

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	09 May 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	NHS Non-Statutory Instruments Update (Ministerial Directions)
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Joanne Wilson, Director of Corporate Governance/Board Secretary
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Charlotte Wilmshurst, Assistant Director of Assurance and Risk

**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 (often know as Ministerial Directions (MDs)) received from the Welsh Government (WG) in 2023/24 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**

MDs which have been issued in 2023/24 and which relate to the National Health Service have been implemented by the Health Board and reported to the Sustainable Resources Committee (SRC) bi-annually.

Appendix 1 details the 11 MDs issued during 2023/24, and provides confirmation that these have all been complied with, with the exception of:

- WG23-27 (The Primary Care (E-Prescribing Pilot Scheme) Directions 2023) due to be implemented in March 2025; and

- WG23-14 (Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2023), due to be implemented in June 2024.

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), due to be implemented in April 2024.

### Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to note the MDs which have been issued and to endorse the confirmation that the UHB is compliant with these.

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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:	Included within the body of the report.
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
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

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Non-statutory Instruments are legal tools which often have a financial impact on the organisation.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Non-statutory Instruments are legal tools which can impact patient care.
<b>Gweithlu: Workforce:</b>	Not applicable
<b>Risg: Risk:</b>	Non-Statutory Instruments are legislative in character, they alter legal rights and duties and must be implemented by the Health Board.
<b>Cyfreithiol: Legal:</b>	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.
<b>Enw Da: Reputational:</b>	As above
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	Not applicable

**Welsh Government Non-Statutory Instruments used in relation to the National Health Service in Wales**  
**(Ministerial Directions 2023/24)**

<b>Direction Number</b>	<b>Name of Direction</b>	<b>Date Issued</b>	<b>Description</b>	<b>Progress on implementation</b>
2023 No. 27	<a href="#">Primary Care (E-Prescribing Pilot Scheme) Directions 2023</a>	01/06/2023	Directions to local health boards as to the Primary Care (E-Prescribing Pilot Scheme) Directions 2023.	Digital Health Care Wales (DHCW), who has overall responsibility for implementation, is leading this programme. DHCW has set up an advisory group that is attended by Hywel Dda representatives.  Due to these factors, it was agreed by Medicines Management Operational Group (MMOG) to amend the status of this MD to "External" and an implementation date of March 2025 has been set.
2023 No. 42	<a href="#">Primary Care Contracted Services: Immunisations (PCCS:I) Amending Directions</a>	23/08/2023	How health boards can engage primary care contractors to administer the COVID-19 vaccine.	This Ministerial Direction has been enacted.
2023 No. 14	<a href="#">Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2023</a>	30/08/2023	Directions relating to the payments to be made by Local Health Boards to a GMS contractor under a GMS contract.	The 'General Medical Services (GMS) practices compliance with standards for Practice Access' report has been completed, which will inform the required

				payments be made to GMS contractors in June 2024.
2023 No. 47	<a href="#">The National Health Service (Wales Eye Care Services) (Wales) Directions 2023</a>	20/10/2023	Shows the amendments to the Low Vision Service Committee (Wales) Directions 2016 and the Eye Health Examination Services Committee (Wales) Directions 2016.	This Ministerial Direction has been enacted.
2024 No. 01	<a href="#">Wales Eye Care Services (Administrative List) (Wales) Directions 2024</a>	05/01/2024	Directions relating to the Wales Eye Care Services (Administrative List) (Wales) Directions 2024. These Directions come into force on 5 January 2024. These Directions are given to Local Health Boards and apply in relation to Wales.	This Ministerial Direction has been enacted.
<b>Direction Number</b>	<b>Name of Direction</b>	<b>Date Issued</b>	<b>Description</b>	<b>Progress on implementation</b>
2024 No. 02	<a href="#">The National Health Service (Wales Eye Care Services) (Wales) Directions 2024</a>	05/01/2024	Directions relating to the National Health Service (Wales Eye Care Services) (Wales) Directions 2024 with amendments to existing directions, including extra requirements on local health boards when arranging Enhanced Optometry Services and the Low Vision Service. These Directions come into force on 5 January 2024. These Directions are given to Local Health Boards and apply in relation to Wales.	This Ministerial Direction has been enacted.
2024 No. 04	<a href="#">Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2024</a>	14/02/2024	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.	This Ministerial Direction has been enacted.

2024 No. 06	<a href="#">The National Health Service Joint Commissioning Committee (Wales) Directions 2024</a>	06/02/2024	The Welsh Ministers give the following Directions in exercise of the powers conferred by sections 2(1)(b) and (3), 13(2)(c) and (4)(c), 203(9) and (10) and 204(1) of the National Health Service (Wales) Act 2006(1).	This Ministerial Direction has been enacted.
2024 No. 09	<a href="#">The National Health Service (Wales Eye Care Services) (Wales) (No. 2) Directions 2024</a>	28/03/2024	Directions relating to the Wales Eye Care Services (No. 2) Directions 2024. Directions coming into force 1 April 2024. These Directions are given to Local Health Boards and Velindre University National Health Service Trust (2).	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
2021 No.59	<a href="#">The Directions to Local Health Boards and NHS Trusts in Wales on the Delivery of Autism Services 2021</a>	26/07/2021	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 Young People (CYP) in respect of (Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD)), which the CYP Plan for, and will be working to support and Child Health. Focus is on mental health pathways. A series of task and action plans to strengthen links and increase capacity of the Mental Health Service (CAMHS) to strengthen transition arrangements for developmental services. This group will finish group to develop a 3 co-ordinated early help and support.</p> <p>In relation to timely assessment and diagnosis, the demand is exponentially high. However, the capacity has been identified for children and adults, and the space which will help to increase capacity to outsource a number of diagnostic providers is progressing well. Children and Young People (CYP) funding for 2022-2025, an additional 86 a year were procured during Quarter 1 of the Funding (RIF) and Neurodiversity slippage.</p> <p>It is noted that the Directorate of Mental Health and Learning Disabilities (MH&amp;LD) clients of actions relating to ADHD and Autism were 20 at April 2024.</p> <p>An additional risk is also noted regarding clients not being proactively identified on waiting lists for assessment &amp; diagnosis with a current risk score of 20.</p>
2023 No. 08	<a href="#">Local health boards and NHS Trusts reporting on the introduction of new medicines into the National Health Service in Wales Directions 2023</a>	24/03/2023	Directions regarding the Implementation of the high-cost drugs reporting system.	The Health Board is aiming to complete (Phase 1) drug profiles by April 2024. The representation on the Blueteq approval templates being developed. The Lead Clinical Development team is experiencing a delay in implementation due to one of the health boards in Wales. The team is working to resolve and progress.



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	09 May 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Welsh Health Circulars (WHCs)
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	See list included in Assessment section of report
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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 2024 on all WHCs issued by Welsh Government (WG), and the arrangements in place to ensure implementation is monitored.

#### 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 have devolved responsibility 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, the Assurance and Risk Team liaise with services across the Health Board to obtain progress updates. 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.

Non-compliance with WHCs is monitored via Improving Together sessions and are attended by Lead Executives and Directorate Management. WHCs are reported to Board committees three times a year, with assurance taken by 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 are in place to review and monitor compliance with WHCs, and understanding in terms of any barriers to their delivery, including those dependant on funding.

The following RAG status is applied to WHCs:

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

47 WHCs were issued during 2023/24. Appendix 1 details WHCs with a red status, and the associated risks which have been identified and assessed to date.

Appendix 2 details open WHCs which have been issued since January 2015 and their current RAG status.

The table below shows the number of WHCs under each RAG status up until the end of March 2024:

<b>RAG Rating</b>	<b>No. of WHCs</b>
<i>Red (Not completed/behind schedule)</i>	11
<i>Amber (Not completed but on schedule)</i>	17
<i>External (Outside the gift of the Health Board)</i>	3
<i>Green (Completed)</i>	348
<b>Total</b>	<b>379</b>

See Appendix 1

See Appendix 2

See Appendix 2

### 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.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Not applicable.
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.
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Welsh Health Circulars
Rhestr Termiau: Glossary of Terms:	CMO – Chief Medical Officer WG – Welsh Government WHC – Welsh Health Circular
Partion / 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

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Dependent on individual WHC

<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Dependent on individual WHC
<b>Gweithlu: Workforce:</b>	Dependent on individual WHC
<b>Risg: Risk:</b>	Dependent on individual WHC
<b>Cyfreithiol: Legal:</b>	Dependent on individual WHC
<b>Enw Da: Reputational:</b>	Dependent on individual WHC
<b>Gyfrinachedd: Privacy:</b>	Dependent on individual WHC
<b>Cydraddoldeb: Equality:</b>	Dependent on individual WHC

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

WHC ref/name:	Date Issued:	Lead Executive:	UHB implementation date:	Current position:	Datix risk reference	Current Risk Score:
022-16 <a href="#">Principles, Framework and National Indicators: Adult In-Patient Falls</a>	06/04/16	Director of Operations	Sep 24 – awaiting appointment	<p>WG have stated that all Health Boards must have a Fracture Liaison Service.</p> <p>Funding has been agreed to implement a Fracture Liaison Service. A Clinical Lead for Bone Health has been successfully employed and, as of March 2024, an advert has gone out via Trac for a Fracture Liaison Service Practitioner with advertisements closing in April 2024.</p> <p>The risk of non-compliance and the associated action plan for this WHC are currently being monitored via a risk on the “Care of the Elderly” (COTE) risk register.</p>	727 - Risk of recurrent fractures in patients aged 50 or over due to lack of a coherent Fracture Liaison Service across the HB	12
006-18 Framework of Action for Wales, 2017-2020 ( <i>online link not available</i> )	01/02/18	Director of Operations	Not known – dependant on additional resources	<p>An Ear Wax Management Service has been implemented across the Health Board, addressing the first part of this WHC, with over 3,000 patients seen since it was introduced in Audiology and Ambulatory nurse clinics. An additional measure includes supporting the ambulatory nurse-led wax management teams across the Health Board who now provide a self-referral service for tinnitus.</p> <p>There has been little progress with the second part of the WHC, which requires the provision of first point of contact Audiologists in community settings; if patients were able to access Audiology services directly in community locations, this would free up GP slots, meaning that some patients can be discharged after one</p>	1457- Risk of patients not having access to Ear Wax Management pathways due to lack of Advanced Practitioner Audiologist	12

				<p>appointment but that those who do need hearing aid/tinnitus/ balance advice can be triaged appropriately.</p> <p>The Head of Audiology has been in contact with colleagues in Primary Care to explore support from GP clusters to introduce this service which will add weight to the business case that has been developed in order to progress this WHC.</p> <p>Ear wax removal service provision in the Community is in place, however, first point of contact audiology services in Primary Care are not in place.</p> <p>The Head of Audiology advised that the latter change cannot be met, as it is an additional service and cost to provide a service in the Community, rather than a remodelling of the existing service which Audiology provision in secondary care.</p> <p>This WHC is being taken forward as part of the 2024/25 annual plan.</p>		
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WHC ref/name:	Date Issued:	Lead Executive:	UHB implementation date:	Current position:	Datix risk reference	Current Risk Score:
033-18 <a href="#">Airborne Isolation Room Requirements</a>	25/07/18	Director of Nursing, Quality and Patient Experience	Not known - dependant on additional resources	<p>In January 2024, WG advised that a re-audit will be undertaken by NHS Wales Shared Services Partnership – Special Estates Services (NWSSP-SES) with next steps to follow.</p> <p>In March 2024, a request was submitted to the Health Board's Discretionary Capital Team for approval for a feasibility study for the first facility to be undertaken as soon as possible, and this has been agreed and signed off by the Glangwili General Hospital (GGH) triumvirate team, as per Health Board policy.</p> <p>The annual all Wales survey of Health Board facilities and compliance with the WHC has been undertaken by NWSSP-SES, with feedback awaited.</p> <p>In April 2024, the Consultant Practitioner Infection Prevention confirmed the following developments regarding the first negative pressure isolation suite, to be sited at GGH Clinical Decisions Unit (CDU):</p> <ul style="list-style-type: none"> <li>• The Health Board's Architectural Projects Team are engaged and have done an initial site survey;</li> <li>• Options have been discussed to develop room 5, CDU, subject to a detailed design process to highlight any potential derogations from extant guidelines;</li> <li>• No indication of timescale or cost yet but will be included in the detailed feasibility report;</li> <li>• Need to identify alternative options at Bronglais General Hospital (BGH), as initial option rejected by Clinicians;</li> </ul>	1640 - Risk of harm to patients due to a lack of recommended Airborne Isolation Suites at GGH and WGH	15

				<ul style="list-style-type: none"> <li>• The Health Board has been unable to respond to WG's survey of Negative Pressure Isolation Suites as no feedback has yet been received, nor has the Health Board had sight of the All-Wales report. Nevertheless, two fully compliant rooms have been declared; and</li> <li>• There are no plans to build an isolation suite/ward in Swansea Bay University Health Board (a unit has been built at the University of Wales Hospital, Cardiff, although this is not currently open as there is no staffing), therefore transfer to Swansea cannot form part of the Health Board's planning process.</li> </ul> <p>Funding has been requested as part of the Capital Programme for 2024/25. A quality impact assessment (QIA) is not required at present, pending outcome of feasibility study.</p>		
009-21 <a href="#">School Entry Hearing Screening pathway</a>	25/03/21	Director of Operations	Not known – dependant on additional resources	<p>The Director of Secondary Care advised in April 2023 that unless funding is being transferred from School Nursing, no funding will be available in the immediate future to move school hearing examinations from the School Nursing service to Audiology. The Directorate have therefore decided not to include this WHC in their annual plan for 2024/25 and a Quality Impact Assessment is to be completed as requested by the Quality Safety &amp; Experience Committee (QSEC).</p> <p>An implementation date cannot be provided for this WHC as it is unlikely to progress.</p> <p>The current risk score of 8 in relation to non-compliance with this WHC is based on the relatively low impact on patient health as they are still receiving hearing examinations, albeit via an alternative route, with school nurses provided with annual training by Audiology.</p>	1456 - Risk of sub-standard/ inconsistent School Entry Hearing Screening due to lack of staff, training and equipment	8

WHC ref/name:	Date Issued:	Lead Executive:	UHB implementation date:	Current position:	Datix risk reference	Current Risk Score:
004-22 <a href="#">Guidance for the provision of continence containment products for children and young people: a consensus document</a>	21/10/22	Director of Operations	<del>Jul 23</del> Apr 24	There is no current budget / establishment for Paediatric incontinence in Hywel Dda. This is part of a wider service review of Hywel Dda Childrens Disability Services as currently there is no Childrens Disability provision in Pembrokeshire. Options appraisal paper to be completed by April 2024 for Directorate Quality, Safety and Experience meeting to consider potential sources of funding to progress this WHC.  Risk 1615 reflects current progress within the service, with a Patient Safety Domain assigned to reflect potential long-term effects on patients.	1615 - Risk of CYP with continence problems not receiving containment products or service required due to lack of cohesive service	12
005-22 <a href="#">Data requirements for Value Based Health Care</a>	24/03/22	Director of Finance	<del>Feb 23</del> Apr 24	A change of supplier will be happening in April 2024. The Information Services team are able submit unstructured data in relation to key pathways when required, as agreed by the national Value Based Healthcare team, as an interim solution until the new Patient Reported Outcome Measures (PROMS) supplier is procured and implemented across the Health Board. A risk around timescales and change of supplier will be considered once this implementation is complete.	No risk required as confirmed by the service	N/A



WHC ref/name:	Date Issued:	Lead Executive:	UHB implementation date:	Current position:	Datix risk reference	Current Risk Score:
021-22 <a href="#">National Optimal Pathways for Cancer (2022 update)</a>	28/07/22	Director of Operations	Aug-23 Feb-24 N/K	<p>A review of the diagnostic requirement to meet the 7-day turnaround target in National Optimal Pathways for Cancer (NOP) has been undertaken. The review initially considered the total funding requirement to enable the diagnostic turnaround 100% (£6.45m) and then progressed to consider “deliverability” with an annual cost requirement of £2.85m. This document is currently being reviewed by the Health Board’s ‘Improving Quality Together’ mechanism.</p> <p>The risk of non-compliance with this WHC noted the current status of the remaining 7 NOPs to be implemented, with a NOP ‘Mapping and Gapping’ group established. A Project meeting is scheduled for April 2024 where revised completion dates for incomplete NOPs will be confirmed.</p>	1685 – Risk of non-compliance with WHC 021-22 National Optimal Pathways for Cancer (2022 update) due to time taken to rollout NOPs	12
028-22 More than just words Welsh language awareness course.  (online link not available)	28/07/22	Director of Operations	Jun-23 Jun 24	<p>One action from the Welsh Government’s ‘More than just words plan’ is that all NHS and social care colleagues undertake a language awareness course which will explain how important the Welsh language is in the delivery of services and to patient needs. The Health Board’s current completion rate of the Welsh language awareness module on Electronic Staff Record (ESR) as of March 2024 is 76.79%.</p> <p>The Health Board's criteria for compliance with mandatory training on ESR is 80% therefore this has been selected as the target for compliance with this WHC, after which it will be noted as implemented. Services with the lowest compliance rates are being contacted to improve training uptake. Due to current operational demands and pressures, a revised implementation date has been provided of June 2024.</p>	1232 - Risk of reputational damage to the Health Board due to not being compliant Welsh Language standards.	6

WHC ref/name:	Date Issued:	Lead Executive:	UHB implementation date:	Current position:	Datix risk reference	Current Risk Score:
<p>030-23  <a href="#">New 2023 National Safety Standards for Invasive Procedures (NatSSIPS2) by the Centre for Perioperative Care (CPOC) and Patient Safety Notice PSN 034</a></p>	11/08/23	Medical Director	N/K (No date identified as reliant on further scoping and input of key services)	<p>The actions included within this WHC cut across many Directorates, however the Medical Directorate will co-ordinate responses to this WHC. The Medical Directorate will develop an action plan in response to National Safety Standards for Invasive Procedures (NatSSIPs 2), and progress this under the remit of a Steering Group as required.</p> <p>An initial meeting of the Steering Group took place in January 2024. An agreement has been reached to capture the NatSSIP's recommendation on the Audit Management and Tracking (AMaT) system and to develop 'Must Do/Should Do' actions which will then be assigned to the relevant teams. It has been recognised that supporting professional activities (SPA) time and admin support is necessary, and funding is required for this. Additional funding may also be required to enable implementation of the recommendations.</p> <p>Oversight of the implementation of recommendations will be managed through a series of sub-groups which will report into the Steering Group. The Steering Group will therefore remain small and focused, with a limited number of members but which will include the Chairs of the sub-groups representing and reporting in. It is proposed that the Steering Group reports through the Effective Clinical Practice Advisory Panel. An audit/scoping exercise of current practice across the site was proposed and it was acknowledged that</p>	N/A	N/A

				<p>this would entail reviewing a combination of major and minor procedures. An interprofessional awareness raising exercise would also be undertaken. Date of next Steering Group meeting is to be confirmed.</p>		
<p>031-23  <a href="#">AMR &amp; HCAI Improvement Goals for 2023-24</a></p>	22/08/23	<p>Director of Nursing, Quality and Patient Experience</p>	To be provided	<p>The WHC goals for Healthcare Associated Infection (HCAI) are unchanged from last year. Whilst the Health Board remains non-compliant for HCAI's, it is showing signs of improvement for both C. difficile infections and Staph aureus bacteraemias. Improvements have also been noted in Antibiotic stewardship in both Primary and Secondary Care. The Directorate are working on an 'All Wales' basis with Public Health to identify potential geographical areas and at-risk groups to target a joint health promotion campaign aimed at prevention. It is noted that Gram negative bacteraemias remain a concerning picture and experienced across Wales. The Health Board is currently working towards the goals of the current 5-year National Plan.</p> <p>A HCAI Action Plan is in place and regularly reviewed, with work ongoing. The next review of the action plan is due in March 2024, after which a revised implementation date will be sought.</p> <p>Current control measures noted to manage and mitigate this risk include the provision of Infection Prevention &amp; Control (IP&amp;C) policies, and face to face Mandatory training, to all staff groups to inform of standards and policies (including personal protective equipment and transmission-based precautions).</p>	1734 - Risk of patient harm due to increase of nosocomial transmission of HCAI due to reduced bed spacing.	12

				<p>The Infection Prevention &amp; Control E-Learning modules are regularly reviewed to track compliance. Antibacterial hand gel is now available within the patient bed areas and at point of care. Risk assessments of patients that are in closer proximity, and in corridors, are being undertaken to ensure that non-infectious patients only are assessed in these areas. New battery-operated agile cleaning machines have been purchased to enable easier access in confined spaces.</p> <p>Head of Infection Prevention and Consultant Practitioner Infection Prevention to liaise with other Health Board's to determine how other Health Board's are recording on their tracker.</p> <p>The Isolation Facilities will be in the capital programme. Discussions to be held with Head of Capital Planning to determine the likelihood of funding into 2024/25 as this is the area where the QIA may be considered.</p>		
006-24 <a href="#">National Clinical Guideline for Stroke, for the UK and Ireland</a>	21/03/24	Director of Operations	TBC	The circular was issued in March 2024, and the service is currently reviewing the requirements of the WHC to either confirm compliance, or to provide a Health Board implementation date, at which point the RAG status of this WHC will be changed to Amber.	No risk currently noted on Datix	N/A

WHC ref/name:	Date Issued:	Lead Executive:	UHB implementation date:	Current position:	Datix reference	risk	Current Risk Score:
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001-23 <a href="#">Eliminating hepatitis (B and C) as a public health threat in Wales – Actions for 2022-23 and 2023-24</a>	12/01/23	Director of Public Health	Mar-24	The Hepatitis B & C action plan was submitted to Welsh Government at the end of August 2023, and the Health Board is awaiting formal feedback. An Eliminating Hepatitis (B and C) Steering Group is in place to facilitate completion of this joint recovery plan alongside the Area Planning Board (APB). The Assurance and Risk Team are liaising with the Directorate to confirm if the WHC is now fully implemented as at April 2024, with updates to be provided to QSEC.	N/A	N/A
003-23 <a href="#">Guideline for the Investigation of Moderate or Severe early developmental impairment or intellectual disability (EDI/ID)</a>	04/03/23	Director of Operations	Mar-24	<p>The update provided to DITS in February 2024 on the implementation of this WHC noted that the Health Board were following most of the recommendations for WHC 003-23 at the time it was published.</p> <p>Following consultation with Community Paediatricians, printed tables from this document will be added to all clinic rooms to aid compliance.</p> <p>Local practice has been reviewed and Investigation Plans are being fine-tuned. Plans are going into separate boxes, first and second line and not requested all at the same time. Printed tables from this document will be placed in clinic rooms to support that. This is on track for completion March 2024 as reported in the previous DITS session. The Assurance and Risk Team are liaising with the Directorate to confirm if the WHC is now fully implemented as at April 2024, with updates to be provided to QSEC.</p>	N/A	N/A