



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	05 May 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Welsh Health Circulars (WHCs)
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	See list included in Assessment section of report
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Ryan Williams, Assurance and Risk Administrator

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

This report to the Audit and Risk Assurance Committee (ARAC) provides a status report as at end of March 2022 on all WHCs issued by Welsh Government and the arrangements in place to ensure implementation is monitored.

**Cefndir / Background**

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

WHCs will be characterised as one of the following:

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

WHCs are published on the Welsh Government website and on [HOWIS](#), the official website of NHS Wales. The Health Professional Letter category (formerly CMO Letters, etc.) will continue to be published on the relevant websites.

At its meeting on 27 July 2017, the Board requested that WHCs which have not been implemented by the stated timescales should be closely monitored by its Committee structure, in order that assurance could be gained on the compliance and delivery of the outstanding WHC, as well as an understanding of the impacts resulting from late/non-delivery.

## Asesiad / Assessment

Appendix A details the WHCs which have been issued since January 2015 and the current status of these against the following RAG rating:

*Red – Not completed/behind schedule*

*Amber – Not completed but on schedule*

Assurance reports are provided to the Board level Committees (Sustainable Resources Committee (SRC), Quality and Safety Experience Committee (QSEC) and Strategic Development and Organisational Development Committee (SDODC)) twice a year. This reporting includes the WHCs closed since the last reporting period as well as those with a RAG rated status of red (i.e. not been implemented within stated timescales) and amber (i.e. in progress but not implemented).

Going forward, further work is planned to strengthen the tracking of WHCs, in that where implementation dates are not provided, the Executive Lead will be asked to provide a plan of action with timescales and whether investment is required.

The table below shows the number of WHCs under each RAG status up until the end of March 2022:

<b>RAG Rating</b>	<b>No. of WHCs</b>	
<i>Red (Not completed/behind schedule)</i>	5	See note 1
<i>Amber (Not completed but on schedule)*</i>	17	
<i>Green (Completed)</i>	280	
<b>Total</b>	<b>302</b>	

*\*Some WHCs do not specify a completion/implementation date. It is not always clear from the standard cover sheet when a WHC must be implemented by, for example, 007\_2015\_Update on the All Wales position of the EDCIMS ( Emergency Department Clinical Information Management System), was issued in March 2015 with action required immediately, however it is not stated within the WHC by when the implementation of the Emergency Department Clinical Information Management System (EDCIMS) national programme should be fully implemented.*

### **Note 1 - WHCs not been implemented/behind schedule (Red RAG rated)**

The following WHCs have exceeded the stated 'Action Required By' date.

<b>WHC ref/name:</b> <a href="#">049-15 Operational Standards for Use of the NHS Number</a>	<b>Date Issued:</b> 06/11/2015	<b>Lead Executive:</b> Director of Finance
<b>Current position:</b> NHS Number Completion is now being monitored on all the identified systems and reported regularly to IGSC. Progress has been slow since the last update provided regarding making the relevant changes to the systems to comply with the Data Standards Change Notices (DSCN). Some information asset owners have limited ability to change their respective system and methods of capture; work continues to support the Information Asset Owners that do not fall under the National umbrella. Attempts are also being made to inform other potential Information Asset Owners to be aware of this when procuring a new systems.		

Where possible the 6 major NHS systems referenced in the DSCN now comply with the DSCN specification around uses and availability of the NHS number. Some gaps do exist as part of the system functionality, these are being addressed through the national development programmes for each of the systems where appropriate.

Local work has begun to address the other systems (not specifically referenced in the DSCN) as part of the Phase 3 work to ensure those systems also use the NHS number in all ways laid out by the DSCN.

Work is continuing to improve the use of NHS Number within the Health Board. The Informatics Team have been supporting the Quality, Safety & Experience Committee (QSEC), with providing advice to ensure that advice of using the NHS Number as a primary identified should be adopted by all medical and nursing staff.

<b>WHC ref/name:</b> <a href="#">022-16 Principles, Framework and National Indicators: Adult In-Patient Falls</a>	<b>Date Issued:</b> 06/04/2016	<b>Lead Executive:</b> Director of Operations
<b>Current position:</b> Investment is required and has been articulated in the IMTP submission (2 CNS for GGH, 1 for PPH and 1 for WGH). There is very little mitigation if this investment if not approved. The WHC cannot be closed until this investment is made. If funding is not forthcoming in 2022/23, this WHC will be reviewed in March 2023.		
<b>Datix Risk Reference:</b> 727 <b>Current Risk Score:</b> 12		

<b>WHC ref/name:</b> 006-18 Framework of Action for Wales, 2017-2020 ( <i>online link not available</i> )	<b>Date Issued:</b> 01/02/2018	<b>Lead Executive:</b> Director of Therapies & Health Science
<b>Current position:</b> An update on the Hearing Well Project Board action plan was provided to WG in March 2022. All areas are being progressed and a considerable amount is fully implemented but there are some areas that are awaiting outcomes from IMTP submission before they can be progressed any further. It is anticipated that this Framework will be extended to 2023, however no formal confirmation obtained from WG to date.		

<b>WHC ref/name:</b> 033-18 <a href="#">Airborne Isolation Room Requirements</a>	<b>Date Issued:</b> 25/07/2018	<b>Lead Executive:</b> Director of Nursing, Quality and Patient Experience
<b>Current position:</b> The short life-working group's initial recommendations now need to be reviewed by the service to agree best location for facility as clinical teams do not deem this to be critical care in BGH. Agreement to draft further options appraisal for discussion at the Ventilation Group prior to the Executive Team scheduled for Quarter 1 2022/23.		
The remedial work to the two Positive Pressure Ventilation Lobby rooms (PPVL) facilities in Accident and Emergency, BGH and Critical Care, GGH is now complete. The installation of the Bioquell Isolation Rooms (semi-permanent isolation pods) in Critical Care across the UHB has taken Critical Care to 50% side rooms, increasing single room capacity (albeit not negative pressure).		
Air Purifiers have been purchased and are in place across the UHB.		

Discussions have taken place with the Clinical Teams to agree a plan, however a consensus has not yet been reached. Further work needs to be undertaken with the Strategic Planning team to fully implement this WHC.

**Datix Risk Reference:** 895

**Current Risk Score:** 15

<b>WHC ref/name:</b> <a href="#">014-20 Ear Wax Management Primary Care and Community Pathway</a>	<b>Date Issued:</b> 29/09/2020	<b>Lead Executive:</b> Director of Primary Care, Community and Long Term Care
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**Current position:**

Services continue to be provided, at some GP locations, through services commissioned by the UHB for ear wax management but a new national integrated pathway is to be implemented. Audiology provides wax management for existing NHS hearing aid users.

Each county is now at the planning stage for the introduction of a wax management service (provided by community nurses) so that wax management is provided across the UHB, and regular meetings are being held to monitor progress. Each county is at a different stage of implementation as there have been some issues with approving nursing posts at various band levels (approx. 21WTE ranging from Band 3 to Band 7) are being advertised on Trac.

All 3 County Directors to action and report on progress for a service in their respective County Plans.

The Director of Primary Care, Community and Long Term Care has provided an update to the Welsh Government sensory team in December 2021. Equipment and staffing requirements included in IMTP (awaiting decision).

First point of contact access to audiology services is included in the IMTP 2022/23 submission but no response on approval yet received.

**Argymhelliad / Recommendation**

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

**Amcanion: (rhaid cwblhau)**

**Objectives: (must be completed)**

Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	2.4.1 Review the establishment and maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities, both clinical and non-clinical.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks to delivery of WHC's should be identified on directorate/service risk registers.

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Welsh Health Circulars
Rhestr Termau: Glossary of Terms:	CMO – Chief Medical Officer IMTP – Integrated Medium Term Plan CNS – Clinical Nurse Specialist SRC – Sustainable Resources Committee QSEC – Quality and Safety Experience Committee SDODC – Strategic Development and Organisational Development Committee
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Within report

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

WHC No	Name of WHC	Date Issued	Status	Category	Overarching Actions Required	Lead Director	Lead Officer	Date of Expiry / Review	Action required from	Action required by	Status RAG / R - behind schedule / A - on schedule / G - Completed	Assurance reporting	Progress update
007-15	Update on the All Wales position of the EDCIMS (Emergency Department Clinical Information Management System)	30/03/2015	Compliance	Information Technology	To reiterate the position of the Minister for Health and Social Services concerning the 'Once for Wales' Implementation of the Emergency Department Clinical Information System (EDCIMS) national programme.	Digital & Performance	Anthony Tracey	Ongoing	Not provided	Not provided	Amber	SRC	EDCIMS has now passed the necessary testing phases, and is available to Health Boards to implement. A further request has been submitted by the Head of Digital Programmes to Digital Health and Care Wales (DHCW) for the funding model and implementation plan for EDCIMS. Following the receipt of the funding requirements, an agile digital business case will be developed and presented to the Agile Digital Business Group for consideration, highlighting the needs of the service, ease of implementation, strategic fit, and overall affordability. Once considered by the Group a recommendation will then be given to the Sustainability Resources Committee for approval.
049-15	Operational Standards for Use of the NHS Number	06/11/2015	Compliance	Quality and Safety	To implement the NHS Number.	Director of Finance	Gareth Beynon	Review through Information Quality Initiative unit 2020	Not provided	Phase 1 - Immediate, Phase 2 - April 2018, Phase 3 - April 2020	Red	SRC	NHS Number Completion is now being monitored on all the identified systems and reported regularly to IGSC. Progress has been slow since the last update provided regarding making the relevant changes to the systems to comply with the Data Standards Change Notices (DSCN). Some information asset owners have limited ability to change their respective system and methods of capture; work continues to support the Information Asset Owners that do not fall under the National umbrella. Attempts are also being made to inform other potential Information Asset Owners to be aware of this when procuring a new systems.  Where possible the 6 major NHS systems referenced in the DSCN now comply with the DSCN specification around uses and availability of the NHS number. Some gaps do exist as part of the system functionality, these are being addressed through the national development programmes for each of the systems where appropriate.  Local work has begun to address the other systems (not specifically referenced in the DSCN) as part of the Phase 3 work to ensure those systems also use the NHS number in all ways laid out by the DSCN.  Work is continuing to improve the use of NHS Number within the Health Board. The Informatics Team have been supporting the Quality, Safety & Experience Committee (QSEC), with providing advice to ensure that advice of using the NHS Number as a primary identified should be adopted by all medical and nursing staff.
022-16	Principles, Framework and National Indicators: Adult In-Patient Falls	06/04/2016	Compliance	Chief Medical Officer Letter Chief Nursing Officer / Acting Chief Medical Officer Letter	<ul style="list-style-type: none"> <li>Note and action requirements throughout this WHC</li> <li>Chief Executives to respond to the reporting cycle set out in Principles, Framework and National Indicators: Adult In-Patient Falls document</li> <li>Identify an executive and clinical lead accountable for in-patient safety in relation to falls and falls prevention</li> <li>Identify and inform Welsh Government of the health board/trust forum responsible for ensuring the requirements of this WHC are implemented</li> <li>Health boards and trusts should send details of falls leads and falls fora to MajorHealthConditions@wales.gsi.gov.uk no later than 31 May 2016.</li> </ul>	Director of Operations	Bethan Andrews	N/A	Not provided	Immediately	Red	QSEC	Investment is required and has been articulated in the IMTP submission (2 CNS for GGH, 1 for PPH and 1 for WGH). There is very little mitigation if this investment if not approved. The WHC can't be closed until this investment is made. If funding isn't forthcoming in 2022/23, this WHC will be reviewed in March 2023.
046-16	Quality Standards for Adult Hearing Rehabilitation Services 2016	23/11/2016	Action	Performance	Implementation of revised Quality Standards for Adult Hearing Rehabilitation Standards and Assessment and Audit Tool 2016 which replace all earlier versions	Director of Operations	Jane Deans	N/A	Not provided	Reassessment in 2018	Amber	QSEC	<p>An action plan has been implemented to address areas that the service scored either a 0 or a 1 for. Actions required in the following areas have been implemented:</p> <ul style="list-style-type: none"> <li>Accessing the service,</li> <li>Communicating with patients</li> <li>Implementing an Individual management Plan – except 5.d.3 (see below).</li> <li>Skills / Expertise</li> <li>Collaborative working - a Professional Collaborative Hearing Care group has been established (First meeting to take place 26/05/22).</li> </ul> <p>The following areas have actions that are outstanding:</p> <ul style="list-style-type: none"> <li>Clinical Effectiveness -</li> <li>Service improvement. - standard 5.b.3 (Where identified and agreed in the IMTP that bilateral aids will best meet the patient's need. 2 aids are offered and patients are supported to make an informed choice). Funding for Bilateral hearing aids forms part of the Scheduled Care IMTP (still awaiting final approval from HB) an additional 4,000 hearing aids have been ordered (still awaiting delivery on 600 aids) which, if the IMTP is not approved, will be issued to those patients with the greatest clinical need. The associated risk assessment (no.900) continues to be reviewed on a bimonthly basis until the hearing aids are received.</li> </ul> <p>Next audit point will be Autumn 2022.</p> <p>There is an All Wales working Group discussing version 3 of the Quality Standards, which can include patients with cognitive issues, on which the service has representation.</p>

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048-17	Attaining the WHO targets for eliminating hepatitis (B and C) as a significant threat to public health	16/10/2017	Action	Public Health	Attain WHO target is a 90% reduction in incidence and 65% reduction in mortality due to hepatitis B & C by 2030 through 3 key measures. These elimination requirements should be included in integrated medium term plans and will be monitored through Joint Executive Team meetings where health boards will be expected to report back on progress.	Director of Public Health	Dr Michael Thomas	N/A	Not provided	No date provided (however progress monitored through JET)	Amber	QSEC	Progress received December 2021: Consultant in Public Health advised, progress undertaken to eliminate Hepatitis B & C is through engagement. All Wales work is led by the professional Lead for Health Protection PHW. Lead clinician assigned to work on engagement locally, to ensure the patient needs are addressed.  Whilst the National Strategic Group has not met due to COVID-19 the lead for the operational delivery within Hywel Dda UHB (Consultant Gastroenterologist, PPH), who has followed up the relevant patients in clinic when time has permitted with respect to COVID-19.
006-18	Framework of Action for Wales, 2017-2020	01/02/2018	Action	Policy	Integrated framework of care and support for people who are D/deaf or living with hearing loss.	Director of Therapies & Health Sciences	Caroline Lewis	2020	Not provided	Ongoing	Red	QSEC	An update on the Hearing Well Project Board action plan was provided to WG in March 2022. All areas are being progressed and a considerable amount is fully implemented but there are some areas that are awaiting outcomes from IMTP submission before they can be progressed any further. It is anticipated that this Framework will be extended to 2023, however no formal confirmation obtained from WG to date.  <u>Tinnitus:</u> Dual Room completed and taking referrals from ENT. GPs not yet advised that they can refer patients directly to Audiology (pending)  <u>Staffing:</u> all recruited, no current vacancies.  <u>Facilities:</u> Cross Hands – service to have room at this location one developed Audiology has expressed an interest in being involved in service provision at Pentre Awel (Llanelli Wellness Village). Balance - new equipment partially delivered but waiting on high specification laptop (Global delay)  <u>WHC:</u> Ear Wax Management Primary Care and Community Pathway SBAR/Business Case shared again (22/03/2022) with Primary Care Directors for Pembrokeshire, Carmarthenshire and Ceredigion, SDM for Scheduled Care and AoTH requesting funding for equipment and salaries using existing staff, which is still being considered. Was included in Audiology IMTP but pushed down the list of the Scheduled Care IMTP (funding still not agreed). Each county is now at the planning stage for the introduction of a wax management service (provided by community nurses) so that wax management is provided across the HB. Regular meetings are now held (next meeting 13/04/2022) to monitor progress. Each county is at a different stage of implantation as there have been some issues with approving post being advertised on Trac/Sway. Director Primary Care has provided an update to Welsh Government sensory team in December 2021. 16 Audiology staff trained in micro suction to provide service to existing Audiology patients. The remaining 4 Band 4 staff will be trained though pan-Wales funding that has been secured. HoS in discussion with head of School Nursing re: school entry Hearing screen service but progress is slow due to long term sickness.
026-18	Phase 2 – primary care quality and delivery measures	16/07/2018	Action/ Information	Performance/ Delivery	From this financial year (2018-19), health boards, through their clusters, should use their performance against these measures to inform all plans to adopt and adapt the transformational model for primary and community care and monitor the impact of these plans on the cluster population's health and wellbeing.	Director of Primary Care, Community and Long Term Care	Rhian Bond	Ongoing	Not provided	Ongoing	Amber	QSEC	Assistant Director of Primary Care has suggested to the Assistant Director of Nursing Assurance & Safeguarding that the primary care quality and delivery measures should be used as part of the quality indicators within the new dashboard currently being established.  Heads of Primary Care (HOPC) have collated and supplied the information back on phase 1 measures to the Directors of Primary and Community Care (DPCC). Phase 2a is reported on. Awaiting national update on Phase 2b from HOPC. National work is currently suspended due to COVID-19.  In April 2022 the Assistant Director of Primary Care confirmed no further progress has been made.
030-18	Sensory Loss Communication Needs (Accessible Information Standard)	28/09/2018	Compliance	Information Technology	All relevant staff must be made aware of their responsibilities for recording such information in order to support individuals with information and/or communication needs, which are related to or caused by sensory loss, where those individuals are within the scope outlined in this document with immediate effect. All systems in procurement, or for future procurement, MUST comply with this Standard with immediate effect. All relevant actions must be taken in order to comply with the Implementation Plan with immediate effect.	Director of Public Health / Director of Primary Care, Community and Long Term Care.	Rhian Bond	N/A	Not provided	Immediately	Amber	QSEC	Assistant Director of Primary Care will progress the action for this in view of Primary Care detail. Practices have the facility to record information on communication needs etc. on their GP clinical systems but feedback from the 3 Counties Practice managers/Health Board meeting is that patients have found the questionnaire too complicated and few have been completed.  Head of Partnerships, Diversity and Inclusion confirmed in July 2021 that the Diversity and Inclusion team has continued to support teams across the Health Board, to ensure that the communication needs are met, for those with sensory loss. In April 2022 the Head of Partnerships, Diversity and Inclusion and Assistant Director of Primary Care confirmed there is no further progress.

WHC No	Name of WHC	Date Issued	Status	Category	Overarching Actions Required	Lead Director	Lead Officer	Date of Expiry / Review	Action required from	Action required by	Status RAG / R - behind schedule / A - on schedule / G - Completed	Assurance reporting	Progress update
033-18	Airborne Isolation Room Requirements	25/07/2018	Compliance	Quality & Safety	Working group's recommendations for airborne isolation, and organisations are expected to develop risk based plans to meet these requirements. In some areas this will require further investment and this now needs to be quantified and will need to be included in future IMTPs.	Director of Nursing, Quality and Patient Experience	Sharon Daniel	Jul-19	Not provided	Not provided	Red	QSEC	<p>The Short life working groups initial recommendations now need to be reviewed by the service to agree best location for facility as, clinical teams do not deem this to be critical care in BGH.</p> <p>Agreement to draft further options appraisal for discussion at the Ventilation Group prior to the Executive Team scheduled for Quarter 1 2022/23. The remedial work to the two Positive Pressure Ventilation Lobby rooms (PPVL) facilities in A&amp;E BGH and Critical Care GGH is now complete. The installation of the Bioquell Isolation Rooms (semi-permanent isolation pods) in Critical Care across the UHB has taken Critical Care to 50% siderooms, increasing single room capacity (albeit not negative pressure)</p> <p>Air Purifiers have been purchased and are in place across the UHB.</p> <p>Conversations have taken place with the Clinical Teams to agree a plan, however a consensus has not yet been reached. Further work needs to be undertaken with the Strategic Planning team to fully implement this WHC.</p>
011-19	Implementing recommendations of the review of sexual health services – action to date and next steps	05/03/2019	Action	Public Health	It is almost one year since Public Health Wales published A Review of Sexual Health Services in Wales which included a number of recommendations that if implemented would improve both patient and professional experience. This WHC requests the UHB contribution to the implementation of the recommendations and provides an update on progress to date on those areas for which the UHB do not necessarily have direct ownership/ leadership.	Director of Public Health	Dr Michael Thomas	N/A	N/A	Complete audits and local improvement plan by June 2019 (completed). No timescale provided for remaining	Amber	QSEC	Service improvements have progressed as planned in the Ceredigion locality, but the Sexual Health Hub in Carmarthen has not progressed as planned due to COVID-19. The Hywel Dda Sexual Health Services Working Group is reconvening in May 2022 to review the Health Needs Assessment and also plan a new model of delivery for Pembrokeshire in a similar manner to that currently provided in Ceredigion, and shortly in Carmarthenshire.
017-19	Living with persistent pain in Wales guidance	07/05/2019	Information/ Action	Health Professional Letter	Guidance for NHS staff relating to persistent pain.	Director of Therapies & Health Science	Ffion John	Apr-22	Not provided	N/A	Amber	QSEC	<p>Since September 2020 we have delivered 22 programmes virtually. These have been offered to 711 patients and 441 of these opted in to attend (62% of those offered). Of those who originally opted in, 326 have completed the PMP – 74%. The retention to completion rate of all virtual PMPs has been over 90% consistently. The next 5 virtual PMPs will begin in January 2022 and 250 people have been invited to attend those. We are reporting positive outcomes comparable with F2F PMPs, but continue to recognise the need for F2F for some patient cohorts which we are unable to offer at present due to covid restrictions. We have developed, in partnership with OSP Healthcare digital company and with the support of the Bevan Commission and TriTech, a bilingual e-PMP. We have full ethical approval to undertake and evaluate this e-PMP as a research project within Hywel Dda UHB and aim to address if a digital Pain Management Programme acceptable and does it have potential to improve people living with persistent pain's understanding of pain, increase their self-efficacy and confidence to self-manage their pain more effectively? Pain Primary Care post in North Ceredigion Cluster has been operational since June 2021 and a VBHC service evaluation will be undertaken regarding this post. This is in keeping with increasing access to pain services as early as possible, which is indicated in all national guidelines. There is also a collaboration with PKB to evaluate the usefulness of having a single access patient-held portal for people living with Pain, this study is scheduled to begin in February 2022. This service offers a collaborative approach across sectors - Primary Care, Secondary Care, Community services and third sector organisations. We hope to demonstrate that with increased, timely support in PC, people will not require as many investigations, GP time, or onward referral to secondary care services. Amman Gwendraeth GP cluster have also agreed to fund and in-house MDT Pain Service in their cluster for 3 years. 4 posts have been funded, again following the advice and ethos around enabling timely access to specialised services as required. This service will hopefully become operational by mid 2022, recruitment pending. Clinical Psychologist represent the HB on various WG 'recovery' advisory groups - including the Persistent Pain group, and supporting people on the Orthopaedic W/L advisory group.</p>
032-19	Sensory Loss Communication Needs (Accessible Information Standard) - of parents and carers of patients and service users.	20/09/2019	Compliance	Information Governance	In December 2018, a Welsh Health Circular (WHC (2018) 30) was issued on the new data standard, which is required as a key enabler to ensure effective capture and communication of sensory loss communication and information needs between healthcare professionals in Wales. This is a follow up/awareness to the previous WHC with a hand out on how to record the communication needs for these patients.	Director of Public Health / Director of Primary Care, Community and Long Term Care.	Rhian Bond	N/A	Not provided	Immediately	Amber	QSEC	<p>Assistant Director of Primary Care will progress the action for this in view of Primary Care detail, but Director of Partnerships and Corporate Services retains responsibility for Sensory Loss more broadly. Practices have the facility to record information on communication needs etc. on their GP clinical systems but feedback from the 3 Counties Practice managers/Health Board meeting is that patients have found the questionnaire too complicated and few have been completed.</p> <p>Head of Partnerships, Diversity and Inclusion confirmed in July 2021 that the Diversity and Inclusion team has continued to support teams across the Health Board, to ensure that the communication needs are met, for those with sensory loss. In April 2022 the Head of Partnerships, Diversity and Inclusion and the Assistant Director of Primary Care confirmed there is no further progress.</p>



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014-20	Ear Wax Management Primary Care and Community Pathway	29/09/2020	Compliance and Action	Policy	To implement the recommendations of the Wax Management Task and Finish Group as included in the WHC	Director of Primary Care, Community and Long Term Care	Jane Deans	Ongoing	Health Board and NHS Trusts	10/01/2021	Red	QSEC	<p>Services continue to be provided, at some GP locations, through services commissioned by the UHB for ear wax management but a new national integrated pathway is to be implemented. Audiology provides wax management for existing NHS hearing aid users.</p> <p>Each county is now at the planning stage for the introduction of a wax management service (provided by community nurses) so that wax management is provided across the UHB, and regular meetings are being held to monitor progress. Each county is at a different stage of implementation as there have been some issues with approving nursing posts at various band levels (approx. 21WTE ranging from Band 3 to Band 7) are being advertised on Trac.</p> <p>All 3 County Directors to action and report on progress for a service in their respective County Plans.</p> <p>The Director of Primary Care, Community and Long Term Care has provided an update to the Welsh Government sensory team in December 2021. Equipment and staffing requirements included in IMTP (awaiting decision).</p> <p>First point of contact access to audiology services is included in the IMTP 22/23 submission but no response on approval yet received.</p>
018-20	Last Person Standing	01/10/2020	Information	Performance / Delivery / Estates	In the short term, it was jointly recognised that there is a need to address Last Person Standing (LPS) for individuals who are experiencing an immediate threat to the continued viability of their practice.	Director of Primary Care, Community and Long Term Care	Ceinwen Richards	Ongoing	Not provided	Ongoing	Amber	QSEC	<p>In March 2021 there was no update due to Covid-19. As of April 2022 no further progress has been made.</p> <p>Further clarification to be sought on what is required to be implemented to allow this WHC to be noted as green (completed).</p>
009-21	School Entry Hearing Screening pathway	25/03/2021	Action	Policy	Health Boards should begin implementation of the new pathway as soon as possible and seek full implementation by April 2022. Welsh Government wish for health boards to follow the recommendations below and be able to provide updates at three monthly intervals from April 2021.	Director of Public Health	Barbara Morgan	01/09/2022	Health Boards	ASAP	Amber	QSEC	<p>Audiology has met with SDM Senior nurse school Nursing and childhood Immunisations to discuss the WHC. This has been escalated to GM (scheduled care), who is considering options within SBAR/Business Case. This is included in the IMTP, currently awaiting outcome.</p> <p>Updates are reported to WG from Head of Audiology as requested.</p>
022-21	Publication of the Quality and Safety Framework	17/09/2021	Compliance/Action/Information	Quality and Safety	We have published the Quality and Safety Framework for NHS staff.	Director of Nursing, Quality and Safety Experience	Cathie Steele	N/A	Not provided	Apr-23	Amber	QSEC	<p>An initial assessment of the Quality and Safety Framework has been undertaken and an action plan is being formulated for the implementation of actions to be undertaken by the UHB. Several of the actions are linked to the Health and Social Care (Quality and Engagement) (Wales) Act, with particular emphasis on the duties of quality and candour, which come into force from April 2023. The Framework also links with the Quality Management System (QMS) Strategic Framework and its enabler Improving Together.</p>
024-21	NHS Wales' contribution towards a net-zero Public Sector by 2030: NHS Wales Decarbonisation Strategic Delivery Plan	08/09/2021	Action	Policy	Circular to NHS organisations on how they can help achieve our goal of net zero public sector carbon emissions.	Executive Director of Strategic Development & Operational Planning	Paul Williams/Terrri Shaw	Mar-23	Not provided	Immediate	Amber	SRC	<p>To develop by first quarter 2022/23 develop and endorse a strategic roadmap to respond to the Welsh Government ambition for NHS Wales to contribute towards a public sector wide net zero target by 2030. The overall aim will be to reduce the Health Board's carbon footprint to support the wider public sector ambition to address the climate emergency.</p> <p>T&amp;F Group established to develop and progress a programme of work. Working with the wider public sector groups and other focus groups to progress this agenda.</p> <p>Carbon Trust Stage 1 report completed / Stage 2 report commissioned for completion by 31st March 2022. The aim to develop high level strategic action plans to deliver on the WG strategy aspirations.</p> <p>An update on implementation is to be provided to the Public Board by end of Q1 2022/23. This links to Planning Objective 6G, which has been revised and will be reported to Public Board in March 2022.</p> <p>Key barrier / risks identified &amp; monitored via established the T&amp;F risk register. An overarching risk is being written for adding to Datix.</p> <p>Clarification to be sought from lead officers to establish what is required to be achieved to note this WHC as implemented.</p>
025-21	Carpal Tunnel Syndrome Pathway	15/09/2021	Action	Policy	Guidance for health boards and trusts on a standardised pathway for the management of carpal tunnel syndrome.	Director of Operations	Owain Ennis (secondary care elements)	12 Months	Not provided	Nov-21	Amber	QSEC	<p>January 2022 update: Secondary Care are scheduling a meeting with primary care leads to discuss the implementation of this WHC and formulate a development plan that outlines the transition to the new CTS Pathway. Secondary Care already practice according to this pathway, however discussions are required with primary care to ensure they fully understand the requirements.</p> <p>No progress update received March 2022 due to operational pressures.</p>

WHC No	Name of WHC	Date Issued	Status	Category	Overarching Actions Required	Lead Director	Lead Officer	Date of Expiry / Review	Action required from	Action required by	Status RAG / R - behind schedule / A - on schedule / G - Completed	Assurance reporting	Progress update
031-21	NHS Wales Planning Framework 2022 to 2025	09/11/2021	Action	Planning	Letter to health boards and trusts on their statutory duty to produce Integrated Medium Term Plans (IMTPs). The expectation is for organisations to submit a board approved plan by 28 February 2022.	Executive Director of Strategic Development & Operational Planning	Dan Warm	N/A	Health Boards NHS Trusts NHS Support Organisations	Planning period 2022-2025	Amber	SDODC	<p>Welsh Government has been informed via a Chief Executive Accountability letter on the 28/02/2022, that following discussion at a Board Development session on 17/02/2022, that the UHB would not be in a position to submit a financially balanced IMTP by 31/03/2022. Instead it is the Board's intention to submit a draft Three-Year Plan 2022/25, with a robust and detailed focus on 2022/23 actions, which is intended to set the foundations for an Integrated Medium Term Plan (IMTP) to be submitted in the summer.</p> <p>It is the UHB's intention that the draft plan will be taken to the March 2022 Public Board meeting before submission to Welsh Government by the end of March 2022. From there, it is the intention that a revised (IMTP) plan will be taken to the July 2022 meeting of the Health Board and submitted to Welsh Government by the end of July 2022.</p> <p>Although the original WHC asked for Plans to be submitted by the end of February 2022, Welsh Government wrote to all NHS Wales organisations in December 2021 that the deadline for submission was being extended due to on-going organisational and operational pressures due to the surge of the Omicron COVID-19 variant at that time.</p>
034-21	Health board allocations 2022 to 2023	09/02/2022	Compliance	Finance	The issue of the 2022-23 Health Board revenue allocation	Director of Finance	TBC	N/A	Chief Executives Directors of Finance	Immediate	Amber	SRC	Currently awaiting progress update from the service.
005-22	Data requirements for Value Based Health Care	24/03/2022	Action	Information governance	Provides an update to the arrangements set out in WHC 2020(003), and in particular ensuring that the aim of higher value health and care as described in A Healthier Wales, the Welsh Government's long term plan for health and social care, is facilitated through the Welsh Value in Health Centre, in line with its strategy to 2024.	Director of Finance	TBC	31/03/2025	Health Boards and NHS Trusts in Wales (Health	Immediate	Amber	SRC	This Welsh Health Circular will be discussed at the next Information Governance Sub Committee in April 2022, and relevant actions noted.