	Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 May 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Welsh Health Circulars (WHCs)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	See list included in Assessment section of report
SWYDDOG ADRODD: REPORTING OFFICER:	Charlotte Wilmshurst, Assistant Director of Assurance and Risk

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report to the Audit and Risk Assurance Committee (ARAC) provides a status report as at end of March 2023 on all WHCs issued by Welsh Government (WG), and the arrangements in place to ensure implementation is monitored.

Cefndir / Background

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

WHCs will be characterised as one of the following:
- Compliance – Must be complied with by the recipient
- Action – Specific action is required by the recipient
- Information – For information only

WHCs are published on the Welsh Government website 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.

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

Asesiad / Assessment

In order to provide assurance to the Board and Committees on the progress of implementation of WHCs, the Assurance and Risk Team liaise with services across the Health Board to obtain progress updates. During 2022/23, the process to monitor compliance with WHC requirements was strengthened as WHCs are not always clear in terms of implementation timescales. Therefore, where a specific date is not provided in the guidance itself, a planned date for implementation from the nominated Health Board lead is required. In instances of non-compliance with WHCs, leads are also required to undertake a risk assessment on Datix.

These arrangements are being implemented, however operational pressures have impacted on the ability of services to fully embed these processes to date. As part of strengthened governance arrangements, non-compliance with WHCs is now also monitored via Improving Together sessions, which were introduced in January 2023, and are attended by Lead Executives and Directorate Management. WHCs are reported to Board committees bi-annually, with assurance taken by Quality, Safety and Experience Committee (QSEC) and Sustainable Resources Committee (SRC) that processes are in place to review and monitor compliance with WHCs, and understanding in terms of any barriers to their delivery/

The following RAG status is applied to WHCs:

*   **Green** = completed
*   **Amber** = a plan is in place and on schedule to be completed by the timescale as stipulated in the WHC / provided by the Lead Officer
*   **Red** = behind schedule to the timescale as stipulated in the WHC / provided by the Lead officer, or a plan (with date for implementation) is not yet in place

Appendix 1 details WHCs with a red status, and the associated risks which have been identified and assessed to date. Appendix 2 details open WHCs which have been issued since January 2015 and their current RAG status.

The table below shows the number of WHCs under each RAG status up until the end of March 2023:

RAG Rating	No. of WHCs	
Red (Not completed/behind schedule)	15	*See Appendix 1*
Amber (Not completed but on schedule)	8	*See Appendix 2*
Green (Completed)	308	
Total	**331**	

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)	
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.

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

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

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

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

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

WHC ref/name:	Date Issued:	Lead Executive:	UHB implementation date:	Current position:	Datix risk reference	Current Risk Score:
022-16 Principles, Framework and National Indicators: Adult In-Patient Falls	06/04/16	Director of Operations	Not known – dependant on additional resources	Investment is required for 2 Clinical Nurse Specialists (CNS) for Glangwili General Hospital (GGH), 1 CNS for Prince Philip Hospital (PPH) and 1 CNS for Withybush General Hospital (WGH)). There is very little mitigation if this investment is not approved. Risk of non-compliance and actions to be monitored on Care of the Elderly (COTE) risk register Risk 727 going forward. An update in the numbers of potential patients and the cost of savings has been received from the Royal Osteoporosis Society - new data passed on to Service Delivery Manager (SDM) for COTE. An SBAR is due to be submitted by Value Based Health Care (VBHC) team to Director of Finance/Use of Resources for approval.	727 - Risk of recurrent fractures in patients aged 50 or over, affects all 4 Acute sites: Welsh Health Circular no 022-16	12

WHC ref/name:	Date Issued:	Lead Executive:	UHB implementation date:	Current position:	Datix risk reference	Current Risk Score:
046-16 Quality Standards for Adult Hearing Rehabilitation Services 2016	23/11/16	Director of Operations	Not required as WHC due to be implemented imminently.	The Adult Hearing Rehabilitation Quality Standards audit took place on 14 November 2022. The service achieved an overall score of 93.47% (against a target of 90%). The service is awaiting a final report from the Audiology Standing Specialist Advisory Group (ASSAG) to be able to close this WHC.	N/A	N/A
006-18 Framework of Action for Wales, 2017-2020 (*online link not available*)	01/02/18	Director of Operations	Not known – dependant on additional resources	Audiology now provides an ear wax management service for existing Audiology patients. The Head of Service is in discussion with Head of School Nursing in regard to establishing a school entry hearing screening service, however progress is slow due to staff absences. 14 of the 17 actions have been completed. Those that are outstanding are unable to be progressed due to funding issues. To close this WHC, a Health Board decision is needed regarding funding to introduce the service.	1457-Lack of compliance with Welsh Health Circular (WHC) /2018/006 for Ear Wax Management Primary and Community Care Pathway	2

WHC ref/name:	Date Issued:	Lead Executive:	UHB implementation date:	Current position:	Datix risk reference	Current Risk Score:
026-18 Phase 2 – primary care quality and delivery measures	01/02/18	Director of Primary Care, Community and Long-Term Care	Not known - reliant on progress of national work	The Health Board is considering if 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. Currently awaiting national update on Phase 2b from HOPC. National work was suspended due to COVID-19. In January 2023, the Assistant Director of Primary Care confirmed the position remains unchanged in that there has been no progress nationally on the implementation of the Phase 2 measures, and confirmed there is no risk associated with this WHC.	No risk required as confirmed by the service	N/A

WHC ref/name:	Date Issued:	Lead Executive:	UHB implementation date:	Current position:	Datix risk reference	Current Risk Score:
033-18 Airborne Isolation Room Requirements	25/07/18	Director of Nursing, Quality and Patient Experience	Not known - dependant on additional resources	Isolation pods and air purifiers have been purchased and deployed dependent on outcome of risk assessments. However, this continues to be an issue which can only be addressed via strategic infrastructure changes, and has been included in the Annual Plan for 2023/24 (Planning Objective 3b). Further work required with the Strategic Planning team to fully implement this WHC. This has been progressed via a subgroup of the Ventilation Group. A meeting was scheduled with Estates, Capital Planning, and Infection Prevention Network Control (IPNC) for March 2023 to agree an approach enabling the consideration of the requirements of the WHC to be better understood, and integrated into the Capital Programme. Following an Infection Prevention Strategic Steering Group (IPSSG) meeting, it was agreed that a Health Board wide clinical pathway needed for new respiratory and other emerging infectious diseases/high consequence infection diseases (HCIDs) to determine where the Airborne Isolation will be positioned. A meeting with respiratory clinicians is to be arranged to confirm this pathway. Once approved, Estates and Facilities will take control to identify the costs associated via various capital funding options available.	1640 - Airborne Isolation Room Requirements	15

WHC ref/name:	Date Issued:	Lead Executive:	UHB implementation date:	Current position:	Datix risk reference	Current Risk Score:
017-19 Living with persistent pain in Wales guidance	07/05/19	Director of Operations	31/01/25	Referral rates into the bio-psychosocial pathway for Persistent Pain remain high. Initial assessments are conducted virtually, and Pre and Post Patient Reported Outcome Measures (PROMS) are being collected using the DrDoctor platform. Preliminary data appears to show positive value to patients. Electronic Pain Management Programme (e-PMP) has been developed, and research is being conducted its efficacy. Recruitment for this ended in March 2023, the Health Board will use the data from the study to evaluate efficacy in clinical practice using Primary Care Cluster Projects as pilot sites. Work to take services closer to the patient and improve access in a timely fashion is ongoing and funding for an additional 2 years has been received. The Amman Gwendraeth GP cluster has agreed to fund an in-house multidisciplinary Pain Service for 3 years, and operational since June 2022. Data shows almost 400 referrals have since been accepted in Primary Care Pain as opposed to being sent to secondary care Pain Services. The Assurance and Risk Team are liaising with the service in terms of developing a risk of non-compliance with the WHC.	No risk currently noted on Datix	No risk currently noted on Datix

WHC ref/name:	Date Issued:	Lead Executive:	UHB implementation date:	Current position:	Datix risk reference	Current Risk Score:
009-21 School Entry Hearing Screening pathway	25/03/21	Director of Operations	Not known – dependant on additional resources	Updates on this WHC are reported to Welsh Government by the Head of Audiology as requested. After an initial unsuccessful request for funding, an SBAR/Business Case for an IMTP bid was presented at Scheduled Care's Quality and Safety Experience governance meeting and taken forward to Operational Quality and Safety Experience Sub Committee (OQSE) in March 2023 to seek agreement on how to proceed. OQSE noted that it is not within its remit to approve funding allocation. Next steps are to be discussed at the next Improving Together session, and to be raised via the Operational Planning and Delivery Programme meeting.	1456 - Lack of compliance with Welsh Health Circular (WHC) (2021) 009 on school entry hearing screening	3
025-21 Carpal Tunnel Syndrome Pathway	15/09/21	Director of Operations	Not known	The clinical lead for Trauma & Orthopaedics confirmed that Secondary Care are now fully compliant with this pathway. The Director of Operations has requested clarity in March 2023 on what actions now remain to determine future ownership of this WHC. The Assurance and Risk Team are currently in discussion with the Primary Care to ascertain what parties need to be involved in order to progress and confirm compliance with the remaining requirements.	No risk currently noted on Datix	No risk currently noted on Datix

WHC ref/name:	Date Issued:	Lead Executive:	UHB implementation date:	Current position:	Datix risk reference	Current Risk Score:
005-22 Data requirements for Value Based Health Care	24/03/22	Director of Finance	~~Feb-23~~ Revised date to be provided	Digital Services met with Digital Health and Care Wales (DHCW) in January 2023 and agreed on data transfer methods with closure of this WHC expected 6 weeks later. In March 2023, the data specification provided by DHCW raised some queries which have delayed progress. The Head of Information Services is planning to meet with the Digital Director to determine the next course of action, and to obtain a revised implementation date if required.	No risk required as confirmed by the service	N/A
009-22 Prioritisation of COVID-19 patient episodes by NHS Wales Clinical Coding Departments	04/04/22	Director of Finance	Not known - awaiting further guidance from WG	This WHC is currently being reviewed by Welsh Government (WG), as it is generally agreed that the prioritisation of patients in the way expected is not possible as the clinical coding process is unable to identify COVID patients until the clinical coding actually takes place. The Health Board are currently coding in excess of 95% completeness month on month. At a meeting in Summer 2022, WG's Head of Delivery and Performance agreed with these concerns, and no further updates have been received as of March 2023. It is expected that this WHC will either be amended or withdrawn upon external review.	Awaiting outcome of WG review of WHC	N/A

WHC ref/name:	Date Issued:	Lead Executive:	UHB implementation date:	Current position:	Datix risk reference	Current Risk Score:
002-22 NHS Wales National Clinical Audit and Outcome Review Plan - Annual Rolling Programme for 2022/23	14/06/22	Director of Nursing, Quality and Patient Experience	~~31/03/23~~ Revised date to be provided	The Clinical Director for Clinical Audit is working with Clinical Audit Department (CAD) to identify priority areas to focus on in early 2023. There is an approximate compliance of 84% for the whole clinical audit programme. A new WHC will be released in 2023, which will supersede WHC002-22. While oversight of the Clinical Audit Programme sits with the NQPE Directorate, the requirement to complete audits is the responsibility of the relevant service. Service risks for areas that are not compliant with the Clinical Audit Programme have been raised, and the Assurance and Risk team are supporting NQPE in the drafting of an over-arching non-compliance risk as at April 2023.	Overarching risk currently under development. Specific risks for particular clinical audits in place 1326 - Suboptimal participation with National Cardiac Audit Programme, specifically the Myocardial Ischaemia National Audit Project	8

WHC ref/name:	Date Issued:	Lead Executive:	UHB implementation date:	Current position:	Datix risk reference	Current Risk Score:
021-22 National Optimal Pathways for Cancer (2022 update)	28/07/22	Director of Operations	01/08/23	Work is in progress to implement the requirements of this WHC, mapping previous pathways to new and implementing these changes as of February 2023. As at April 2023, the Assurance and Risk Team are working with the service to add a risk to Datix that will monitor actions being taken to mitigate the risks of non-compliance with elements of this WHC.	No risk currently noted on Datix	No risk currently noted on Datix
004-22 Guidance for the provision of continence containment products for children and young people: a consensus document	21/10/22	Director of Operations	31/07/23	A meeting was held with the SDM for Acute Paediatrics, the Assistant Director of Nursing for Family and Child Health, and the Lead Nurses for Community and Acute Paediatrics in February 2023 to summarise and identify gaps in the service in terms of compliance with the WHC. The Senior Nurse for Community Paediatrics will liaise with the Senior Nursing Team for Health Visiting and School Nurses, with a view to bring cohesion to the continence service by July 2023.	1615 - Care of Children and Young People with Continence problems	6

WHC ref/name:	Date Issued:	Lead Executive:	UHB implementation date:	Current position:	Datix risk reference	Current Risk Score:
003-23 Guideline for the Investigation of Moderate or Severe early developmental impairment or intellectual disability (EDI/ID). *Link not available online.*	04/03/23	Director of Operations	To be provided	This circular was issued in March 2023, and the SDM for Community Paediatrics will discuss the requirements of the WHC with medical colleagues to determine and confirm compliance. The discussion will determine a Health Board implementation date, at which point the RAG status of this WHC will be changed to Amber.	No risk currently noted on Datix	No risk currently noted on Datix
006-23 Commence-ment of the Health and Social Care (Quality and Engagement) (Wales) Act 2020. *Link not available online.*	31/03/23	Director of Nursing, Quality and Patient Experience	To be provided	This circular was issued in March 2023, and the service is currently reviewing the requirements of the WHC in order to either confirm compliance, or to provide a Health Board implementation date, at which point the RAG status of this WHC will be changed to Amber.	No risk currently noted on Datix	No risk currently noted on Datix