

PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE

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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 08 May 2025 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | NHS Non-Statutory Instruments Update (Ministerial Directions) |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Joanne Wilson, Director of Corporate Governance/Board Secretary |
| SWYDDOG ADRODD: REPORTING OFFICER: | Charlotte Wilmhurst, Assistant Director of Assurance and Risk |

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| Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate) |
| Er Sicrwydd/For Assurance |

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

To provide the Audit and Risk Assurance Committee with a status report and assurance that all NHS Non-Statutory Instruments (referred to as Ministerial Directions (MDs)) received from the Welsh Government (WG) in 2024/25 have been complied with or are in the process of being implemented.

Cefndir / Background

Acts of Parliament, Assembly Measures and Assembly Acts enable Welsh Ministers to make more detailed legislation, known as secondary or subordinate legislation, usually by means of Statutory Instruments (SIs).

Non-Statutory Instruments (NSI) are legislative in character, they alter legal rights and duties however they are not statutory instruments. Non-Statutory Instruments which are issued by Welsh Ministers include codes of practice and guidance.

In complying with the requirements of various governance codes and the Annual Governance Statement requirements, the University Health Board (UHB) has a duty to provide assurance that the non-statutory instruments have been complied with.

Asesiad / Assessment

In order to provide assurance to the Board and Committees on the progress of implementation of MDs, services across the Health Board provide progress updates via the Audit Management and Tracking (AMAT) system.

Compliance with MDs is monitored via Directorate Improving Together sessions, which are attended by Executive Team, Function senior managers and clinical leads, Finance Business

Partners and representatives from the Performance Team. During 2024/25, MDs were reported to Board committees three times a year, with assurance provided to People, Organisational Development and Culture Committee (PODCC), Quality, Safety and Experience Committee (QSEC), Strategic Development and Operational Delivery Committee (SDODC) and Sustainable Resources Committee (SRC), that processes were in place to review and monitor compliance with WHCs, and provide understanding of any barriers to their delivery, including those dependent on funding.

Appendix 1 details the 24 MDs issued during 2024/25, and provides confirmation that all have been complied with.

Appendix 2 details outstanding MDs issued in 2021 and 2023:

- WG21-59 (The Directions to Local Health Boards and NHS Trusts in Wales on the Delivery of Autism Services 2021) which will be implemented by October 2025.
- WG23-08 (Local health boards and NHS Trusts reporting on the introduction of new medicines into the National Health Service in Wales Directions 2023), the implementation of this Ministerial Direction has been delayed on an All-Wales basis, with discussions ongoing nationally to resolve and progress.

In 2024/25 the following MD from 2023 was implemented:

| Direction Number | Name of Direction | Date Issued | Description |
|------------------|---|-------------|--|
| WG23-27 | The Primary Care (E-Prescribing Pilot Scheme) Directions 2023 | 06/01/2023 | Directions to local health boards surrounding the roll out of the Primary Care E-Prescribing Pilot Scheme. |

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to note the status of Ministerial Directions received by the Health Board and take an assurance that the Health Board has systems and processes in place in respect of monitoring the implementation of Ministerial Directions.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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| Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor: | 3.1 The Committee shall review the adequacy of the UHB's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives. |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: | Not applicable |

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| Datix Risk Register Reference and Score: | |
| Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com) | Not Applicable |
| Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com) | Not Applicable |
| Amcanion Strategol y BIP: UHB Strategic Objectives: | Not Applicable |
| Amcanion Cynllunio Planning Objectives | Not Applicable |
| Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022 | 10. Not Applicable |

| Gwybodaeth Ychwanegol: Further Information: | |
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| Ar sail tystiolaeth: Evidence Base: | Ministerial Directions |
| Rhestr Termau: Glossary of Terms: | Incorporated within the main body of the report |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee: | Director of Corporate Governance |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
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| Ariannol / Gwerth am Arian: Financial / Service: | Non-statutory Instruments are legal tools which often have a financial impact on the organisation. |
| Ansawdd / Gofal Claf: Quality / Patient Care: | Non-statutory Instruments are legal tools which can impact patient care. |
| Gweithlu: Workforce: | Not applicable |

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|------------------------------------|--|
| Risg: Risk: | Non-Statutory Instruments are legislative in character, they alter legal rights and duties and must be implemented by the Health Board. |
| Cyfreithiol: Legal: | Non implementation of Non-Statutory Instruments may result in the Health Board being less likely to defend itself in a legal challenge which could lead to fines/penalties and damage to reputation. |
| Enw Da: Reputational: | As above |
| Gyfrinachedd: Privacy: | Not applicable |
| Cydraddoldeb: Equality: | Not applicable |

Welsh Government Non-Statutory Instruments used in relation to the National Health Service in Wales
(Ministerial Directions 2024/25)

| Direction Number | Name of Direction | Date Issued | Description | Progress on implementation |
|-------------------------|---|--------------------|--|--|
| 2024 No.10 | Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2024 | 18/04/24 | These Directions are given to Local Health Boards. They relate to the payments to be made by Local Health Boards to a GMS contractor under a GMS contract. These Directions come into force on 1 April 2024. | This Ministerial Direction has been enacted. |
| 2024 No.17 | The Managed Introduction of New Medicines Into The NHS in Wales Directions 2009 (Amendment)(Wales) Directions 2024 | 29/04/24 | These Directions came into force on 1 May 2024 and apply in relation to every Local Health Board and NHS Trust in Wales. They relate to amendments made to the 2009 Directions outlining circumstances whereby healthcare intervention and medicine availability after a 2 month implementation period do not apply. | This Ministerial Direction has been enacted. |
| 2024 No.20 | The Primary Medical Services (Directed Supplementary Services) (Wales) Directions 2024 | 12/06/24 | These Directions relate to the establishment of directed supplementary services schemes and are given to Local Health Boards and apply in relation to Wales. These Directions came into force on 13 June 2024. | This Ministerial Direction has been enacted. |

| Direction Number | Name of Direction | Date Issued | Description | Progress on implementation |
|-------------------------|---|--------------------|---|--|
| 2024 No.21 | The Primary Medical Services (Pertussis Immunisation for Pregnant and Post-natal Women) (Directed Supplementary Services) (Wales) Directions 2024 | 12/06/24 | These Directions are given to Local Health Boards and relate to the Pertussis immunisation for pregnant or post-natal women. These Directions came into force on 13 June 2024. | This Ministerial Direction has been enacted. |
| 2024 No.22 | The Primary Medical Services (Influenza and Pneumococcal Immunisation Scheme) (Supplementary Services) (Wales) Directions 2024 | 12/06/24 | These Directions relate to the Influenza and Pneumococcal Immunisation Scheme are given to Local Health Boards. These Directions came into force on 13 June 2024. | This Ministerial Direction has been enacted. |
| 2024 No.23 | The Primary Medical Services (Oral Anti-coagulation with Warfarin) (Directed Supplementary Service) (Wales) Directions 2024 | 12/06/24 | These Directions relate to oral anti-coagulation with Warfarin and are given to Local Health Boards. These Directions came into force on 13 June 2024. | This Ministerial Direction has been enacted. |
| 2024 No.24 | The Primary Medical Services (Hormone Treatment Scheme for Adult Transgender Patients) (Directed Supplementary Service) (Wales) Directions 2024 | 12/06/24 | These Directions relate to the hormone treatment scheme for adult transgender patients and are given to Local Health Boards. These Directions came into force on 13 June 2024. | This Ministerial Direction has been enacted. |
| 2024 No.25 | The Primary Medical Services (Antivirals for Prophylaxis of Seasonal Influenza in Care Home Outbreaks) (Directed Supplementary Service) (Wales) Directions 2024 | 12/06/24 | These Directions are given to Local Health Boards in relation to the antivirals for prophylaxis of seasonal influenza in care home outbreaks. These Directions came into force on 13 June 2024. | This Ministerial Direction has been enacted. |

| Direction Number | Name of Direction | Date Issued | Description | Progress on implementation |
|-------------------------|---|--------------------|---|--|
| 2024 No.26 | The Primary Medical Services (Type 2 Diabetes Mellitus Care Scheme for Adults) (Directed Supplementary Service) (Wales) Directions 2024 | 12/06/24 | These Directions are given to Local Health Boards in relation to the Type 2 Diabetes mellitus care scheme for adults. These Directions came into force on 13 June 2024. | This Ministerial Direction has been enacted. |
| 2024 No.28 | The Alternative Provider Medical Services (Wales) Directions 2024 | 01/07/24 | These Directions outline the requirements for all Local Health Boards in Wales when entering into contracts Alternative Provider Medical Services contracts. These Directions came into force on 2 July 2024. | This Ministerial Direction has been enacted. |
| 2024 No.38 | The Primary Care (Contracted Services: Immunisations) (RSV) Directions 2024 | 23/08/24 | These Directions are given to Local Health Boards and relate to the Immunisations Scheme for RSV. These Directions came into force on 1 September 2024. | This Ministerial Direction has been enacted. |
| 2024 No.39 | The Directions to Local Health Boards and NHS Trusts in Wales on the National Framework for Commissioning Care and Support 2024 | 27/08/24 | These Directions relate to the Commissioning care and support provided by all Local Health Boards in Wales. These Directions came into force on 1 September 2024. | This Ministerial Direction has been enacted. |
| 2024 No.42 | The Pharmaceutical Services (Clinical Services) (Wales) (Amendment) Directions 2024 | 27/09/24 | These Directions came into force on 1 October 2024. The Directions outline the amendments made to The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022. | This Ministerial Direction has been enacted. |

| Direction Number | Name of Direction | Date Issued | Description | Progress on implementation |
|-------------------------|---|--------------------|--|--|
| 2024 No.43 | Statement of Financial Entitlements (Amendment) (No. 3) Directions 2024 | 09/10/24 | These Directions relate to the payments to be made by Local Health Boards to a GMS contractor under a GMS contract. The Directions were made on 9 October 2024, came into force on 10 October 2024. | This Ministerial Direction has been enacted. |
| 2024 No.26 | Statement of Financial Entitlements (Amendment) (No. 4) Directions 2024 | 26/11/24 | These Directions are given to Local Health Boards. They relate to the payments to be made by Local Health Boards to a GMS contractor under a GMS contract. The Directions were made on 26 November 2024 and came into force on 1 October 2024. | This Ministerial Direction has been enacted. |
| 2024 No.49 | The Local Health Board Medical Services (Wales) Directions 2024 | 02/12/24 | These directions relate to the Local Health Boards creating practice statements when providing primary medical services pursuant to section 41(2)(a) of the Health Service (Wales) Act 2006. These Directions came into force on 03 December 2024. | This Ministerial Direction has been enacted. |
| 2024 No.53 | The Primary Medical Services (Complex Multi-Morbidity and Frailty) (Directed Supplementary Service) (Wales) Directions 2024 | 18/12/24 | These Directions came into force on 19 December 2024 and expired on 31 March 2025. They relate to the establishment of a Complex Multi-Morbidity and Frailty Scheme. | This Ministerial Direction has been enacted. |

| Direction Number | Name of Direction | Date Issued | Description | Progress on implementation |
|-------------------------|---|--------------------|---|--|
| 2025 No.02 | The Directions to Local Health Boards as to the General Dental Services Statement of Financial Entitlements (Amendment) Directions 2025 | 28/01/25 | These Directions relate to amendments made in respect of payments made for vocational Training. These Directions came into force on 29 January 2025 but had effect from 1 April 2022. | This Ministerial Direction has been enacted. |
| 2025 No.03 | The Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Amendment) Directions 2025 | 28/01/25 | These Directions relate to amendments made in respect of payments made for vocational Training. These Directions came into force on 29 January 2025 but had effect from 1 April 2022. | This Ministerial Direction has been enacted. |
| 2025 No.04 | The Directions to Local Health Boards as to the General Dental Services Statement of Financial Entitlements (Amendment) (No.2) Directions 2025 | 30/01/25 | These Directions relate to amendments made to negotiated annual contract values and payments made in respect of vocational Training. These Directions came into force on 31 January 2025 but had effect from 1 April 2023. | This Ministerial Direction has been enacted. |
| 2025 No.05 | The Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Amendment) (No.2) Directions 2025 | 30/01/25 | These Directions relate to amendments made to negotiated annual contract values and payments made in respect of vocational Training. These Directions came into force on 31 January 2025, but had effect from 1 April 2023. | This Ministerial Direction has been enacted. |
| 2025 No.06 | Directions to Local Health Boards as to the Statement of Financial | 06/02/25 | These Directions are given to Local Health Boards. They relate to the payments to be | This Ministerial Direction has been enacted. |

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| | <u>Entitlements (Amendment) Directions 2025</u> | | made by Local Health Boards to a GMS contractor under a GMS contract. These Directions were made on 06 February 2025 and came into force on 07 February 2025. | |
| 2025 No.07 | <u>The Directions to Local Health Boards as to the General Dental Services Statement of Financial Entitlements (Amendment) (No.3) Directions 2025</u> | 13/02/25 | These Directions relate to amendments made to negotiated annual contract values and payments made in respect of vocational Training. These Direction came into force on 14 February 2025 but have effect from 1 April 2024. | This Ministerial Direction has been enacted. |
| 2025 No.08 | <u>The Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Amendment) (No.3) Directions 2025</u> | 13/02/25 | These Directions relate to amendments made to negotiated annual contract values and payments made in respect of vocational Training. These Direction came into force on 14 February 2025 but have effect from 1 April 2024. | This Ministerial Direction has been enacted. |

Welsh Government Non-Statutory Instruments used in relation to the National Health Service in Wales issued in previous financial years

| Direction Number | Name of Direction | Date Issued | Description | Progress on implementation |
|------------------|---|-------------|---|--|
| 2021 No.59 | The Directions to Local Health Boards and NHS Trusts in Wales on the Delivery of Autism Services 2021 | 26/07/21 | Directions to Local Health Boards and NHS Trusts on autism services for 2021. Each Local Health Board and each NHS Trust must exercise its functions in accordance with the relevant provisions of the Code of Practice on the Delivery of Autism Services, which was issued by the Welsh Ministers on 16 July 2021, and which came into force on 1 September 2021. | <p>There are now the NHS Executive Recommendations for Children & Young People (CYP) in respect of Neurodevelopmental (ND) services (Autism Spectrum Disorder (ASD) / Attention Deficit Hyperactivity Disorder (ADHD)), which the service have developed an integrated Plan for, and will be working to implement jointly across ND services and Child Health. Focus is on strengthening joint working and pathways. A series of task and finish groups have been established to strengthen links and increase alignment with Children and Adolescent Mental Health Service (CAMHS) and Children's ASD services, and to strengthen transition arrangements from children's to adult neuro-developmental services. This is in addition to the existing task and finish group to develop a 3 county, multiagency approach to offering early help and support.</p> <p>In relation to timely assessment of autism, referral rates remain exponentially high. However, dedicated premises have now been identified for children and adult ASD Services, with some clinical space which will help to increase capacity. The procurement exercise to outsource a number of diagnostic assessments to external providers is progressing well. In addition to the 728 assessments for Children and Young People (CYP) and adults outsourced between 2022-2025, an additional 86 assessments (66 children and 20 adults) were procured during Quarter 4 of 2023/24 using Regional Integration Funding (RIF) and Neurodivergent Improvement Programme (NDIP) slippage.</p> <p>It is noted that the Directorate has a corporate risk relating to the timely diagnosis and treatment of Mental Health & Learning Disabilities (MH&LD)</p> |

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| | | | | <p>clients due to demand and capacity, with specific actions relating to ADHD and ASD, which has a current risk score of 20 at April 2024.</p> <p>An additional risk is also noted on the directorate risk register regarding clients not being provided with timely interventions due to waiting lists for assessment & diagnosis of ASD, which also has a current risk score of 20.</p> |
| 2023 No. 08 | Local health boards and NHS Trusts reporting on the introduction of new medicines into the National Health Service in Wales Directions 2023 | 24/03/23 | Directions regarding the Implementation of the high-cost drugs reporting system. | <p>The Health Board is aiming to implement and adopt all available (first phase) drug profiles by April 2024. The Health Board has representation on the Blueteq Steering Group, with national drug approval templates being developed on a Once for Wales approach. The Lead Clinical Development Pharmacist confirmed that there is a delay in implementation due to information governance issues with one of the health boards in Wales, with discussions ongoing nationally to resolve and progress.</p> |

**PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE**

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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 08 May 2025 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Welsh Health Circulars (WHCs) |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | See list included in Assessment section of report |
| SWYDDOG ADRODD: REPORTING OFFICER: | Joanne Wilson, Director of Corporate Governance/Board Secretary |

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report to the Audit and Risk Assurance Committee (ARAC) provides a status report as at end of March 2025 on all WHCs issued by Welsh Government (WG), and assurance that there are arrangements in place to monitor implementation.

Cefndir / Background

WHCs were reintroduced in 2014 to replace Ministerial Letters. WHCs are numbered documents which are sent widely across the NHS in Wales and are designated a category and topic area and given a date for review/expiry. WHCs are sent to a core distribution list (Local Health Board and NHS Trust Chief Executives, Chairs and Board Secretaries) and other additional recipients. WHCs provide a streamlined, transparent, and traceable method of communication between the NHS Wales and NHS organisations relating to different areas such as workforce, finance, estates, quality and safety, legislation, governance, performance / delivery, information technology, science, research, planning, public health, policy, and health professional letter.

WHCs will be characterised as one of the following:

- Compliance: Must be complied with by the recipient
- Action: Specific action is required by the recipient
- Information: For information only

WHCs are published on the Welsh Government website. The Health Professional Letter category (formerly CMO Letters, etc.) will continue to be published on the relevant websites.

The Board has devolved responsibility to its Committees for overseeing that WHCs are implemented by the stated timescales, to gain assurance on the compliance and delivery of the outstanding WHC, as well as an understanding of the impacts resulting from late/non-delivery.

Asesiad / Assessment

In order to provide assurance to the Board and Committees on the progress of implementation of WHCs, services across the Health Board provide progress updates via the Audit Management and Tracking (AMAT) system. Where a specific date is not provided in the guidance itself, a planned date for implementation from the nominated Health Board lead is required. In instances of non-compliance with WHCs, leads are also required to undertake a risk assessment on Datix and complete a quality impact assessment.

Non-compliance with WHCs is monitored via the Directorate Improving Together sessions. During 2024/25, the status of WHCs was reported to Board committees three times a year, with assurance provided to People, Organisational Development and Culture Committee (PODCC), Quality, Safety and Experience Committee (QSEC), Strategic Development and Operational Delivery Committee (SDODC) and Sustainable Resources Committee (SRC), that processes were in place to review and monitor compliance with WHCs, and provide understanding of any barriers to their delivery, including those dependent on funding.

39 WHCs were issued during 2024/25. Appendix 1 details WHCs issued since February 2018 with a current RAG status of red, as they are yet to be implemented, along with the risk associated with each WHC.

The table below shows the number of WHCs under each RAG status up until the end of March 2025:

| RAG Rating | No. of WHCs |
|--|--------------------|
| <i>Red (Not completed/behind schedule)</i> | 7 |
| <i>Amber (Not completed but on schedule)</i> | 15 |
| <i>External (Outside the gift of the Health Board)</i> | 3 |
| <i>Green (Completed)</i> | 393 |
| Total | 418 |

See Appendix 1

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to take an assurance that there is a process in place within the University Health Board to monitor the implementation of Welsh Health Circulars.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

3.1 The Committee shall review the adequacy of the UHB's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives.

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:
Datix Risk Register Reference and Score:

Risks to delivery of WHC's should be identified on directorate/service risk registers.

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| Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com) | 7. All apply |
| Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com) | 6. All Apply |
| Amcanion Strategol y BIP: UHB Strategic Objectives: | All Strategic Objectives are applicable |
| Amcanion Cynllunio Planning Objectives | All Planning Objectives Apply |
| Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022 | 10. Not Applicable |

| Gwybodaeth Ychwanegol: Further Information: | |
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| Ar sail tystiolaeth: Evidence Base: | Welsh Health Circulars |
| Rhestr Termiau: Glossary of Terms: | CMO – Chief Medical Officer WG – Welsh Government WHC – Welsh Health Circular |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee: | Contained within the report |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|---|-----------------------------|
| Ariannol / Gwerth am Arian: Financial / Service: | Dependent on individual WHC |
| Ansawdd / Gofal Claf: Quality / Patient Care: | Dependent on individual WHC |
| Gweithlu: Workforce: | Dependent on individual WHC |
| Risg: Risk: | Dependent on individual WHC |
| Cyfreithiol: Legal: | Dependent on individual WHC |
| Enw Da: Reputational: | Dependent on individual WHC |

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| Gyfrinachedd: Privacy: | Dependent on individual WHC |
| Cydraddoldeb: Equality: | Dependent on individual WHC |

WHCs not been implemented/behind schedule (Red RAG Status)

| WHC reference & name | Date Issued | Lead Executive | UHB implementation date | Current position | Datix risk reference | Current Risk Score |
|---|-------------|---|---|---|---|--------------------|
| 006-18 Framework of Action for Wales, 2017-2020 (<i>online link not available</i>) | 01/02/18 | Chief Operating Officer | Not known – dependent on additional resources | <p>An Ear Wax management service has been successfully implemented across the health board, however funding is required to complete the second part of this WHC, monitored via Risk 1457 “Risk of patients not having access to Advanced Practitioner Audiologists-WHC/2018/006” (current risk score 12). The completion of a QIA by the Head of Audiology has been delayed due to unexpected staff absences.</p> <p>As reported to QSEC in April 2025, the service is required to complete a QIA, and to escalate the inability to proceed with its implementation via the Clinical Care Group (CCG) management structures to agree next steps.</p> | 1457 - Risk of patients not having access to Ear Wax Management pathways due to lack of Advanced Practitioner Audiologist | 12 |
| 033-18 Airborne Isolation Room Requirements | 25/07/18 | Director of Nursing, Quality and Patient Experience | Not known - dependent on additional resources | <p>The Health Board’s Architectural Projects Team undertook a Project Feasibility Report in July 2024 and provided a provisional estimate of out-turn costs of £1,419,946.25 (including a contingency fund of £109,416), with a project time of around 48 weeks from project brief development to completion of works to install a negative pressure isolation suite in the Clinical Decisions Unit (CDU), Glangwili General Hospital (GGH).</p> <p>Funding has not been allocated for this major capital project and whilst the issue has been raised at the 'All Wales High Consequence Infectious Disease Group' hosted by Public Health Wales (as a result of the threat of MPOX in the UK) and the NHS Executive, there has been no indication of any central funding being considered by Welsh Government to support improvement and to move this work forward. Out turn costs continue to escalate and it is recognised that the estimated costs of 2024 may well have increased. Discussions were held at the Infection Prevention Strategic Steering Group (IPSSG) in March 2025, when it was agreed that steer is required from the Executive Director given the investment required and the stagnation of progress.</p> <p>As reported to QSEC in April 2025, the service is required to complete a QIA, and to escalate the inability to proceed with its implementation via CCG management structures to agree next steps.</p> | 1640 - Risk of harm to patients due to a lack of recommended Airborne Isolation Suites at GGH and WGH | 15 |

| WHC reference & name | Date Issued | Lead Executive | UHB implementation date | Current position | Datix risk reference | Current Risk Score |
|---|-------------|-------------------------|---|--|--|--------------------|
| 017-19 Living with persistent pain in Wales guidance | 07/05/19 | Chief Operating Officer | January 2026 | <p>Implementation is being staggered as each work stream comes to fruition e.g, referral criteria, adherence to clinical guidelines, new and follow up pathway validation in line with new evidence and guidelines.</p> <p>The timescale for implementation has been revised to January 2026 to allow time to progress the medical pain service to meet guidelines, improve waiting list and demand and capacity. A review of how to upscale the service and evidence of progress to date has been attached to AMaT.</p> | No risk noted on Datix | n/a |
| 009-21 School Entry Hearing Screening pathway | 25/03/21 | Chief Operating Officer | Not known – dependent on additional resources | <p>This WHC requires the shift of school hearing examinations from School Nursing to Audiology in order to provide a higher standard of hearing assessment. Funding is required to bring about this service change. The completion of a QIA by the Head of Audiology has been delayed due to unexpected staff absences.</p> <p>As reported to QSEC in April 2025, the service is required to complete a QIA, and to escalate the inability to proceed with its implementation via CCG management structures to agree next steps.</p> | 1456 - Risk of sub-standard/ inconsistent School Entry Hearing Screening due to lack of staff, training and equipment | 8 |
| 004-22 Guidance for the provision of continence containment products for children and young people: a consensus document | 21/10/22 | Chief Operating Officer | July 2023 August 2025 | The Nursing post required in order to fully implement this WHC was approved by Financial Control Group in February 2025. The implementation date for this WHC has been amended to August 2025 to account for the recruitment process. | 1615 - Risk of CYP with continence problems not receiving containment products or service required due to lack of cohesive service | 12 |

Appendix 1

| WHC reference & name | Date Issued | Lead Executive | UHB implementation date | Current position | Datix risk reference | Current Risk Score |
|--|-------------|-------------------------|---|--|---|--------------------|
| 006-24 National Clinical Guideline for Stroke, for the UK and Ireland | 21/03/24 | Chief Operating Officer | N/K - until completion of the wider Clinical Service Plan | <p>The Health Board has identified Stroke as being one of the nine fragile services that is being reviewed by the Clinical Services Plan (CSP). As such cannot be fully implemented until the outcomes of the CSP have been determined. The WHC focusses on 5 key recommendations, namely:</p> <ul style="list-style-type: none"> • Organisation of stroke services; • Acute Care; • Rehabilitation and recovery; • Long-term management and secondary prevention; and • Life after stroke. <p>As reported to QSEC in April 2025, a QIA is required to be undertaken.</p> | 233 - Risk of poor patient outcome due to insufficient stroke therapy staff & lack of 7 day Consultant affecting the Health Board | 12 |
| 039-24 Pre-Transfusion Sample taking Compliance with the confirmatory sample rule | 03/10/24 | Chief Operating Officer | Not known | <p>All policies currently in use stress the severity of taking two group and screen samples simultaneously. All training delivered to clinicians also stress this. A collaborative project with Swansea University and Hywel Dda transfusion team also covers the consequences of not following the two-sample rule.</p> <p>The Hywel Dda transfusion team have advised that every policy, risk assessment and training opportunity under its responsibility is up to date. The service is in the process of uploading all relevant evidence to AMAT in order to formally close this WHC.</p> | 1542 - Risk of failing to identify Wrong blood in tube event (WBIT) due to staff not following HB policy | 10 |