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# Assurance and Risk Report

Strategy & Planning Committee – 18 December 2025

# 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 (MDs).

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 (WHCs) are reported at alternate meetings, and due to be presented to SPC at its next meeting in February 2026.

Corporate Risks:

1

Audits & Inspection  
Reports

10

Ministerial Directions

0

# Risk Management - Overview



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

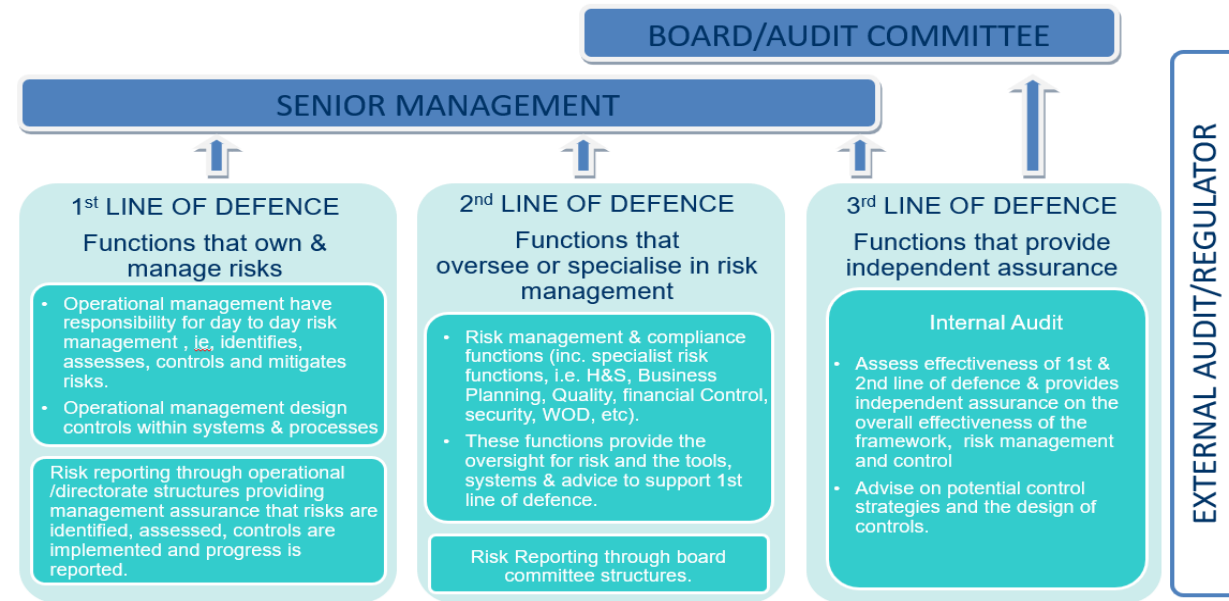
The Health Board's risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either Principal, Corporate or Operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval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

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

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

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

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



# 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	Red	Red
Moderate 3	Green	Yellow	Orange	2212 (NEW)	Red
Minor 2	Green	Yellow	Yellow	Orange	Orange
Negligible 1	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 is one new risk currently aligned to SPC (out of the 23 that are currently on the CRR).

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	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 (NEW)	4	31/03/2028

## Rationale for Current Risk Score

The Health Board does not have an approvable IMTP in place due to the inability to demonstrate a financially balanced position, and as a consequence is in breach of its statutory duty under Section 175(2A) of the National Health Service (Wales) Act 2006. This has led to the Health Board being placed into Targeted Intervention (TI). The current risk score of 12 after controls acknowledges that while the Health Board is strengthening its planning processes (setting it in a 3-year context as a form of mitigation), the fundamental challenges remain. The likelihood reduces slightly to "likely" (4) rather than "certain" (5) as improved planning might achieve "consideration" even if not approval. However, until operational risks reduce and assurance provided on the ability of services across the Health Board to deliver on their savings targets, full mitigation remains impossible.

## Rationale for Target Risk Score (TRS)

The achievement of a financially balanced and an approvable plan would be a key driver for the Health Board to be de-escalated from Targeted Intervention by Welsh Government. (WG) The financial roadmap to achieve this by 2027/28 is critical to this.

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

# Audits and Inspections - Overview



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The Health Board remains in TI (Level 4) status with 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 'Governance' from TI (Level 4) to Enhanced Monitoring (Level 3), the Health Board must meet the revised set criteria:

- Evidence that all recommendations from the Royal Colleges / Health Inspectorate Wales (HIW) and other reviews specific to Hywel Dda University Health Board (HDdUHB) are discharged and either verified, delivered or scheduled for delivery within the Health Board's longer-term improvement plan; and
- Demonstrate a prompt response to any HIW inspections, concerns, incidents, never-events, coroners requests and regulation 28s– *which has replaced the previous criteria of 'Effective response from the Health Board to external reports and reviews including those from Audit Wales, the Ombudsman, Royal Colleges and HIW resulting in sustainable improvements.'*
- The Board acts on, and addresses appropriately, concerns raised through NHS regulators such as HIW.

All reports from audits, inspections and reviews undertaken across the Health Board are logged and tracked via the **AMaT (Audit Management and Tracking)** system, with progress updated by relevant service leads against each recommendation and evidence required to be uploaded to demonstrate implementation.



AMaT enables services to directly update progress against all recommendations via one central system, promoting a consistent approach to processes and reporting, improvement in transparency and accountability, supporting services with their governance arrangements, and improvement in information flow. Progress is monitored using a categorisation system based on performance against original completion dates, with several new categories introduced since the previous meeting (shown on the next slide).

Recommendations that have exceeded original timescales, along with the management responses, completion dates and barriers to implementation as provided by the lead officer on AMAT are included in **Appendix 2**.

# Audit & Inspections – New tracker statuses



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

*3.1.22. Seek assurance on the delivery of the requirements arising from Health Board’s regulators, WG and professional bodies*

Each recommendation raised within audit and inspection reports is assigned a status category. Since the previous report to SPC, three new status categories have been introduced to provide enhanced analysis on the progress being made in implementing recommendations. Definitions for these new categories are included in the table below:

Status Category	Definition	Number of recommendations
<b>Overdue</b>	The recommendation is behind schedule to the timescale provided by the lead officer.	8
<b>Unable to Complete (NEW)</b>	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.	1
<b>Pending Decision (NEW)</b>	The recommendation is pending a decision in order to implement e.g. outcomes of annual planning process, approval of funding requests, outcome of a Quality Impact Assessment (QIA) panel. Committee updates will detail whether the recommendation is overdue or not whilst decision is pending.	0
<b>In Progress</b>	The recommendation is currently in progress, and within the agreed original timeframe for implementation.	14
<b>Reliant on External Factors</b>	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.	6
<b>Complete Pending Formal Approval (NEW)</b>	The Service / Function have completed the recommendation and is currently awaiting formal approval to close.	5
<b>Complete</b>	The recommendations has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.	26

# Audits and Inspection Reports assigned to SPC (1 of 2)



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The following reports have been assigned to SPC to enable them to undertake the following responsibility set out in their Terms of Reference:-

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	Structured Assessment 2022 (issued Dec 22)	Corporate Services	Director of Corporate Governance	Mar-24	N/K	6	0	0	6	0	0	0	None
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	Structured Assessment 2023 (issued Nov 23)	Corporate Services	Director of Corporate Governance	Jul-24	N/K	5	0	0	5	0	0	0	None
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	1	0	Success will be achieved when CIVICA is available for use across Primary Care contractors
Internal Audit	Capital Systems Final Internal Audit Report 2024/25 (issued Nov 24)	Director of Strategy and Planning	Director of Strategy and Planning	Dec-24	N/K	4	0	0	3	0	1	0	Awaiting WG publication of revised version.
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	1	0	5	2	0	0	None noted.
Audit Wales	Review of Capital Investment Prioritisation (issued May 25)	Director of Strategy and Planning	Director of Strategy and Planning	Nov-25	Nov-25	1	0	1	0	0	0	0	None noted.



# Audits and Inspection Reports assigned to SPC (2 of 2)



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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	Dec-25	14	5	3	5	1	0	0	None noted.
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.

# Implementation of Ministerial Directions (MDs)



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Ministerial Directives (MDs) are legislative in character as they alter legal rights and duties. MDs are issued by Welsh Ministers and include codes of practice and guidance. In complying with the requirements of various governance codes and the Annual Governance Statement requirements, HDdUHB has a duty to provide assurance of compliance with MDs.

The table below shows the number of MDs assigned to SPC per category as at November 2025. To provide a more accurate reflection of MD's progress, three new status categories have been introduced since the last Committee report to mirror those used on the Audit & Inspection tracker. Definitions for these new categories are included in the table below, and shows the number of MDs assigned to SPC per category as at November 2025.

Status Category	Definition	Number of MDs
<b>Overdue</b>	The MD is behind schedule to the timescale provided by the lead officer.	0
<b>Unable to Complete (NEW)</b>	The MD cannot be implemented due to existing barriers and/or it is no longer relevant/appropriate for the Health Board. Formal sign-off by the CCG/Function Lead is required prior to escalation to the Executive Team for formal approval via operational governance structures.	0
<b>Pending Decision (NEW)</b>	The MD 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 is pending.	0
<b>In Progress</b>	The MD is currently in progress, and within the agreed original timeframe for implementation.	0
<b>Reliant on External Factors</b>	The MD is considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation to implement.	0
<b>Complete Pending Formal Approval (NEW)</b>	The Service / Function has completed the MD and is currently awaiting formal approval to close.	0
<b>Complete</b>	The MD has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.	0

MDs aligned to SPC based on the following criteria:

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

Progress updates relating to the implementation of MDs are extracted from the AMAT system. **There are currently no MDs assigned to SPC.**



The Committee is requested, in relation to the areas presented in this report, to:

## Risk Management

- **RECEIVE ASSURANCE** that identified controls are in place and working effectively;
- **RECEIVE ASSURANCE** that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise; and

## Audits, Inspections and Regulatory Reports

- **RECEIVE ASSURANCE** from the lead Executive Director or Supporting Officer on the management of recommendations raised in audit, inspection and regulatory reports within their area of responsibility, particularly in respect of confirming the full implementation of recommendations with any barriers to delivery noted.

## Ministerial Directions

- **RECEIVE ASSURANCE** that the Health Board is compliant with the Ministerial Directions issued by Welsh Government.



**DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG**  
**SAFE | SUSTAINABLE | ACCESSIBLE | KIND**



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## CORPORATE RISK REGISTER SUMMARY NOVEMBER 2025

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Nov-25	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	NA	4×3=12	New risk	1×4=4	31/03/2028

RISK SCORING MATRIX					
Likelihood x Impact = Risk Score					
Likelihood	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
<b>Frequency - How often might it/does it happen?</b> (how many times will the adverse consequence being assessed actually be realised?)	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					
<b>Probability - Will it happen or not?</b> (what is the chance the adverse consequence will occur in a given reference period?)	(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
<b>Safety of Patients, Staff or Public</b>	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.
<b>Quality, Complaints or Audit</b>	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.	Major patient safety implications if findings are not acted on.		
Reduced performance if unresolved.					

CORPORATE RISK REGISTER SUMMARY NOVEMBER 2025

<b>Workforce &amp; OD</b>	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).	Unsafe staffing level or competence (>5 days).	Ongoing unsafe staffing levels or competence.
			Low staff morale.	Loss of key staff.	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.
<b>Statutory Duty or Inspections</b>	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.	Multiple breaches in statutory duty. Improvement notices.	Prosecution. Complete systems change required.
				Low achievement of performance/delivery requirements.	Low achievement of performance/delivery requirements.
				Critical report.	Severely critical report.
<b>Adverse Publicity or Reputation</b>	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.
<b>Business Objectives or Projects</b>	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.
<b>Finance including Claims</b>	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.
<b>Service or Business interruption or disruption</b>	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.
<b>Environmental</b>	Minimal or no impact on the environment.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic/critical impact on environment.
<b>Health Equity</b>	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	UNLIKELY	POSSIBLE	LIKELY	ALMOST CERTAIN
	1	2	3	4	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	<b>Extreme</b>	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	<b>High</b>	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	<b>Moderate</b>	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	<b>Low</b>	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	
<b>LOW</b>	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
<b>MEDIUM</b>	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
<b>HIGH</b>	Controls in place assessed as adequate/effective and in proportion to the risk
<b>INSUFFICIENT</b>	Insufficient information at present to judge the adequacy/effectiveness of the controls

CORPORATE RISK REGISTER SUMMARY NOVEMBER 2025

<b>Date Risk Identified:</b>	Sep-25
<b>Strategic Objective:</b>	3. Great Care

<b>Executive Director Owner:</b>	Davies, Lee	<b>Date of Review:</b>	Nov-25
<b>Lead Committee:</b>	Strategy and Planning Committee	<b>Date of Next Review:</b>	Dec-25

<b>Risk ID:</b>	<b>2212</b>	<b>Corporate Risk Description:</b>	<p>There is a risk that the Health Board will not have an approvable Integrated Medium-Term Plan (IMTP) by March 2028.</p> <p>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.</p> <p>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.</p>
<b>Does this risk link to any Directorate (operational) risks?</b>			2086










<b>Risk Rating:(Likelihood x Impact)</b>		<b>No trend information available.</b>
<b>Domain:</b>	Statutory duty/inspections	
<b>Inherent Risk Score (L x I):</b>	5×4=20	
<b>Current Risk Score (L x I):</b>	4×3=12	
<b>Target Risk Score (L x I):</b>	1×4=4	
<b>Expected Date To Achieve TRS:</b>	31/03/2028	
<b>Trend:</b>	<i>New risk</i>	

<b>Rationale for CURRENT Risk Score:</b>
<p>The Health Board does not have an approvable IMTP in place due to the inability to demonstrate a financially balanced position, and as a consequence is in breach of its statutory duty under Section 175(2A) of the National Health Service (Wales) Act 2006. This has led to the Health Board being placed into Targeted Intervention. The current risk score of 12 after controls acknowledges that while the Health Board is strengthening its planning processes (setting it in a 3 year context as a form of mitigation), the fundamental challenges remain. The likelihood reduces slightly to "likely" (4) rather than "certain" (5) as improved planning might achieve "consideration" even if not approval. However, until operational risks reduce and assurances on the ability of services across the Health Board to deliver on their savings targets, full mitigation remains impossible.</p>

<b>Rationale for TARGET Risk Score:</b>
<p>The achievement of a financially balanced and an approvable plan would be a key driver for the Health Board to be de-escalated from Targeted Intervention by Welsh Government. The financial roadmap to achieve this by 2027/28 is critical to this.</p>

CORPORATE RISK REGISTER SUMMARY NOVEMBER 2025

<b>Key CONTROLS Currently in Place:</b> (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
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.	<b>Identified Gaps in Controls :</b> (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)	<b>How and when the Gap in control be addressed</b>	<b>By Who</b>	<b>By When</b>	<b>Progress</b>
	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  3. Feedback from WG includes the need for clearer delivery plans within the Annual Plan going forward	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.
	4. Closer working with the NHS Wales Joint Commissioning Committee (JCC) in regard to all-Wales commissioning decisions	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
	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	31/12/2025	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								

CORPORATE RISK REGISTER SUMMARY NOVEMBER 2025

IA Annual Planning - May25 (Reasonable)	3rd									
Addressing feedback from WG on Annual Plan 2025/26 to incorporate into planning process and product	3rd									

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Original Due Date	Current Due Date	Barriers
Audit Wales Primary Care Follow-up Review – Hywel Dda University Health Board	<p>Through the planned development of its Integrated Primary and Community Services Strategy, the Health Board should:</p> <ol style="list-style-type: none"> <li>1. Ensure engagement with key stakeholders as to how services set out in the strategy will be provided</li> <li>2. Ensure that the strategy encompasses a detailed workforce plan and is fully costed</li> <li>3. Use the 2023-24 budgetary information as a baseline position of the cost of primary and community care to enable the shift of resources to be reported on an annual basis.</li> <li>4. Once the strategy is approved, ensure periodic update reports are provided to the relevant committee demonstrating progress on delivery of the strategy.</li> </ol>	<p>The development of the strategy will follow the Clinical Services Plan methodology and will include all of the recommended areas. Engagement has been proposed to happen at Cluster and Pan Cluster level to ensure appropriate levels of engagement with key stakeholders and members of the public.</p>	Primary Care, Community Strategy & Long Term Care	31/03/2025	31/03/2025	Engagement in September 2024 both professionally and public was limited in the responses provided
Audit Wales Primary Care Follow-up Review – Hywel Dda University Health Board	<p>Through the planned development of its Integrated Primary and Community Services Strategy, the Health Board should:</p> <ol style="list-style-type: none"> <li>1. Ensure engagement with key stakeholders as to how services set out in the strategy will be provided</li> <li>2. Ensure that the strategy encompasses a detailed workforce plan and is fully costed</li> <li>3. Use the 2023-24 budgetary information as a baseline position of the cost of primary and community care to enable the shift of resources to be reported on an annual basis.</li> <li>4. Once the strategy is approved, ensure periodic update reports are provided to the relevant committee demonstrating progress on delivery of the strategy.</li> </ol>	<p>Workforce data is currently only available for GP Practices and has been identified as an area of concern in the issues paper. Community nursing workforce information is available and included in the issues paper.</p>	Primary Care, Community Strategy & Long Term Care	30/11/2023	31/03/2025	Independent contractor GP Practices unwilling to participate in workforce planning

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Audit Wales Primary Care Follow-up Review – Hywel Dda University Health Board	<p>Through the planned development of its Integrated Primary and Community Services Strategy, the Health Board should:</p> <ol style="list-style-type: none"> <li>1. Ensure engagement with key stakeholders as to how services set out in the strategy will be provided</li> <li>2. Ensure that the strategy encompasses a detailed workforce plan and is fully costed</li> <li>3. Use the 2023-24 budgetary information as a baseline position of the cost of primary and community care to enable the shift of resources to be reported on an annual basis.</li> <li>4. Once the strategy is approved, ensure periodic update reports are provided to the relevant committee demonstrating progress on delivery of the strategy.</li> </ol>	Budget for 2024/25 to be confirmed. A number of Cluster projects have been identified that could be considered for scale up and roll out where system wide and patient benefits are identified. Potential through strategy to identify pathways that can transition across to being primary care led	Primary Care, Community Strategy & Long Term Care	30/04/2024	30/04/2024	
Audit Wales Primary Care Follow-up Review – Hywel Dda University Health Board	<p>Through the planned development of its Integrated Primary and Community Services Strategy, the Health Board should:</p> <ol style="list-style-type: none"> <li>1. Ensure engagement with key stakeholders as to how services set out in the strategy will be provided</li> <li>2. Ensure that the strategy encompasses a detailed workforce plan and is fully costed</li> <li>3. Use the 2023-24 budgetary information as a baseline position of the cost of primary and community care to enable the shift of resources to be reported on an annual basis.</li> <li>4. Once the strategy is approved, ensure periodic update reports are provided to the relevant committee demonstrating progress on delivery of the strategy.</li> </ol>	An implementation plan to support the development of key themes coming out of the strategy development which will be overseen by the project group and reported through the relevant Board level committee.	Primary Care, Community Strategy & Long Term Care	30/11/2023	31/03/2025	
Audit Wales Primary Care Follow-up Review – Hywel Dda University Health Board	<p>The Health Board should improve oversight at Board and committee level of performance within primary care by:</p> <ol style="list-style-type: none"> <li>1. Increasing the coverage of primary care performance within its Integrated Performance Assurance Report</li> <li>2. Increasing the focus on outcomes and experience.</li> </ol>	Currently available data is reported through the IPAR and as part of the reporting on the Ministerial Milestones on access to Primary Care services. As more data becomes available on contract management and performance information will be reported to the appropriate Board level committee (SDODC) and will be considered for inclusion in the IPAR.	Primary Care, Community Strategy & Long Term Care	30/11/2023	30/04/2024	

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Audit Wales Primary Care Follow-up Review – Hywel Dda University Health Board	The Health Board should improve oversight at Board and committee level of performance within primary care by:  1. Increasing the coverage of primary care performance within its Integrated Performance Assurance Report  2. Increasing the focus on outcomes and experience.	(EXTERNAL) Further work needs to be done data on outcomes and experience as currently that is limited to information held by GP Practices only. Some work has started to look at the use of PROMS and PREMS in the Community Dental Service. PROMS and PREMS will be introduced as part of the service manuals for Optometry WGOS and will form part of a national framework.  Public engagement to be a key part of the strategy development with a strong focus on quality outcomes.	Primary Care, Community Strategy & Long Term Care	31/03/2025	31/03/2025	Independent GP practices currently only have to participate in patient engagement once a year in line with the contractual requirements. Patient response rates in the pilot are low, potentially due to the contractual engagement period concluding in March 2025.
Audit Wales Primary Care Follow-up Review – Hywel Dda University Health Board	The Health Board should improve oversight at Board and committee level of performance within primary care by:  1. Increasing the coverage of primary care performance within its Integrated Performance Assurance Report  2. Increasing the focus on outcomes and experience.	Assurance & Risk Officer to ensure all actions are complete and evidence uploaded prior to closure of report	Primary Care, Community Strategy & Long Term Care	03/04/2026	03/04/2026	
Audit Wales- Review of Capital Investment Prioritisation – Hywel Dda University Health Board - May 2025	R1. The Health Board should ensure all clinical care groups are aware of the procedure for purchasing medical and nonmedical equipment and ensuring that when appropriate they engage with the clinical engineering team, so the medical equipment inventory is kept up to date to prevent information gaps (see paragraph 10).	The UHB will ensure that Senior Leadership at the Clinical Care Groups are all made aware of the procedure for purchasing medical and non-medical equipment and the need to engage with the clinical engineering team where appropriate. This will be done via a presentation to Senior Operations Leadership Team and circulation of this and the procedure to the Senior Leadership of the Clinical Care Groups.	Director of Strategy and Planning	30/11/2025	30/11/2025	
Audit Wales - Structured Assessment 2024 – Hywel Dda University Health Board	R1. The Health Board should update its Improving Together Framework documentation, ensuring it adequately reflects current performance management and internal escalation arrangements. In updating the framework, the Health Board should also ensure documentation includes arrangements: • Escalating and supporting directorates at the highest level of escalation for extended periods; and • Coordinating support for directorates escalated over several domains (see paragraph 53).	The Improving Together Framework will be updated to address the points raised in this recommendation. Timeline for completion: • February 2025 - full draft submitted to Strategic Development and Operational Delivery Committee for consideration • March 2025 – final draft submitted to Board for approval	Corporate Services	31/03/2025	31/03/2025	
Audit Wales- Structured Assessment 2023- Hywel Dda University Health Board	R1. Enhancing Public Transparency We found that, Public Board papers include a high-level summary of private Board meetings. To further enhance transparency this arrangement should be extended to private committee meetings through individual committee assurance reports received by the Board.	The Committee Update Report template to the Board will be updated to include a section 'Key Matters considered by the In-Committee'. These will be completed for January 2024 Board.	Corporate Services	31/12/2023	31/12/2023	



Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Original Due Date	Current Due Date	Barriers
Audit Wales - Structured Assessment 2022	R1. Elements of the Health Board's website are not updated in a timely fashion and that there is scope to further enhance transparency of Board business. The Health Board should ensure that: a) unconfirmed Board and committee minutes are published on the Health Board's website as soon as is practical after each meeting; b) agendas for private meetings of the Board are made available on the Health Board's website in advance of the meeting; and c) the most recent version of policies and declarations of interest are publicly available on the website.	a) From January 2023, Board and Committee unconfirmed minutes will be published on the Health Board's website following review within 21 calendar days of the meeting.	Corporate Services	31/07/2024	31/07/2024	
Audit Wales - Structured Assessment 2022	R1. Elements of the Health Board's website are not updated in a timely fashion and that there is scope to further enhance transparency of Board business. The Health Board should ensure that: a) unconfirmed Board and committee minutes are published on the Health Board's website as soon as is practical after each meeting; b) agendas for private meetings of the Board are made available on the Health Board's website in advance of the meeting; and c) the most recent version of policies and declarations of interest are publicly available on the website.	b) From January 2023, agendas for private meetings of the Board will be published on the Health Board's website 7 calendar days in advance of the meeting (at the same time as the public meeting agenda and papers)	Corporate Services	31/07/2024	31/07/2024	
Audit Wales - Structured Assessment 2022	R1. Elements of the Health Board's website are not updated in a timely fashion and that there is scope to further enhance transparency of Board business. The Health Board should ensure that: a) unconfirmed Board and committee minutes are published on the Health Board's website as soon as is practical after each meeting; b) agendas for private meetings of the Board are made available on the Health Board's website in advance of the meeting; and c) the most recent version of policies and declarations of interest are publicly available on the website.	c) In 2022/23, the Standards of Behaviour Policy has been reviewed, issued for consultation and updated. The revised policy was approved by the People, OD & Culture Committee in October 2022 and is available on the Health Board's website. From January 2023, the Register of Interests will be published (and updated) on a quarterly basis.  Previously, the Registers were available as part of the annual ARAC Report in April each year. In order to improve the process, the Registers will now be more easily accessible on the Health Board's website. In addition, the Health Board has improved the system of notification by creating electronic forms that simplify the process for staff and the counter-signatory (line manager).	Corporate Services	31/07/2024	31/07/2024	
Audit Wales - Structured Assessment 2024 – Hywel Dda University Health Board	R2. The Quality, Safety and Experience Committee should receive, at least annual, a standalone update on Quality Improvement activities, including the Health Board's progress in implementing the Quality Improvement Strategic Framework (2023-2026), a roundup of improvement initiatives and the impact they are having to date (see paragraph 60).	A standalone annual report on Quality Improvement Activities will be added to the work plan for the Quality Safety and Experience Committee for 2025/26	Corporate Services	30/04/2025	30/04/2025	

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Original Due Date	Current Due Date	Barriers
Audit Wales- Structured Assessment 2023- Hywel Dda University Health Board	<p>R2. Board member patient safety walkabout Board members conduct regular Patient Safety walkabouts, supported by a member of the patient safety team who takes notes, with a clear process to provide feedback to visited services and monitor actions points. However, those we interviewed were unclear about what happened after the visit. The Health Board should clarify the Patient Safety Walkabout process with new Independent Members.</p> <p>R2. Board member patient safety walkabout Board members conduct regular Patient Safety walkabouts, supported by a member of the patient safety team who takes notes. However, those we interviewed were unclear what happens to the notes afterwards. The Health Board should:</p> <p>b) report back on walkabout themes, twice a year, for example, through the Quality Assurance Report received by the Quality, Safety and Experience Committee (Medium Priority).</p>	<p>A refreshed briefing on the role and content of the Patient Safety Walk Rounds will be drafted for use within induction for all new Independent Members and Executive Directors.</p> <p>Reporting and monitoring arrangements following Patient Safety Walk Rounds will be refreshed and reconfirmed for all participants. Reports are action oriented and prepared by the Quality Assurance Team. All actions are logged on the AMAT system and monitored via the Quality Assurance Team.</p> <p>The refreshed Patient Safety Walk Round handbook will be reviewed and recirculated to all Board members by the Head of Quality Assurance.</p>	Corporate Services	31/03/2024	31/03/2024	
Audit Wales - Structured Assessment 2022	<p>R2. While some changes have been made, the operational structure still poses risks to confused and inconsistent governance structures. Given the scale and complexity of the challenges and risks facing the Health Board, it is important that planned work to revise the operational structures and associated governance arrangements progresses as a matter of urgency</p>	<p>Work begun to review the operational structure in September 2022. A series of workshops have been held with the senior operational leadership team, and discussions with the executive Team. Sessions with the senior clinical leaders are planned for Q1 2023. The intention is to develop a proposal by Q2 2023 that can be agreed and implemented across the Health Board, that addresses the inconsistency identified. Ahead of this, the operational governance meeting structure will be revised in Q1 2023, which will support the actions being taken around R3.</p>	Corporate Services	31/12/2023	31/12/2023	

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Audit Wales- Structured Assessment 2023- Hywel Dda University Health Board	<p>R2. Board member patient safety walkabout Board members conduct regular Patient Safety walkabouts, supported by a member of the patient safety team who takes notes, with a clear process to provide feedback to visited services and monitor actions points. However, those we interviewed were unclear about what happened after the visit. The Health Board should clarify the Patient Safety Walkabout process with new Independent Members.</p> <p>R2. Board member patient safety walkabout Board members conduct regular Patient Safety walkabouts, supported by a member of the patient safety team who takes notes. However, those we interviewed were unclear what happens to the notes afterwards. The Health Board should:</p> <p>b) report back on walkabout themes, twice a year, for example, through the Quality Assurance Report received by the Quality, Safety and Experience Committee (Medium Priority).</p>	<p>R2(b):Consideration will be given to providing a Patient Safety Walk Round update to Board members at a future Board Seminar. To be forward work planned through the Director of Corporate Governance/Board Secretary.</p>	Corporate Services	31/07/2024	31/07/2024	
Audit Wales - Structured Assessment 2022	<p>R3. While performance arrangements exist at an operational level, there is scope to bring these together into a holistic review of performance. Alongside the rollout of its Improving Together Framework, the Health Board should revisit its performance management arrangements to ensure that there is a joinedup approach at an operational level.</p>	<p>Our Improving Together framework has been developed over the last 18 months and deployed within a number of pilot areas. Following this progress, the approach was agreed with the Executive Team in December 2022 for it be used for Directorate level performance management arrangements.</p> <p>The Framework aligns teams to our strategic objectives and what matters to us as a health board. It focusses on key improvement measures identified by the directorate and team and regular coaching style discussions around how we are performing and whether additional improvements need to be made. These discussions are supported by “Our Performance” and “Our Safety” dashboards which provide triangulated data sets from across quality and safety, performance, risk and finance.</p> <p>The Directorate level sessions are holistic, covering performance, safety, quality workforce, finance and planning. The Director of Operations will chair these sessions monthly and will be supported by the Executive Directors of Finance (with executive responsibility for Performance), Director of Strategic Development and Operational Planning, Director of Workforce and</p>	Corporate Services	30/12/2023	30/12/2023	

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Original Due Date	Current Due Date	Barriers
Audit Wales- Structured Assessment 2023- Hywel Dda University Health Board	R3. Performance Management Arrangement Assurance Given the Health Board is under Welsh Government's Enhanced Monitoring arrangements for some service areas, there is scope to demonstrate the effectiveness of the Improving Together Framework. The Health Board should develop a mechanism for periodically providing assurance that its performance management arrangements are working as intended.	We will commission an annual review of the effectiveness of the Improving Together Framework from Internal Audit. We will ask for the first review to be undertaken during Q1 2024/25.	Corporate Services	30/06/2024	30/06/2024	
Audit Wales - Structured Assessment 2024 – Hywel Dda University Health Board	R3. To ensure the sustainable development principle is central to its long-term vision, the Health Board should review its well-being objectives as part of its planned long-term strategy refresh (see paragraph 69).	The well-being objectives will be reviewed as part of the long-term strategy refresh	Corporate Services	31/03/2026	31/03/2026	
Audit Wales - Structured Assessment 2024 – Hywel Dda University Health Board	R3. To ensure the sustainable development principle is central to its long-term vision, the Health Board should review its well-being objectives as part of its planned long-term strategy refresh (see paragraph 69).	Assurance & Risk Officer to ensure all actions are complete and evidence uploaded prior to closure of report	Corporate Services	03/04/2026	03/04/2026	
Audit Wales - Structured Assessment 2022	R4. The Health Board has not set out expected outcomes for all its planning objectives set out in its Annual Plan. In revising its planning objectives for 2023-26, the Health Board needs to clearly articulate the expected outcomes for its streamlined set of planning objectives.	This is being incorporated into the annual plan for 2023-34 and a revised planning cycle approach.	Corporate Services	31/03/2023	31/03/2023	
Audit Wales- Structured Assessment 2023- Hywel Dda University Health Board	R4. Aligning planning and strategic objectives The Health Board has taken steps to better articulate its planning objectives in its 2023-24 Annual Plan, by streamlining the planning objectives and setting them against eight strategic planning goals and four domains. However, the domains and strategic planning goals do not explicitly align to the Health Board's six overarching strategic objectives, as detailed in its Board Assurance Framework (BAF) and Integrated Performance Assurance Report (IPAR) dashboards. As part of the next planning cycle, the Health Board should more explicitly set out how each of its planning objectives link to its strategic objectives.	A process and action plan has been detailed as part of the Planning Cycle for the development of the 2024/25 Plan. This process and action plan (as detailed in the annex), sets out the process for reviewing the Strategic Objectives, the Planning Objectives and the removal of the four planning domains to simplify the process. Steps are also included to ensure the appropriate alignment of Planning Objectives to the appropriate Committees of the Board for assurance purposes, and the revision of the BAF.	Corporate Services	31/03/2024	31/03/2024	
Audit Wales - Structured Assessment 2022	R5. Implementation plans to support corporate enabling strategies did not always exist or include clear milestones, targets, and outcomes. The Health Board needs to ensure: • existing implementation plans include clear milestones, targets, and outcomes; and • implementation plans are developed for enabling strategies that currently do not have one. Alongside the monitoring of relevant individual planning objectives, this will enable periodic review of overall progress of delivery of the enabling strategies.	This is being incorporated into the annual plan for 2023-34 and a revised planning cycle approach.	Corporate Services	31/03/2023	31/03/2023	

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Original Due Date	Current Due Date	Barriers
Audit Wales- Structured Assessment 2023- Hywel Dda University Health Board	R5. Financial Scrutiny Whilst there is a good level of scrutiny on the financial position within the Sustainable Resources Committee, the scrutiny has predominantly been focused on the Director of Finance. Whilst this has improved in recent meetings with members of the Core Delivery Group and the Financial Control Group now in attendance, the Health Board needs to do more to ensure scrutiny by Independent Members is appropriately focused across all members of the executive team.	There is a greater understanding amongst Board Members that the causes of our financial challenges relate to the strategic, operational and clinical configuration and choices which are made across the organisation. Consequently, scrutiny has increasingly moved into these areas as part of SRC and Board deliberations. This has been facilitated by broader attendance now being seen in the Sustainable Resources Committee.	Corporate Services	31/12/2023	31/12/2023	
Audit Wales - Structured Assessment 2022	R6. The Health Board's longer-term financial recovery plan has not been updated to reflect the financial challenges being experienced in 2022-23. The Health Board needs to update its longer-term financial recovery plan for 2023 onwards, ensuring that its improvement opportunities are reflected.	The 2023/24 planning cycle is underway which will, with Board approval, reflect the challenges that have been experienced during 2022/23. Opportunities have been clearly articulated, and the planning cycle will be the vehicle for teams across the Health Board to deliver sustainable plans in the areas highlighted as opportunities, as well as undertaking their delegated financial responsibilities to review and deliver all efficiency and benchmarking opportunities.  With the unprecedented demand challenges that have been experienced, the financial overspends have resulted in a significant deterioration to our deficit. The recovery plan will need to be cognisant of the impact which these demand challenges are having across our system.	Corporate Services	31/03/2024	31/03/2024	
Audit Wales - Structured Assessment 2022	R6. The Health Board's longer-term financial recovery plan has not been updated to reflect the financial challenges being experienced in 2022-23. The Health Board needs to update its longer-term financial recovery plan for 2023 onwards, ensuring that its improvement opportunities are reflected.	Assurance & Risk Officer to ensure all actions are complete and evidence uploaded prior to closure of report	Corporate Services	03/04/2026	03/04/2026	
Audit Wales- Structured Assessment 2023- Hywel Dda University Health Board	Assurance and Risk Team to formally close report once all actions complete	To close report once all actions noted as complete	Corporate Services	31/07/2025	31/07/2025	

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Original Due Date	Current Due Date	Barriers
Audit Wales - Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	R1. To ensure that priorities are reflective of and align to up-to-date information such as demands for service, service capacity and future demographic pressures, the Health Board should clearly indicate the data used to inform its future plans for urgent and emergency care	A UEC dashboard is currently being developed which will provide users with a suite of data from Live dashboard information, predictive data to inform service planning and reporting measures.	Community & Integrated Medicine	31/07/2025	31/07/2025	
Audit Wales - Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	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.	Community & Integrated Medicine	31/07/2025	31/07/2025	
Audit Wales - Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	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.	Community & Integrated Medicine	31/08/2025	31/08/2025	
Audit Wales - Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	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.	Community & Integrated Medicine	30/06/2025	30/06/2025	
Audit Wales - Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	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	Community & Integrated Medicine	30/06/2025	30/06/2025	

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Audit Wales - Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	R4. To ensure that patients receive the urgent and emergency care that is most appropriate to their needs, the Health Board should liaise with Llais and other patient representative groups as appropriate to help identify where current patient information and signposting arrangements need strengthening	The Health Board is in regular discussions with Llais re 6 Goals and Urgent Care, Llais were involved in the UEC summit in April 25 and the Llais report helps identify some areas for improvement, an accelerated workstream for UEC on Environment and Patient experience is being planned to ensure improved information and signposting is achieved	Community & Integrated Medicine	30/11/2025	31/10/2025	
Audit Wales - Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	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.	Community & Integrated Medicine	30/11/2025	30/11/2025	
Audit Wales - Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	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	Community & Integrated Medicine	31/12/2025	31/12/2025	
Audit Wales - Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	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	Community & Integrated Medicine	31/10/2025	31/10/2025	

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Original Due Date	Current Due Date	Barriers
Audit Wales - Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	R8. To gain assurance that the Health Board is complying with the national SDEC referral guidance, it should conduct an audit of its SDEC data against the criteria and report the results to an appropriate committee or forum	Currently the Health Board submit data against and report SDEC activity to the Performance and Assurance Team (National Six Goals Team) on a regular basis. The 6 Goals team will present SDEC Information in the form of the National Submission	Community & Integrated Medicine	30/09/2025	30/09/2025	
Audit Wales - Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	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	Community & Integrated Medicine	30/11/2025	30/11/2025	
Audit Wales - Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	R10. The Health Board should review and regularly validate the data that is currently available for urgent and emergency care so more assurance can be taken when making decisions based on the data available	The 6 Goals Team provide regular updates re the National Data requirements and also against the 6 Goals Ministerial priorities, the 6 Goals team regularly attend Committees to update re the UEC Performance and actions being taken to improve	Community & Integrated Medicine	30/06/2025	30/06/2025	
Audit Wales - Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	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.	Community & Integrated Medicine	30/06/2025	30/06/2025	
Audit Wales - Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	R12. To identify potential weaknesses or learning in relation to recent changes to its urgent and emergency care services, the Health Board should introduce regular mechanisms for staff feedback. This should include feedback from key partners including primary care and WAST	The Six Goals Programme Team have launched a website for staff on the Six Goals Programme, which includes information on the programme, contact information, and resources. This is currently being promoted through the Communication and Engagement Team. Hywel Dda University Health Board: Six Goals Programme	Community & Integrated Medicine	30/06/2025	30/06/2025	



Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Original Due Date	Current Due Date	Barriers
Audit Wales - Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	R13. To strengthen its ability to join up strategic plans and service changes for its urgent and emergency care services, the Health Board should include WAST as a member of its Six Goals Integrated Operational Group	WAST will be added to the membership to the Integrated Operational Group for the Six Goals Programme, and added into the accelerated Programme	Community & Integrated Medicine	31/07/2025	31/07/2025	
Audit Wales - Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	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.	Community & Integrated Medicine	31/08/2025	31/08/2025	
Internal Audit - Capital Systems Final Internal Audit Report 2024/25 (Reasonable)	R1. Objective 1: Governance  All estate's projects were found to be managed on a centrally accessible HDUHB Microsoft Lists, also accessible via SharePoint. This had restricted access security arrangements. The overall arrangements for project documentation and governance were generally adequate, however there was not a formal centrally held capital contracts register in place at the Health Board.	The matter will be raised at the Capital Monitoring Forum to ensure obligations related to keeping a register are discharged by the Health Board and an agreement to be made as to who will be responsible for this.	Director of Strategy and Planning	31/12/2024	31/12/2024	
Internal Audit - Capital Systems Final Internal Audit Report 2024/25 (Reasonable)	R2. Objective 4: Contract Completion  Contracts clearly stated in all cases whether parent guarantees would be required - 6 stated they were not required due to the size of the project, whilst 4 stated they would. Across the 3 contractors covering those 4 projects, all 3 had parent companies. The group membership status of the contractor had not been acknowledged by the Capital Projects team, since during the framework selection process, the wholly owned subsidiary nature of the contractor had not been identified by Procurement, despite the status showing in credit checks undertaken by the Capital Team. Accordingly, the parent company guarantees had not been requested. It is not possible to make informed decisions related to entering into contracts with a contractor without fully understanding the structure of that contractor's wider group to mitigate reputational and financial risk.	D&B Reports will be completed for Parent Companies of framework contractors as well as for contractors on an annual basis.	Director of Strategy and Planning	31/12/2024	31/12/2024	

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Original Due Date	Current Due Date	Barriers
Internal Audit - Capital Systems Final Internal Audit Report 2024/25 (Reasonable)	<p>R2. Objective 4: Contract Completion</p> <p>Contracts clearly stated in all cases whether parent guarantees would be required - 6 stated they were not required due to the size of the project, whilst 4 stated they would. Across the 3 contractors covering those 4 projects, all 3 had parent companies. The group membership status of the contractor had not been acknowledged by the Capital Projects team, since during the framework selection process, the wholly owned subsidiary nature of the contractor had not been identified by Procurement, despite the status showing in credit checks undertaken by the Capital Team. Accordingly, the parent company guarantees had not been requested. It is not possible to make informed decisions related to entering into contracts with a contractor without fully understanding the structure of that contractor's wider group to mitigate reputational and financial risk.</p>	<p>Parental Guarantees will be requested from the Parent company of contractors where required by the contract or Health Board Standing Financial Instruments.</p>	<p>Director of Strategy and Planning</p>	<p>30/11/2024</p>	<p>30/11/2024</p>	
Internal Audit - Capital Systems Final Internal Audit Report 2024/25 (Reasonable)	<p>R3. Objective 4: Contract Completion</p> <p>Anti-collusion / anti corruption clauses were not included in the standard contract template at 7 and 10 contracts sampled. Three included a mandatory exclusion questionnaire which identified specific situations where a contract would not be considered. Schedule 1 of All Wales SFIs specify that "one of the main legal and governing principles guiding public procurements are Integrity: there should be no corruption or collusion with suppliers or others (Paragraph 1.3, Page 61) . Additionally it states that "In every contract document a clause shall be included to secure that the UHB shall be entitled to cancel the contract and to recover from the contractor the amount of any loss resulting from such cancelation, if the contractor shall have prepared his tender in collusion with others or shall have offered or given or agreed to give any person any gift or consideration of any kind as an inducement or reward for doing or forbearing to do, or having done or forborne to do, any action in relation to the obtaining or execution of the contract or any other contract with the UHB or if the like acts shall have been done by any person employed by him acting on his behalf (whether with or without the knowledge of the contractor) or if in relation to any contract with the UHB the contractor or any persons employed by him or acting on his behalf shall have committed an offence under the Prevention of Corruption Acts 1906 (c.34) and 1916 (c.64) and the Public Bodies Corrupt Practices Act 1889 (c.69) and as defined in the Standards of Business Conduct for Employees of the LHB. (Paragraph 13.2, Page 72-73.</p>	<p>JCT clauses to be referenced and included on future contracts.</p>	<p>Director of Strategy and Planning</p>	<p>31/12/2024</p>	<p>31/12/2024</p>	

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Original Due Date	Current Due Date	Barriers
Internal Audit - Capital Systems Final Internal Audit Report 2024/25 (Reasonable)	R4. Objective 5: Retention of Documents 10 contracts sampled were executed as a deed, which conveys longer liability periods of 12 years or the useful life of the associated building/s (or their disposal): accordingly, the proposed retention period of 10 years is insufficient.	(External) The Health Board will revise its contract retention policy to reflect the extended liability period associated with Contracts executed as a deed.	Director of Strategy and Planning	31/12/2024	31/12/2024	Currently awaiting the Welsh Government's publication of the reviewed version. An update has been requested at the national level but not yet received.
Internal Audit - Capital Systems Final Internal Audit Report 2024/25 (Reasonable)	R4. Objective 5: Retention of Documents 10 contracts sampled were executed as a deed, which conveys longer liability periods of 12 years or the useful life of the associated building/s (or their disposal): accordingly, the proposed retention period of 10 years is insufficient.	Gareth Heaven to approve closure of this report	Director of Strategy and Planning	31/07/2025	31/10/2025	
Internal Audit - Commissioning – Long Term Agreements Final Internal Audit Report 2025/26 (Reasonable)	R1. Quality and Safety Reports Hywel Dda do not receive regular quality and safety reports from any LTA provider organisations with the exception of one provider. Whilst the report provides high-level summary of incidents, complaints, claims and inquests for the period noted, no detailed narrative is given nor of the actions taken. In addition, there is no reporting of patient experience.	Commissioning with the support of quality colleagues to work with providers to develop a quality and safety report which meets the requirement of the reporting criteria within the LTA. To be part of the commissioning and contracting intentions. To submit a development request to the OfWCMS1 for LHB of residence to be extractable from the OfWCMS.	Director of Strategy and Planning	30/04/2026	30/04/2026	
Internal Audit - Energy Management Final Internal Audit Report 2024/25 (Reasonable)	R1. Reporting from All Wales forums In addition to minuted issues, various papers also formed a part of the output of the All-Wales meetings (WEOG & WEG sub-group). Whilst there was reasonable attendance of these meetings by the Health Board, issues were not routinely fed back to a scrutiny forum. While recognising that internal structures were relatively new, at the time of audit there was no formal linkage via internal scrutiny forums for the escalation and approval of All Wales issues.	Standing agenda item to be added to EPC & Estates Decarbonisation subgroup for feedback from All-Wales meetings for dissemination.	Estates & Facilities	31/12/2024	31/12/2024	

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Original Due Date	Current Due Date	Barriers
Internal Audit - Energy Management Final Internal Audit Report 2024/25 (Reasonable)	<p>R2. Sub meter analysis</p> <p>Automation of data capture and processing provides the opportunity for improved data analysis. This can enable routine provision of both summary and supporting data, with graphic and variance analysis to an appropriate scrutiny forum. Areas lacking insulation / pipework insulation; peripheral buildings with additional stand-alone equipment; those heated separately etc. may each vary in energy consumption from core build consumption. Greater sub-meter analysis can assist therefore in information, control, and investment decisions. However, many non-charged meters are not SMART meters (requiring manual reads). Presently, this will require consideration of the additional resource need for such analysis versus time saved from automation</p>	All existing submeters installed to be logged on new Energy Manager software and new submeter readings to be logged.	Estates & Facilities	31/03/2026	31/03/2026	
Internal Audit - Energy Management Final Internal Audit Report 2024/25 (Reasonable)	R3. Additional sub meters Based on the potential for analysis and pay-back from additional sub-metering information, there would similarly appear benefit in reviewing the cost / benefit of additional SMART sub-metering.	Submetering information collection to be included in Wales Funding Programme spend-to-save funding bid to Salix/Welsh Government. This will be incorporated through the building management control systems energy conservation measures in the energy performance contract with Vital Energi.	Estates & Facilities	30/09/2025	30/09/2025	
Internal Audit - Energy Management Final Internal Audit Report 2024/25 (Reasonable)	<p>R4. Reporting scrutiny by an assigned forum</p> <p>Energy consumption reports were produced by the Energy and Environment officer including graphical analysis. However, energy reports were not regularly presented to a relevant scrutiny forum e.g. the newly formed Energy Performance Contract &amp; Estates Buildings ecarbonisation Group (which includes responsibility for energy monitoring and includes finance representation). Presentation could usefully include monthly and annual out-turn, trends; comparison to budget; prior out-turn, variance commentary, in addition to graphic presentation / summaries. However, it is recognised that the ability to attend and present such information is dependent on efficiencies gained from increased automation.</p>	Standing agenda item to be added to EPC & Estates Decarbonisation subgroup for feedback from All-Wales meetings for dissemination.	Estates & Facilities	31/12/2024	31/12/2024	

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Original Due Date	Current Due Date	Barriers
Internal Audit - Energy Management Final Internal Audit Report 2024/25 (Reasonable)	<p>R5. Fossil fuel phase out plan As of July 2024, the latest projections of energy spend were:</p> <p>Fuel 2024/25</p> <p>Electricity 6,967,031</p> <p>Natural gas 2,582,850</p> <p>Gas oil &amp; kerosene 826,116</p> <p>Biomass 273,931</p> <p>LPG 327,655</p> <p>Total 10,977,583</p> <p>i.e. there remains significant spending on fossil fuels e.g. at Prince Philip Hospital a large proportion of energy derives from gas (converted into electricity via a Combined Heat and Power – CHP generator). A four-phase decarbonisation and investment plan included solar and other investments ahead of decommissioning of the CHP. However, electricity prices are currently circa three times those of gas and residual reliance on electricity remains uncertain. There is need therefore for a costed revenue plan for the time phased replacement of fossil fuels.</p>	<p>Escalate risk regarding revenue cost as operational risk to SDOD and Datix (1544). Recommendation to be provided in a paper to SDOD for Hywel Dda UHB to formally write to Welsh Government concerning the lack of a costed revenue plan for the phased replacement of fossil fuels because of the lack of guaranteed additional revenue funding from Welsh Government to enable this fuel transition.</p>	Estates & Facilities	31/01/2025	31/01/2025	
Internal Audit - Energy Management Final Internal Audit Report 2024/25 (Reasonable)	<p>R6. Display Energy Certification action follow-up</p> <p>Display Energy Certifications had recently provided recommendations for improvement in energy performance alongside their assessments, including those with 1 – 3 year payback (which would apply at all sites) e.g. at Glangwili these included:</p> <ul style="list-style-type: none"> <li>• time controls on heating cylinders;</li> <li>• local targets and user control (e.g. Energy Champions);</li> <li>• IT switch off;</li> <li>• air conditioning performance enhancements</li> <li>• loft insulation; and</li> <li>• review simultaneous heating and cooling.</li> </ul> <p>An Energy Conservation Re-fit Assessment commissioned from consultants in September 2024 commented on:</p> <ul style="list-style-type: none"> <li>• circuit controls, thermostat controls and loops; and</li> <li>• “obsolete controls not compatible with new connections” and the need to upgrade the Building Management Systems to better interface with modern equipment e.g. at Prince Philip Hospital.</li> </ul> <p>Potentially such matters could form a focus of EFAB (Estates Funding Advisory Board) investment</p>	<p>Recommendations from display energy certificates to be added to existing DEC information log. Develop validation checks in new Energy Manager software for automation assisting review of arrears. Explore with Finance colleagues the potential of automated checks for timely payment.</p>	Estates & Facilities	30/09/2025	30/09/2025	

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Internal Audit - Energy Management Final Internal Audit Report 2024/25 (Reasonable)	R7. Automated payment checks At the time of audit, system automation was being implemented to save manual processing. This was envisaged to include automated invoicing, saving data entry. It could usefully be extended to review the potential of automated checks for timely payment (in accordance with invoiced dates). These terms are for 30 days payment to meet the requirements of the national contract and avoid penalties. Further developments could include some automation assisting in review of arrears.	Develop validation checks in new Energy Manager software for automation assisting review of arrears. Explore with Finance colleagues the potential of automated checks for timely payment.	Estates & Facilities	30/09/2025	30/09/2025	
Internal Audit - Energy Management Final Internal Audit Report 2024/25 (Reasonable)	R8. Payment authorisation At the time of audit, it remained to be confirmed that current and appropriately approved delegations operated in respect of payments. However, it is recognised that this is in context of a nationally agreed contract, with checks applied by the Energy an Environment Officer (the authority on consumption monitoring), with authorisation by the Business and Governance Manager. Additional monitoring was also undertaken by finance utilising budgeted annual consumption (forecasts) as shared with Welsh Government. Additional monitoring was also undertaken by finance utilising budgeted annual consumption (forecasts) as shared with Welsh Government.	Liaise with the relevant department to agree a version controlled process for budget holder threshold responsibility in respect of invoice payment approval	Estates & Facilities	31/03/2025	31/03/2025	With Finance team to update and complete.
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	(External Recommendation) R1.1 Reducing time spent by pharmacy professionals on non-clinical activities a) The Welsh Government will commission a review of opportunities to improve the efficiency of hospital medicines supply and logistics arrangements and release pharmacist and pharmacy technician time for clinical care	(EXTERNAL) N/A - for consideration by Welsh Government.	Primary Care, Community Strategy & Long Term Care	30/09/2024	30/09/2024	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R1.1 Reducing time spent by pharmacy professionals on non-clinical activities b) Health boards and Velindre University NHS Trust should continue to prioritise and contribute to the work already underway to reconfigure pharmacy technical services and medicines information services on a national basis through the TrAMs programme and WMAS project	TrAMs implementation work underway with NWSSP – Radio pharmacy initially.	Primary Care, Community Strategy & Long Term Care	30/09/2024	30/09/2024	

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Original Due Date	Current Due Date	Barriers
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R1.2 Prioritising clinical pharmacy service provision to better meet the needs of the NHS a) Health boards and Velindre University NHS Trust should undertake a stocktake to map how pharmacy resource is currently deployed on clinical activities across the organisation and to identify the nature and extent of the clinical pharmacy activity provided in hospitals by speciality and division/directorate(s) for inpatient, outpatient and any other services within their organisation	Mapping in progress to ascertain where current investment is and what the demands currently are in those areas and understand where there are opportunities that are not being covered yet.	Primary Care, Community Strategy & Long Term Care	30/09/2024	30/09/2024	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R1.2 Prioritising clinical pharmacy service provision to better meet the needs of the NHS b) Health boards and Velindre University NHS Trust should undertake a stocktake to map how pharmacy resource is currently deployed on clinical activities across the organisation and to identify the nature and extent of the clinical pharmacy activity provided in hospitals by speciality and division/directorate(s) for inpatient, outpatient and any other services within their organisation	Currently informal and based on funding. To follow from stocktaking action above (R1.2a).	Primary Care, Community Strategy & Long Term Care	30/04/2025	30/04/2025	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R1.2 Prioritising clinical pharmacy service provision to better meet the needs of the NHS c) Health boards and Velindre University NHS Trust should ensure all advanced practice and consultant pharmacists are designated to support clinical divisions/directorates based on the results of the resource mapping exercise	To follow on from stocktaking action in R1.2a	Primary Care, Community Strategy & Long Term Care	30/04/2025	30/04/2025	Lack of RPS membership within the HB with pharmacists national workforce group to consider how advanced practice is developed within the group
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R1.2 Prioritising clinical pharmacy service provision to better meet the needs of the NHS d) Health boards should ensure that systems are in place for triage and prioritisation of patients for the provision of pharmaceutical care on admission. Prioritisation should be based on the use of clinical prioritisation tools validated and used in NHS hospitals in the UK	(EXTENRAL) Informal triaging undertaken by pharmacy teams, prioritisation tool under development by clinical lead pharmacists and chief technicians. Planning for digital prioritisation method with the introduction of ePMA	Primary Care, Community Strategy & Long Term Care	30/09/2024	30/09/2024	EMPA system has been procured - awaiting confirmation of funding from welsh government

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Original Due Date	Current Due Date	Barriers
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R1.3 Scope of clinical pharmacy services and the relationship with multidisciplinary teams a) Where a clinical pharmacy service is provided to a clinical division(s)/ directorate(s) or clinical area, health boards and Velindre University NHS Trust should establish: i) a formal agreement defining the nature and extent of the service and the specific role(s) of any advanced practice and consultant pharmacists involved in the provision of the service, as set out in their job plan(s) ii) the agreement should set out clearly the arrangements for managerial, clinical, and professional accountability	Services based on historic levels. SLA to be developed detailing levels of service to be provided to areas and accountability arrangements. Currently no SLAs in place for clinical services.	Primary Care, Community Strategy & Long Term Care	30/04/2025	30/04/2025	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R1.3 Scope of clinical pharmacy services and the relationship with multidisciplinary teams b) Health boards and Velindre University NHS Trust should determine the demand profile for pharmacy services in all clinical areas and ensure working patterns of pharmacy teams are aligned to patient and service needs. This should include times when pharmacy services may not currently be being provided and should ensure provision wherever it is needed, seven days a week	Following stocktake action (R1.2a), need to develop demand plan, Subsequent resource map needed to understand demand profile and capacity gap.	Primary Care, Community Strategy & Long Term Care	30/04/2029	30/04/2029	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R1.3 Scope of clinical pharmacy services and the relationship with multidisciplinary teams c) Health boards and Velindre University NHS Trust should ensure the requirements for clinical and non-clinical pharmacy services are considered in all new service developments and in any clinical service redesign.	Clinical pharmacy services are only sustainable if core pharmacy services are robust. In order to liberate time for clinical service development the access to medicines functions need to be modernised for centralised coordination and localised delivery. Creation of a hub within directorate budget can achieve this. This will include development into logistical support to increase the productivity of the clinical pharmacy service to expand their capacity e.g. dedicated IT support, data analytics and communications. Senior Management team	Primary Care, Community Strategy & Long Term Care	30/09/2024	30/09/2024	lack of space within the HB to hold a medicines hub that is central to deliver the support needed to all acute sites
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R1.4 Realising the potential of pharmacist prescribing a) Health boards and Velindre University NHS Trust should ensure all advanced practice and consultant pharmacists in clinical roles are or are training to be, prescribers	No consultant or advanced practice pharmacists in post. 67% of pharmacists in hospitals in the HB are Independent prescribers	Primary Care, Community Strategy & Long Term Care	30/04/2029	30/04/2029	



Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Original Due Date	Current Due Date	Barriers
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R1.4 Realising the potential of pharmacist prescribing b) The Chief Pharmacists' Peer Group should establish a multidisciplinary short life working group to agree how recommendations 12 and 13 of the RPS's review relating to pharmacist prescribing should be implemented	(EXTERNAL) Chief pharms peer group has assigned an SRO to each theme.	Primary Care, Community Strategy & Long Term Care	30/04/2025	30/04/2025	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R1.5 Improving pharmacy support to meet the NHS stated priorities a) Health boards should ensure all Urgent and Emergency Care settings receive a clinical pharmacy service and that appropriately trained pharmacist prescribers are incorporated into multidisciplinary teams within all Emergency Departments and Same Day Emergency Care units as a priority	Current clinical pharmacy services provide support to these areas. Recruitment into SDEC units has been challenging, need review in where this fits into current service provision and where training needs lie. Pharmacists working within Emergency Departments may not be prescribers or are not actively prescribing within the role.	Primary Care, Community Strategy & Long Term Care	30/09/2024	30/09/2024	Current financial constraints have prevented recruitment - if the roles are fulfilled utilising current vacancies there is concern for clinical safety within the acute sites
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R1.5 Improving pharmacy support to meet the NHS stated priorities b) HEIW will prioritise funding opportunities to develop pharmacists' skills to work in Urgent and Emergency Care settings. Funding will include the development of skills in independent prescribing, clinical examination and clinical health assessment, diagnostics and triage	Pharmacist and pharmacy technician input into ED patients across the health board. SDEC recruitment in progress to reinvigorate service	Primary Care, Community Strategy & Long Term Care	30/04/2025	30/04/2025	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R1.5 Improving pharmacy support to meet the NHS stated priorities c) Health boards should review and where necessary amend, the working patterns and contractual hours of pharmacy teams to ensure they are aligned with service demand in Emergency Departments and Same Day Emergency Care units	Pharmacist and pharmacy technician input into ED patients across the health board. SDEC recruitment in progress to reinvigorate service	Primary Care, Community Strategy & Long Term Care	30/04/2025	30/04/2025	In order to increase working hours in the week and extend to 8am - 7pm minimum there would be a need to undertake a new OCP as current contractual hours cannot change.
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R1.5 Improving pharmacy support to meet the NHS stated priorities d) Health boards should ensure planned care services receive a clinical pharmacy service and that appropriately trained pharmacist prescribers are incorporated into multidisciplinary teams, prioritising pharmacist prescriber roles in pre-admission and pre-habilitation services	Pharmacists currently available to give advice to pre-admission services. Discussions underway in sites to understand the demand. Should also be highlighted in stocktake action	Primary Care, Community Strategy & Long Term Care	30/04/2025	30/04/2025	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R1.6 Pharmacy's role in optimising patient flow a) Health boards and Velindre University NHS Trust should implement all actions included in the guidance Optimising pharmacy services at hospital discharge to improve patient flow published by the Welsh Government in December 2022	Action complete	Primary Care, Community Strategy & Long Term Care	30/09/2024	30/09/2024	

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Original Due Date	Current Due Date	Barriers
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R1.6 Pharmacy's role in optimising patient flow b) Health boards and Velindre University NHS Trust should establish and fully implement their patient medicines self-administration policies to enable patients to manage their own medicines whilst they are in hospital	(EXTERNAL) Self administration policy has been used in some sites, lack of suitable patient lockers and size of policy is a barrier. Being reviewed alongside nursing.	Primary Care, Community Strategy & Long Term Care	30/04/2029	30/04/2029	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	(External Recommendation) R1.6 Pharmacy's role in optimising patient flow c) The Welsh Government will commission updated messaging encouraging patients to bring their regular medicines to hospital, supported by national communications activities	(EXTERNAL) The Welsh Government will commission updated messaging encouraging patients to bring their regular medicines to hospital, supported by national communications activities	Primary Care, Community Strategy & Long Term Care	30/04/2025	30/04/2025	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R1.6 Pharmacy's role in optimising patient flow d) Health boards and Velindre University NHS Trust should ensure that pharmacy teams, as routine practice, record every patient's nominated community pharmacy in their online record (e.g. in the Welsh Clinical Portal) to facilitate a Discharge Medication Review (DMR) after discharge from hospital. The Welsh Government will commission updated patient and carer communication materials to support this action	Pharmacy technicians routinely record this during medication history taking. Primary method of communication for blister pack discharge information.	Primary Care, Community Strategy & Long Term Care	30/09/2024	30/09/2024	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R1.6 Pharmacy's role in optimising patient flow e) Pharmacy teams should ensure that all patients requiring post-discharge support with their medicines are referred to the most appropriate community services (e.g. a medicines review by GP or GP practice pharmacist, or a community-based/domiciliary medicines service)	Contact details available on intranet for primary care staff, page to be created for secondary care. To discuss if possibility for digital signposting/outward facing resource. - chief technicians	Primary Care, Community Strategy & Long Term Care	30/04/2025	30/04/2025	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R2.1 Improving pharmacy workforce planning a) Health boards and Velindre University NHS Trust should ensure their organisational workforce plans take account of the benefits of integration of pharmacy professionals in multi-disciplinary teams	Need to link with directorates and specialities and wider health board to ensure pharmacy is routinely considered in MDT workforce planning and IMTPs	Primary Care, Community Strategy & Long Term Care	30/09/2024	30/09/2024	Need to upskill technical and assistant staff to undertake roles where there is lower value and lower priority in order to free clinical pharmacist time to integrate into the MDTs where there skills provide the most value
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	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	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.	Primary Care, Community Strategy & Long Term Care	30/04/2025	30/04/2025	

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Original Due Date	Current Due Date	Barriers
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R2.1 Improving pharmacy workforce planning c) HEIW and health boards should continue to prioritise funding for opportunities for hospital pharmacists to access advanced practice training and for pharmacy technicians to access additional clinical training and put in place arrangements to ensure such training is aligned to NHS priorities	HEIW advance practice funding fully utilised through range of opportunities for all pharmacy staff.	Primary Care, Community Strategy & Long Term Care	30/04/2025	30/04/2025	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	(External Recommendation) R2.2 Introducing pharmacy career frameworks and job planning to support workforce retention and delivery of pharmaceutical care a) HEIW will work with health boards and Velindre University NHS Trust to develop standardised post registration career frameworks aligned to post-registration curricula, for all pharmacists and pharmacy technicians employed by the NHS in Wales	(EXTERNAL) HEIW will work with health boards and Velindre University NHS Trust to develop standardised post registration career frameworks aligned to post-registration curricula, for all pharmacists and pharmacy technicians employed by the NHS in Wales	Primary Care, Community Strategy & Long Term Care	30/04/2029	30/04/2029	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	(External Recommendation) R2.2 Introducing pharmacy career frameworks and job planning to support workforce retention and delivery of pharmaceutical care b) As part of the career frameworks, NHS organisations will develop standardised national nomenclature for job titles for NHS employed clinical pharmacists aligned to the RPS curricula for post registration practice	(EXTERNAL) As part of the career frameworks, NHS organisations will develop standardised national nomenclature for job titles for NHS employed clinical pharmacists aligned to the RPS curricula for post registration practice	Primary Care, Community Strategy & Long Term Care	30/04/2029	30/04/2029	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R2.2 Introducing pharmacy career frameworks and job planning to support workforce retention and delivery of pharmaceutical care c) Once agreed, health boards and Velindre University NHS Trust should adopt the standardised national nomenclature for pharmacist job titles	EXTERNAL action (HEIW)	Primary Care, Community Strategy & Long Term Care	30/04/2029	30/04/2029	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R2.2 Introducing pharmacy career frameworks and job planning to support workforce retention and delivery of pharmaceutical care d) Health boards and Velindre University NHS Trust should ensure the career progression of all NHS employed pharmacists and pharmacy technicians requires individuals to demonstrate they meet the required minimum standard for practising at the level of practise required by the job description (and the standardised nomenclature for job titles) including through credentialling by a professional body where available	Credentialling of pharmacists supported. Pharmacy technician career development pathway underway some enhanced roles (administration) and training (clinical skills diploma).	Primary Care, Community Strategy & Long Term Care	30/04/2029	30/04/2029	

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Original Due Date	Current Due Date	Barriers
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	(External Recommendation) R2.2 Introducing pharmacy career frameworks and job planning to support workforce retention and delivery of pharmaceutical care  e) National template job descriptions, updated Agenda for Change job profiles, and national template job plans (encompassing the four pillars of advanced practice) should be developed for all pharmacists	(EXTERNAL) Job plans being discussed - workforce	Primary Care, Community Strategy & Long Term Care	30/04/2025	30/04/2025	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R2.2 Introducing pharmacy career frameworks and job planning to support workforce retention and delivery of pharmaceutical care  f) Health boards and Velindre University NHS Trust should ensure all NHS employed pharmacists have a job plan appropriate for each stage of an individual pharmacist's career	Job plans need creating/reviewing	Primary Care, Community Strategy & Long Term Care	30/04/2029	30/04/2029	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R2.2 Introducing pharmacy career frameworks and job planning to support workforce retention and delivery of pharmaceutical care  g) Job plans for advanced practice and consultant pharmacists should include time for providing outreach services and integrated working across sectors to support community-based practitioners and patients in the community	Same as above and no consultant/advanced practice pharmacist posts in health board	Primary Care, Community Strategy & Long Term Care	30/04/2029	30/04/2029	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	(External Recommendation) R2.2 Introducing pharmacy career frameworks and job planning to support workforce retention and delivery of pharmaceutical care  h) HEIW, working with the Association of Pharmacy Technicians UK (APTUK), will develop comprehensive post-registration curricula for pharmacy technicians employed by the NHS in Wales	(EXTERNAL) HEIW, working with the Association of Pharmacy Technicians UK (APTUK), will develop comprehensive post-registration curricula for pharmacy technicians employed by the NHS in Wales	Primary Care, Community Strategy & Long Term Care	30/04/2029	30/04/2029	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R2.2 Introducing pharmacy career frameworks and job planning to support workforce retention and delivery of pharmaceutical care  i) Once such curricula have been developed, further work should be undertaken to develop a standardised national nomenclature for job titles for NHS employed pharmacy technicians. The nomenclature for job titles should be aligned to those curricula; and national template job descriptions, updated Agenda for Change job profiles, and national template job plans for pharmacy technicians. Health boards and Velindre University NHS Trust should then adopt the standardised national nomenclature for pharmacy technician job titles; and ensure all NHS employed pharmacy technicians have a job plan which is appropriate for each stage of an individual pharmacy technician's career	Job plans being discussed - workforce	Primary Care, Community Strategy & Long Term Care	30/04/2031	30/04/2031	

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Original Due Date	Current Due Date	Barriers
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	(External Recommendation) R2.3 Supporting professional development at all stages in careers a) HEIW should work with the Schools of Pharmacy at Cardiff and Swansea Universities to describe examples of pharmacy undergraduate placements within hospital multidisciplinary teams which meet their educational requirements. This should include maintaining and publishing a list of entrustable professional activities for pharmacy undergraduates including appropriate clinical pharmacy activities in hospitals	(EXTERNAL) HEIW should work with the Schools of Pharmacy at Cardiff and Swansea Universities to describe examples of pharmacy undergraduate placements within hospital multidisciplinary teams which meet their educational requirements. This should include maintaining and publishing a list of entrustable professional activities for pharmacy undergraduates including appropriate clinical pharmacy activities in hospitals	Primary Care, Community Strategy & Long Term Care	30/09/2024	30/09/2024	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R2.3 Supporting professional development at all stages in careers b) Health boards and Velindre University NHS Trust should develop plans to ensure adequate numbers of pharmacy undergraduate, foundation and post-registration foundation placements are available aligned to the planned number of trainees in Wales including placements with pharmacist prescribers and within multidisciplinary teams	Some sites already offering placements to undergraduate students, all sites offering places for foundation and post foundation trainees. To develop a plan on how more can be supported and gain support from other healthcare professionals as part of an MDT approach.	Primary Care, Community Strategy & Long Term Care	30/04/2025	30/04/2025	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R2.3 Supporting professional development at all stages in careers c) Standardised job plans for pharmacists and pharmacy technicians should include protected time for participating and supervising education commensurate with the stage of individuals' careers	Workforce require job plans	Primary Care, Community Strategy & Long Term Care	30/04/2029	30/04/2029	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	(External Recommendation) R2.3 Supporting professional development at all stages in careers d) HEIW should undertake a review of the continuing professional development offer for hospital pharmacy teams to ensure it is meeting their development needs and provides a sufficiently flexible approach for participants	(EXTERNAL) HEIW should undertake a review of the continuing professional development offer for hospital pharmacy teams to ensure it is meeting their development needs and provides a sufficiently flexible approach for participants	Primary Care, Community Strategy & Long Term Care	30/04/2025	30/04/2025	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R2.3 Supporting professional development at all stages in careers e) Health boards and Velindre University NHS Trust should ensure there is appropriate pharmacy input into multidisciplinary education and training structures	Current teaching on junior doctor programme and medicines management for nurses.	Primary Care, Community Strategy & Long Term Care	30/04/2031	30/04/2031	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R2.4 Understanding and continually improving the quality of pharmaceutical care a) The Chief Pharmacists' Peer Group should commission a refresh and refocus of the Pharmacy Research Strategy in Wales aligned to the recommendations of the independent review	(External) Chief pharms peer group has assigned an SRO to each theme.	Primary Care, Community Strategy & Long Term Care	30/04/2025	30/04/2025	

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Original Due Date	Current Due Date	Barriers
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	(External Recommendation) R2.4 Understanding and continually improving the quality of pharmaceutical care b) The Welsh Government working with health boards, HEIs, and Health and Care Research Wales (HCRW) should develop a network of research mentors for pharmacy professionals	(EXTERNAL) The Welsh Government working with health boards, HEIs, and Health and Care Research Wales (HCRW) should develop a network of research mentors for pharmacy professionals	Primary Care, Community Strategy & Long Term Care	30/04/2029	30/04/2029	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R2.4 Understanding and continually improving the quality of pharmaceutical care c) Standardised job plans for pharmacists and pharmacy technicians should include protected time for participating and supervising research and development commensurate with the stage of individuals' careers	Consultant pharmacists have this identified, wider workforce require job plans.	Primary Care, Community Strategy & Long Term Care	30/04/2029	30/04/2029	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R2.4 Understanding and continually improving the quality of pharmaceutical care d) The Chief Pharmacists' Peer Group should establish a programme of work with HEIW to establish a continuous rolling programme for formally appraising pharmacy and medicines management workforce needs aligned to new technologies and NHS priorities	(External) Chief pharms peer group has assigned an SRO to each theme.	Primary Care, Community Strategy & Long Term Care	30/04/2025	30/04/2025	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R3.1 Improving organisational scrutiny of the quality and effectiveness of pharmacy services a) Health boards should ensure they employ a Director of Pharmacy accountable for the quality of clinical and technical pharmacy services provided within the organisation	Clinical Director in post. Action complete	Primary Care, Community Strategy & Long Term Care	30/09/2024	30/09/2024	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R3.1 Improving organisational scrutiny of the quality and effectiveness of pharmacy services b) The Director of Pharmacy should be a member of the health board's senior management team, must report to a health board executive director, and be able to raise matters relating to the quality or provision of pharmacy services and medicines within the organisation, directly to the board	Member of the health board senior management team?, professionally report to Executive Medical Director. Board members (and Management Exec) accessible to director of pharmacy.	Primary Care, Community Strategy & Long Term Care	30/04/2025	30/04/2025	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R3.1 Improving organisational scrutiny of the quality and effectiveness of pharmacy services c) Health boards and Velindre University NHS Trust should agree arrangements for routinely reporting on assurance of medicines and pharmacy quality and safety issues to the organisation's board or relevant sub-committee of the board	Current reporting structure through Medicines Management Operational Group which has a standing item on the Quality Safety and Experience Committee agenda.	Primary Care, Community Strategy & Long Term Care	30/04/2025	30/04/2025	

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Original Due Date	Current Due Date	Barriers
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R3.1 Improving organisational scrutiny of the quality and effectiveness of pharmacy services d) Health boards and Velindre University NHS Trust should ensure pharmacy services are included within their strategic planning cycle	Need to link with directorates and specialities and wider health board to ensure pharmacy is routinely considered in MDT workforce planning and IMTPs. Need to increase opportunities to collaborate and be routinely included in strategic planning cycle.	Primary Care, Community Strategy & Long Term Care	30/09/2024	30/09/2024	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	(External Recommendation) R3.1 Improving organisational scrutiny of the quality and effectiveness of pharmacy services e) The Welsh Government will work with the NHS Executive, health boards and Velindre University NHS Trust to develop and implement key performance indicators including those derived from digital systems, which demonstrate the effectiveness of pharmacy services, on improving the quality of care	(EXTERNAL) The Welsh Government will work with the NHS Executive, health boards and Velindre University NHS Trust to develop and implement key performance indicators including those derived from digital systems, which demonstrate the effectiveness of pharmacy services, on improving the quality of care	Primary Care, Community Strategy & Long Term Care	30/04/2029	30/04/2029	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R3.2 Pharmacy system leadership a) Each health board's Director of Pharmacy should be responsible for producing a plan for pharmacy and medicines management within the health board setting but how pharmacy teams are responding to relevant Welsh Government and NHS Executive priorities	Directorate structure been created to have an agile way to respond to any relevant WG and NHS Executive priorities	Primary Care, Community Strategy & Long Term Care	30/04/2025	30/04/2025	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R3.2 Pharmacy system leadership b) Health boards and Velindre University NHS Trust should review pharmacy senior leadership and management arrangements including job titles to ensure they meet the new GPhC regulatory requirements and the needs of increasing clinical roles	New GPhC requirements not yet ratified. Pharmacy leadership structure aligns to Clinical Boards which does create a lack of site-based leadership.	Primary Care, Community Strategy & Long Term Care	30/04/2029	30/04/2029	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	(External Recommendation) R3.3 Talent management and developing future leaders within pharmacy. a) Working with HEIW and Academi Wales, the Welsh Government will ensure aspiring leaders in pharmacy have access to a range of multidisciplinary and public sector wide opportunities for leadership development such as HEIW's Executive Talent Pool and Academi Wales' Leadership Development Programmes	(EXTERNAL) Working with HEIW and Academi Wales, the Welsh Government will ensure aspiring leaders in pharmacy have access to a range of multidisciplinary and public sector wide opportunities for leadership development such as HEIW's Executive Talent Pool and Academi Wales' Leadership Development Programmes	Primary Care, Community Strategy & Long Term Care	30/04/2025	30/04/2025	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R3.3 Talent management and developing future leaders within pharmacy. b) Health boards and Velindre University NHS Trust must implement the actions identified in the HEIW "Senior Leadership Development in Pharmacy" report	See action plan in appendix 4.	Primary Care, Community Strategy & Long Term Care	30/04/2029	30/04/2029	

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Original Due Date	Current Due Date	Barriers
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R3.3 Talent management and developing future leaders within pharmacy. c) HEIW should work with Health boards and Velindre University NHS Trust to promote awareness of the tools in the “Gwella” leadership platform to promote leadership development at all stages of pharmacy professionals’ careers and personal development	Some senior staff have undertaken leadership/management training. Historically the Managers passport. There is a HEIW leadership course available and a LEAP training run by the health board.	Primary Care, Community Strategy & Long Term Care	30/04/2025	30/04/2025	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	(External Recommendation) R3.3 Talent management and developing future leaders within pharmacy. d) HEIW will review the outcomes of participation in the Centre for Pharmacy Postgraduate Education’s (CPPE’s) programme, “The Chief Pharmaceutical Officer’s Pharmacy leaders’ development”, with a view to establishing a rolling programme to develop future NHS Wales Directors of Pharmacy	(EXTERNAL) HEIW will review the outcomes of participation in the Centre for Pharmacy Postgraduate Education’s (CPPE’s) programme, “The Chief Pharmaceutical Officer’s Pharmacy leaders’ development”, with a view to establishing a rolling programme to develop future NHS Wales Directors of Pharmacy	Primary Care, Community Strategy & Long Term Care	30/04/2025	30/04/2025	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R3.4. Clinical leadership a) HEIW will lead the development of a consultant pharmacist strategy and implementation plan, and health boards and Velindre University NHS Trust should establish a succession plan for advanced practice and consultant pharmacist roles within their respective workforce plans	(EXTERNAL) HEIW will lead the development of a consultant pharmacist strategy and implementation plan, and health boards and Velindre University NHS Trust should establish a succession plan for advanced practice and consultant pharmacist roles within their respective workforce plans	Primary Care, Community Strategy & Long Term Care	30/04/2029	30/04/2029	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	(External Recommendation) R3.4 Clinical leadership b) The Welsh Government will work with health boards, Velindre University NHS Trust and HEIW to establish clinical governance arrangements for all pharmacist and other non-medical prescribers, which will include the implementation of the agreed NHS Wales Non-Medical Prescribing (NMP) standards, signposting to guidance and facilitating prescribers to expand their scope of practice	(EXTERNAL) The Welsh Government will work with health boards, Velindre University NHS Trust and HEIW to establish clinical governance arrangements for all pharmacist and other non-medical prescribers, which will include the implementation of the agreed NHS Wales Non-Medical Prescribing (NMP) standards, signposting to guidance and facilitating prescribers to expand their scope of practice	Primary Care, Community Strategy & Long Term Care	30/04/2029	30/04/2029	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R3.4 Clinical leadership c) The Chief Pharmacists’ Peer Group should review the arrangements for sharing and adopting examples of best practice between health boards. There should a specific focus on standardising clinical pharmacy services in urgent and emergency care and pre-admission/pre-habilitation care, within the first 12 months of this plan being published	(EXTERNAL) Chief pharms peer group has assigned an SRO to each theme.	Primary Care, Community Strategy & Long Term Care	30/04/2025	30/04/2025	



Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Original Due Date	Current Due Date	Barriers
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R4.1 Better use of data and technology to prioritise pharmaceutical care a) Health boards and Velindre University NHS Trust should continue to work with the DMTP to progress implementation of electronic prescribing and medicines administration (ePMA) systems for every hospital in Wales in line with the agreed timescales including ensuring pharmacy professionals have access to IT hardware needed to realise the benefits of digital systems	Digital lead pharmacist in post	Primary Care, Community Strategy & Long Term Care	30/09/2024	30/09/2024	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R4.1 Better use of data and technology to prioritise pharmaceutical care b) Health boards and Velindre University NHS Trust should prioritise the development of digital and technological skills within pharmacy workforce training and establish clinical informatics pharmacy professional roles within their organisations	Digital lead pharmacist in post - Undergraduate project underway to establish current workforce digital skills	Primary Care, Community Strategy & Long Term Care	30/04/2025	30/04/2025	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R4.1 Better use of data and technology to prioritise pharmaceutical care c) Working with the DMTP, the Chief Pharmacists' Peer Group should establish a short life working group to agree how ePMA systems and the development of the Shared Medicines Record can be used to provide optimal support for prioritisation and pharmaceutical care planning including outreach services in enhanced community care (virtual wards)	(EXTERNAL) Nationally: On chief pharmacist's agenda - working with Cath O'Brien DMTP . HB: Digital and analytics group to realise capabilities of ePMA and work with clinical personnel to develop tailored dashboard for HB.	Primary Care, Community Strategy & Long Term Care	30/09/2024	30/09/2024	Awaiting steer from chief pharmacists group to confirm dates for when this will be rolled out
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R4.2 Realising the benefits of wider use of innovation to guide therapeutic decision making. a) Health boards and Velindre University NHS Trust should have plans in place to support the wider use of pharmacogenomic testing including the role of pharmacy professionals in advance of the development of a Wales-wide pharmacogenomic panel	Need to develop health board wide strategy for pharmacogenomics.	Primary Care, Community Strategy & Long Term Care	30/04/2029	30/04/2029	
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R4.2 Realising the benefits of wider use of innovation to guide therapeutic decision making. b) Health boards and Velindre University NHS Trust should work with HEIW to provide opportunities to develop awareness of innovative technologies (e.g. Artificial Intelligence and pharmacogenomics) which impact on therapeutic decision making amongst pharmacy teams. This should include but not be limited to, encouraging more pharmacy professionals to access the Swansea and Bangor University postgraduate programmes in genomic medicine	University modules offered to staff, being undertaken this year.	Primary Care, Community Strategy & Long Term Care	30/04/2029	30/04/2029	

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Original Due Date	Current Due Date	Barriers
Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R4.2 Realising the benefits of wider use of innovation to guide therapeutic decision making.  c) Health boards and Velindre University NHS Trust should develop advanced practice and consultant pharmacist roles for pharmacogenomics to lead the development and implementation of pharmacogenomics plans across the NHS	All Wales JD developed and banded by CAV and VCC in collaboration with AWMGS. To be hosted in CAV (awaiting credentialing).	Primary Care, Community Strategy & Long Term Care	30/04/2031	30/04/2031	