

Bundle Audit & Risk Assurance Committee 5 May 2020

3.1.2 Compliance with Welsh Health Circulars

Presenter: Joanne Wilson

SBAR Welsh Health Circulars ARAC 5 May 2020

Appendix A - Outstanding WHCs 2015 onwards



PWYLLGOR ARCHWILIO A SICRWYDD RISG AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	05 May 2020
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 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 2020 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.

WHC 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 2019/20, progress was sought from leads on a rolling quarterly basis and reported through the Executive Team Performance Reviews (Operational Services) and Executive Team (Corporate functions). Following direction by Welsh Government, the Health Board suspended all performance reviews at the beginning of March 2020 to allow it to focus on planning for the emerging COVID-19 pandemic, however following Board agreement in March 2020, services will now be asked to review delivery of their WHCs in light of COVID-19 along with other risk and assurance work.

Assurance is also provided to the Board level Committees (BPPAC 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. not been implemented however are in progress). Updates on WHCs on the Strategic Log are reported to ARAC and the Executive Team on a bi-annual basis.

The table below highlights the number of WHCs under each RAG status up until the end of March 2020:

RAG Rating	No. of WHCs
<i>Strategic Log</i>	2
<i>Red (Not completed/behind schedule)</i>	5
<i>Amber (Not completed but on schedule)</i>	23
<i>Green (Completed)</i>	231
Total	261

See note 1

See note 2

Note 1 - WHCs moved to the Strategic Log

The Executive Team agreed these WHCs were moved to the Strategic Log. Prior to agreement, leads must undertake a risk assessment to ensure the impacts on non-delivery are understood and mitigated as far as reasonable practicable.

- WHC [022-16 Principles, Framework and National Indicators: Adult In-Patient Falls](#) 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. (*Risk Reference – 727, current risk score 12*)
- WHC [001-18 Guidance on safe clinical use of Magnetic Resonance Imaging \(MRI\)](#) 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 which the Health Board currently do not have access to. (*Risk Reference - 722, current risk score 12*)

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: 053_15 Introduction of SNOMED CT as an Information Standard in NHS Wales	Date Issued: 12/12/15	Lead Executive: Director of Planning, Performance & Commissioning
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Current Position:
The responsibility for the introduction of Systematized Nomenclature of Medicine - Clinical Terms (SNOMED CT) into all Welsh National Products is the responsibility of the NHS Wales Informatics Service (NWIS). The SNOMED CT Service within the Informatics Service has been established as set out in the target operating model approved by workstream 3 (WS3). The service continue to provide expertise regarding the use of SNOMED CT within Welsh Clinical Portal forms that are currently in development. This includes the distribution of SNOMED as value sets from the Welsh Reference Data Service as an interim measure until a central terminology service is established. The SNOMED service have been requested by WS3 to set up a new SNOMED reference group where progress to date can be shared and for reviewing documentation, principles and guidelines. No updates have been received by the Health Board from the National Team on the Implementation of SNOMED CT, and no new systems have been rolled out by the Health Board. An update has been requested from NWIS but to date no response has been received.

WHC ref/name: 018-17 Reduction in Hospital Food Waste Target from Un-served Meals to 5%	Date Issued: 07/06/2017	Lead Executive: Director of Operations
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Current position:
As of April 2020 the UHB has not reduced to 5% or less across all sites.

WHC ref/name: 034-17 Policy on the Management of Point of Care Testing (POCT) What, When and How?	Date Issued: 13/07/17	Lead Executive: Director of Therapies and Health Sciences
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Current position:
The policy is going through full consultation after which it will be reported to the Written Control Group meeting for ratification.

WHC ref/name: 026-19 Nationally Standardised Adult Inpatient Assessment and Core Risk Assessments	Date Issued: 20/08/2019	Lead Executive: Director of Nursing, Quality and Patient Experience
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Current position:
Work is progressing to implement the remaining nursing documents sequentially to be fully compliant with the WHC by the end of May 2020. (It is not known if this will be delayed due to COVID-19).

WHC ref/name: 039-19 Good working practice principles for the use of chaperones during intimate examinations or procedures within NHS Wales	Date Issued: 06/01/2020	Lead Executive: Director of Nursing, Quality and Patient Experience
Current position: Assistant Director Operational Nursing and Quality Acute Services has completed the review of the policy and has requested that it be discussed and signed off at the Senior Nurse Management Team (SNMT). Supporting officer for this WHC is still to be confirmed.		
<u>Argymhelliad / Recommendation</u>		
The Audit and Risk Assurance Committee is asked to take an assurance that there is a process in place within the UHB to monitor the implementation of WHCs and that outstanding WHCs will be reviewed with Services to ascertain the impact of COVID-19 on delivery.		

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 Termau: Glossary of Terms:	Contained within the report
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	PMAF/ Exec Team meeting for monitoring	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 Planning, Performance & Commissioning	Anthony Tracey	Ongoing	Not provided	Not provided	Amber	Planning, Performance & Commissioning (Exec Team)	Business Planning and Performance Assurance Committee (BPPAC)	<ul style="list-style-type: none"> Commercial discussions concluded between EMIS Health and NHS Wales when all parties signed the agreement in December 2019. Planning has continued on the assumption that Aneurin Bevan UHB will be first Health Board to take the Welsh Emergency Departments System (WEDS). System integration testing continues between EMIS and NHS Wales Informatics Service (NWIS) following successful completion of endpoint and sanity testing. SIT Cycle 2 in progress. As the central infrastructure is 4 years old, EMIS have reviewed if any upgrades are required. It has been agreed that there will be no hardware upgrade required. EMIS & NWIS discussing the contractual implication of this. Demonstrations of WEDS scheduled for late May to include national integration. Demonstrations of WEDS to include national integration and a Benefits workshop arranged for June 2019. Likely first national deployment is Q3. <p>Until formal notification from NWIS is received that the system is fit for purpose, the Health Board are unable to implement.</p> <p>The Assistant Director of Informatics has met NWIS (Oct 2019) to discuss the possible arrangements for entering into a formal contractual arrangement to implement the system. These discussions are still on-going, and any decision will require a business justification case due to the increased revenue for taking the system.</p>
049_15	Operational Standards for Use of the NHS Number	06/11/2015	Compliance	Quality and Safety	To implement the NHS Number.	Director of Planning, Performance & Commissioning	Gareth Beynon	Review through Information Quality Initiative until 2020	Not provided	Phase 1 - Immediate, Phase 2 - April 2018, Phase 3 - April 2020	Amber	Planning, Performance & Commissioning (Exec Team)	BPPAC	<p>NHS Number Completion is now being monitored on all the identified systems and reported regularly to Information Governance Sub Committee (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 system.</p> <p>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.</p> <p>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.</p> <p>Work is continuing to improve the use of NHS Number within the Health Board. The Informatics Team have been supporting the Quality, Safety & Experience Assurance Committee (QSEAC), 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.</p>
053_15	Introduction of Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) as an Information Standard in NHS Wales	12/12/2015	Action	Quality & Safety	To inform that although there is no implementation programme for acute and community care, colleagues are expected to use the SNOMED CT clinical terminology in relevant programmes and projects.	Director of Planning, Performance & Commissioning	Gareth Beynon	N/A	Not provided	26/04/2017	Red	Planning, Performance & Commissioning (Exec Team)	BPPAC	<p>National group currently in place to progress with this work. Representation from Hywel Dda is part of this work going forward. March 2019- The SNOMED service have been requested by WS3 to set up a new SNOMED reference group where progress to date can be shared and for reviewing documentation, principles and guidelines. The group are currently waiting for the Welsh Technical Standards Board (WTSB) to be fully established before they submit the SNOMED CT Data Entry and Storage guidelines for approval. These guidelines and the approvals process are still being developed.</p> <p>As the Health Board is dependent upon the development of national systems by NHS Wales Informatics Service (NWIS), the Health Board will not be able to facilitate this Welsh Health Circular (WHC). However if the Health Board does in the intervening period purchase any new clinical systems they will ensure that this WHC is adhered to.</p> <p>At June 2019 BPPAC meeting, Independent Member (Chair) proposed that given this WHC is also behind schedule due to external factors, this will be escalated to the Board via the BPPAC update report.</p> <p>There has been no further updates from the National Team on the Implementation of SNOMED CT. However, no new systems have been rolled out within the Health Board, therefore the WHC is not applicable. The Assistant Director of Informatics wrote to the outgoing CEO of NWIS for a formal update. However, no response has been received.</p> <p>It was agreed at the BPPAC February 2020 meeting that as no response had been received from the Chief Executive Officer of NWIS, a further letter be sent, to be followed by a letter on behalf of the Committee if a response is not received imminently.</p>
007_16	Guidance on Infection Prevention and Control of Carbapenemase-producing Enterobacteriaceae (CPE) and Other Multi Drug resistant Organisms (MDSRO)	11/02/2016	Action and Information	Quality and Safety	To implement processes, procedures and training	Director of Nursing, Quality and Patient Experience	Sharon Daniel	Feb-17	Not provided	Not provided	Amber	Nursing, Quality and Patient Experience (Exec Team)	Quality, Safety and Experience Assurance Committee (QSEAC)	<ul style="list-style-type: none"> The draft HB MDSRO policy-478 completed its global consultation on the 09/08/19 and the comments returned involved significant work/changes on the policy. The policy has been revised and is now awaiting return to the Clinical Written Control Documentation Group which is taking place on 20/11/19. This policy may need to go back out for global consultation due to the scale of the changes. The MDSRO screening tool is finalised but again has to go to the documentation group for approval on 20/11/19. The screening tool will be an appendix on the MDSRO policy. Once the MDSRO screening tool/ policy is approved staff training will begin.

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022-16	Principles, Framework and National Indicators: Adult In-Patient Falls	06/04/2016	Action		<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	Medical Directorate (Exec Team)	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 QSEAC 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</p>
025-16	THIRD PARTY DELEGATION: The required governance framework	29/04/2016	Action	Quality and Safety	The document sets out guidance to support the delegation of health tasks by NHS health professionals to non NHS health and social care support staff.	Director of Nursing, Quality & Patient Experience	Sian Passey	Apr-18	Not provided	No specified date	Amber	Nursing, Quality and Patient Experience (Exec Team)	QSEAC	<p>The existing Excellence, Assurance and Governance in a Learning Environment (EAGLE) Framework was providing the Governance necessary to ensure compliance with the WHC, this process is constantly being reviewed and as part of the review process, a clear communication plan is to be identified for front line managers to ensure that they are fully aware of the revisions and the process when instigating 3rd Party Delegation.</p> <p>Date: to be achieved 30th March 2020.</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	Planned Care	QSEAC	<p>The department continue to implement the previously low scoring elements of the 2016 Quality Standards Audit. A reassessment has been completed and the score was 58% which we recognise is low and there is opportunity to make improvements.</p> <p>The Health Board has recently (as of October 2019) received Welsh Government (WG) slippage monies which have allowed the Health Board to buy equipment so that we can increase the physical capacity, this includes purchase of a sound proof booth that has been fitted in the Audiology Department in Pembroke Docks, which has allowed us to increase the capacity in the Pems locality of the Health Board. The department continues to review staffing and skill mix plus capacity and demand in an effort to maintain and improve compliance with the standards.</p> <p>Workforce has been reviewed and 2 receptionists have been recruited which has allowed the Assistant Practitioners to return to their roles, as well as successfully recruiting 3 Band 6 Audiologists, 2 internal Band 5 staff and 1 from outside of the Health Board, these are currently going thro the HR checks. These appointments will work across the Paeds service and allow us to implement the Tinnitus Direct Referral Pathway.</p> <p>The Head of Service has been in post since 29/07/19.</p>
018-17	Reduction in Hospital Food Waste Target from Un-served Meals to 5%	07/06/2017	Compliance	Quality & Safety	Target of food waste will be reduced from 10% to 5% from June 2017	Director of Operations	Tim Baines	Jul-19	Not provided	31/07/2019	Red	Facilities	QSEAC	<p>Average waste is approximately 6% to June 2019 Reducing waste to <5% remains an objective for all Catering Managers.</p> <ul style="list-style-type: none"> Catering IT Solution – This is now available on the Framework and a business case is being prepared in conjunction with the successful IT company. The company has received information regarding bed numbers, menus etc. To consider if HDUHB should draw down the IT System. Waste Review – Work is continuing with WRAP Cymru Food Waste Prevention. An alternative menu which includes lighter meals was trialled on Teifi Ward in Glangwili General Hospital (GGH). This trial is being evaluated using a PDSA and support from Service Improvement Work continuing re making catering service more responsive to patient needs Reduction of time between when a patient orders meal and receives has still not been reduced due to operational issues Waste is a permanent agenda item at each County Nutritional Meeting. <p>Waste from staff catering is now being looked at in order to reduce cost of staff catering. Finger food is now also available for patients with light appetites.</p> <p>Estates Facilities Performance Management System (EPFMS) returns have been submitted to NHS Shared Services Partnership – Specialist Estate Services (NWSSP-SES). Currently awaiting report.</p> <p>As of April 2020 the UHB has not reduced to <5 across all sites.</p>

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028-17	NHS wales Blood Health Plan	28/09/2017	Action & Information	Quality & Safety	Highlight the publication by the Welsh Blood Service of the NHS Wales Blood Health Plan	Medical Director	Rhian Fuge	Sep-19	Not provided	Not provided	Amber	Medical (Exec Team)	QSEAC	<p>Assurance officer received WHC in January 2018. Medical Director is the Lead, with support from the Director of Therapies and Health Science. The WHC will be sent to the Blood Transfusion group.</p> <p>The NHS Wales Blood Health Plan has been launched with poster and email distribution containing information of the event held in The Life Sciences Hub in Cardiff on the 17/07/18. The launch on 17/07/18 was an educational day organised by the Blood Health- National Oversight Group. Groups have been formed for each topic to look at implementation of best practice. There were also interesting presentations from the Scottish Blood Service on blood stocks data and also about the "non medical prescribing of blood" course offered in Swansea.</p> <p>The NHS Wales Blood Health Plan is an ongoing strategy for the delivery of safe transfusion of blood products across Wales within the current guidelines for best practice. There are no specific targets for Health Boards currently but the work stream groups outlined above continue to meet and feed back to the National Oversight Group.</p> <p>The Carmarthenshire Transfusion Practitioner, and Consultant Haematologist sit on these committees.</p> <p>The annual conference in July 2019 was a success and was well attended by medical, laboratory staff and transfusion practitioners from Hywel Dda University Health Board. Presentations covered platelet use, implementing clinical change, use of O negative blood and an audit of the 2 sample rule in Cardiff and Vale. Plans are underway for a further 1 day conference in July 2020.</p> <p>The national oversight group continues to meet regularly and Health Boards have been asked to provide details of their Major Haemorrhage (MH) plan and return data from MH activations for an All Wales audit. Hywel Dda UHB are participating in this.</p> <p>Monthly feedback on blood product use and wastage continues to be provided to the Health Board from the Welsh Blood Service and is reviewed at the Blood transfusion group meetings for benchmarking and tracking and trending.</p>
034-17	Policy on the Management of Point of Care Testing (POCT) What, When and How?	13/07/2017	Compliance	Health Professional Letter	Updated guidance in which we are asked to raise awareness and ensure the UHB is compliant with the requirements therein.	Director of Therapies & Health Science	Will Oliver	N/A	Not provided	Immediately	Red	Therapies (Corporate)	QSEAC	<p>Due to work pressures while Laboratory accreditation was taking place and staff sickness, the current policy had been extended for 6 months until 08/07/18, whilst the full document was reviewed in line with the new guidance.</p> <p>The POCT policy has been reviewed by the POCT group and Assistant Director of Therapies and Health Science, to bring it in line with the All Wales Policy. This had been delayed due to work pressures in Pathology and some long standing issues that need to be address relating to the relationship with primary care.</p> <p>As of October 2019 the policy is currently going through targeted consultation, and after full consultation this will be reported to the Written Control Group meeting for ratification (hopefully November 2019 meeting).</p>
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	Public Health (Exec Team)	QSEAC	<p>Progress in relation to the Welsh Health Circular 'Attaining the World Health Organisations (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>

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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	Radiology	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 magnetic resonance (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. Bronglais General Hospital (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 Abertawe Bro Morgannwg University Health Board 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 Health Board'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 QSEAC 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 Health Board expressing an interest in this appointment supporting the Hywel Dda service.</p> <p>16/07/19- OOSEAC- Guidance on safe clinical use of Magnetic Resonance Imaging (MRI), sitting with the Director of Therapies and Health Science. Whilst the Health Board have agreed to the recommendations within this WHC, there is no Medical Physics Expert to recruit in Wales, therefore Members agreed to move this to the Organisational Log and the close the WHC.</p> <p>11/09/19- WHC was approved by formal Exec Team to be moved to the Strategic Log.</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	Therapies (Corporate)	QSEAC	<p>Health Board Ear Nose and Throat (ENT)/Audiology Care Collaborative Group to be established chaired by the Deputy Chief Executive/Director of Operations Terms of reference have been drafted with membership scoped.</p> <p>New Head of Service is now in post, as well as 1.5 Band 6 posts – working in Paediatrics and Adults Services and 1 Whole Time Equivalent (WTE) Band 5 post working in the Adult Service.</p> <p>3 Band 6 Audiologists will be working across the HB providing support to Paediatrics and supporting the implementation of the Tinnitus Direct Access Pathway.</p> <p>Active participation in planning for Audiology facilities within the developing Integrated Care Centres and Llanelli Wellness Village Service specification has been submitted for the Cross Hands Community Hub</p> <p>Review of hearing aid provision (both demand and cost) has been commenced; this has previously been reviewed but requires update Continues with the support of Procurement.</p>

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010-18	Car parking management – guidance for NHS Wales	05/04/2018	Action	Finance/ Estates	This WHC sets out the procedure within NHS Wales concerning car parking charges and the management of car parking across the NHS in Wales.	Director of Operations	Gareth Skye	Under constant review	Not provided	Not provided	Amber	Transport	BPPAC	<p>Travel plans for Aberaeron Integrated Care Centre (AICC), Cardigan Integrated Care Centre (CICC). BGH and GGH have been updated of which the format and contents has been approved but a further meeting is needed with Transport and Sustainable Travel Manager for final sign off. WGH, Tenby Cottage, S Pembro, Amman Valley and Llandoverly are in draft awaiting an opportunity to visit the sites for discussions with the site managers and to obtain some photographs. Each of the travel plans includes public transport routes, Park + Ride (P+R) facilities (where applicable), cycle paths (where available), cycle routes within the vicinity, walking routes within the vicinity, contacts for Traveline Cymru/Lift Share, reference to Non Emergency Patient Transport (NEPT) provision for patients and a section of future actions/improvement requirements.</p> <p>All schemes/policies/procedures relating to car parking have been fully consulted upon with staff.</p> <p>Measures were introduced in 2019 at GGH to introduce a one way system on the service road GGH next to the mortuary to eliminate potential incidents/accidents and support access for emergency vehicles. Transport and Sustainable Travel Manager is working with estates to address lineage issues at both GGH and Prince Philip Hospital (PPH). Additional 57 car parking spaces at GGH upon completion of current construction work in December 2020.</p> <p>The Nantyci P+R service will operate additional hours between 07:00 – 22:00 commencing 03/02/20 to encourage staff and visitor use. The facility is free for staff upon production of their I.D. Public pay £1 however this is free for under 16's travelling with a paying adult and for concessionary bus pass holders. Increased usage will support the reduction of CO2 emissions.</p> <p>Procedures were developed by the Car Park Implementation Group for the application of Parking Permits together with an agreed Appeals process (approved by the Executive Team). The appeals panel have dealt with appeals in a compassionate manner. The Permit Application Process and Appeals Process will be re-written to encapsulate some areas requiring further attention based on areas we believe can be tightened up.</p> <p>Automatic Number Plate Recognition (ANPR) cameras were introduced in 2019 following a grace period for staff to become accustomed to the system. This had no impact on staff whom continued to park inappropriately when the ANPR cameras went live. A considerable number of Parking Charge Notices (PCN) were issued and the CEO determined they were to be suspended in Sept 2019 and all PCN's issued between 05/08/19 and the 09/09/20 (except for parking in zero tolerance zones) were to have fines refunded.</p> <p>Several business case are being worked up for consideration by the Executive Team (ET) to alleviate parking pressures on GGH. These proposals will take some considerable time to work up the plans, obtain Executive approval and most importantly obtain funding from Welsh Government to make progress</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	Primary Care, Pharmacy, LTC (Exec Team)	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. 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.</p>
030-18	Sensory Loss Communication Needs (Accessible Information Standard)	28/09/2018	Compliance	Information Technology	<p>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.</p> <p>All systems in procurement, or for future procurement, MUST comply with this Standard with immediate effect.</p> <p>All relevant actions must be taken in order to comply with the Implementation Plan with immediate effect.</p>	Director of Partnerships and Corporate Services	Rhian Bond	N/A	Not provided	Immediately	Amber	Partnerships and Corporate Services (Exec Team)	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.</p> <p>Practices have the facility to record information on communication needs etc. on their GP clinical systems. Assistant Director of Primary Care will ask that this is raised at the next Three Counties Practice Managers (PM) meeting for an assurance on practical implementation.</p> <p>Feedback from the 3 Counties Practice managers/Health Board meeting held on 06/06/19: PMs have included this on the patient questionnaire, but felt that there is too much information required, so very few new patients have completed all the questions as part of the registration process. Patients have found the questionnaire too complicated.</p> <p>The Corporate Team have delivered sensory loss awareness training for staff across the Health Board including primary care during November 2019 Sensory Loss Awareness Month. Head of Strategic Partnership Development is attending the Primary Care Locality Leads meeting on 05/12/19 to make a presentation on the work with vulnerable groups generally, and their role in providing services which are accessible. The Corporate Team are also working on a project of an on-line interpretation service which is hoping to be piloted with a Primary Care Cluster.</p>

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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	Amber	Nursing, Quality and Patient Experience (Exec Team)	QSEAC	<p>Director of Estates, Facilities and Capital Management confirmed they will provide any capital requirements to meet minimum standards. Clinical input may be required to this as part of the assessment of needs. Isolation Rooms to be reviewed in line with new guidance – January 2019</p> <p>Paper to Infection Prevention Sub-Committee (IPSC) Jan 2019 Task and Finish Group has been set up and due to meet in early Autumn- this group will report back to IPSC with recommendations based on clinical risk for discussion at future meetings.</p> <p>January 2020 Baseline assessment completed and discussed at IP SC in November 2019. Requirement to consider how a 'a Healthier Mid & West Wales' &/or Clinical Pathways will influence strategic direction before Capital Bids are drawn up. For discussion with Executive Team.</p>
048-18	National Enhanced Service Specification for non-routine immunisations for adults and children at risk	12/11/2018	Action	Public Health	The WHC is directed at GP practices delivering vaccination and immunisation services in Wales and details the arrangements for the vaccination of adults and children outside of the routine national immunisation programme who are at increased risk of disease.	Director of Public Health	Lynne Edwards	N/A	Not provided	Not provided	Amber	Public Health (Exec Team)	QSEAC	This has now been commissioned by the Health Board. Once the service is running this WHC will be changes to complete.
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/ Director of Operations	Michael Thomas	N/A	N/A	Submit Improvement Plan to Welsh Government by 27/06/19	Amber	Public Health (Exec Team)	QSEAC	<p>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. 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.</p> <p>The specific action relating to the improvement plan to be submitted to Welsh Government on 27/06/19 for review was achieved by the UHB, however further work needs to be implemented on this WHC as a whole, which doesn't have a timescale specified.</p>
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	Therapies (Corporate)	QSEAC	<p>In 2015, the Health Board began the work of transforming its Pain Services to meet national guidelines around working with people living with Persistent Pain. As part of this service re-design a multi-disciplinary team was established and in June 2016 this new service pathway became operational, with Clinical Psychology leading on this.</p> <p>The Pain Service now has two distinct pathways, the medical pathway which provides medical interventions to those who would benefit most from this, and a bio-psychosocial chronic pain pathway which is based on principles of self-management within secondary care. However as part of this work, a whole systems, integrated approach is required and this work is ongoing in order to improve streamlined provision across sectors of care and successful engagement in the community.</p> <p>A digitalised version of the Pain Management Programme (PMP) is being planned with support from the UHB's Research & Development (R&D) service as well as Values Based Health Care team to look at ways of funding this development. The UHB is advocating living better with your pain, enabling people to increase their understanding of their pain, reduce fear associated with pain, increase activity and improve mood and self-esteem, which all help improve quality of life whilst reducing dependency on medication, as well as primary and secondary health care services.</p>
018-19	Augmentative and Alternative Communication (AAC) Pathway	06/06/2019	Action	Health Professional Letter	Guidance relating to the provision of Augmentative and Alternative Communication (AAC) equipment. The new pathway seeks to ensure that people who need communication equipment and support will access that support as close to home as possible from the local speech and language therapy services in their health boards; with streamlined access to the National AAC Specialised Aids Service for those who need high technology, complex equipment.	Director of Therapies & Health Science	Philippa Large	N/A	Not provided	Immediately	Amber	Therapies (performance reviews)	QSEAC	<p>The Health Board has received confirmation that the funding from WG is for permanent posts. A scoping exercise in the learning disabilities team has established no current part time member of staff is interested in extending their hours to cover the 0.4 in Adult Learning Disabilities (ALD).</p> <p>The intention now is to recruit to: - 0.9 joint adult learning disabilities and children's service (combining the 0.4 ALD with the 0.5 children's post) - 0.5 adult core service</p> <p>The service is waiting for the final matching report and is meeting with the finance department to seek clarity on how the jobs will be cost coded as the posts are split between directorates.</p> <p>In the meantime the UHB are prioritising and adhering as best as possible to the clinical aspects of the pathway with existing staff. However operating procedures will not be drawn up until new staff are in post.</p> <p>The UHB are waiting to hear what WG are going to request in terms of monitoring for this financial year and are collecting data on patients currently in receipt of high and low tech AAC in preparation.</p>

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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	Vanessa Davies	N/A	Not provided	Not provided	Amber	Public Health (Exec Team)	QSEAC	The Immunization Coordinator has advised practice nurses / paediatric nurses / health visitors of this WHC in the annual immunisation updates, but the Occupational Health Service will lead on implementing this within the UHB as it is an occupational health delivered vaccination programme. The Programme for commencement of Pertussis vaccination action plan was reported to the Immunisation and Vaccination Committee in October 2019. Currently due to long-term sickness absence only two band 5 Occupational Health (OH) nurses are working across four sites. A business case has gone forward for two temporary nurses to start this programme but agreement has yet to be made. The programme is prepared, the vaccine has been sourced and the Patient Group Directions (PGD) is signed and ready for implementation once the staff are in post.
026-19	Nationally Standardised Adult Inpatient Assessment and Core Risk Assessments	20/08/2019	Compliance	Policy	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. The WHC also reminds Health Boards that from March 2020 the Clinical Nursing Informatics Lead posts will be funded by individual health boards/trusts.	Director of Nursing, Quality and Patient Experience	Judith Bowen/Sharon Daniels	N/A	N/A	30/11/2019	Red	Nursing, Quality and Patient Experience (Exec Team)	QSEAC	(Interim) Senior Lead Informatics Nurse confirmed she will aim to an action plan to support this document with the relevant stakeholders. In addition the Dietetics teams are already planning the implementation of the Nutrition screening tool to be achieved by the end of November 2019. Work is progressing as planned to implement the remaining nursing documents sequentially to be fully compliant with the WHC by the end of May 2020.
028-19	Consolidated rules for managing cancer waiting times	20/09/2019	Compliance	Performance/ Delivery/ Information Technology	Final version of the updated consolidated rules for managing cancer waiting times. The new rules will apply to patients beginning their pathway on or after 1st December 2019. Please also note these rules apply to all cancer pathways, urgent suspected cancer (USC), non-urgent suspected cancer (NUSC) and single cancer (SCP) pathways.	Director of Operations	Keith Jones	01/12/2019	N/A	Not provided	Amber	Cancer	QSEAC	Assistant Director Acute Services is currently leading on this WHC.
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 Partnerships and Corporate Services	Rhian Bond	N/A	Not provided	Immediately	Amber	Primary Care, Pharmacy, LTC (Exec Team)/ Partnerships & Corporate Services (Exec Team)	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.
037-19	Ordering influenza vaccines for the 2020-2021 season	28/11/2019	Action	Public Health	This letter provides advice on ordering supplies of influenza vaccine for 2020-2021. It is based on advice from the Joint Committee on Vaccination and Immunisation (JCVI).	Director of Public Health	Vanessa Davies	N/A	Not provided	Not provided	Amber	Public Health (Exec Team)	QSEAC	The circular has been forwarded to lead Pharmacist for flu vaccine ordering, and discussions on the circular have taken place in the UHB flu meeting. The circular has been in correspondence with GPs, highlighting specifically that there are changes from this years advice and that High Dose Trivalent Influenza Vaccine (HD-TIV) will not be reimbursed- to try to minimise any confusion for surgeries. Initial figures for vaccines for the 20/21 flu season have been forwarded to Welsh Government. Ordering for the current campaign is complete. The 'predicted demand' has been sent NWSSP procurement to start the tender process for 2020/2021. Actual ordering of the vaccines for the 2020/21 campaign is likely to be April to June 2020 based on previous years, once the tendering process is complete.
039-19	Good working practice principles for the use of chaperones during intimate examinations or procedures within NHS Wales	06/01/2020	Action	Quality & Safety	This circular provides guidance for health boards and trusts in respect of good working practice principles for the use of chaperones during intimate examinations or procedures within NHS Wales.	Director of Nursing, Quality and Patient Experience	TBC	02/01/2025	Not provided	01/01/2020	Red	Nursing, Quality and Patient Experience (Exec Team)	QSEAC	Assistant Director Operational Nursing & Quality Acute Services has completed the review of the policy and has requested that it be discussed and signed off at the next Senior Nurse Management Team (SNMT) on the 11/02/20. Supporting officer for this WHC is still to be confirmed.

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042-19	Annual Quality Statement 2019 / 2020 Guidance	23/12/2019	Information	Quality & Safety	All NHS organisations are required to publish an AQS, as part of the annual reporting process. This WHC provides guidance on the content and structure of the statement for 2019-20.	Director of Nursing, Quality and Patient Experience	Cathie Steele	01/03/2021	Not provided	29/05/2020	Amber	Nursing, Quality and Patient Experience (Exec Team)	QSEAC	The draft AQS was provided to QSEAC on 07/04/2020. During discussions the following points were raised by Members: <ul style="list-style-type: none"> an acknowledgment that narrative within the AQS in regard to the Annual Plan 2020/21 had been prepared prior to the COVID 19 pandemic, and that some of the priorities may be delayed, which should be referenced in the document. a suggestion that the introduction should include narrative from the QSEAC Chair. to ensure accountability, the AQS would be presented to the Audit, Risk and Assurance Committee in May 2020.
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 Planning, Performance & Commissioning	TBC	03/03/2022	N/A	Immediately	Amber	Planning, Performance & Commissioning (Exec Team)	BPPAC	<u>Patient Reported Outcome Measures (PROMS) Data- Current Position</u> Currently PROMS data is captured via the National platform so is already available to NWIS and provided back to Health Boards via their National Data Warehouse. Minimal secondary uses have been made of this data to date due to the way the data is made available to Health Boards which is very currently very cumbersome and complex to extract and provide back to services (currently only Orthopaedics). Plans are in place to use the locally assigned National Data Resource to develop a suitable extract routine from the National Data Warehouse to allow secondary use of this data locally. <u>Future developments</u> The Value Based Health Care team are currently scoping other products that provide a similar PROMS platform for patients. Discussions have been had with 'DoctorDoctor' and I believe these are on-going. Other Health Boards in Wales that already use 'DoctorDoctor' have voiced concerns and difficulties around getting the data back from the provider for secondary uses. No further detail is currently known on the extent of this. A request has been made to Simon Mansfield (Head of Value Based Healthcare) for a discussion following the publication of this WHC. <u>Submission to NWIS</u> If the Health Board continues to use the national platform for PROMS then there will be minimal action required to submit. If the decision is to move to another provider then work will be needed to ensure that the data can be provided and submitted in accordance to the national requirements. <u>Clinical Audit Data- Current position</u> From previous discussions with Ian Bebb (Clinical Audit Manager) there seems to be a significant amount of governance around the availability and the secondary usage of Clinical Audit data. Again a request has been made to him following the publication of this WHC. But further detail will be needed from NWIS around the specific requirements for each Clinical Audit. If data is to be taken directly from the audit providers then I believe the Health Boards should ensure that they get the exact same data as NWIS and not data that has been standardised and cleansed as NWIS do with other data receive from various organisations. Need to understand the information governance arrangements around each national audit – data controller & data owner etc. <u>Value Based Healthcare- Current position</u> It is our intention to provide NWIS with all Patient Recorded Outcome Data either through the National PROMs solution or through our engagement with other third party providers of PROM collection software. The pace of the integration with National Data Repositories will be determined by the work already ongoing with key suppliers and the identification of other pre-existing PROM collections as we become aware of them. I am aware that at least two suppliers (PKB and DrDoctor) are well progressed in discussions with NWIS about providing a feed of PROM data routinely. The longer term objectives of our Value Based Healthcare Programme are to facilitate the development of detailed PROM visualisations for clinicians/patients and national dashboards for the wider assessment and improvement of services across Wales. This is all predicated on our ability to feed data from all PROM collection sources into NWIS.
006-20	COVID-19 RESPONSE – CONTINUATION OF IMMUNISATION PROGRAMMES	31/03/2020	Action	Public Health	NHS health boards and trusts are currently postponing various elective and non-urgent work to prioritise work related to the COVID-19 outbreak. Maintaining immunisation programmes is a key priority to protect public health from other preventable infections at this time and in the future. Immunisations should continue in line with clinical advice and scheduled timings during this period as far as possible.	Public Health Wales	TBC	N/A	Immediately	Immediately	Amber	Public Health (Exec Team)	QSEAC	