:	
<p>There is a significant level of spend remaining within the capital programme, approximately 60% at end of January 2026 due to:</p> <ul style="list-style-type: none"> -Planned programmes of work in quarter 4. Whilst plans in place, spend has yet to be incurred. There are key projects which should they not be delivered, would have a significant impact on the ability of the Health Board to achieve the CRL -Approval of Welsh Government capital funding in latter half of the year - this equates to £8m to date from November 2025. <p>Given the significant value and volume of schemes to be delivered the risk profile is increased. The Health Board have currently declined any additional end of year capital funding from Welsh Government.</p> <p>The consequences of significantly underspending against the Health Boards capital programme would be:-</p> <ul style="list-style-type: none"> -a breach of the Health Boards statutory duty to breakeven against its CRL; -commitments being carried forward to the next financial year, detrimentally impacting on capital allocations in 26/27; and -Underspending 25/26 schemes would need to be funded from the 26/27 DCP, leading to an adverse impact on future years DCP. 	

Rationale for TARGET Risk Score:	
<p>In order to achieve the target risk score the Health Board will need to demonstrate that it is able to manage its capital position effectively and meet its CRL requirements for the financial year, cognisant of the risks which are inherent in the delivery of safe and timely care.</p> <p>A prioritised list of capital purchases with associated timelines for delivery is available to mitigate against any slippages / underspends which are identified. which when actioned will support the reduction of the current risk score.</p>	

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
1. Timely financial reporting to Capital Monitoring Group, Capital Sub-Committee, Strategy and Planning Committee, Finance and Performance Committee, Board and Welsh Government as key areas of concern emerge. 2. Bi-Monthly reporting to the Capital Sub-Committee, Strategy and Planning Committee and Finance and Performance Committee regarding the capital risk. 3. Prioritised replacement Medical and Digital equipment lists developed with lead times for delivery included. 4. Vesting / Bonding of equipment where delivery is unable to be achieved by the 31 March. 5. Enhanced reporting to scheme Project Managers with immediate escalation where underspends / slippage are identified.

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
Significant level of spend remaining at end of January approximately 60% spread across circa 200 different capital schemes.	Develop a programme of capital schemes to an advanced stage to ensure that the UHB can maximise on funding availability and allow for earlier commitment and spend during the financial year.	Chiffi, Simon	30/09/2026	To be provided at next risk review
Operational capacity due to current demand to ensure all required purchase orders are on the system for processing and payment during Q4 2025/26	Ongoing identification of slippage on capital projects by Finance and allocation of slippage on projects that are deliverable by 31Mar26. List of projects are managed by the Capital Planning and Finance teams.	Rosser, Eldeg	31/03/2026	To be provided at next risk review

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
Performance against the Capital Resource Limit	Performance against plan monitored through Capital Monitoring Group with key internal stakeholders	1st	1st
	Detailed prioritisation to be agreed through Capital Planning Group	1st	1st
	Performance reports through to Capital Sub-Committee	1st	1st
	Finance and Performance Committee oversight of current performance	2nd	2nd
	Capital report to Strategy and Planning Committee	2nd	2nd
	WG Scrutiny through bi-monthly monitoring	3rd	3rd

Control RAG Rating (what the assurance is telling you about your controls)
Yellow

Latest Papers (Committee & date)
Strategy and Planning Committee (26/02/2026) Finance and Performance Committee (24/02/2026) Capital Sub-Committee (17/03/2026)

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

Report Issued By	Report Title	Clinical Care Group/ Executive Function	Recommendation	Management Response	Recommendation Owner	Original Completion Date	Revised Completion Date	Status Category
Welsh Government	Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales (issued Sep 23)	Medical Director	R2.1 Improving pharmacy workforce planning b) Health boards and Velindre University NHS Trust chief pharmacists should ensure the organisation has a pharmacy workforce plan to support and expand advanced and consultant pharmacist practice and to identify more clinical roles for pharmacy technicians	MD22/1 Work currently ongoing to develop workforce plan. Beginning planning for development and training of consultant and advanced practice pharmacists. Expand the role of pharmacy technicians using enhanced training courses.	Elizabeth Williams	Apr-25	Apr-25 N/K	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	Community & Integrated Medicine	R2. To support the on-going delivery of Six Goals related initiatives, the Health Board needs to clarify and confirm the funding arrangements for schemes beyond March 2025. Plans for future years should also identify any funding needs beyond their current annual allocation	The Six Goals 2025/26 Financial plan is currently being finalised with financial colleagues and workstream leads. This sets out spending over the next year on a range of schemes and is match funded by the Health Board. For planning in future years beyond annual allocation, the team have recently completed an evaluation on a pilot with regard to seven-day clinical streaming hubs. This will form the basis of an options appraisal that will lay out the recommended models and funding requirements for this financial year and beyond.	Peter Skitt	Jul-25	Nov-25 N/K	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	Community & Integrated Medicine	R3. To help address the high demand for urgent care due to dental problems the health board should ensure dental practices provide clear, accessible information about urgent and emergency care services on their websites and conduct a future audit to ensure compliance.	A dental nurse triage review of calls received from 111 for patients requiring urgent access to NHS Dental Services indicated that out of 800 calls, 300 patients did not require an urgent dental appointment. Without clinical triage at source this is skewing the data on the actual demand for urgent dental care.	Rhian Bond	Aug-25	Aug-25 N/K	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	Community & Integrated Medicine	R3. To help address the high demand for urgent care due to dental problems the health board should ensure dental practices provide clear, accessible information about urgent and emergency care services on their websites and conduct a future audit to ensure compliance.	The demand for urgent dental care currently outstrips the level of service that Practices are willing to provide. Consideration to pilot putting Dental Nurse triage in at the end of the week and over the weekend has recently been discussed and a plan will be developed.	Rhian Bond	Jun-25	Jun-25 N/K	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	Community & Integrated Medicine	R3. To help address the high demand for urgent care due to dental problems the health board should ensure dental practices provide clear, accessible information about urgent and emergency care services on their websites and conduct a future audit to ensure compliance.	An agreed format of words will be developed and shared with all Dental Practices for consistent use; a review of this will be included as part of the Practice visiting programme Link to “My Health, My Choice” videos to be recirculated	Rhian Bond	Jun-25	Jun-25 N/K	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	Community & Integrated Medicine	R5. To ensure alignment between the information held by the Health Board and by WAST on available pathways and referral mechanisms, the Health Board should work with WAST to set out clearly how its clinical streaming hubs and the WAST directory of service work together effectively	The purposing behind co-locating MDT staff in the hubs is to create a living DoS options to deploy, so when the PTAS/ WAST stack attack is active the direction of enquiry is usually to the CSH MDT of what alternative options can be deployed locally in a reasonable timeframe, this will be further reinforced when 7 Day functionality is deployed.	Gareth Cottrell	Nov-25	Nov-25 N/K	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	Community & Integrated Medicine	R6. Data reviewed as part of this work identified that demand in the region relating to urgent dental services is significantly higher than the all-Wales average, despite performance against contracts being poor. To ensure it is maximising efficiency and mitigating this pressure, the Health Board should undertake a deep dive into its urgent care demand for dental services	A review of the current demand for urgent dental care will be undertaken in line with the report. As the demand for urgent dental access peaks over the summer period the timescale for review needs to include “normal” periods of demand for comparison. The number of NHS dental contract resignations with Practices opting to provide private dental care, coupled with the rural geography has proven to be a challenge. The Health Board has an agreed dental commissioning plan which is in progress to procure additional routine NHS dental access. Given the level of calls that have been redirected on clinical triage there appears to be a cultural approach to access “urgent” dental care when the requirement is routine	Rhian Bond	Dec-25	Dec-25 N/K	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	Community & Integrated Medicine	R7. To ensure the Health Board is maximising the learning identified in its busiest day review in November 2023, it should provide the Finance and Performance committee with an update against recommendations	The Busiest Day Audit has been used in the creation of the “Blueprint” UEC model and the recommendations for the Audit form a part of the ongoing 6 Goals improvement work. The 6 Goals team will update Finance and Performance on progress	Peter Skitt	Oct-25	Oct-25 N/K	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	Community & Integrated Medicine	R9. The Health Board should review the feasibility of enabling the Same Day Urgent Care Centre access to GP records to improve efficiency of the service	The access to GP records and also the feedback into GP Records is a central part of the access work stream, developments in Digital solutions to include Electronic Observation and Patient Flow and a standardised GP system across the HDUHB area will support this development	Peter Skitt	Nov-25	Nov-25 N/K	Overdue

Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	Community & Integrated Medicine	R11. To ensure the Health Board is building on feedback from patients, future plans for urgent and emergency care should demonstrate how they have considered patient feedback	Regular reports on patient experience and feedback through QSEC, also patient stories have formed the basis of evaluation for Clinical Streaming Hubs and the Enhanced Community Falls pilot. UEC programme has built close links with Llais, they are part of the Six Goals Integrated Operational Group membership and the Health Board regularly meet with them on UEC matters.	Anna Chiffi	Jun-25	Jun-25 N/K	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	Community & Integrated Medicine	R14. To strengthen its reporting of the benefits achieved from its Six Goals Programme work and associated use of funding, the Health Board should develop and communicate guidance for staff on how to evaluate the effectiveness of projects, initiatives and service changes relating to urgent and emergency care services	Knowledge Exchange Forum currently being set up through the Strategy and Planning Directorate. This will bring staff together to find out about, discuss and appraise, e.g. Research, ideas, evidence, current thinking, data, information and examples of good practice. Various types and sources of information will be discussed at Knowledge Exchange Forum sessions, e.g. Journal articles, conference proceedings, policy documents, evidence reviews, case studies or internal reports.	Nathan Davies	Aug-25	Aug-25 N/K	Overdue