



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	05 May 2021
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:	Rachel 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 2021 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

Green – Completed

Throughout 2020/21, WHCs have been included in the bi-monthly reports sent to services by the Assurance and Risk team, following the suspension of formal performance management arrangements, as a result of COVID-19 pressures.

Assurance is provided to the Board level Committees (PPPAC and QSEAC) 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).

The table below shows the number of WHCs under each RAG status up until the end of March 2021:

RAG Rating	No. of WHCs	
<i>Strategic Log</i>	2	See note 1
<i>Red (Not completed/behind schedule)</i>	1	See note 2
<i>Amber (Not completed but on schedule)</i>	22	
<i>Green (Completed)</i>	259	
Total	284	

Note 1 - WHCs on the Strategic Log

The two WHCs below were moved to the Strategic Log in the previous financial year following agreement by the Executive Team. Prior to WHCs moving to the Strategic Log, leads must undertake a risk assessment to ensure the impacts on non-delivery are understood and mitigated as far as reasonably practicable. Progress on Strategic Log items was last reported to ARAC in August 2020. The Strategic Log will be reviewed in the summer of 2021 by the Board Secretary.

WHC ref/name: 022-16 Principles, Framework and National Indicators: Adult In-Patient Falls	Date Issued: 06/04/2016	Lead Executive: Medical Director
Current position: This WHC requires significant investment to implement the action plan associated with actively addressing Osteoporosis. A new Service Delivery Manager for Stroke and Care of the Elderly (COTE) is in place, whose role will incorporate responding to the requirements of the WHC. Work has not progressed at pace during the current financial year due to the COVID-19 response. Datix Risk Reference: 727 Current Risk Score: 12		
WHC ref/name: 001-18 Guidance on safe clinical use of Magnetic Resonance Imaging (MRI)	Date Issued: 05/02/2018	Lead Executive: Director of Therapies and Health Sciences

Current position: This WHC requires the guidance of a Magnetic Resonance Safety Expert (MRSE) on necessary engineering, scientific and administrative aspects of the safe clinical user of the MR devices. An MRSE has been appointed into Swansea Bay University Health Board currently awaiting job plan for allocation to Hywel Dda University Health Board via Service Level Agreement (SLA).

Datix Risk Reference: 722

Current Risk Score: 8

Note 2 - WHCs not been implemented/behind schedule (Red RAG rated)

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

WHC ref/name: 033-18 Airborne Isolation Room Requirements	Date Issued: 25/07/2018	Lead Executive: Director of Nursing, Quality and Patient Experience
<p>Current position: Compliance paper was taken to the Capital Estates, Information Management & Technology Sub-Committee (CEIM&T) on 26/01/2021. Recommendation made and approved as follows;</p> <ol style="list-style-type: none"> 1. Establish a Short Life Working Group (SLWG) to develop the strategic direction and plan for the provision of Negative pressure suites (NPSs). 2. Develop in-house or commission a feasibility survey. 3. Consider costed options appraisal following the feasibility survey within an agreed timescale. 4. Consider the cost of carrying out the minimum remedial action as advised by NHWSS to the 2 positive pressure ventilated lobby rooms (PPVL) rooms in light of the fact they are currently the only facilities that the HB has that come close to meeting the current negative pressure isolation requirements. <p>This WHC will be reviewed by the Infection Prevention Group in June 2021.</p>		

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

4.4.1 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: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Welsh Health Circulars
Rhestr Termiau: Glossary of Terms:	CMO – Chief Medical Officer PPPAC – People, Planning & Performance Assurance Committee QSEAC – Quality, Safety & Experience Assurance 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

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

WHC No	Name of WHC	Date Issued	Status	Category	Overarching Actions Required	Lead Executive	Supporting Officer	Date of Expiry / Review	Action required from	Action required by	Status RAG / R - behind schedule / A - on schedule / G - Completed	Assurance reporting	Comments
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.	Director of Finance	Anthony Tracey	Ongoing	Not provided	Not provided	Amber	People, Planning and Performance Assurance Committee (PPPAC)	Currently the system is not fit for purpose and hasn't passed its final testing phase before going into live operation with the pilot Health Boards. However, this doesn't mean that we are not required to begin to draft a business case for the possibility of us taking the product in the future. COVID-19 has affected the progression nationally, and the development of the business case remains paused as it is considered not a priority for Digital Bronze.
022-16	Principles, Framework and National Indicators: Adult In-Patient Falls	06/04/2016	Action	Chief Nursing Officer/Acting Chief Medical Officer Letter	<ul style="list-style-type: none"> Note and action requirements throughout this WHC Chief Executives to respond to the reporting cycle set out in Principles, Framework and National Indicators: Adult In-Patient Falls document Identify an executive and clinical lead accountable for in-patient safety in relation to falls and falls prevention Identify and inform Welsh Government of the health board/trust forum responsible for ensuring the requirements of this WHC are implemented 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. 	Medical Director	Bethan Andrews	N/A	Not provided	Immediately	Strategic Log	Audit and Risk Assurance Committee (ARAC) / Executive Team	<p>Overarching actions noted and current status confirmed as being incorporated into the Health Board's Adult Inpatient Falls Reduction Improvement Plan which is monitored at the Adults Falls Improvement Reduction Group. WHC and action plan also reported to Acute QSESC for information. The agenda is progressing against the standards implicit in the WHC standards.</p> <p>A risk assessment is currently taking place on WHC 022-16 and will be followed by a request to the Executive Team to approve the WHC being moved to the Strategic Log, due to the significant investment required to implement the action plan associated with actively addressing Osteoporosis.</p> <p>08/05/19- A risk assessment has been completed (service risk no. 727, risk score 12, high).</p> <p>A new Service Delivery Manager (SDM) for Stroke and Care Of The Elderly (COTE) is in post who will be absorbing the work to respond to this WHC as part of her new role. A draft paper written by the previous SDM exists. A Business Plan will follow.</p> <p>AGREED BY EXEC TEAM 20/11/19 TO BE MOVED TO THE STRATEGIC LOG Work has not progressed at pace due to the COVID 19 response.</p> <p>1st high level meeting has now taken place with the Medical Director/Director of Nursing, SDM and Head of Value Based Health Care.</p> <p>Task and Finish Group set up to finalise business case and future development of the service.</p> <p>2nd meeting has taken place with secondary care and primary care.(10th of July).</p> <p>The UHB now has appointed a Lead for COTE who will also lead form a clinical point of view.</p>
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 2019	Amber	Quality, Safety and Experience Assurance Committee (QSEAC)	<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"> Accessing the service, Communicating with patients Implementing an Individual management Plan – except 5.d.3 Skills / Expertise <p>The following areas have actions that are outstanding:</p> <ul style="list-style-type: none"> Clinical Effectiveness, Collaborative working Service improvement. <p>For standard 5.b.3 (Where identified and agreed in the IMP that bilateral aids will best meet the patient's need, 2 aids are offered and patients are supported to make an informed choice) the previous SBAR has been rewritten and submitted to Scheduled Care regarding the lack of funding of bilateral hearing aids but this has yet to be resolved. The lack of funding to provide bilateral hearing aid for all clinically eligible patients is documented in risk no. 900 and has a current risk score 12 (High)). This risk is reviewed every other month.</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 given (however progress monitored through JET)	Amber	QSEAC	<p>Progress in relation to the Welsh Health Circular 'Attaining the WHO targets for eliminating hepatitis (B and C) as a significant threat to public health' has been undertaken at an all Wales level with the All Wales Implementation Group to ensure a consistent approach across all health board areas. Leadership has been provided through Public Health Wales chairing the Group and collaboration with key stakeholders including local clinicians.</p> <p>01/03/2021 Update provided by Supporting Officer. Progress undertaken to eliminate Hep B & C through engagement. All Wales work is being led by the professional Lead for Health Protection PHW. A lead clinician has been assigned to work on engagement locally, to ensure the patient needs are addressed. National meetings have been postponed recently due to the COVID-19 response although progress has been undertaken where possible at a local level.</p>
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 Science	Caroline Lewis	2020	Not provided	Ongoing	Amber	QSEAC	<p>The Tinnitus Direct Access Pathway should commence in April 2021 as the 'Dual Purpose' room building work is scheduled to be completed on 26/03/2021. Four Band 6 staff have now completed M-level tinnitus training. The Tinnitus Team are conducting both virtual and face to face tinnitus appointments.</p> <p>Recruitment/staffing –</p> <ul style="list-style-type: none"> The Band 4 Fast Track student is in post and is quickly becoming able to perform basic appointments to support the qualified B4 and B5 staff in the adult service in Carmarthenshire. Staff changes within the Paediatric Service, due to Retire & Return, has enabled an existing Band 6 Audiologist to be upgraded on a 2 yr fixed term contract (22hrs) to a Band 7 post to back fill. A Band 5 (2yr fixed term contract) Audiologist is at the final stages of the recruitment process. The proposed creation of a 1wte role of 'Audiology Support Assistant' (ideally 2 x part time posts) to assist with testing young children has not yet been implemented. A service needs review is being performed to assess if this money would be better spent employing a Band 5 Audiologist to further support the service in Ceredigion. <p>Facilities –</p> <ul style="list-style-type: none"> Since the pandemic no further involvement has been had relating to the Cross Hands Community Hub although it has been confirmed that Audiology will have 2 rooms at this site. There has been no communication regarding the Llanelli Wellness Village. One of the test rooms at Prince Philip Hospital has been damaged due to a water leak and will require refurbishment. <p>Procurement and the Welsh Heads of Audiology have agreed an 'All Wales' procurement set up to allow service to have the best value for money.</p> <p>Patient flow –</p> <ul style="list-style-type: none"> There continues to be a significant drop-off in the number of new GP referrals received by Audiology during the pandemic. Comparing February 2020 with February 2021 indicated a 61% reduction in referrals received by the department. Audiology services were required to be suspended twice during COVID-19 and there are currently 181 adult patients breaching their referral to treatment time requirements. The service is involved in developing wax management processes to ensure that the health board is compliant with the recent Welsh Health Circular on wax management.

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001-18	Guidance on safe clinical use of Magnetic Resonance Imaging (MRI)- Strategic Log	05/02/2018	Action	Health Professional Letter	WG have strongly recommend that the UHB formalise and support the appointment of a Magnetic Resonance Safety Expert with significant knowledge and experience of clinical magnetic resonance physics.	Director of Therapies & Health Science	Amanda Evans	Jan-19	Not provided	01/04/2018	Strategic Log	ARAC/ Executive Team	<p>Risk assessments are undertaken prior to the introduction of new or modified MRI services by an expert who is brought into the Health Board (UHB) when new equipment is purchased. This risk assessment examines both patient and occupational exposures. A critical safety examination is performed at the commissioning of new or modified MRI facilities. Radiology Departments consult with a Magnetic Resonance Safety Expert (MRSE) to advise on the necessary engineering, scientific and administrative aspects of the safe clinical use of the MR devices.</p> <p>Currently the HB does not hold an appointment of a MRSE in order to assist in reducing clinical variation by tailoring clinical imaging sequences to optimise image quality. BGH have a different magnet and so are not able to match directly to the imaging sequences used on the other hospital sites, but sequences are as close as can be achieved. A business case is being put together for an MR Physicist to provide the MRSE role to ABMU which could be extended to also cover Hywel Dda, however since it is a new service this will need to be funded which will be a critical given the UHB's financial position. In the absence of a suitable MRSE to appoint (that is the same across Wales) MRI modality leads within HD are liaising with their colleagues across Wales to share knowledge and skills and to ensure all risk assessments are undertaken. Further discussion will take place at the next All Wales Radiology Quality Forum in October 2018.</p> <p>29/01/19- WHC unable to be implemented due no suitable MRSE appointment available. Risk assessment currently being completed by Head of Radiology.</p> <p>The members of the Operational Quality Safety and Assurance Sub Committee at its meeting on 24/01/19 noted the plans in place to address the remaining recommendations by April/May 2019. Members recognised that where it is not feasible to implement recommendations, a full risk assessment should take place to establish the impact on patients.</p> <p>25/04/19- A risk assessment has been completed by the Head of Radiology (service risk no. 722, risk score 9, high). A business case has been developed for the introduction and employment of an MRSE within Swansea Bay University Health Board, with the UHB expressing an interest in this appointment supporting the Hywel Dda service.</p>
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	QSEAC	<p>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.</p> <p>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.</p> <p>30/03/2021- No update received for March 2021 report.</p>
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 given	Red	QSEAC	<p>Compliance paper was taken to the Capital Estates, Information Management & Technology Sub-Committee (CEIM&T) on 26/01/2021. Recommendation made and approved as follows;</p> <ol style="list-style-type: none"> 1.Establish a Short Life Working Group (SLWG) to develop the strategic direction and plan for the provision of Negative pressure suites (NPSs). 2.Develop in-house or commission a feasibility survey. 3.Consider costed options appraisal following the feasibility survey within an agreed timescale. 4.Consider the cost of carrying out the minimum remedial action as advised by NHWSS to the 2 positive pressure ventilated lobby rooms (PPVL) rooms in light of the fact they are currently the only facilities that the HB has that come close to meeting the current negative pressure isolation requirements. <p>This WHC will be reviewed by the Infection Prevention Group in June 2021.</p>

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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	QSEAC	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. The Corporate Team have delivered sensory loss awareness training for staff across the UHB including primary care during November 2019 Sensory Loss Awareness Month. The Corporate Team are working on a project of an on-line interpretation service which is hoping to be piloted with a Primary Care Cluster. Strategic Partnership and Inclusion Manager confirmed in March 2021 as from her perspective there haven't been any further actions that have been specific to the WHCs but, due to current COVID-19 restrictions, there has been the following online activity and training that has been arranged: •For Sensory Loss Awareness Month (Nov 2020) there was a range of communications and social media posts, including information on the difficulties of social distancing for people who are blind and a video providing an overview of the All Wales Standards for Accessible Communication and Information for People with Sensory Loss (which includes the need to record and share patient communication and information needs). We also promoted completion of the NHS Wales sensory loss e-learning module. •Sensory Loss and Deaf culture awareness sessions delivered online by the British Deaf Association. •Visual Impairment awareness sessions delivered by Sight Cymru, covering a number of topics including accessibility and inclusion. •Disability Equality Awareness training. •Staff have had reminders on the importance of using interpreters and how to book them (which includes BSL). 30/03/2021- No update received from Primary Care for March 2021 report.
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).	Amber	QSEAC	Compliance against Welsh Health Circular 'Implementing recommendations of the review of sexual health services – action to date and next steps' has been progressed through collaborative working between Hywel Dda University Health Board Sexual Health Service, Public Health Wales and other key stakeholders to ensure improved service delivery. Full progress has been detailed in a Sexual Health Service Improvement Plan, which utilises an audit tool. The Improvement Plan was submitted to Welsh Government on 27/06/19 for review. Recent service improvement included the fully integrated Sexual Health Clinic hub in Aberystwyth, a new Carmarthenshire hub and the development and good progress with the 'Test and Go' service and 'Test and Post' service. Positive feedback has also been received on the Early Medical Abortion at Home (EMAH) service. 09/07/2020 Response significant improvement in Sexual Health with the development of the strategy. A new SH service has been established in Aberystwyth and also the imminent opening of the SH Hub on new site in Carmarthen., which was delayed due to COVID-19. 01/03/2021 Update provided by Supporting Officer. Improvements have progressed for Sexual Health Services as planned, although physical clinical activities has been reduced during lockdown and due to the delivery of the covid response.

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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	QSEAC	<p>5/03/2021 An update from the Chronic Pain Service:</p> <ul style="list-style-type: none"> •Between March and September 2020 - some staff were redeployed, others continued to offer a service to those who were receiving biopsychical interventions on a 1:1 basis - this work continued by telephone initially. Work continued to redesign services, creating the ability to transfer the service to virtual and digital platforms. Significant time was spent redesigning the Pain Management Programme (PMP) to be facilitated virtually. •We returned to service delivery in September 2020, undertaking virtual assessment clinics - using T/C and AA. All clinics are populated by new patients on the W/L. •As soon as the digital platform was ready to use, we began facilitating the virtual PMP - we ran 7 programmes in the autumn with 75 patients completing a 10-week PMP virtually. we are currently on the second run of the virtual PMPs with 5 programmes running - 70 patients are due to complete this run. •We continue to work with an industry partner to develop the e-learning PMP which will be a holistic, comprehensive independent learning self-management PMP that people can eventually be offered earlier in their pain journey (Primary Care or Secondary Care) which will hopefully work towards reducing the demand on Secondary care pain services, increasing the ability to redirect resources to addressing the initial assessment waiting lists. This work is supported by the Health Board and is a priority project for the VBHC team. The e-learning PMP will be evaluated with support from Accelerate and R&D. Adopt and spread potential. •A Primary Care pain post has been funded by the North Ceredigion GP cluster for 2 years. This is a pilot initiative to explore the benefits (to patient and health service) of early intervention for pain in Primary Care. We hope that improving patient understanding of pain, supporting their acceptance of pain and re-engagement with meaningful activity before the pain cycle becomes entrenched will have a positive impact on patient wellbeing, need for onward referrals and demand on GP and medication. All of the above is in line with Living with Persistent Pain in Wales guidance.
024-19	Pertussis – occupational vaccination of healthcare workers	30/07/2019	Action	Public Health	To help protect babies from pertussis, from August 2019, healthcare workers in NHS Wales who have not received a pertussis-containing vaccine in the last 5 years and who have regular contact with pregnant women and/or young infants will be eligible for a pertussis containing vaccine as part of their occupational health care.	Director of Public Health	TBC	N/A	Not provided	Not provided	Amber	QSEAC	<p>05/05/2020 Due to COVID19, we have only started the programme in March but then the OH staff are not allowed into ward areas and are deployed into ensuring the staff recruited to manage COVID-19 patients are immunised as a priority.</p> <p>24/07/2020 There has been a delay in delivery of the programme due to capacity and prioritisation of COVID-19 related work.</p> <p>01/03/2021 No update for Pertussis, unfortunately due to the demands of the pandemic and are wholly engaged in ensuring adequate staff are recruited. Supporting Officer now retired. Awaiting clarity on new Supporting Officer for this WHC going forward.</p>
026-19	Nationally Standardised Adult Inpatient Assessment and Core Risk Assessments	20/08/2019	Compliance	Policy	<p>The WHC sets out the progress of the national digitisation of nursing documents programme, outlining the crucial next steps for health boards/trusts, and the agreed implementation schedule of the various assessment tools that have been developed through the national programme in association with NHS Wales staff.</p> <p>The WHC also reminds Health Boards that from March 2020 the Clinical Nursing Informatics Lead posts will be funded by individual health boards/trusts.</p>	Director of Nursing, Quality and Patient Experience	Judith Bowen/Sharon Daniels	31/05/2021	N/A	30/11/2019 31/12/2020 31/05/2021	Amber	QSEAC	<p>The remaining documents to implement are Falls and Adult In Patient Assessment. All the other documents are now fully implemented across Adult In-Patient Care settings. The plans for rolling out paper visions have been delayed until operational sites are more stable due to the pressures caused by COVID-19.</p> <p>On 16/03/2021 the Welsh Government confirmed that the deadline of compliance against this WHC is extended until 31/05/2021. This further extension and timetable review is acknowledging the ongoing pressures on services and the effect on frontline staff capacity to fully adopt the new tools or use digital formats of the core tools.</p>

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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	QSEAC	<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. No progress on this WHC during COVID-19. Reporting to WG took place for last financial year as required. Equipment and training materials were purchased from budget.</p> <p>Strategic Partnership and Inclusion Manager confirmed in March 2021 as from her perspective there haven't been any further actions that have been specific to the WHCs but, due to current COVID-19 restrictions, there has been the following online activity and training that has been arranged:</p> <ul style="list-style-type: none"> •For Sensory Loss Awareness Month (Nov 2020) there was a range of communications and social media posts, including information on the difficulties of social distancing for people who are blind and a video providing an overview of the All Wales Standards for Accessible Communication and Information for People with Sensory Loss (which includes the need to record and share patient communication and information needs). We also promoted completion of the NHS Wales sensory loss e-learning module. •Sensory Loss and Deaf culture awareness sessions delivered online by the British Deaf Association. •Visual Impairment awareness sessions delivered by Sight Cymru, covering a number of topics including accessibility and inclusion. •Disability Equality Awareness training. •Staff have had reminders on the importance of using interpreters and how to book them (which includes BSL). <p>30/03/2021- No update received from Primary Care for March 2021 report.</p>
003-20	Value Based Health Care Programme – Data Requirements	04/03/2020	Action	Policy/Information Governance	NHS Wales health boards and trusts are required to: <ul style="list-style-type: none"> • On an ongoing basis: Continue to submit data to UK-wide clinical audit and outcome reviews and national PROMs platforms; • During 2020: Work with NWIS to enable the flow of audit and PROMs data into NWIS for the purposes of creating visualisations and dashboards for Value Based Health Care approaches. 	Director of Finance	Sarah Brain	03/03/2022	N/A	Immediately	Amber	PPPAC	The NWIS response is added to the development list and considered by a Change Advisory Board for approval to be placed into the formal development cycle and then assigned a release. Much of the work for Proms, has already been included within the releases to WCP and WPAS. Work is ongoing at a national level by NWIS to develop the data requirements for the Value Based Health Care Programme through the Data Standards workstream. The UHB has received no timescale on when this will be delivered.
005-20	Recording of Dementia Read Codes	30/09/2020	Action	Performance	sets out the READ codes which should be captured by memory assessment and GP/ primary care services and recorded on all information shared between services, to the person living with dementia and their carer (if they wish to receive this information), and within the Memory Assessment Service, Learning Disability Memory Assessment Service and primary care data bases. It also sets out guidance for Welsh Health Boards to assist with the recoding of a diagnosis of dementia using the READ CODES.	Director of Therapies & Health Science	Bethan Andrews	Mar-21	Not provided	Apr-21	Amber	QSEAC	<p>05/02/2021 Gareth Beynon confirmed to Bethan Andrews COTE SDM that this WHC does not fit in Secondary Care.</p> <p>08/02/2021 - WHC issued to Primary Care who have circulated the document and issued reminder to Primary Care to use the appropriate codes and no further action required after that from Primary Care. Also issued to MH&LD who have requested SM in OAMH review, requested an update.</p> <p>16/02/2021 Follow up with Service Manager OAMH query on an audit to prove compliance, this will take a little while. Other than that, I can safely say most dementia diagnosis comes via Memory Assessment Services and we have been using the READ codes consistently for some time, this is built into our paperwork there. The same diagnosticians also work in our Community Mental Health Teams and Wards, so would be familiar.</p> <p>15/03/2021 Snapshot audit completed for Older Adult Community Mental Health Teams and Memory Assessment Teams. Overall compliance, only one team at variance where errors have been taken up with medical staffs. Only 8 documents checked in that team due to lower referral numbers to OA-CMHT.</p> <p>18/03/2021- Neurology responded and confirmed this is part of their processes going forward.</p>

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011-20	Temporary Amendments to Model Standing Orders, Reservation and Delegation of Powers – Local Health Boards, NHS Trusts, Welsh Health Specialised Services Committee, Emergency Ambulances Services Committee and Health Education and Improvement Wales	06/09/2020	Compliance	Governance	On 5 July 2020, in response to the suspension of recruitment to public appointments in Wales, the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020 came into force. The purpose of these Regulations is to dis-apply the maximum tenure of office contained in the specified regulations for NHS board/committee non-officer members for a time limited period. The	Board Secretary	Alison Gittins	31 March 2021 or to the end of the term of any appointments made in accordance with the amendments detailed in the appendices, whichever is the later.	Not provided	31/07/2020	Amber	Board	Required amendments of this WHC will be implemented following Board approval on 25/03/2021.
015-20	POLICY ON SINGLE-USE AND REUSABLE LARYNGOSCOPIES	14/09/2020	Action	Policy	Laryngoscopes are medical devices used in the management and intubation of patients' airways. Because of their ergonomic design, associated grip needs for the user, and the blade mount, laryngoscope handles can be easily contaminated when used and can also be very difficult to clean. To ensure patient safety, the safest approach is to purchase laryngoscopes as single-use items to be disposed of after being used on individual patients during a single episode of care (not to be reprocessed and used again even on the same patient). However, if local policy is to use reusable laryngoscopes, it is essential that they are decontaminated and sterilised in accordance with the manufacturer instructions using automated/validated methodologies and by accredited sterile service departments.	Andrew Carruthers	Stephanie Hire/ David James	09/01/2021	Board level & operational level decontamination leads- for transmission to all relevant colleagues including for example, theatre staff and unscheduled care staff Medical Directors Nurse executive Directors Directors of Therapies & Healthcare Science NWSSP-Specialist Estates Services	09/01/2021	Amber	QSEAC	The UHB use disposable laryngoscope blades. Currently the handles (which are reused) are decontaminated in HSDU after every use. Clarification being sought by supporting officer if this WHC now fully implemented following the progress above.

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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	Tracey Huggins (Head of GMS)	Ongoing	Health Board and NHS Trusts	10/01/2021	Amber	QSEAC	The WHC requires the service to be up and running by 31/10/2021. A pilot has been developed for Ceredigion and there would then be an option to roll this out across Carmarthenshire and Pembrokeshire if successful – pending approval from the County Directors.
018-20	Last Person Standing	10/01/2020	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	All health boards	All health boards	Amber	QSEAC	Primary Care Development Manager confirmed on 23/03/2021 that there is no update regarding this WHC due to COVID-19.
016-20	Procedure for Performance Management, Removal or Suspension of NHS Chairs, Vice-Chairs and Independent Members/Non-Executive Directors, including Associate Members	12/10/2020	Compliance	Governance	The attached procedure has been developed with the aim of ensuring that arrangements for the performance management, suspension and termination of Chairs, Vice-Chairs, Independent Members and Non-Executive Directors, including Associate Board Members, to Boards of NHS organisations in Wales are robust and consistent.	Board Secretary	Alison Gittins	30/11/2023	Chairs of Local Health Boards/Trusts /SHAs/WHSSC/EASC Board Secretaries of LHB / Trusus / SHA's Committee Secretaries of WHSCC and EASC	31/12/2020	Amber	Board	The WHC has been shared with all relevant Board Members, and reference will be made in the revised IM Handbook. Confirmation expected at Board on 25/03/2021 that this has been implemented.
025-20	2021-22 Health Board and Public Health Wales NHS Trust Allocations	22/12/2020	Compliance	Finance	This allocation letter sets out the funding for your organisation for 2021-22. It should be used to develop plans to deliver against the priorities for 2021-22 set out in the NHS Planning Framework, and to continue to progress delivery of the vision set out in A Healthier Wales. This allocation does not include funding at this stage for the ongoing response to Covid-19. Further details on Covid-19 funding will be issued separately.	Director of Finance	TBC	N/A	Chief Executives Directors of Finance	Immediate	Amber	Board	Incorporated into the budget setting process, which is due for Board approval on 25/03/2021.
004-21	Ordering influenza vaccines for the 2021-2022 season	19/02/2021	Action	Public Health	This letter provides guidance on ordering supplies of influenza vaccines for the 2021- 2022 season. It is based on advice from the Joint Committee on Vaccination and Immunisation (JCVI). The JCVI's statement on influenza vaccines for the 2021-2022 season can be found at: JCVI or NHS Wales Intranet (NHS Wales staff only)	Director of Public Health	Lynne Edwards	N/A	Not provided	Not provided	Amber	QSEAC	Response received the HB has made a request for the supply of vaccines for the NHS staff facing element of the flu programme based on the vaccines recommended in the WHC. We have increased our order again this year to aim to meet the 75% aspiration, with request for 8000 QIVc and 200 aQIV (to cover the over 65s). Process is underway for 2021/22.

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007-21	The Healthy Child Wales Programme – The 6 week post-natal GP physical examination of child contact	03/11/2021	Action	Health Professional Letter	This guidance has been prepared in response to issues identified in the latest published coverage data for the Healthy Child Wales Programme. The Healthy Child Wales Programme (HCWP) sets out what planned contacts children and their families can expect from their health boards; from maternity service handover to the first years of schooling. These universal contacts cover three areas of intervention; screening, immunisation and monitoring and supporting child development. The 6 week examination is delivered by health boards and undertaken by General Practitioners as an established component of the HCWP	Director of Public Health	TBC	N/a	NHS Wales, General Practitioners	31/03/2021	Amber	QSEAC	Currently the 6 week check is a GP check the health visitors if previously in the clinic would have possibly weighed and measured the baby as part of the local process for the 6 week check. However Health Visitors do not routinely see the baby at 6 weeks.. The Health Visitor contact is at 8 weeks as per HCWP and WG guidance and this is what is currently being implemented.
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	TBC	01/09/2022	Health Boards	ASAP	Amber	QSEAC	26/03/2021- New WHC sent to Director of Public Health to confirm Supporting Officer.