

2.2.2

Compliance with Welsh Health Circulars

*Presenter: Joanne Wilson*

SBAR Welsh Health Circulars ARAC May 2019

Appendix A - WHC Log



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	07 May 2019
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Welsh Health Circulars (WHCs)
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	See list included in Assessment section of report
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Claire Bird, Assurance Officer

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

At its meeting on 27<sup>th</sup> 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.

This report to the Audit & Risk Assurance Committee (ARAC) provides a current status report on all WHCs issued by Welsh Government and the arrangements in place to ensure implementation is monitored.

**Cefndir / Background**

Since October 2014, WHCs were reintroduced to replace Ministerial Letters. This process was approved by the Minister for Health and Social Services and designed following advice from audit services, and in agreement with the Local Health Board and NHS Trust, Board Secretaries. The new arrangement was intended to provide a streamlined, transparent and traceable method of communication.

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. A WHC will be used when a letter is being sent out across the wider NHS. Chief Medical Officer/Chief Nursing Officer/Heads of Profession letters are now issued under a WHC. 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 policy, performance & delivery, planning, legislation, etc.

A standard cover sheet will provide details of two different categories. Firstly the WHC will be characterised as:

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

Secondly an indication of a subject area will be identified as:

- Workforce
- Finance
- Estates
- Quality and Safety
- Legislation
- Governance
- Performance / Delivery
- Information Technology
- Science
- Research
- Planning
- Public Health
- Policy
- Health Professional Letter

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 CMO website.

### Asesiad / Assessment

Appendix A details the Welsh Health Circulars 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*

The table below highlights the number of WHCs under each RAG status up until the end of March 2019:

<b>RAG Rating</b>	<b>No. of WHCs</b>
<i>Red (Not completed/behind schedule)</i>	6
<i>Amber (Not completed but on schedule)</i>	26
<i>Green (Completed)</i>	187
<b>Total</b>	<b>219</b>

The table below highlights the WHCs which have not been implemented within stated timescales (currently Red RAG rated). Please note that it is not always clear from the standard cover sheet when the 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.

### WHCs which have not been implemented within stated timescales (Red RAG status)

<b>WHC ref/name:</b>	<b>Date Issued:</b>	<b>Lead Executive:</b>	<b>Monitoring Committee:</b>
053_15 <a href="#">Introduction of SNOMED CT as an Information Standard in NHS Wales</a>	12/12/15	Director of Planning, Performance & Commissioning	Information Governance Sub Committee

**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. 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.

<b>WHC ref/name:</b> 022-16 <a href="#">Principles, Framework and National Indicators: Adult In-Patient Falls</a>	<b>Date Issued:</b> 06/04/16	<b>Lead Executive:</b> Director of Nursing, Quality & Patient Experience	<b>Monitoring Committee:</b> Operational Quality Safety and Assurance Sub Committee
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**Current position:**

Overarching actions noted and current status confirmed as being incorporated into the UHB's Adult Inpatient Falls Reduction Improvement Plan which is monitored at the Adults Falls Improvement Reduction Group.

The officer lead has been asked to undertake a risk assessment in order that the impacts of not implementing the WHC are understood and how they are being mitigated. This will enable the Executive Team to consider this to be moved to the strategic log given the significant investment required to implement the action plan associated with actively addressing Osteoporosis.

<b>WHC ref/name:</b> 027-17 <a href="#">Clinical Musculoskeletal Assessment Treatment Service (CMATS)</a>	<b>Date Issued:</b> 12/09/17	<b>Lead Executive:</b> Director of Operations	<b>Monitoring Committee:</b> Business Planning & Performance Assurance Committee
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**Current position:**

The service complies with the majority of the metrics including waiting times not exceeding 6 weeks, however at this time the service continues to work with NWIS to deliver full compliance with an electronic referral and monitoring system. The UHB is awaiting key actions to be completed by NWIS before electronic referral can proceed. Software updates for Welsh Clinical Portal are awaited which will allow for a pilot triage system to be tested. Informatics have informed that there is a risk that the CMATS pilot will be further delayed as other triage systems with a greater proportion of Urgent Suspected Cancer (USC) referrals have been prioritised by the organisation. Updates have been regularly requested by CMATS leads for over 12 months.

<b>WHC ref/name:</b> 034-17 <a href="#">Policy on the Management of Point of Care Testing (POCT) What, When and How?</a>	<b>Date Issued:</b> 13/07/17	<b>Lead Executive:</b> Director of Therapies and Health Sciences	<b>Monitoring Committee:</b> Medical Devices Group
<b>Current position:</b> The Assistant Director of Therapies and Health Science and POCT Co-ordinator are currently reviewing the UHB POCT policy to bring it in line with the All Wales Policy. Once reviewed the policy will be sent out for targeted consultation followed by Clinical Written Control Document Group for formal approval.			
<b>WHC ref/name:</b> 044-17 <a href="#">Guidance for the care of children and young people with continence problems</a>	<b>Date Issued:</b> 15/09/17	<b>Lead Executive:</b> Director of Nursing, Quality & Patient Experience	<b>Monitoring Committee:</b> Quality, Safety and Experience Assurance Committee
<b>Current position:</b> Given a lack of clarity in respect of professionals who should be involved in developing the action plan to address the issues highlighted in the WHC guidance. The scoping process has now taken place and an improvement plan has been developed with key responsible officers identified. Assurance has been provided that whilst there is a delay in children obtaining the initial assessment, no risks have been identified by the service or have been placed on the risk register.			
<b>WHC ref/name:</b> 001-18 <a href="#">Guidance on safe clinical use of Magnetic Resonance Imaging (MRI)</a>	<b>Date Issued:</b> 05/02/18	<b>Lead Executive:</b> Director of Therapies & Health Science	<b>Monitoring Committee:</b> Operational Quality Safety and Experience Sub-Committee
<b>Current position:</b> The WHC is unable to be implemented as there is no suitable Magnetic Resonance Safety Expert (MRSE) available to appoint (that is the same across Wales) therefore MRI modality leads within the UHB are liaising with their colleagues across Wales to share knowledge and skills and to ensure all risk assessments are undertaken. A risk assessment has been completed by the Head of Radiology (service risk no. 722, risk score 9, high) and 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.			

WHCs are reported routinely through the Board committee structure. Updates on WHCs that have not been implemented (those that are amber or red) are collated prior to each relevant committee meeting from each supporting officer. Committees are requested in the report to highlight any concerns via appropriate exception reporting as required. For committees that meet quarterly, WHC reporting is provided to every meeting. For committees that meet bi-monthly, WHC reporting is provided to every other meeting (i.e. every four months).

Below is a summary of the committees that receive assurance on the implementation of WHCs on behalf of the Board:

<b>Committee name</b>	<b>Committee meeting frequency</b>	<b>Current no. of open WHCs</b>
Business Planning & Performance Assurance Committee	Bi-monthly	4
Quality, Safety and Experience Assurance Committee	Bi-monthly	5
Operational Quality Safety and Assurance Sub Committee	Bi-monthly	10
Effective Clinical Practice Sub Committee	Bi-monthly	1
Information Governance Sub Committee	Bi-monthly	3
Planning Sub Committee	Bi-monthly	1
Medicines Management Sub Committee	Bi-monthly	1
Nutrition & Hydration Task & Finish Group	Quarterly	1
Infection Prevention & Control Group	Bi-monthly	3
Immunisation and Vaccination Group	Quarterly	2
Medical Devices Group	TBC	1

Progress of WHCs are also reported within the appropriate Executive Team Performance Review, where applicable. WHCs under the corporate directorate functions are reported to the formal Executive Team meeting as part of the audit tracker progress report on a rolling quarterly basis. The performance team are currently reviewing the performance management review framework, therefore if a formal performance review process is put in place for corporate directorates, this reporting schedule to Executive Team will be reviewed and discontinued to avoid reporting duplication.

In addition Executive Directors receive a monthly status report of open reports on the tracker, copied to the relevant lead officers, which includes open WHCs and highlights those that are red (behind schedule).

#### **Argymhelliad / Recommendation**

The Audit & 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.

**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: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
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

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

WHC No	Name of WHC	Date Issued	Status	Category	Overarching Actions Required/ Objectives	Lead Executive	Date of Expiry / Review	Action required by	Status RAG (R - behind schedule / A - on schedule / G - completed)	Sub Committee for Monitoring	Update
001_15	Improving Oral Health for Older People Living in Care Homes in Wales	09/02/2015	Action	Workforce / Finance / Policy / Health Professional Letter	The focus is on ensuring residents have an oral risk assessment, and an individual care plan to optimise oral hygiene and reduce the risk of additional disease.	Director of Primary Care, Community and Long Term Care	31/03/2018	Rolling programme	Green	N/A	<p>The WHC 001-2015 has now been nationally branded as 'Gwen Am Byth – A Forever Smile'. There are a total of 97 residential homes across the UHB, 31 of which are nursing homes. As of April 2018, the CDS OHP team had piloted the programme with 18 care homes. The delivery includes training of care staff, introduction of documentation and resources and mentoring nominated Mouth Care Champions within the home. All residents will be risk assessed and a care plan written within 7 days of admission.</p> <p>87% of eligible care home staff have been trained and 507 residents had an up to date mouth care plan in place and delivered daily. Refinement of QA and outcome measures continues at a National level. The aspiration is for the team to expand into a further 22 homes by April 2019, subject to resource availability.</p> <p>The Local Implementation Group meet quarterly with membership from the care homes, CSIW, CDS, Care Home Support Team and 1000 Lives. This provides a forum to feedback and to engage collaboratively with the wider professional groups associated with care homes. Non-Dental attendance has been disappointing and renewed efforts are being made to improve engagement.</p> <p>The National task and finish group have developed an All Wales Resource which will be available later in 2018 to support delivery of the training. The risk assessment element is currently undergoing validation. The team held a successful training day for care homes at The Botanical Gardens in March 2018, with 1000 Lives funding the event.</p> <p>The Community Dental Service clinical team have supported the programme with increased Domiciliary care service provision.</p> <p>This is a rolling programme with progress to be reported to the Dental Planning, Performance and Deliver Group and subsequently to the Primary Care Sub Committee. The Clinical Director of Clinical Dental Services represents the Health Board on the National Advisory Group.</p> <p>11/12/18- WHC completed- Improving OH in Care homes has been launched and is functioning within the WG resource provided.</p>
002_15	Access to Specialist Dental Services Delivered in Primary Care	09/02/2015	Action	Workforce/ Finance/ Policy/ Health Professional Letter	To deliver better oral health to vulnerable patient groups by improving access to specialist dental services across Wales.	Director of Commissioning, Therapies & Health Sciences	30/04/2016	31/03/2016	Green	N/A	<p>HDUHB hosts Specialists in Special Care Dentistry (0.2 wte) and Specialist in Paediatric Dentistry (0.4 wte) via an SLA with ABMU. Primary Care has contracts with Specialists in Oral Surgery who provide treatment in Swansea.</p>
003_15	National Ophthalmic Implementation Plan	26/01/2015	Action	Policy	Implementation of the Integrated National Implementation Plan for Ophthalmology.	Director of Operations	30/09/2017	30/04/2015	Green	N/A	<p>The UHB continues to work positively towards the aspirations of the local Ophthalmology Action Plan supporting 12 key service aims. These mirror key elements of the Integrated National Implementation Plan for Ophthalmology. This work is regularly monitored by a fortnightly Eye Care Operational Group, chaired by the Director of Operations. Progress is also reported to various national and local groups / committees including the UHB Quality, Safety &amp; Experience Assurance Committee, UHB Eye Care Liaison Group and the Welsh Ophthalmic Planned Care Board (WOPCB). In going forward the National Ophthalmic Implementation Plan is currently being reviewed and based on a new list of priorities will be integrated with the UHB Action Plan and that produced locally by the Planned Care Board. Therefore resulting in one clear Action Plan meeting both national and local objectives to provide safe and sustainable Eye Care services across the Health Board.</p> <p>The UHB Integrated Ophthalmology Action Plan for 2017/18 has now been drafted for final approval at the Eye Care Collaborative Group meeting due to be held on the 17/02/17. This Plan incorporates key priorities identified in the National Ophthalmic Implementation Plan for 2017/18. These were initially identified at the WOPCB meeting on the 11/01/17 and subsequently agreed at the Wales National Eye Health Care Steering Board on the 03/02/17. The Plan also references the departments contribution to UHB's Clinical Strategy and the Integrated Medium Term Plan (IMTP). The final progress report on the Ophthalmology Action Plan will be discussed at the next Eye Care Collaborative Group meeting on the 19/05/17. Following this meeting any outstanding objectives from 2016/17 will be included in the new Merged Ophthalmology Action Plan for 2017/18 together with themes from the respective Action Plans stemming from reviews undertaken by HIW, CHC and the NHS Delivery Unit in the last 12 months. It will also integrate the respective Action Plans of the Planned Care Board, Primary Care and priorities identified in the National Ophthalmic Implementation Action Plan.</p> <p>Merged Ophthalmology Action plan prepared by General Manager Service Improvement and UHB Optometric Adviser for Wales National Healthcare Steering Board meeting on the 16/06/17. Based on the key Ophthalmology priorities identified for Year 1 and Year 2 of the UHB IMTP the merged Action Plan has now been reviewed and amended for consideration for 2018/19. This will need to be considered and agreed at the next Eye Care Collaborative Group in March 2018. The Integrated National plan for Ophthalmology is now embedded within the IMTP for the department. An updated plan was released in late 2017 and we are now working towards full implementation by September 2018.</p> <p>***This plan was superseded by the 10 point action plan that Welsh Government now require Health Boards to work towards. We have now made strong progress towards delivering in all areas of this plan. Please see the June 2018 update which was presented to WG in July 2018.</p>
004_15	Supporting Primary Care to place individuals with Dementia on their Practice Dementia Registers	03/02/2015	Action	Performance	Implementation of new READ codes on the top of any Memory Clinic Letter to GPs or discharge summary concerning patients with Dementia. Action required by 1 April 2015.	Executive Medical Director	01/02/2016	01/04/2015	Green	N/A	<p>All memory clinics within HDUHB will have implemented the new read codes on letters to GPs or discharge summaries concerning patients with dementia by the 1st April 2015. Welsh Health Circular document has been redistributed in order to ensure compliance and an audit of compliance will be completed in May 2015. April 2015- READ codes implemented on all letters from Memory Clinics / Discharge letters.</p>
005_15	DSCN and reporting template for Outpatient Follow up Delay Reporting Data Collection	23/01/2015	Compliance	Performance / Delivery	Reporting of the number of patients still waiting (delayed) at the end of each month for an outpatient follow-up appointment - from the 1st January 2015 (submitted February 2015).	Interim Chief Operating Officer	31/03/2015	31/01/2015	Green	N/A	<p>Processes are in place to report on the number of patients waiting for outpatient follow-up appointments, and reporting has commenced.</p>
006_15	Radiotherapy Data Set	05/02/2015	Action	Policy / Health Professional Letter	Introduction of a Radiotherapy Data Set for Wales. Action required by 1 April 2015.	Director of Therapies & Health Sciences	N/A	01/04/2015	Green	N/A	<p>No further action required by Hywel Dda. There are only 3 Radiotherapy Centres in Wales and HD is not one of them.</p>
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	Ongoing	Not provided	Amber	Information Governance Sub Committee	<p>There has been a delay in the implementation of the Welsh Emergency Departments System (WEDS) nationally. Following legal consultation, NWIS on behalf of NHS Wales, issued EMIS Health Two Non-Conformance Reports, against the Master Service Agreements for WEDS. Responses from EMIS have been received and discussed with EMIS. Commercial discussions with EMIS are on-going. The Assistant Director of Informatics is currently awaiting further information from the National Team on the progress to date.</p> <p>The next meeting of the WEDS Project Board is scheduled for the 17/08/18, where the risk to NHS Wales will be discussed around non-delivery of the product, and whether the product is fit for purpose. The Risk is classified as Critical upon the National Informatics Management Board (NIMB) risk register. The Risk is detailed as</p> <p>There is significant risk that EMIS Health will not be able to deliver a robust solution in line with contractual specifications. All relevant parties expecting to implement the solution (NWIS along with ABMU, Aneurin Bevan and BCU Health Boards) have formally requested assurance from EMIS Health on resolution of outstanding issues preventing User Acceptance Testing sign off. No timelines have been provided and so confidence is low with regards the delivery of the product.</p> <p>Consequence: NHS Wales unable to realise the expected benefits from implementing a national ED system, with detrimental impact on patient flow, ED performance, audit data and ability to share information across Wales.</p> <p>Until formal notification from NWIS is received that the system is fit for purpose, the Health Board are unable to implement.</p> <p><b>Update – March 2019</b></p> <ul style="list-style-type: none"> <li>Commercial discussions have concluded between EMIS and NHS Wales. The agreement was signed by all parties in December.</li> <li>Planning has continued on the assumption that AB will be first health board to take WEDS.</li> <li>The national WEDS project board met December 21st.</li> <li>Kick off meeting with EMIS and 4 health boards (ABUHB, ABMU, BCU, Cwm Taf) planned for 14th January 2019.</li> <li>System integration testing is in progress between EMIS and NWIS.</li> <li>A Benefits workshop will now be arranged.</li> </ul> <p>However the situation remains that until formal notification from NWIS is received that the system is fit for purpose, the Health Board are unable to implement.</p>
008_15	Prudent Healthcare One Year On	11/02/2015	Action	Policy	Health Minister highlighted for priority areas for prudent healthcare in Wales for 2015. <ul style="list-style-type: none"> <li>primary care;</li> <li>workforce and organisational development;</li> <li>remodelling the relationship between the citizen and the provider (co-production); and</li> </ul>	Executive Medical Director	N/A	27/02/2015	Green	N/A	<p>Cascaded to Board Members and staff (via Global and Team Brief). Cascaded to all Acute operational and clinical teams, to be considered in all business planning and clinical development plans in the future.</p>
009_15	UK General Election 2015	23/02/2015	Action	Governance	Guidance to NHS employees on their role and conduct during the forthcoming UK Parliamentary Election period (30 March 2015 - 7 May 2015). Action required by 29 March 2015.	Board Secretary	N/A	29/03/2015	Green	N/A	<p>Sent out by Global E-mail to staff followed by internal communications briefings.</p>
010_15	Ordering Flu Vaccine for the 2015 - 2016 Season	24/02/2015	Action	Health Professional	To ensure adequate supplies of flu vaccine are ordered for the 2015 - 2016 season.	Director of Public Health	N/A	Not provided	Green	N/A	<ul style="list-style-type: none"> <li>An order has been placed for 5000 doses of flu vaccine by HDUH Occupational Health Team.</li> <li>Medicines Management Team have linked in with Welsh Health Supplies (who organise the tender for the vaccines) for the egg-free and Fluarix tetra requirements.</li> <li>Primary Care Teams have been sent WHC also and are required to order own supplies via All Wales 'direct delivery' system that was introduced in 2014.</li> </ul>



WHC No	Name of WHC	Date Issued	Status	Category	Overarching Actions Required/ Objectives	Lead Executive	Date of Expiry / Review	Action required by	Status RAG (R - behind schedule / A - on schedule / G - completed)	Sub Committee for Monitoring	Update
011_15	Children's Vision Wales Pathway (4 - 5 years old)	21/04/2015	Compliance	Policy	To provide a flexible auditable pathway for school screening.	Director of Public Health/Director of Operations	N/A	Immediate	Green	N/A	The SBAR report has been revised and strengthened with greater emphasis on the clinical risks associated by not providing this screening service. The revised paper was considered by the Executive Team during May 2017 - following the meeting, further information was requested and a revised SBAR prepared.  At the Executive Team meeting held on the 28th June it was agreed to reintroduce the Children's Vision Screening service during 2017/18. This will be done on a phased basis supported by a robust implementation plan.  The appointment of the necessary school nursing service has been completed while the additional Orthoptist roles have now been recruited. Training for school nurses commenced in March 2018. It is now planned that the screening service will be reintroduced by June 2018 on a phased basis.  Pending the formal reintroduction of this service the UHB continue to show "nil" returns on the WG data update requests.  Update July 2018: The Children's screening service has now implemented since April 2018. Over 1400 Children have been screened and over 20% have required interventions from the HES and community optometric services. The latest implementation plan from June 2018 is attached. The UHB will be submitting returns to WG from August 2018.
012_15	NHS Wales Infrastructure Investment Guidance	30/03/2015	Action	Estates	Issue of revised Infrastructure Investment Guidance for NHS Wales	Director of Planning Performance & Commissioning	Periodic Review	Ongoing Business Case Submissions	Green	N/A	This is new guidance which outlines the Welsh Government's requirements in terms of the planning, management and delivery of NHS infrastructure investment and replaces a number of WHCs. This guidance will be used to inform future planning infrastructure investments and be used in ongoing business case and planning submissions. Standards have been received by QSEAC & will determine action through its delegated authority.
013_15	Seventh Caldicott Principle - "Duty to Share" and people's access to their electronic care records	09/04/2015	Action	Information Governance	To provide a short report on what actions have been taken and results you have achieved in translating this principle into action.	Executive Medical Director	N/A	07/05/2015	Green	N/A	Report sent to WG.
014_15	Statutory and Administrative Financial Duties of Local Health Boards and NHS Trusts	05/05/2015	Action	Finance	To clarify the position regarding the Statutory and Administrative Financial Duties of NHS bodies in Wales. Action required by Financial Years 2014 / 15 and beyond.	Director of Finance, Performance and Commissioning	01/03/2016	Financial Years 2014/15 and beyond	Green	N/A	New requirements set out in Finance Report to Board on 28th May 2015 and Team Brief to staff on 2nd June 2015.
015_15	Health and Care Standards	01/04/2015	Action	Quality and Safety	To understand and actively assure on how well we meet these standards on an ongoing basis.	Director of Nursing Quality and Patient Experience	No later than 2025	01/04/2015	Green	N/A	The implementation of these standards does not have a completion date. They replace two previous methods, Standards for Health Services in Wales (2010) and 'Fundamentals of Care' Standards (2003). Guidance for monitoring and reporting will be issued by WG later this year. Currently we have received these standards into Q&S Committee and will determine action through its delegated authority.
016_15	2015 / 16 LHB and Trust Monthly Financial Monitoring Return Guidance	24/04/2015	Compliance	Finance	To provide new guidance for completing monitoring return spreadsheet for 2015 / 2016 financial performance.	Director of Finance, Performance and Commissioning	01/04/2016	Not provided	Green	N/A	This is annual guidance and will inform each monthly return to WG in 2015/16.
017_15	NHS Outcome Framework and Measures Guidance	13/04/2015	Compliance	Performance / Delivery	To develop a reporting and performance management framework to comply with the WG Outcomes and Delivery Framework issued under WHC (2015) 017	Director of Finance, Performance and Commissioning	01/04/2016	30/04/2015	Green	N/A	Draft performance assurance framework was presented to the Board at its Public Meeting on 28th May, together with a 'new style' performance assurance report reflecting the 7 new domains in WHC (2015) 017. Both the assurance framework and the assurance report were approved as 'work in progress' and will be further developed over the year. Meanwhile these are working documents which comply with the WG Outcomes and Delivery Framework. Superseded by WHC 023-16 NHS Outcomes Framework and measures guidance 2016/17
018_15	Dispute Arbitration Process - Guidance for Disputed Debts (Invoices and Service Arrangements) within NHS Wales -2015 / 16 - 2016/ 17	24/04/2015	Compliance	Finance	To provide revised guidance for disputed debts between Welsh NHS bodies, including a new process for service agreement disputes.	Director of Finance, Performance and Commissioning	01/05/2017	See paragraphs 6 - 43 of Guidance	Green	N/A	Interim review of Financial procedure 02/02 for compliance with WHC (2015) 018. The process for enacting the circular started in March 2015 when the proposed revised debtor guidance was shared with the service prior to formally issuing the circular. Finance began putting in systems in place to comply with the revised guidance at this time.  The Standing orders (schedule 1 paragraph 16.6 (e)) requires contract documentation to cover the disputes and resolution processes. The 2015/16 contract documentation will make reference to the revised circular.
019_15	Changes to the Shingles Vaccination Programme	30/04/2015	Action	Health Professional Letter	Programme delivery dates amended to commence of 1 April each year and run for 12 months to 31 March.	Director of Public Health	N/A	Not provided	Green	N/A	Primary Care Teams have been sent WHC, NES and Local delivery plan and clinical arrangements have been finalised by Immunisation team and Primary Care Contracting Team.
020_15	Dementia Training for NHS Staff	06/05/2015	Action	Performance	To ensure 50% of directly employed staff received Dementia Training by the end of 2015 / 2016 financial year. To be completed by 30 April 2016	Director of Workforce and OD	01/05/2016	30/04/2016	Green	N/A	Target achieved-The UHB target requirement is to ensure 50% of directly employed staff who deliver direct care receives Dementia Training by the end of 2015/16 financial year (to be completed by 30 April 2016). This was estimated at the time to be around 3,350 staff although these numbers can change daily. The 6 staff from the Accident & Emergency (A&E) teams on each site who attended high level training funded centrally by Welsh Government to train as trainers within their specialist teams in A&E has yet to deliver any training due to activity within the departments but are planning sessions in the near future. Additional training continues to be delivered as part of the Skills to Care Programme for all Health Care Support Workers & the Volunteer Training Programme also includes Dementia. The training is part of Corporate Induction and there is also an e-learning package although there are some reporting anomalies currently being resolved nationally so the figure will increase further as a result over the next few months. The figure below incorporates the Butterfly Scheme, Induction (to end February 2016), the A&E staff trained as trainers, the Volunteers Programme, Skills to Care (to end Feb 2016) & Induction (to end Feb 2016). The Department is in the process of developing a frailty development programme with clinical staff which will incorporate dementia within it. It is hoped this will run across the UHB during 2016/17 to multi-disciplinary teams. The total number of staff trained as at end February is: 2871. Whilst every effort has been made to deliver training through e-learning, induction, skills to care & face to face training it would be unprecedented for over 500 staff to be trained during March. It is anticipated that by year end 4096 staff will have had training.
021_15	Updated Human Tissue Authority Guidance on Disposal of Foetal Remains	06/05/2015	Compliance	Health Professional Letter	To review your policy and practice and adopt burial and cremation as appropriate methods of disposal. Adopt the Human Tissue Authority (HTA) revised guidance on the disposal of pregnancy remains following pregnancy loss or termination	Interim Chief Operating Officer	N/A	Immediately	Green	N/A	The LHB is compliant with the WHC guidance. Revised policy was issued for consultation in September 2015 and implemented as a working draft pending formal ratification. Working Group to confirm final policy at next meeting on 25th November 2015.
022_15	Sharing Patient Information between Healthcare Professionals - A Joint Statement from Royal College of Ophthalmologists and College of Optometrists	25/05/2015	Information	Governance	For immediate action - the Royal College of Ophthalmologists and the College of Optometrists issued a joint statement on 20 March 2015 encouraging Ophthalmologists to share clinical information with the referring Optometrist.	Executive Medical Director/ Director of Finance, Performance and Commissioning	N/A	Immediately	Green	N/A	Distributed to Optometrists in primary care and Orthoptists and Ophthalmologists in secondary care on 31 May 2015, with final update to the Eye Care Group (ECG) on 3 July 2015.
023_15	Launch of Liver Disease Delivery Plan	08/05/2015	Compliance	Health Professional Letter	To implement the Liver Disease Delivery Plan - a framework for NHS Wales and its partners to 2020, and to reflect in the 2016 - 17 refresh of our Integrated Medium Term Plans.	Director of Finance, Performance and Commissioning	05/05/2020	Immediately	Green	N/A	Following the issue of the Liver Disease Delivery Plan in May 2015, a working group was established. The group was clinically led by Dr Ian Rees with Planning support, and senior representatives of Public Health along with specialist nursing and substance misuse input. The Delivery Plan has been completed and sent to WG as a draft as evidence of progress.  Formal approval of the plan is following the agreed governance process. The Plan was discussed and 'noted' by QSEAC at its meeting of the 20th October 2015 which commended the collaborative and easy to read Plan which will allow the Board to track progress. The Plan was presented to BP&PAC on the 24th November 2015 where it was approved. The Delivery Plan has subsequently been issued to Welsh Government and made public on the UHB web site.
024_15	List of Welsh Health Circulars - 1 September 2014 to 31 May 2015	29/05/2015	Information	Information Governance	For information - the list of WHCs covering the period 01.09.14 to 30.05.15.	Board Secretary	Not provided	None	Green	N/A	All WHCs have been circulated to Lead Executives to implement and regular reports are made to Board
025_15	The Annual Quality Statement 2014	16/06/2015	Action	Quality and Safety	Sharing of 2014 All Wales Quality Statement and requirements for 2015 Statements.	Director of Nursing Quality & Patient Experience	#####	#####	Green	N/A	AQS in final design stages having been approved at Board in May 2015. Requires final design and translation prior to publication by 30th September 2015.

WHC No	Name of WHC	Date Issued	Status	Category	Overarching Actions Required/ Objectives	Lead Executive	Date of Expiry / Review	Action required by	Status RAG (R - behind schedule / A - on schedule / G - completed)	Sub Committee for Monitoring	Update
026_15	Aseptic Non Touch Technique (ANTT): Implementation of a National Standardised Approach	05/06/2015	Action and Information	Quality and Safety	To advise of National Launch Events and Train the Trainer Sessions.	Director of Nursing, Quality & Patient Experience	03/06/2016	Not provided	Green	N/A	Implementation underway being lead by the Assistant Director of Nursing for Infection Prevention and Control. This is a practice based issue and therefore will not have a cut off final date. It is a new method of practice and will form part of the UHB planned approach to training. Full engagement by the UHB Nursing teams at the national launch.
027_15	Information Quality	11/06/2015	Action	Quality and Safety	To introduce the Information Quality Improvement Initiative (IQII) and sets out early actions for organisations.	Director of Performance and Commissioning	N/A	03/04/2015	Green	N/A	A formal response has been sent around the actions outlined within the WHC. In summary, they are as follows: <ul style="list-style-type: none"> <li>A draft Information Assurance Policy for Hywel Dda was attached to the formal response.</li> <li>In terms of a representative for the IQII Meetings, the nominated lead will be Head of Information Services</li> <li>The UHB are scrutinising its internal processes and process mapping particularly concerns in readiness for the review.</li> </ul> Confirmation has been received that this information has been received and the UHB is awaiting notification of the date of the first meeting of the IQII Group.
028_15	The National Influenza Immunisation Programme 2015 – 2016	08/06/2015	Action	Health Professional Letter	To advise of the National Influenza Immunisation Programme 2015 - 2016.	Director of Public Health	N/A	Not provided	Green	N/A	Reissued as WHC 029_15
029_15	The National Influenza Immunisation Programme 2015 - 2016 (Revised)	11/06/2015	Action	Health Professional Letter	To advise of the revised National Influenza Immunisation Programme 2015 - 2016.	Director of Public Health	N/A	Not provided	Green	N/A	The Seasonal Influenza Plan 2015-16 has been ratified by the Local Flu Action Team (LFAT), and a paper detailing the key areas of work will be presented to the Board on the 24th Sept 2015.  In the LFAT meetings, each area feeds back progress on their specific area of the plan to the group.  The Influenza Plan forms part of a series of plans under the umbrella of an overall Immunisation and Vaccination Plan.  The flu planning work is ongoing throughout the year and progress will be monitored by the LFAT
030_15	Return to Reusable Instruments for Tonsil and Adenoid Surgeries	29/06/2015	Action and Information	Quality and Safety	To implement new guidelines.	Director of Planning Performance & Commissioning	24/06/2016	Not provided	Green	N/A	Procurement has placed an order with the contractor for the supply of the reusable tonsillectomy instruments. These instruments have to be delivered to Surgical Materials Testing Laboratory in Bridgend for testing and are not likely to be put into use until the latter part of November 2016.
031_15	Arrangements for consent to acquire and dispose of a lease in property (where not covered by any business case approval process)	22/06/2015	Compliance	Estates	To comply with new monitoring arrangements.	Chief Executive	N/A	With immediate effect	Green	N/A	All new internal reporting protocols are in place and will be applied to all future lease arrangement that fall within the stipulated criteria.
032_15	Publication of Easy Read versions of the Health Care Standards	16/07/2015	Action	Quality and Safety	To make new easy read versions available.	Director of Nursing, Quality & Patient Experience	No later than 2020	16/07/2015	Green	N/A	This was circulated via Global on the 23 July 2015
033_15	Cancelled before issue										
034_15	The National Orthopaedic Implementation Plan	29/07/2015	Action	Policy	National Orthopaedic Implementation Plan pulls together all the requirements for orthopaedics in a single place and presents the actions for health boards	Director of Operations	01/09/2017	30/09/2015	Green	N/A	The UHB continues to hold regular meetings with representatives from the national Planned Care Board to promote and monitor progress against the national agenda. To further support this work, the speciality holds bi-monthly meetings to action the necessary actions and agree consensus across the multi-disciplinary Group.  The Trauma and Orthopaedic Improvement Board continues to meet bi-monthly, chaired jointly by the Director of Operations and the Clinical Lead for Transformation. Key themes agreed for 2018 include: <ul style="list-style-type: none"> <li>Development of knee, hip, spinal and paediatric referral protocols.</li> <li>Review of all SLA agreements for T&amp;O care to consider the possibilities of repatriation, where possible, to reduce costs and bringing services closer to the patient.</li> <li>The development of the long term plan for the sustainability of the CMATS service</li> <li>Development of a business case for the provision of a Falls Liaison Service across the UHB.</li> </ul> Further to this Group's work during 2017: <ul style="list-style-type: none"> <li>Capacity and Demand – The T&amp;O service has determined clinical conditions to enable referrals to be tracked throughout the patient pathway and this will commence with the rollout of E-Referrals planned for May/June. A PSDA in the completion and accuracy of Clinic Referral Outcome forms (which includes the identification of the Clinical condition) will take place across the Portfolio. This began in April at Wilybush</li> <li>Review of Orthopaedic/Orthogeriatric service model –</li> <li>Disparities in the provision of care to hip fracture patients across the UHB against NHF standards have been identified and to further support addressing these, the first 'Right Care' workshop took place on 29/01/18, chaired by the Director of Medicine to address the variations in the hip fracture pathway across the UHB. Three workshops have been held as of June 2018.</li> <li>Funding has now been identified to advertise for a second Orthogeriatrician at Glangwili Hospital to support the care of fracture neck of femur patients. Funding for an ANP to support this role is currently under consideration</li> <li>The three counties National Hip Fracture Database multi-disciplinary groups. These are clinically led groups which scrutinise monthly data and submissions to this national audit.</li> </ul>
035_15	The National Health Service (Cross-Border Healthcare) (Telemedicine) (Wales) Directions 2015	30/07/2015	Information	Policy	To inform of the Telemedicine Directions 2015 No 17 that were adopted on 14 July 2015.	Executive Medical Director	N/A	N/A	Green	N/A	Telemedicine directions in relation to cross border healthcare will be incorporated in the update All Wales Procedure for Cross Border Health Care.  Reporting to the Board will include as part of the Individual Patient Funding Requests on a quarterly basis. Response submitted.
036_15	Request for Responses to Information Governance Training across Welsh Health Boards	29/07/2015	Action	Information Governance	To provide responses to recommendations in the ICO's report Phil Kloer	Director of Finance, Performance and Commissioning Phil Kloer	11/08/2015	11/08/2015	Green	N/A	Response submitted.
037_15	Meningococcal ACWY Conjugate Vaccination (MenACWY)	23/07/2015 (revised WHC issued 14/08/2015)	Action	Health Professional Letter	To advise of the introduction of MenACWY vaccination.	Director of Public Health	N/A	Not provided	Green	N/A	Advice has been given to General Practitioners on the Men ACWY vaccine, the Patient Group Directive (PGD), the Welsh Health Circular detail and there is a new entry in the Green Book. Ongoing education of the relevant health care professionals (in a phased approach) and the public on the importance of the vaccine with the increased prevalence of Men W circulating. Information is being included within the Annual Training updates and future bespoke training sessions. After the first cohort of young people is immunised, then the advice and support from the immunisation coordinator will focus on the School Nursing teams administrating to the young people within schools in the Spring term. Ongoing work but most of the groundwork has been completed.
037_15 (v2)	Welsh Health Circular 2015 037 Revision 2 - Meningococcal ACWY conjugate vaccination (MenACWY)	14/08/2015	Action		Changes on page 3, paragraphs 9 and 10	Director of Public Health	N/A	Not provided	Green	N/A	Completed.
038_15	Continuing NHS Healthcare - Advice on the Distribution of Public Information Materials	27/07/2015	Compliance	Policy	This provide guidance to how and where Continuing NHS Healthcare guidance and publicity materials in relation to information regarding both claims for the current period of time and also for retrospective claims should be distributed and displayed.	Director of Therapies & Health Sciences	N/A	Immediate	Green	N/A	Preparatory work has been undertaken however official posters and leaflets have not yet arrived from Welsh Government. The CHC Department has printed off PDF versions and have distributed posters to those listed in the WHC. The poster has also been sent to local media. All posters regarding the cut off date for claiming a retrospective review will be distributed by the 18.9.15. Completed 01/12/15
039_15	Additional Guidance on Proof of Payment for Reimbursement of Retrospective Claims	27/07/2015	Compliance	Policy	To follow the additional guidance, where appropriate	Director of Therapies & Health Sciences	N/A	Immediate	Green	N/A	This guidance has been circulated to all relevant staff and will be adhered to in future decision making.

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040_15	Introduction of MenB Immunisation for Infants	24/07/2015	Action	Health Professional Letter	To inform of the introduction of MenB Immunisation for Infants.	Director of Public Health	N/A	Not provided	Green	N/A	Completed- Both the Men B programme and MenACWY programmes are well established programmes in the immunisation schedule
041_15	The Future Development of Oral Surgery and Oral Medicine Services in Wales	29/10/2015	Action	Policy	To establish a locally based Managed Clinical Networks (MCNs) and then complete a needs assessment	Director of Primary Care, Community and Long Term Care	01/08/2018	01/04/2016	Green	N/A	The first joint Managed Clinical Network (MCN) with Abertawe Bro Morgannwg University Health Board (ABMU) and the UHB for Specialist Dental Services (which covers Oral Surgery) took place in August 2018. It is envisaged that this meeting will now take place on a quarterly basis and the chair is David Davies. The UHB has Oral Surgery SLA's in place to meet the Primary Care Oral Surgery identified need and a long term agreement in place with ABMU to provide specialist Oral Surgery services. During the early part of 2019 the UHB will be reviewing the Primary Care Oral Surgery requirement with a view to re-negotiate contract for the next 3 years and the Dental Team will discuss its proposal with the Specialist Dental MCN. From our UHB the Associate Medical Director for Dental and Philip Sumner, Clinical Lead for CDS are members of this group. Based on the above the WHC is green, but may need to note the potential sustainability issues of keeping the MCN meetings going with limited specialist dental clinical capacity in ABMU.
042_15	2016 European Communicable Disease Centre (ECDC) National Healthcare Associated Infection and Antimicrobial Usage Point Prevalence Survey	30/09/2015	Action and Information	Quality & Safety & Research	To undertake Health Care Associated Infections (HCAIs), Antimicrobial Usage and Medical Devices Usage Point Prevalence Survey (PPS)	Director of Public Health	30/09/2016	Not provided	Green	N/A	The timescales for this Survey have been moved back to Spring 2017 by Welsh Government/PHW to coincide with the roll out of an All Wales Automated Surveillance System. HDUHB is ready to participate and awaits further detail.
043_15	NHS Planning Framework 2016 - 17	09/10/2015	Action	Planning	To produce the IMTP plan for 2016 -17 by 29 January 2016	Director of Finance, Performance & Commissioning	Oct-16	Planning period 2016/17 to 2016/19	Green	N/A	The Draft Integrated Medium Term Plan (IMTP) 2016/17 was submitted to the 29th January Board and was approved by the Board for submission to Welsh Government. This has been the subject of formal feedback which informed the March 2016 submission. The final IMTP was due to be presented to the Public Board meeting of the 31 March 2016. However, as the Plan does not yet deliver financial balance over the three year period, it has an 'interim' status as Welsh Government requires further work to be undertaken to agree trajectories. It was however comprehensively discussed at the March 2016 Board and submitted in accordance with the Welsh Government timetables, and the UHB is awaiting formal feedback. To this end, work is ongoing with Welsh Government colleagues which will be the subject of further reporting to the Board.
044_15	Welsh language Commissioner's Recommendations for Primary Care - Progress and Work Plan	04/09/2015	Action and Information	Policy	To provide an update pertaining to current position on the recommendations	Director of Governance, Commissioning, Therapies & Health Sciences	N/A	Ongoing - first update by 30 September 2015	Green	N/A	The UHB is preparing for the imminent Welsh Language Standards, and will work with the Primary Care Directorate and County Teams to meet the Standards that are specific to Primary Care. Consultation on the Standards has just closed and the UHB has provided a comprehensive response. The UHB will continue to support Primary Care to deliver the best possible bilingual services to its patients.
045_15	Implications of the Social Services and Well-being (Wales) Act for NHS University Health Boards and Trusts	24/09/2015	Information	Policy	To inform of the implementation timescales	Director of Therapies & Health Sciences	N/A	N/A	Green	N/A	Superseded by WHC 028_16
046_15	Future of Together for Health Delivery Plans	17/09/2015	Information	Performance / Delivery	To inform of decision to extend the Together for Health Delivery Plans to March 2020	Director of Finance, Performance & Commissioning	01/04/2020	Not provided	Green	N/A	SBAR on Together for Health Delivery Plans, including the WHC, has been prepared for the Business Planning and Performance Assurance Committee. The SBAR reflects the key priorities moving forward : • Wholesale embedding of the prudent healthcare principles in the actions of delivery groups; • Full integration with the integrated medium term planning process; An emphasis on primary and community care.
047_15	Aseptic Non Touch Technique (ANTT): Implementation of a National Standardised Approach Follow Up	09/10/2015	Action and Information	Quality and Safety	To undertake a baseline audit of current aseptic practice	Director of Nursing, Quality & Patient Experience	01/09/2016	Not provided	Green	N/A	Minimum requirement for 50 audits. Progress: • 50 audits completed to date. • Upload to Survey Monkey in progress.
048_15	Prescribing for Children and Young People in Relation to Antidepressants	08/10/2015	Information	Health Professional Letter	To highlight advice on the prescribing of ADHD medication, antidepressants and antipsychotics to children and young people	Director of Therapies & Health Sciences	N/A	N/A	Green	N/A	• The WHC has been circulated to all GP Practices • Highlighted and discussed at GP Prescribing Leads meetings across the HB. • Audit is currently being undertaken within GP practices, with the support of the Medicines Management team in primary care to identify any children and young adults that are not under CAHMS but are prescribed ADHD or antidepressants
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	Review through Information Quality Initiative until 2020	Phase 1 - Immediate Phase 2 - April 2016, Phase 3 - April 2020	Amber	Information Governance Sub Committee	NHS Number Completion is now being monitored on all the identified systems and reported regularly to IGSC. Progress has been slow since the last update provided regarding making the relevant changes to the systems to comply with the DSCN. This is due to end of year pressures on the services and the Information Asset Owners. 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.  Where possible the 6 major NHS systems referenced in the DSCN now comply with the DSCN specification around uses and availability of the NHS number. Some gaps do exist as part of the system functionality, these are being addressed through the national development programmes for each of the systems where appropriate.  Local work has begun to address the other systems (not specifically referenced in the DSCN) as part of the Phase 3 work to ensure those systems also use the NHS number in all ways laid out by the DSCN
050_15	Decontamination of Medical Devices: A Development Plan for Healthcare Organisations	06/01/2015	Action and Information	Quality and Safety	To ensure that the Health Board reviews and develops policies and practices on the basis of the Implementation Plan that has taken into account the common themes identified in the 2014 national review of endoscope decontamination.	Director of Operations	01/01/2017	Not provided	Green	N/A	The Hospital Sterilisation and Decontamination Units (HSDU) Departments are all accredited to Medical Devices 93/42 EEC Annex 5 , ISO 9001:2008 , ISO13485 : 2003 , EN ISO 13485 20012. These standards are subject to annual external audit by our notified body SGS UK Ltd. All policies and procedures are divided utilising the requirements of the aforementioned standards. This is an ongoing requirement for all HSDU departments within Wales.
051_15	Mandatory Reporting Duty for Female Genital Mutilation in England and Wales	23/10/2015	Compliance	Health Professional Letter	To report directly to the Police within one month any identified or disclosed cases of FGM among girls under the age of 18. This duty applies to the healthcare professional directly and not the employer.	Director of Nursing, Quality & Patient Experience	N/A	Immediately	Green	N/A	Guidance in relation to FGM mandatory reporting for girls under 18 yrs circulated to staff via Global email on 4 November 15. The issues have been included in Safeguarding Children Newsletter December 2015 and available on Safeguarding Children intranet page. A follow up memo circulated to all areas advising of guidance.  DRAFT FGM flowchart developed and circulated for comments.  Head of Safeguarding Children is a member of the Meeting of Health Boards and Trust Leads for FGM, led by Public Health Wales. Discussions at December 2015 meeting regarding further training in relation to All Wales FGM Pathway to be discussed with WG, which will incorporate Mandatory Reporting Duty. Training locally is available and all service areas are aware.
052_15	Deprivation of Liberty Safeguards - Revised Standard Forms	30/10/2015	Compliance	Policy	To advise of the new Deprivation of Liberty Safeguards forms and guidance.	Director of Operations	N/A	02/11/2015	Green	N/A	The WG gave 2 days to implement the new forms. The Strategic Lead for the Supervisory Body, wrote to WG to express concern that this was an inadequate timescale as awareness raising among staff was required to ensure appropriate completion of the forms. Also, there were various problems with the forms that were issued. When this was raised with WG, they reissued 'unlocked' forms and NHS organisations/Local Authorities were told to resolve the problems out themselves.  This has now happened. The Supervisory Body Forms have now been fully implemented. The Managing Authority Forms will be launched across the UHB by the end April / early May, in conjunction with replacement Ward MCA/DoLS Resource Folders which are currently at the Printers. Since the existing folders contain the old forms, it would have been confusing for staff if we had implemented the new forms ahead of updating the resource folders.

WHC No	Name of WHC	Date Issued	Status	Category	Overarching Actions Required/ Objectives	Lead Executive	Date of Expiry / Review	Action required by	Status RAG (R - behind schedule / A - on schedule / G - completed)	Sub Committee for Monitoring	Update
053_15	Introduction of 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	N/A	26/04/2017	Red	Information Governance Sub Committee	The National SNOMED team visited the UHB to provide an initial early awareness session to key informatics teams including the Chief Clinical Informatics Officer. The SNOMED team have visited almost all Health Boards as part of the initial awareness plan; there will be further sessions for wider audiences when further work has been developed. The responsibility for the introduction of SNOMED CT into all Welsh National Products is the responsibility of the NHS Wales Informatics Service (NWIS) and the UHB are still awaiting a confirm action plan for implementation into national systems. The following is the update from the National Team around the Introduction of SNOMED CT: The SNOMED CT Implementation Programme was formally established in August 2017, with its governance overseen by workstream 3. The programme developed the three year roadmap and target operating model which has been assured by its stakeholder group and was subsequently approved in May 2018. A SNOMED CT Maturity Matrix has been developed to identify levels of system sophistication in relation to SNOMED CT incorporation. These levels range from no use of SNOMED CT through to a level where all the advanced features of SNOMED CT are being exploited by the system. The matrix is intended to act as an educational tool for developers and procurers, setting out what each level of maturity means and thus what can be gained from developing or procuring systems with higher levels of maturity. The SNOMED CT Maturity Matrix was approved by the Welsh Information Standards Board on the 25/07/18 and will be published via a Data Standard Change Notice (DSCN). The matrix has received interest from NHS Digital, NHS England and SNOMED International whom wish to make use of the tool. In addition to the matrix, guidelines have been developed to support the application of SNOMED CT search functionality within software applications. These have been widely shared across various stakeholders. They will now be submitted to the Welsh Technical Standards Board (WTSB) for review and advice on how to proceed to publication. A key requirement to support implementation of SNOMED CT across Wales is the introduction of a central terminology distribution service. 'OntoServer' (the Australian Ontology Server) is being explored as a potential terminology server for UK distribution of SNOMED CT and reference data. NHS Wales Informatics Service are collaborating with NHS Digital in a proof of concept project to test shared use cases. The SNOMED CT Service within the Informatics Service has been established as set out in the target operating model approved by workstream 3. 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. SNOMED Education and Awareness sessions continue to be delivered across Wales. As part of this, a short animation has been developed which will be reviewed across NHS Wales. National group currently in place to progress with this work. Representation from Hwyl 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.
054_15	European Antibiotic Awareness Day 18 November 2015	16/12/2015	Action and Information	Public Health	To participated alongside the other UK countries in EAAD which falls on 18 November to preserve the effectiveness of antibiotics by encouraging responsible prescribing and use.	Director of Commissioning Therapies & Health Sciences	19/11/2015	Not provided	Green	N/A	Complete.
055_15	Cancelled before issue										
056_15	Raising Awareness of Carbon Monoxide Poisoning and Action Required by Health Professionals	13/11/2015	Action	Health Professional Letter	To provide immediate action to manage source, once a case is identified, to prevent further harm, especially in the home environment.	Director of Therapies & Health Sciences	N/A	Not provided	Green	N/A	This has been circulated widely to A&E staff, physicians & community staff across all specialties, including paediatrics & maternity services to remind staff of the importance to consider report & act on suspected cases of carbon monoxide.
057_15	Arrangements and Processes Associated with Post-Mortem Examination of a Baby Following a Stillbirth	10/11/2015	Action	Health Professional Letter	To put plans in place to comply with the standards by 1 January 2016.	Director of Operations	Review of standards January 2017	01/01/2016	Green	N/A	The WHC is compliant with this WHC as all parents who have a stillbirth are offered a full post mortem examination (PM). There are 3 auditable standards that the UHB have to provide to the National Stillbirth Working Group as follows: -No of women in total having stillbirth. -No of these women offered a PM. -No of these women accepted a PM.  The total number of parents accepting a PM is low in Wales & there is a drive to increase this number. The UHB always offered PM to all women and the majority of staff have undergone PM information training.
058_15	Future C.Difficile and S.Aureus Bacteraemia HCAI Reductions by March 2017	30/11/2015	Action and Information	Quality and Safety	To reduce the number of C.Difficile and S.Aureus Bacteraemia cases.	Director of Nursing, Quality & Patient Experience	30/11/2016	31/03/2017	Green	N/A	The rate reduction expectations for C.difficile is a rate of no more than 28/100,000 population. The UHB has not achieved this target. The UHB has reported 7 fewer cases of Clostridium difficile from April to end of March 2017 compared to the previous year. There have been 24 relapses during the year. If the Health Board these were not counted on a 2nd occasion it is likely that the Health Board would be close to achieving the reduction expectation with 30 less CDI than the same period 2015/16. The Health board is currently 5th out of the 6 major Health Boards. 2 Health Boards achieved this target. The rate reduction expectations for Staphylococcus aureus is a rate of no more than 20/100,000 population. The Health Board did not achieve this target and reported 16 more infections than that for the same period 2015/16. None of the Health Boards achieved this target. The UHB was currently 3rd out of the 6 major Health Boards.  Now superseded by WHC-2017-011
059_15	2016 - 17 Health Board and Public Health Wales NHS Trust Revenue Allocations	21/12/2015	Compliance	Finance	To action revenue allocations for 2016 - 2017.	Director of Planning, Performance & Commissioning	N/A	Immediate	Green	N/A	A detailed assessment of this 2016-17 Revenue Allocation was presented to the Business Planning & Performance Assurance Committee, outlining the key flavours coming through from the confirmed allocation and signalling that a supplementary allocation is expected. This is fundamental to the UHB's income assumptions shown in the Financial Plan which forms part of the IMTP.
060_15	Cancelled before issue										
061_15	Updated Framework for Assuring Service User Experience	18/12/2015	Information	Quality and Safety	To implement the updated framework.	Director of Nursing, Quality & Patient Experience	N/A	For Immediate Action	Green	N/A	Completed- The framework has been accepted by the UHB and is used as a live framework from which the UHB will take forward its patient experience work. The UHB provides monitoring reports from WG on how it is using the framework.
001_16	New Guidelines on Drinking Alcohol Published in the UK	13/01/2016	Information	Public Health	To implement new Guidelines with immediate effect.	Medical Director & Strategy / Director of Nursing, Quality & Patient Experience	N/A	N/A	Green	N/A	Widely distributed to health professionals. There was widespread discussion in the press and in professional journals. Alcohol guidance is also frequently discussed.
002_16	National Assembly for Wales Elections 5 May 2016	18/01/2016	Action	Governance / Workforce	To comply with pre-election guidance.	Director of Governance, Communication & Engagement	30/06/2016	06/04/2016	Green	N/A	This has been delivered on schedule with detailed plans in place to communicate at key stages to all staff the pre-election guidance. A political affairs strategy has been developed and will provide a detailed briefing for all candidates on all the key issues facing HDU/UHB. Regular global emails as well as a Board Seminar session means that the UHB aim to reach all staff at least three times before key deadlines.
003_16	Additional Guidance on Proof of Payment for Reimbursement of Retrospective Claims	01/02/2016	Compliance	Policy	To replace the County Court Rate (CCR) with the Retail Price Index (RPI) when calculating the interest payable on claim settlement amount.	Director of Commissioning, Primary Care and Operations	N/A	Immediate	Green	N/A	This revised guidance has been fully adopted by the Long Term Care team and Finance team. There have not been any cases to-date however, that required the County Court rate to be utilised.
004_16	Care Decisions for the Last Days of Life	01/03/2016	Information	Health Professional Letter	The Care Decisions for the Last Days of Life document replaces the current All Wales Integrated Care Priorities (ICP) with effect from 1 April 2016.	Director of Operations	Annually	01/04/2016	Green	N/A	This is completed and fully implemented within the UHB. It forms part of any on-going training sessions.
005_16	The Role of the Community Dental Service and Services for Vulnerable People	01/02/2016	Action	Policy	Identify the full range of dental services required to meet dental and oral health needs in their area and to satisfy the statutory duty to provide dental services to meet all reasonable needs	Director of Commissioning, Primary Care, Community and Long Term Care	Jan-19	Immediate	Green	N/A	All of the service needs have now been identified, and the CDS has been successfully realigned to deliver on the WHC 005 – 16, so as of now the RAG rating would be green and the completion date can be 24/10/18. There remain operational and estates issues that Philip Sumner has discussed with Jill Paterson, but their conclusion is that the WHC has been delivered and they are satisfied that all the appropriate work streams have been established and are progressing.

WHC No	Name of WHC	Date Issued	Status	Category	Overarching Actions Required/ Objectives	Lead Executive	Date of Expiry / Review	Action required by	Status RAG (R - behind schedule / A - on track / G - completed)	Sub Committee for Monitoring	Update
006_16	National Ear, Nose and Throat Implementation Plan	08/02/2016	Action	Policy	To implement the Plan.	Director of Operations	01/02/2018	01/02/2016	Green	N/A	Work towards full implementation of the plan is still in progress with two out of twelve action points outstanding. <ul style="list-style-type: none"> <li>• Patient Reported Experience Measures (PREMS) – There is work currently ongoing which is being driven from a National level, however, results are needed from the National work so that processes can be implemented locally. We are currently working with the Patients Know Best for our USC patients.</li> <li>• A request has been submitted to the Executive Team for additional funding to establish audiology services capable of managing direct referrals from primary care. Confirmation of approval is needed, however, posts for Audiology have already been advertised to support ENT clinics but not filled - the post was covered by a locum Audiologist. The Audiology team are experiencing severe staffing issues which need actioning in 2018. The National ENT follow up guidelines have now been implemented with local modifications. There are still severe staffing issues which are currently being addressed. Full implementation is anticipated by July 2018.</li> <li>• 16/10/18: This WHC has been closed on the WHC log as these are reported regularly through BPPAC via the internal Planned Care Programme Meeting. The UHB is fully engaged with the Planned Care Program for Urology, Dermatology, Orthopaedics, ENT &amp; Ophthalmology and there are external Planned Care Program meetings held with the Directors and Welsh Government (reported to BPPAC 30/10/18).</li> </ul>
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	01/02/2017	Not provided	Amber	Infection Prevention Sub Committee	<ul style="list-style-type: none"> <li>• The Health Board (UHB) MDRO Policy approved March 2016 – a revised CPE Appendix being drafted. Contribution to the development of the All Wales guidance which will inform future screening protocols.</li> <li>• ICNet interface with LIMS completed July 2017, PAS interface completed June 2018.</li> </ul> <p>Project Plan Surveillance for all Multidrug Resistant Organisms ongoing – process is currently semi automated. UHB representation on the All Wales Group.</p> <ul style="list-style-type: none"> <li>• All Wales CPE/MDRO patient cards available</li> <li>• Gap Analysis Completed and presented to Infection Prevention &amp; Control (IP&amp;C) Group April 2016</li> <li>• Public Health England Toolkit on Carbapenemase-producing Enterobacteriaceae (CPE) management adopted and used when indicated.</li> </ul> <p>All Wales MDRO Policy - out for consultation July 2018  All Wales MDRO risk assessment agreed to be piloted Autumn 2018 - All Wales Policy and Risk assessment awaited  All Wales MDRO Policy to be adopted by the HB. Process to be followed being discussed with Policy Co-ordinator.</p>
008_16	Health Issues and Learning Disabilities	03/02/2016	Action	Quality and Safety	To nominate a Lead Officer to be a member of the Learning Disabilities Health Group.	Deputy Chief Executive & Director of Operations	03/02/2016	20/02/2016	Green	N/A	The nominated HB Lead for LD has been registered and accepted by WG. There is an inaugural workshop scheduled for the 16th March in Cardiff. The HB nominated lead already chairs a multidisciplinary LD operational group which is working on the implementation of the 1000 Lives LD Bundle.
009_16	Female Genital Mutilation multi agency guidelines	01/04/2016	Action		Raise awareness of the guidelines and ensure the organisation is compliant with the requirements therein.	Director of Nursing, Quality and Patient Experience, Medical Director of Commissioning/ Therapies & Health	N/A	Immediately	Green	N/A	Sian Passey leading on this (email in folder). This guidance has been sent out on 04/04/16 to 1. leads within Strategic safeguarding Committee 2. Requested that it is put on to global. 3. Separate correspondence with WCH Directorate and requested that it is added to the quality and safety agenda 4. Separate correspondence to primary care as it will also affect GP's 5. There is a flowchart which has been prepared and we are awaiting costs to print and send out to all areas, once received I will advise
010_16	Eye Health Examination Wales (EHEW) NHS Service: New Patient Pathways for Pre and Post-operative Cataract and Ocular Hypertension and Glaucoma Suspect Monitoring	01/03/2016	Compliance	Policy	To comply to the discharge of post operative cataract patients, low risk ocular hypertension patients, and suspect glaucoma patients from hospital eye services and / or ophthalmic diagnostic treatment centres to community Optometrist Practices accredited to carry out the EHEW service.	Director of Primary Care, Community and Long Term Care	N/A	31/03/2016	Green	N/A	The EHEW pathways for cataract discharge into primary care and for OHT and suspect glaucoma monitoring were fully adopted by the Eye Care group at its meeting on Friday 18th March 2016. At the clinical Ophthalmology development day held on the 13th May 2016, attended by the relevant Consultant leads the EHEW pathways for cataract discharge into primary care and for OHT and suspect glaucoma monitoring were formally agreed and adopted. This process, which was already in place in some areas, was extended across the region with immediate effect and the relevant documentation shared to ensure a consistent pathway for all our patients. Monitoring processes will be introduced through the UHB Optometric Adviser and the General Manager for Service Improvement to ensure full compliance with the Welsh Health Circular going forward.  In terms of the cataract discharge into Primary Care the outsourcing initiative during March and April 2017 demonstrated the effectiveness of implementing this EHEW pathway, with valuable lessons learnt in ensuring that effective communication exists between Secondary and Primary Care. The Welsh Ophthalmic Planned Care Board continues to monitor the UHB's compliance with the TDBAC report which monitors the number of steps undertaken with the EHEW cataract pathway with further work planned to reduce the number of steps in Ceredigion. This pathway has recently been strengthened by the publishing of the NICE guideline 'Cataracts in adults - management' (NG77) in October 2017. There has been a change in consultants in Ceredigion which has allowed us to ensure that all patients are seen in the community.  The EHEW pathway for OHT and suspect glaucoma monitoring was strengthened with the adoption of a new Service Specification by the UHB Eye Care Collaborative Group in March 2017.  The agreement to develop Ophthalmic Diagnostic Treatment Centres to collect data relating to those patients delayed past their scheduled follow up appointment during 2018 will accelerate the appropriate discharge of OHT and suspected glaucoma into Primary Care. Meanwhile the publishing of the NICE guideline Glaucoma: diagnosis and management in November 2017 (NG81) will further support the effective management of these patients in Primary Care. As part of the Ophthalmology department's 5 point plan all patients will receive post operative cataract follow ups within an EHEW registered practice. This will be the trustwide policy.
011_16	Prudent Healthcare: Securing Health and Wellbeing for Future Generations	15/02/2016	Action	Health Professional Letter	To action recommendations within the Prudent Healthcare documentation.	Director of Commissioning, Primary Care and Therapies Sciences	N/A	Not provided	Green	N/A	Completed
012_16	The Annual Quality Statement 2015 - 2016	25/02/2016	Action	Quality and Safety	To publish an Annual Quality Statement, which confirms the requirements of the 2015 - 2016 statement.	Director of Nursing, Quality and Patient Experience	01/01/2017	30/09/2016	Green	N/A	Completed. The AQS for 2015/16 was presented at the AGM on the 22 September 2016 and has been published, disseminated and submitted to the Health and Quality Division at WG.
013_16	Reciprocal Health Care Agreements	02/03/2016	Compliance	Health Professional Letter	To comply with the Reciprocal Healthcare Agreement which was terminated with the following countries on 1 January 2016:- <ul style="list-style-type: none"> <li>• Armenia</li> <li>• Azerbaijan</li> <li>• Belarus</li> <li>• Georgia</li> <li>• Kazakhstan</li> <li>• Kyrgyzstan</li> <li>• Moldova</li> <li>• Russia</li> <li>• Tajikistan</li> <li>• Turkmenistan</li> <li>• Ukraine</li> <li>• Uzbekistan</li> </ul>	Director of Operations	N/A	Immediate	Green	N/A	The requirements of the circular have been incorporated into the extant guidance "Implementing the Overseas Visitors Hospital Charging Regulations" December 2009 and the department desk top procedures and this is concluded.  The circular refers to the issuing of revised overseas visitors hospital charging regulations. This has not happened and has been compounded due to a change in Health Minister post the AM elections and the Brexit vote. It is my understanding that the issue has been raised with the Minister by his policy team who are waiting for instructions on to proceed. This part has not been concluded pending WG action. However there is no risk to the HB as we are operating the rules as per the extant guidance.
014_16	Tonsil and Adenoid Surgeries Reusable Instruments: Use of Quarantined Instruments and Decontamination Standards	07/03/2016	Action and Information	Quality and Safety	To comply with advice and guidance on reusable tonsil and adenoid surgical instruments.	Director of Operations	07/03/2017	See paragraphs 4 - 7	Green	N/A	This has been implemented and the actual date of completion was 31st December 2015.
015_16	List of Welsh Health Circulars - 31 May 2015 - 31 January 2016	29/02/2016	Information	Information Governance	List of Welsh Health Circulars from 31 May 2015 to 31 January 2016	Board Secretary	Not provided	None	Green	N/A	Completed. Cross referenced against internal WHC log. All have been received.
016-16	Dental Foundation Training & Arrangements for determination of equivalence processes - Role of Dental Section, Wales Deanery	28/04/2016	Action	Policy	This Circular provides details of WG policy to deliver an effective dental foundation training programme. This is to ensure continued access to a fully trained & competent NHS primary dental care workforce across Wales.	Director of Commissioning, Primary Care and Therapies Sciences	01/08/2018	01/05/2016	Green	N/A	Completed. The AQS for 2015/16 was presented at the AGM on the 22 September 2016 and has been published, disseminated and submitted to the Health and Quality Division at WG.

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017-16	NATIONAL UROLOGY IMPLEMENTATION PLAN - The planned care programme has developed an integrated national implementation plan for Urology.	16/03/2016	Compliance	Policy	to improve patient experience and deliver sustainable services	Director of Operations	01/04/2018	01/04/2016	Green	N/A	1. We are Improving access to treatment by a. increasing capacity by commissioning extra out of hours sessions. b. Freeing up capacity by detailed validation of the follow-up waiting list. c. Increasing office based follow-up by directly communicating with the patients and doing telephone based follow-ups. d. Modernising our cancer pathways, in line with the NICE guidelines. 2. Improving quality of care by a. improving access to the Clinical Nurse specialists thus reducing the need for out-patient based follow-ups. b. Bringing equity to all 4 sites in the heath board by better workforce planning. c. Providing centralised care for complex cases while maintaining as much care as possible to the outreach sites. 3. a. Implementation of the Triage Form for new referrals from June 2016. b. Implementation of Clinical Conditions on the Myrdin system to identify procedures on waiting lists.
018-16	NHS INDEMNITY - Arrangements for NHS Indemnity and Insurance	14/04/2016 (received 09/05/16)	Information	Finance / Quality & Safety / Governance / Policy	This WHC rescinds WHC(98)8 which is replaced by "The All Wales Policy on Insurance, NHS Indemnity and related risks management for potential losses and special payments", issued by NWSWP Welsh Risk Pool Services, which was adopted subsequent to ratification by the NHS Shared Services Committee on 15th September, 2015. 2. WHC(00)04 - Insurance in the NHS - Employers' Public Liability and Miscellaneous Risk	Director of Finance, Planning & Performance	Not provided	Not provided	Green	N/A	Completed
019-16	REVIEW OF LOW AND MEDIUM SECURE PLACEMENTS IN THE INDEPENDENT SECTOR	18/03/2016	Information	Quality and Safety	a review process being instigated for low and medium secure placements in independent sector hospitals for patients commissioned by the NHS in Wales.	Director of Operations	18/03/2016	Not provided	Green	N/A	The review has been completed by NHS Wales National Collaborative Commissioning (NCC), however despite expectations, the UHB were not involved.
020-16	PERTUSSIS (WHOOPIING COUGH) VACCINATION FOR PREGNANT WOMEN - EARLIER TIMING FOR VACCINATION	16/06/2016	Action	Health Professional Letter	change to the pertussis vaccination programme for pregnant women. This change reflects guidance from the Joint Committee on Vaccination and Immunisation (JCVI) that immunisation should take place from week 16 of pregnancy onwards.	Director of Public Health	N/A	Not provided	Green	N/A	The WHC was circulated to all members of staff in the relevant service areas. Evidence base for the change in timing is strong and accepted by health professionals. Immunisation and vaccination group provides a forum for regular discussions on immunisation and vaccinations between directorates.
021-16	Antimicrobial resistance delivery plan	30/03/2016	Action and Information	Quality and Safety	For dissemination and action by infection control doctors and nurses.	Medical Director & Director of Clinical Strategy, Director of Nursing, Quality & Patient Experience	01/03/2017	Not provided	Amber	Infection Prevention Sub Committee	Implementation Plan submitted to Welsh Government July 2016. Progress meeting with Welsh Government & Public Health Wales in November 2016 & January 2017. Active Participation in National Task & Finish Groups continues. Presentation to National Sepsis Conference in September 2017 – link between Sepsis & Antimicrobial prescribing. Attendance & participation 1000 Lives HCAI Collaborative Event in October 2017. Participation in ECDC Point prevalence Survey June 2017, annual PPS in November 2017 and HALT Survey Dec 2017. Antimicrobial Group (AMG) reports jointly to Infection Prevention Sub Committee and Medical Management Sub Committee (Following restructure July 2018) Medical Director attended in July 2017 to review strategy aim to focus on Service Improvement Projects. AMR Resistance & Antibiotic Usage reports circulated to clinicians in Dec 2017. Monitoring continues via IP Sub Committee and Primary Care Prescribing Group & Cluster Groups and then up to Quality Safety & Experience Assurance Sub-Committee. Work programmes will also be reported to the Out of Hospital Transformation Group to inform future strategy. UHB has representation on 3 of the 4 national work streams. Point of Care Testing, When Should I Worry Leaflet work complete - findings reported to PHW. Jobs to Tabs training delivered on all sites. Urinalysis work rolling out in Secondary Care, being progressed through GP leads and Practise Nurses and Study days in Primary Care and Community. HCAI Collaborative work continues, now in to 2nd year Carbapenem Audit completed - restrictive guidelines in place HB Antibiotic Guidelines are currently under review looking at removing co-amoxiclav as a first line treatment, this work is expected to be complete by March 2019 Antimicrobial Prescription Chart in use in GGH has been approved by All Wales Group, small amendments being made to be rolled out in early 2019
022-16	Principles, Framework and National Indicators: Adult In-Patient Falls	06/04/2016	Action		• 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-	Director of Nursing, Quality & Patient Experience	N/A	Immediately	Red	Operational Quality, Safety and Experience Sub Committee	Overarching actions noted and current status confirmed as being incorporated into the UHB'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. 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.
023-16	NHS Outcomes Framework and measures guidance 2016/17	29/03/2016	Compliance	Performance	Letter and NHS Outcome Framework and guidance	Director of Finance, Planning & Performance	01/04/2017	30/04/2017	Green	N/A	This 2016/17 guidance has been superseded by the NHS Wales Delivery Plan 2017/18 which was issued by Welsh Government on 4th April 2017 and can be accessed via the following HOWIS link: <a href="http://howis.wales.nhs.uk/sitesplus/407/home">http://howis.wales.nhs.uk/sitesplus/407/home</a> It would be unrealistic to attach a completion date given that it is an ongoing process throughout the year, which the UHB has to comply with until it is superseded by the next iteration. Compliance will be performance managed by the Business Planning & Performance Assurance Committee and Public Board (alternates each month) throughout 2017/18 on behalf of the Board, and will form the basis of all reporting to Welsh Government and our partners like the Community Health Council.
024-16	2016/17 LHB & Trust Monthly Financial Monitoring Return Guidance	01/03/2016	Compliance	Finance	This guidance refers to the monitoring return spreadsheet and accompanying narrative that Local Health Boards (LHBs) will need to complete, to report their 2016/17 financial performance. There are a number of changes to the format of the returns from those issued previously. Colleagues are asked to review this guidance in full to refresh and confirm their understanding. Importance of Monitoring Returns	Director of Finance, Planning & Performance	01/04/2017	Refer to Annex 1 within Guidance	Green	N/A	"WHC (2016) 24 LHB & Trust Monthly Financial Monitoring Return Guidance is the annual guidance to LHBs regarding the completion of the monthly Monitoring Returns. The UHBs representative has already been involved in the creation of the WHC through the 6 monthly meetings with WG Finance colleagues to review the monitoring process and tables in use. Draft tables for 2016/17 have already been shared within the Finance team locally for comment as part of this process. Whilst there are some changes to the tables and formats this year they are mainly about streamlining the information already produced rather than any new requirements. Each month the WG Monitoring Returns team send out a reply letter that clarifies any minor matters of completion that require action to which the UHB responds. This correspondence is reported to the Audit and Risk Committee as part of the regular Finance Report."
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	01/04/2018	No specified date	Amber	Operational Quality, Safety and Experience Sub Committee	There are complexities involved in this WHC, it's multi agency nature and links to some elements outside our gift. The service is currently establishing Task and Finish group work to try and resolve where various responsibilities begin and end, what assurance the HB requires and where does responsibility rest across the partner organisations and the 3rd party providers to ensure a joined up approach in relation to reporting and assurance for this WHC. The processes are in place to ensure the WHC is transacted. The examples where such 3rd party delegation has been transacted (e.g. Carmarthenshire Care Homes) have utilised the principles. An all Wales Task and Finish group looking at delegation in the round, including this WHC and its principles has just been established by WEDES Progress should be monitored through the Regional Partnership Boards Workforce group. 09/04/19- Director of Nursing, Quality & Patient Experience is the lead for this WHC and will link in with all wales delegation work supported by HEIW - Timescale for All Wales work has slipped as consultation with social care need to take place.
026-16	2016-17 Supplementary Revenue Allocation	05/04/2016	Information	Finance	Information on supplementary allocations for 2016-17, which confirm the issue of additional allocations for next financial year. The revised allocation is issued as a supplement to Welsh Health Circular 2015 (059), and comprises revised allocation tables and explanatory notes, with the revision. This replaces WHC (2015) 059.	Director of Finance, Planning & Performance	N/A	Immediate	Green	N/A	Completed

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027-16	Removal Of The Infant Dose Of Meningococcal Serogroup C (MenC) Conjugate Vaccine Given At Three Months From 1 July 2016.	13/04/2016	Action	Health Professional Letter	The Joint Committee on Vaccination and Immunisation (JCVI) has advised that infants no longer require vaccination against meningococcal serogroup C (MenC). Therefore, from 1 July 2016, infants should no longer receive the dose of MenC conjugate vaccine currently given at the second primary immunisation visit at around 12 weeks of age. The Hib/MenC vaccine (Menitorix) dose given at 12 months of age and the MenACWY conjugate vaccine dose given in school year 9 are unaffected by this change and should still be given.	Director of Public Health	N/A	Not provided	Green	N/A	Completed
028-16	Implications of the Social Services and Well-being (Wales) Act 2014 for Health Boards and NHS Trusts (updated as at April 2016)	06/05/2016	Compliance	Legislation	This WHC supersedes WHC (2015) 045. The Social Services and Well-being (Wales) Act 2014 ("the Act"), which came into force on 6 April 2016, creates a new legislative framework that brings together and modernises the law governing social care in Wales. The Act aims to improve wellbeing outcomes for people who need care and support, and carers who need support, through better co-ordination and enhanced collaboration between public bodies, including local authorities and the NHS, working together in regional partnerships.	Director of Partnerships and Corporate Services	This WHC supersedes WHC (2015) 045	06/04/2016	Amber	Business Planning & Performance Assurance Committee	Part 2 (General Functions) of the Social Services and Well-being (Wales) Act 2014; Section 15: Preventative services - The West Wales Regional Partnership Board have established a Information, Advice and Assistance and Preventions Board to take forward this work jointly. Section 17: Provision of information, advice and assistance -The West Wales Regional Partnership Board have established Information, Advice and Assistance and Preventions Board to take forward this work jointly. Promoting the use of Dewis and Info-engine and embedding a community connector approach across the region forms one of the priority areas within the Transformation Bid which has been submitted to Welsh Government by the Regional Partnership Board. Part 7 – Safeguarding (this element is under the remit of the Director of Nursing, Quality & Patient Experience), an SBAR's following the publication of the Social Services and Well-being (Wales) Act 2014 Working Together to Safeguard People, Volume 5 – Handling Individual Cases to Protect Children at Risk and Volume 6 – Handling Individual Cases to Protect Adults was presented to June's Safeguarding Committee. These documents are available on the UHB Safeguarding Intranet pages and staff were advised of their publication via Global, through the Safeguarding Newsletter and via facilitated Safeguarding Adult and Children training delivered by the safeguarding team. The Safeguarding Adult and Children service have updated relevant UHB policies and these documents have been included in the facilitated Safeguarding Adult and Children training packages. The rewrite of the All Wales Safeguarding Procedures is under way, led by Cardiff and the Vale University Health Board. The timeframe for this to conclude is Summer 2019. The UHB continues to engage and participate in the consultation process. The UHB have interim policies in place which are updated and reviewed in line with any guidance that is released from WG. Part 9 – Co-operation and Partnership Section 162- 169 – The West Wales Regional Partnership Board was established to meet this duty for partnership and co-operation. Work has been on-going to finalise a formal legal agreement "Regional Collaboration Arrangements For Specified Social Services And Health Functions" to support the partnership work and pooled funding required Act. A shadow Joint Executive Board now meets on a weekly basis and was key to developing the Transformation Bid which was submitted on behalf of the West Wales Regional Partnership Board. The Joint Executive Board includes broad representation from the UHB Directors (the core representatives being the Director of Strategic Partnerships & Corporate Services, Director of Primary, Community & Long Term Care) together with the three Directors of Social Services and the Head of Regional Collaboration. The regular meeting schedule is providing a forum to support transformation at pace, and is helping to build on the effective working relationships between statutory organisations.
029-16	NHS Wales Hospital Handover Guidance	05/05/2016	Compliance	Performance/Delivery	The NHS Wales Hospital Handover Guidance was issued on behalf of the Unscheduled Care Steering Board on 25 February 2015 and following a review, the guidance has since been revised and issued for immediate implementation.	Director of Commissioning, Therapeutics & Health Sciences	N/A	Immediate	Green	N/A	Compliant.
030-16	Advice for Prescribers on the Risk of the Misuse of Pregabalin and Gabapentin	06/07/2016	Information	Public Health	This document provides information regarding the potential for misuse of pregabalin and gabapentin suggestions for a balanced and rational use of these medications.	Director of Commissioning, Primary Care and Therapeutics & Health Sciences	01/06/2018	N/A	Green	N/A	The document was raised and discussed at all GP Prescribing leads to reinforce the messages. Included in the Summer 2016 Newsletter for Pharmacy and Medicines Management. Included in the Controlled Drug newsletter October 2016 Copies available on the website of the alert for reference. Usage is monitored through the National Prescribing Indicators Hywel Dda UHB is currently below the national average for usage.
031-16	Not yet received										
032-16	European Union Referendum 23 June 2016	01/06/2016	Action	Governance / Workforce	Guidance for NHS staff	Director of Governance, Communications & Engagement	24/06/2016	27/05/2016	Green	N/A	Completed
033-16	Directions under section 12(3) of the National Health Service (Wales) Act 2006	28/06/2014	Compliance	Information Governance	Directions under section 12(3) of the National Health Service (Wales) Act 2006 requiring the publication of information on Local Health Board and NHS Trusts websites	Director of Governance, Communications & Engagement	Review in 3 years	30/09/2016	Green	N/A	Completed. Starad Iechyd / Talking Health and Sgwrs Iach Leth's Talk Health are continuous engagement schemes, so they will run for the foreseeable future but focus on different themes, topics, services etc as required.
034-16	Approval of Medical Negligence Personal Injury Claims over £1,000,000	13/09/2016	Action	Finance/ Medical	Reiteration of the importance of completing an Appendix S when submitting medical negligence claims to Welsh Government	Director of Finance/ Director of Clinical Strategy/ Patient Lead	Not provided	Immediate	Green	N/A	Completed
035-16	BCG Vaccine for the National Immunisation Programme	07/07/2016	Action	Public Health	the arrangements put in place to manage the delay in the manufacture and supply of UK licensed BCG vaccine by the Statens Serum Institute (SSI) Denmark.	Director of Public Health	N/A	Not provided	Green	N/A	Key services across the UHB (Paediatric, Respiratory and Occupational Health) and the supporting services were advised of the local operational/practical arrangements to respond to patient need during the manufacturing delay. Eligible patients are being vaccinated.
036-16	Certification of Vision Impairment Wales	16/09/2016	Compliance	Policy	Implementation of CVI form	Director of Operations	N/A	16/09/2016	Green	N/A	Formal notification of the revised Certification process was circulated to all Consultant Ophthalmologists on the 17th October by the Clinical Director of Scheduled Care:  To complement the above, the UHB is exploring the possibility of this work being carried out in Primary Care. This will involve appropriate training being provided to up skill Community Optometrists to carry out this certification and registration process.  The new Certificate of Vision Impairment (CVI) form is already being used by some Optometrists.  The proposal of Low Vision accredited Optometrists being willing and able to sign Certificates of Visual Impairment in the future (instead of Ophthalmologists who currently are the only ones able to do this) is an initiative that has long been suggested as an alternative to the current arrangements. Due to this being brought up again in the recent WG all Wales Eye Health Steering Group, a small working group with representation across Wales are due to meet to discuss the possibilities and implications around this. To roll this out would need approval and agreement across the board along with Ministerial approval and a possible change to legislation.  In terms of the national point of view, there is a research project that will be starting on the 15th December 2017 and is expected to take 8 months to complete. This was discussed at the December ECLG and a procedure agreed by the clinical team, which has been implemented.
037-16	Welsh Language Standards Regulations	29/07/2016	Action	Governance	Response required to specific questions provided within the report	Director of Governance	N/A	14/10/2016	Green	N/A	The work has been completed/implemented and the submission made to WG on Friday 14th October 2016.
038-16	Notification of Cessation Date for Antenatal Rubella Susceptibility Screening in Wales	11/08/2016	Action	Public Health	Implementation of the cessation date	Director of Operations	N/A	03/11/2016	Green	N/A	Work has now been completed in relation to Cessation Date Antenatal Rubella susceptibility Screening in Wales and there were no issues of concern in relation to its implementation.
039-16	The National Influenza Immunisation Programme 2016-2017	03/08/2016	Action	Public Health	Implementation of the 2016-2017 Programme	Director of Public Health	N/A	Not provided	Green	N/A	The WHC has been shared across the UHB, including Primary Care to ensure the implementation of plans. The Health Board Seasonal Influenza Plan was implemented and we have completed the influenza season. We are awaiting the final figures for the season due out in mid June. Status completed.

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040-16	Update on general practitioners' and other primary care professionals' roles and responsibilities in prescribing hormone therapy for	23/09/2016 (date issued to relevant UHB staff 21/11/2016)	Compliance	Health Professional Letter	Compliance with GMC advice 'Guidance for Doctors Treating Transgender Patients'.	Director of Commissioning, Primary Care and Therapeutics	01/09/2018	N/A	Green	N/A	Completed. Health Professional Letter has gone to GPs (sent directly from WG) and has been highlighted at GP prescribing leads.
041-16	Revised guidelines for the Transfer of the Critically Ill Adult	14/10/2016	Information	Policy	Awareness of revised guidelines	Director of Operations	Annually, or as required	01/11/2016	Green	N/A	Guidance circulated to all Critical Care teams in the UHB including: <ul style="list-style-type: none"> <li>Medical Team</li> <li>Nursing Team</li> <li>AHP's</li> <li>Pharmacy Leads</li> </ul> Also circulated to: <ul style="list-style-type: none"> <li>General Manager Scheduled Care</li> <li>Service Delivery Managers within Scheduled &amp; Unscheduled Care</li> <li>Clinical Director for Scheduled Care</li> <li>Clinical Director for Emergency Medicine.</li> <li>Site Triumvirate teams</li> <li>Radiology</li> <li>Global Email.</li> </ul> For further discussion at next HB Delivery Group Meeting for update on awareness across all levels of teams.
042-16	Welsh Renal Clinical Network: Renal Services in Wales Delivery Plan 2016 to 2020	31/10/2016	Information	Policy	Health Boards and NHS Trusts are expected to work with the WRN towards implementing the Renal Services in Wales Delivery Plan from 1 November 2016.	Director of Operations	31/03/2020	01/10/2016	Green	N/A	For Action from 1st November 2016
043-16	New Advice on Vitamin D Intake	19/10/2016	Information	Public Health/Health Professional Letter	New advice is being issued to the public on how much Vitamin D they need and how to obtain it.	Director of Public Health	Not provided	Not provided	Green	N/A	Patient information leaflet identified and translated into Welsh to accompany messages. The document was raised and discussed at all GP Prescribing leads to reinforce the messages. Email sent to all GPs, practice managers, community pharmacists and dieticians to explain situation. Global email sent out on HDUHB intranet to reinforce messages to all staff and highlight the use of patient information leaflet. Patient information leaflets available on the HDUHB website for reference. Staff have medicines management dietetic contact details to enable support for any queries. Usage is monitored through the National Prescribing Indicators Hywel Dda UHB
044-16	NHS Planning Framework 2017/20	06/10/2016	Action	Finance/ Planning	Submission of plans to WG by 27/01/2017	Director of Finance, Planning & Performance	01/10/2017	Not provided Planning period 2017/18	Green	N/A	An interim Annual Plan 2017/18 was approved by the UHB for submission to Welsh Government at its meeting on 30 March 2017. The Plan was reflective of feedback from Welsh Government following the draft document submission at the end of January 2017. However, the Board requested that further consideration be given to our Annual Plan with respect to Turnaround and Budget Setting, and as a consequence a revised Executive Summary was presented to Board on 25 May. All Welsh Government and Health Board timelines with respect to the Annual Plan have been met. The University Health Board has begun planning for the 2018/21 Integrated Medium Term Plan.
045-16	Opt-out Blood Borne Virus testing in Prisons	07/10/2016	Action	Public Health	Implementation of opt-out BBV testing in prisons	Director of Public Health	N/A	Not provided	Green	N/A	N/A- No prisons on the UHB patch therefore no specific action to be taken. Clinical colleagues have noted the WHC.
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	N/A	Reassessment in 2019	Amber	Operational Quality, Safety and Experience Sub Committee	The department continue to implement the previously low scoring elements of the 2016 Quality Standards Audit. SBARs have been put forward for consideration by the UHB in particular identifying additional funding for binaural aids. The department continues to review staffing and skill mix plus capacity and demand in an effort to maintain and improve compliance with the standards. Recruitment has been reasonably successful with a Band 5 Audiologist to join the team in February 2019 and Assistant Practitioners in place as of November 2018. The service is also currently being supported by short term locums. The Head of Service post has been rebanded and now shows parity with the rest of Heads of Service within Wales. The department is due for reassessment in June 2019.
047-16	Quality Standards for Children's Hearing Rehabilitation Services 2016	23/11/2016	Action	Performance	Implementation of revised Quality Standards for Children's Hearing Rehabilitation Standards and Assessment and Audit Tool 2016 which replace all earlier versions	Director of Operations	N/A	Immediately	Green	N/A	This has been fully implemented by the UHB since March 2018. It is expected that the Health Board will be at full compliance in all areas and no issues have been identified that would affect this.
048-16	CT & X-Ray Good Practice	12/10/2016	Action	Quality & Safety	Establishment of Imaging Optimisation Team	Director of Operations	06/02/2018	06/02/2018	Green	N/A	Completed - the group met as planned and will continue to do so with support from our radiation protection advisors from ABMU
049-16	All Wales Critical Care Escalation Guidance for the Management of Large Unplanned Increases in Demand	03/02/2017	Action/ Information	Policy	Revised All Wales Critical Care Escalation Guidance. These guidelines replace all previous versions of escalation and emergency planning guidance for critical care services issued by the Welsh Government.	Director of Operations	Annually, or as required	Immediate	Green	N/A	This document is now complete from a Critical Care perspective
050-16	Cancelled before issue										
051-16	Cancelled before issue										
052-16	Raising Awareness of Carbon Monoxide Poisoning and Action Required by Health Professionals	18/11/2016 (not received until 10/07/2017)	Action	Health Professional Letter	Guidance for distribution	Director of Operations	N/A	Not provided	Green	N/A	Superseded by WHC 050-17
053-16	List of Welsh Health Circulars - 1 February 2016 - 30 September 2016	21/11/2016	Information	Information Governance	List of Welsh Health Circulars - 1 February 2016 - 30 September 2016	Board Secretary	Not provided	None	Green	N/A	Completed. Cross referenced against internal WHC log and all but one had been received. The missing WHC has since been obtained and distributed accordingly.
054-16	Statutory Financial Duties of Local Health Boards and NHS Trusts	14/12/2016	Action	Finance	Replaces WHC-2015-014 and clarifies the statutory financial duties of LHBs and NHS Trusts in Wales and is effective from 2016/17 financial year	Director of Finance, Planning & Performance	01/03/2017	Financial Years 2016/17 and beyond	Green	N/A	Paper went to the Executive Team meeting 18 January 2017 and the Board have been advised.
055-16	2017-18 Health Board and PHW NHST Allocations	21/12/2016	Action	Finance		Director of Finance	N/A	Immediate	Green	N/A	First submission was in January 2017. Reported to Board 26 January 2017 and has been included in the Financial Plan 2017/18



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001-17	The new Treatment Fund Access to medicines recommended by the National Institute for Health and Care Excellence (NICE) and the All-Wales Medicines Strategy Group (AWMSG)	20/04/2017	Compliance & Action	Legislation & Policy	Advice on the new Directions which come into force from 26 April 2017.	Interim Director of Primary Care, Therapies and Health Sciences	31/03/2019	26/04/2017	Green	N/A	The medicines approved by NICE/AWMSG prior to January 2017 are available within the UHB where clinically appropriate.  The report shared by Welsh Government indicates that Hywel Dda is fully compliant with the criteria set out in the New Treatment Fund for the 17 medicines identified as approved between January 2017- 5 May 2017.  There are systems in place to address the new timescales for implementation of medicines through the NFT with work ongoing both within Hywel Dda and across all Health Boards/Trust to ensure a consistent approach.
002-17	Terms and Conditions of Service - Community Dental Services (Wales)	20/01/2017	Information	Workforce	The Welsh Government, NHS Employers Wales and the British Dental Association (BDA) have collaborated to publish terms and conditions of service for Community Dental Services in Wales.	Director of Workforce and OD	N/A	01/01/2017	Green	N/A	Completed
003-17	HPV vaccination for men who have sex with men	13/01/2017	Action	Public Health	From 1 April 2017, a new targeted human papillomavirus (HPV) immunisation programme will be offered in sexual health clinics to men who have sex with men (MSM).	Director of Public Health	N/A	Not provided	Green	N/A	CEO Report Jul17- The WHC and Patient Group Directive have been circulated to the integrated sexual health clinics and training provided on the new programme by the immunisation coordinator. Completed.
004-17	Ordering Flu Vaccine for the 2017/18 Season	26/01/2017	Action	Public Health	Advice on ordering supplies of the influenza vaccine for 2017/18 season	Director of Public Health	N/A	Not provided	Green	N/A	Completed.
005-17	The 2017 European Centre for Disease Control (ECDC) National Healthcare Associated Infection, Device Usage and Antimicrobial Usage Point Prevalence Survey	31/03/2017	Action & Information	Quality & Safety	In 2011, the European Centre for Disease Control (ECDC) led and co-ordinated a Europe-wide point prevalence survey (PPS) of healthcare associated infections (HCAs), medical device usage and antimicrobial usage in which NHS Wales participated. It is recommended that a PPS should be conducted at least every five years at a national level. ECDC announced the intention to repeat the survey between September 2016 and November 2017. The objectives will again focus on estimating the total burden of HCAs, medical device usage and antimicrobial usage in acute care hospitals. The data gained will provide a better understanding at local, country and European levels to facilitate sharing of best practice.	Interim Director of Commissioning, Primary Care, Therapies and Health Sciences	31/03/2018	Not provided	Green	N/A	The survey was undertaken across All In-Patient beds in June 2017. Data was submitted electronically to the Welsh Healthcare Associated Infection Programme and final report is expected late Autumn 2017.
006-17	The Healthcare Travel Costs Scheme	23/03/2017	Compliance & Action	Finance & Policy	This document provides guidance to health boards and NHS trusts in Wales on the NHS Wales Healthcare Travel Costs Scheme. It sets out the legal requirements for administering the scheme as well as detailed information on the eligibility criteria and best practice on how the scheme might be delivered.	Director of Finance	Date of First Review 1st October 2017	from 1 April 2017	Green	N/A	The NHS Wales Healthcare Travel Cost Scheme has been fully implemented. The UHB's Central Transport Unit has discussed the pilot scheme with the Welsh Ambulance Services Trust (WAST) General Manager and there is no further action needed at this point.
007-17	Ear, Nose & Throat Follow Up Guidelines	04/07/2017	Action	Performance / Delivery / Policy	The follow up guidelines have been agreed by the Welsh ENT Board for health boards to implement to ensure that all follow ups are managed in accordance with the guidance.	Director of Operations	01/06/2018	01/09/2017	Green	N/A	The ENT consultant body have developed their local Follow up guidelines in line with the national FU guidelines. However there are 2 issues that need to be addressed prior to these being fully implemented: - The first of these is a lack of direct audiology clinics. The UHB will be reviewing and transforming the service to establish direct audiology clinics. - The second limitation is around the fact that the UHB does not currently have ENT Nurse Practitioners in post. This has been escalated to our HoN and SNM for scheduled care. They are undertaking a scoping exercise and liaising with other HB's on JD and roles, this will be formulated into an SBAR which will go to Execs for approval. Time frame for this is likely to be at least 6 months (December 2018).
008-17	NHS Wales Policy for the Repatriation of Patients	08/03/2017	Action/ Information	Policy	The purpose of this WHC is to highlight the publication of the NHS Wales Policy for the Repatriation of Patients. This version of the policy replaces all previous versions issued by the Welsh Government	Director of Operations	As required	Immediate	Green	N/A	All sites have the policy which is being adhered to. Any delay in accepting repatriations beyond 48 hours is escalated to the Director of Operations.
009-17	Good Practice Guidance on the Provision of Mental Health Support for Asylum Seekers and Refugees Dispersed to Wales	23/02/2017	Action	Health Professional Letter	Provision of Mental Health Services to Refugees and Asylum Seekers and Refugees Dispersed to Wales	Director of Operations	N/A	27/02/2017	Green	N/A	The UHB has been involved in this work for some time; the following process is in relation to Ceredigion which is in line with the guidance. Mental health services provided by the Health Board in Ceredigion have been part of the Ceredigion Syrian Refugee meetings since the autumn of 2015. Before the first cohort arrived in 2015, a couple of registered mental health nurses and a mental health social worker were identified to be part of the health screening process. The nurses were given access to the Home Office Portal to download the completed health assessment forms. These were generally screened before the meetings where the mental health nurses fed back on the identified mental health needs as highlighted in the assessments and whether these needs could be supported in the local community by the available services. To date 22 Syrian refugees have arrived in Ceredigion. There have been two referrals to the Ceredigion Local Primary Mental Health Support Service. They received their initial assessment by two mental health nurses; they were accompanied by a support worker and doctor from the Red Cross Society. This doctor was able to provide the translation. Following the assessment, one of the refugees did not need any further intervention. The second agreed to have an appointment with an integrative psychotherapist in Secondary Care Adult Mental Health Services. This appointment was arranged and a translator was booked with the Wales Interpretation and Translation Service. Unfortunately this individual had decided to move from the area and did not attend the appointment. The Ceredigion Local Primary Mental Health Support Service has offered the British Red Cross Society training on the symptoms of anxiety and depression and what is normal adjustment. Nothing has been arranged to date. Both primary and secondary care mental health services in Ceredigion will continue to support Syrian refugee meeting and attend when appropriate as further cohorts are planned. There is a UHB meeting in Ceredigion on the 10 March 2017 in relation to the UHB claiming the funding from the Home Office to support the arrivals in Ceredigion.
010-17	Notification of Caldicott Guardian Guidance	21/04/2017	Information	Information Governance	Guidance	Director of Performance & Commissioning	N/A	N/A	Green	N/A	Complete - the guidance was received and distributed accordingly.
011-17	HCAI Reductions by March 2018: C. Difficile, S. Aureus Bacteraemias and E. Coli Bacteraemias	31/03/2017	Action & Information	Quality & Safety	Guidance	Director of Nursing, Quality & Patient Experience	31/03/2018	Not provided	Green	N/A	The E. coli reduction expectation of 30% is exceptionally challenging for the UHB as a significant proportion of these infections are present on admission to hospital. Surveillance indicates that the main cause of the E. coli blood stream infections are related to urinary & gastrointestinal/hepato renal infections. Public Health & Health Promotion strategies need to be seriously considered in addition to antibiotic prescribing. o The S. aureus blood stream infections remains the same as previous year with the same challenges. Focus on prevention associated with insertion & management of indwelling devices is ongoing. More focus is needed on preventing skin & soft tissue and respiratory infections a high proportion of which are causes for admission to hospital. o C. difficile the reduction expectation is 26 per 100,000 population thus more challenging than last year.  Achievement of these infection reduction expectations is predicated on reducing the number of infections presenting to secondary care. This requires a significant change in managing healthcare associated infection with a focus on the community in terms of infection prevention, public health and antimicrobial stewardship whilst continuing to manage the risks associated with hospital associated infection related to clinical procedures, antibiotic prescribing and cross infection in secondary care. Progress April to March 2017. Not on trajectory to achieve infection reduction expectation – reports to BPPAC monthly & JET quarterly. The Health Board is reporting less E. coli & S. aureus Blood Stream Infections compared to the same period last year. The Health Board is reporting more C. difficile infection although no outbreaks have occurred.  Work Progress - monitored via Antimicrobial Delivery Plan, IP&C Annual Plan. Work Completed - Pilot Study Care Home UTI Prevention, Pilot Study Jabs to Tabs, Procedure Packs Implemented
012-17	Local Government Elections 2017	17/03/2017	Action	Governance/ Workforce	Guidance specifically for NHS in the pre-election period from 13 April to 4 May	Director of Governance/ Director of Workforce and OD	30/06/2017	20/03/2017	Green	N/A	Completed - Guidance to staff distributed via global email.
013-17	Welsh NHS Disputed Debts Guidance	23/03/2017	Compliance	Finance	This guidance supersedes WHC 2015-018.	Director of Finance	01/03/2019	See paragraph 10 of Guidance	Green	N/A	The revised arbitration guidance has been implemented.

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014-17	Patient Information on the Putting Things Right (PTR) Arrangements	29/03/2017	Information	Quality & Safety	Updated patient information on Putting Things Right	Director of Nursing Quality & Patient Experience	01/04/2020	01/09/2017	Green	N/A	Revised leaflets have been distributed by the PALS team across all hospital sites. A further stock of leaflets is being ordered to ensure distribution across primary care sites. Update June 2018 - due to issues with Oracle system there has been a delay with the printing of leaflets. This WHC will be fully implemented by September 2018.  28/03/19 - completed.
015-17	The implementation of an employer led model of Clinical Supervision for Midwives in Wales	01/04/2017	Compliance	Workforce	To inform of requirement to implement the new model for Clinical Supervision for Midwives in Wales	Director of Nursing, Quality & Patient Experience/ Director of Performance/ OD	01/04/2019	01/04/2019	Green	N/A	The UHB has successfully recruited into the Clinical Supervisors for Midwives vacant 0.6wte post in early December 2017. This ensures that the UHB meets its workforce requirements of 1.6wte Clinical Supervisors for Midwives (SOMs). The successful candidate has started in her role since February 2018. The UHB supervisors remain part of the All Wales implementation and monitoring group and an evaluation of the new Role will be commissioned in 2018. An academic programme hosted by Swansea University (started in January 2018) has been accessed by the Supervisors as part of their academic learning requirements for this new role. This formal learning programme has started in January 2018 and is funded by the WG. The UHB is fully compliant with this WHC and both SOM's are completing Msc model at Swansea university
016-17	The Annual Quality Statement 2016/17	31/03/2017	Action	Quality & Safety	Issue of Annual Quality Statement	Interim Director of Nursing, Quality & Patient Experience	01/03/2018	31/07/2017	Green	N/A	Completed- The Annual Quality Statement 2016/17 published in August 2017
017-17	Changes to the Shingles Immunisation programme	07/04/2017	Action	Public Health	New guidance to the shingles vaccination	Director of Public Health	N/A	Not provided	Green	N/A	This has been circulated to all relevant staff and was also discussed at last summer / autumn annual immunisation update training sessions, some of which the Shingles Rep attended to go through some of these changes. The PGD was also signed off on 31/7/17.
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	01/07/2019	31/07/2019	Amber	Nutrition & Hydration Task & Finish Group	Average waste is approximately 5% to January 2019 Reducing waste to <5% remains an objective for all Catering Managers. • Catering IT Solution – This is now available on the Framework and a business case is being prepared 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 is being trialled on Telfi Ward in 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. Similar work has also commenced in WGH.  Estates Facilities Performance Management System (EPFMS) returns have been submitted to NHS Shared Services Partnership – Specialist Estate Services (NWSSP-SES). Currently awaiting report.
019-17	2017/18 LHB & Trust Monthly Financial Monitoring Return Guidance	28/04/2017	Compliance	Finance	The guidance refers to the monitoring return spreadsheet and accompanying narrative that LHBs need to complete to report their 2017/18 performance.	Interim Director	01/04/2018	31/04/2018	Green	N/A	The UHB is required to report its financial performance via the prescribed spreadsheet and provide commentary under prescribed headings, to the Welsh Government on Day +5 and Day +9 each month. These guidelines and cut off dates are adhered to and complied with each calendar month. This action is completed every month.
020-17	UK General Election 2017	25/04/2017	Action	Governance	Guidance to explain the impact that the pre-election period will have on LHB and Trust activities from the start of the pre-election period on 22 April up to and including polling day on 8 June.	Director of Engagement & Communications/ Director of Workforce and OD	30/06/2017	27/04/2017	Green	N/A	Completed - Guidance to staff distributed via global email.
021-17	National Enhanced Service Specification for the unscheduled vaccination of children and young people who have outstanding routine immunisations	10/05/2017	Action	Public Health	The specification details arrangements for the vaccination of those children and young people who are not reached by routine national immunisation programmes delivered by primary care and school based programmes or those who have missed the opportunity to be vaccinated at the recommended scheduled age.	Director of Public Health	N/A	N/A	Green	N/A	This has been circulated to all relevant staff and the Service Delivery Support Manager will ensure that it is discussed at the next Childhood Immunisation Group meeting.
022-17	Change of vaccine for the routine primary infant immunisation	12/05/2017	Action	Public Health	Later this year, Infanrix hexa® will replace both Pediacel® and Infanrix-IPV+Hib® for primary baby immunisations. This change means that as well as providing protection against diphtheria, tetanus, pertussis, polio and Hib, babies will also be given protection against hepatitis B virus	Director of Public Health	N/A	Not provided	Green	N/A	All practice nurses and health visitors delivering the routine childhood imms are aware of this change to the schedule, as it was discussed at last summer / autumn (2017) annual immunisation update training sessions, and any previous training sessions would have used the same content. A&E nurses have also been sent the WHC.
023-17	Re-focussing of the Designed to Smile child oral health improvement programme	16/06/2017	Action	Policy	This WHC describes the evidence based refocus of Designed to Smile to build on the achievements of this national programme and to ensure continued progress and improvement in the future.	Director of Primary Care, Community and Long Term Care	01/06/2020	01/06/2020	Green	N/A	The new Welsh Index of Multiple Deprivation (WIMD) was published July 2017, allocating an additional 80 settings from the middle deprived quintile to target by the CDS D2S team. The UHB has identified all new settings and begun roll out of the programme, withdrawing from approximately 30 settings as they are no longer eligible for the programme. D2S now covers 278 settings. Fluoride Varnish (FV) protocol has been written for the Health Board team and the training sessions to up skill the D2S staff in more efficient delivery completed. FV is now being delivered by Dental Nurses with enhanced skills (4 completed accredited training) across all Counties. 1 additional DN is currently being trained to enable additional support for delivery in Ceredigion. Using the newly developed protocol, FV is now delivered 'in situ' in schools which has released the Mobile Dental Unit to provide an additional surgery to support Elizabeth Williams Clinic, Llanelli. This new service is scheduled to begin in August 2018. Delivery of the FV programme has been prioritised and is now part of the CDS rota to ensure adequate available staffing levels and appropriate skill mix. Planning has begun to ensure that all 278 settings will receive 2 FV application visits between October 2018 and August 2019. This is an ambitious stepping up of the programme and will stretch the D2S and CDS teams. FV requires Patient Specific Directives, currently these are being signed by CDS Clinical Director. There have been no adverse events reported from the FV programme in 2018. Senior Oral Health Promotion Manager in post as of Feb 2018. Senior Oral Health Promotion Manager responsible for D2S, Tara Gover, appointed in February 2018. 1.0 wte OHP Officer, Gemma Cooke, appointed in April 2018. Tara Gover and Bev Careless developed an All Wales D2S presentation for GDP training for the DFT programmes. D2S National Steering Group is now active and chaired by Consultant in Dental Public Health, Mary Wilson. The Clinical Director of Community Dental Services, Philip Sumner is representing the All Wales Clinical Directors on the Steering Group. D2S team delivering training sessions with both Flying start and Generic Health Visitors to deliver the All Wales training session. All OHP Officers, Head of Dental and Optoms. And CDS CD attended the D2S National Symposium in Wrexham. 11/12/18 - WHC completed. The UHB has completed the designed to Smile re-focus.
024-17	National Planned Care Programme – Follow up priorities	28/09/2017	Action	Performance/ Delivery/ Policy	The Planned Care Programme has agreed a small number of short term priorities aimed at reducing follow-ups	Director of Operations	Mar-18	01/10/2017	Green	N/A	The Planned Care Programme has been established to deliver sustainable services across scheduled care in Wales. The Programme is focusing upon five key specialities – orthopaedics, ophthalmology, ENT, urology and dermatology. <b>Ophthalmology</b> - Welsh Ophthalmic Planned Care Board (WOPCB) have requested that HBS work more closely with community optometrists to establish Ophthalmic Diagnostic Treatment Centres (ODTCs) to support Glaucoma patients. The UHB is currently working towards implementing the New Eye Care Measures which will have an impact on how Glaucoma patients are managed by the HES. There is a commitment to establish a network of ODTCs to further support the ECM. -The UHB have now implemented Medisight (part of the Medisoft software package) at Glangwili hospital which will allow us to collect and submit data from June 2018 onwards. The UHB is currently implementing a plan to widen this to include Arman Valley and Strydall hospitals shortly. <b>Orthopaedic</b> - PROMS/PREMS was introduced at WGH in December 2016 and subsequently rolled out to all other sites for hip and knee patients. Data is collected via IPADS to the All Wales Central hub. <b>ENT</b> : There is a transition plan in place for ENT. Validation on Follow up patients has commenced on the over 100% and the 0-25% delays. The Consultants have completed a 2 week snap shot audit, the agreed guidelines have been laminated and put into all OPD clinic rooms. The Junior Doctors will complete audit of follow up patients from August 2018 on an annual basis Since the guidelines are standard across Wales this should be the same for all SIRs that relate to in the ENT department at the UHB. <b>Urology</b> : All Consultant job plans completed as of February 2018. Validation of Follow up patients is complete and there has been agreement and implementation of principles for virtual follow ups for Prostate Cancer – work now underway to commence CNS virtual clinics so that all prostate cancer follow ups are offered via virtual clinic.
025-17	Guidance on Cyber Security and Information Governance requirements relating to suppliers and the supply chain	04/07/2017	Action	Information Governance	Update in guidance	Director of Planning, Performance & Commissioning	N/A	N/A	Green	N/A	The Head of Procurement is currently discussing the WHC guidance with colleagues at a National level to review whether the standard contract conditions require amending and updating.  It is anticipated that these discussions will be concluded by October 2018, with guidance to be released to all Health Boards. Presently, when the IG / ICT Team are aware of any new system a Privacy Impact Assessment is undertaken which covers the requirements included within the Welsh Health Circular.

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026-17	Prescribing of co-proxamol	16/06/2017	Action	Health Professional Letter	Letter to remind Health Boards and Prescribers of the unfavourable risk profile of co-proxamol. The circular requires that HBs identify all GP practices in their area and any areas within secondary care where there has been prescribing of co-proxamol in the previous year.	Director of Primary Care, Community and Long Term Care	N/A	31/03/2018	Green	N/A	GPs have further reviewed existing patients on the medicine and reduced prescribing further in line with the recommendations. There remains a small level of prescribing on an individual patient basis. The action is on schedule – anticipated to be completed by March 2018. This WHC was reported to the Medicine Management Group on 11/07/18. Action Taken 1. A letter was sent to all GP practices from the Medical Director and the Head of Medicines Management giving clear advice on the action to be taken to review co-proxamol prescribing 2. Engagement with the Secondary Care Chronic Pain Teams was achieved 3. The Primary Care Medicines Management Team supported GP practices by - Analysing individual GP practice prescribing data - Practice visits to support reviews and switches - Informed Community Pharmacists of the action taken - Resolved individual patient complaints and issues It is estimated that a £30,000 per year saving has been achieved in addition to the patient safety benefits achieved through the review of co-proxamol prescriptions. HDUHB prescribing of co-proxamol is now less than the Welsh average. Further assurance has been requested relating to the number of patients remaining on co-proxamol following clinical review and that this is documented appropriately within their medical records. This will be presented at the September 2018 MMSC meeting with an aim to sign off the WHC. MMSC 22/11/18 meeting: Closure of WHC (2017) 026 Co-proxamol approved. SB informed MMSC that the patients remaining on co-proxamol are clearly documented in their medical records. Two of these patients remain on co-proxamol until specialist review following advice from the HB Medical Director. Patients will continue to be regularly reviewed. The Medicines Management Team will continue to monitor the prescribing of co-proxamol by GP practices and intervene if requests are received (as some patients use analgesia intermittently). As the price of co-proxamol increased in 2015, co-proxamol prescriptions are flagged in the High Cost Spreadsheets which are run regularly.
027-17	Clinical Musculoskeletal Assessment Treatment Service (CMATS)	12/09/2017	Action	Performance / Delivery / Policy	The Welsh Orthopaedic Board has developed a Clinical Musculoskeletal assessment Treatment Service principle document	Director of Operations	01/09/2018	01/09/2018	Red	Business Planning & Performance Assurance Committee	The UHB has a well established CMAT service across all localities and is compliant with the majority of the guidance in the WHC, including supporting the aims and objectives outlined. The service is also compliant with the majority of the principles outlined. One variation is the suggestion that ideally a Consultant in Sports and Exercise Medicine forms part of the service leadership team. The UHB does not have a Consultant with this title, however, the therapy clinical lead does have the required musculoskeletal experience and skills and has an established partnership with a GP working at Associate Director level. As a result the UHB believes it satisfies this criterion outlined within the guidance. The UHB reports performance quarterly to the National Planned Care Board. The service complies with the majority of the metrics including waiting times not exceeding 6 weeks. However at this time the service continues to work with NVIS to deliver full compliance with an electronic referral and monitoring system. As a result the service is not in a position to report on all the annual metrics i.e. total referrals received to initial triage and initial triage pathway selection. Electronic triage will also improve mechanisms of communicating with primary care, improve service efficiency in early pathway selection and improve the quality in triage decision making. The UHB is awaiting key actions to be completed by NVIS before electronic referral can proceed. It is anticipated that software updates for Welsh Clinical Portal will be implemented in Feb 2019 which will allow for a pilot triage system to be tested. Informatics have informed that there is a risk that the CMATS pilot will be further delayed as other triage systems with a greater proportion of Urgent Suspected Cancer (USC) referrals have been prioritised by the organisation. Updates have been regularly requested by CMATS leads for over 12 months.
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	01/09/2019	Not provided	Amber	Effective Clinical Practice sub committee	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 and assurance provided through ECP. 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. There were presentations on each of the following work schemes: Anaemia Management Single unit transfusion and circulatory overload Data and benchmarking Use of O neg blood Platelets 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. 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. The Carmarthenshire Transfusion Practitioner, and Consultant Haematologist sit on these committees. The next planned event is an annual conference scheduled for the 28/06/19.
029-17	All Wales Guidelines for the Management of Devastating Brain Injury	26/07/2017	Information	Policy	New guidelines	Medical Director	3 years, or as required as evidenced elsewhere	01/10/2017	Green	N/A	The circular has been circulated to appropriate medical staff for consideration
030-17	Cancelled before issue										
031-17	The National Influenza Immunisation Programme	30/06/2017	Action	Public Health	Implementation of the 2017-18 programme	Director of Public Health	N/A	Not provided	Green	N/A	The WHC has been shared across the UHB, including Primary Care to ensure the implementation of key actions. The Seasonal Influenza Plan 2017/18 as approved by Board has been implemented and has resulted in improved vaccination uptake rates across the majority of target groups. In particular the UHB staff programme has resulted in an increase of 13.6% from last year's figure to 60.6% of those with direct patient contact receiving vaccination. Other figures as of 22 March 2018 show increases in uptake from last season as follows: Over 65 year olds – 1.6% Under 65s with Clinical Risk – 0.6% 2-3 year olds – 3.9% School Children aged 4-8 years old – 3.2% However this positive picture is balanced by the UHB being the lowest performing health board area in Wales for those vaccinations delivered in primary care settings [ie over 65s, under 65s with clinical risk and 2-3 year olds]
032-17	Implementation of Pre-Exposure Prophylaxis in Wales	10/07/2017	Action	Public Health	Letter to confirm that arrangements need to be in place for sexual health services in Wales to offer Pre-Exposure Prophylaxis (PrEP) for the prevention of HIV to be made available to individuals for whom it is clinically appropriate.	Director of Public Health	N/A	Not provided	Green	N/A	Following Guidance from Public Health Wales, the provision of PrEP (Pre-exposure prophylaxis) was made available across the whole of the UHB from summer 2017 through Integrated Sexual Health Clinics. Staff within these clinics have been fully trained on PrEP operational standards and guidance and appropriate pathways are in place, pharmacy and laboratory services have also been made aware. Patients are being logged and coded as per PHW instructions so that data collection on this cohort of patients is accurate for national collection but also for service audit purposes.
033-17	List of Welsh Health Circulars - 1 October 2016 – 31 May 2017	07/07/2017	Information	Information Governance	List of Welsh Health Circulars covering the period 1 October 2016 to 31 May 2017.	Board Secretary	Not provided	None	Green	N/A	Completed. Cross referenced against internal WHC log. All have been received.
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	N/A	Immediately	Red	Medical Devices Group	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. The Laboratory Quality lead has completed the amendments required to incorporate the new WG guidance into the amended POCT policy was taken to the POCT group on 25/10/18 for ratification. The policy is being finalised by the Assistant Director of Therapies and Health Science who hopes to have the policy out for targeted consultation per the process by w/19/11/18. Following the consultation the policy will be taken to the Clinical Written Control Document Group for formal approval. 29/04/19- Policy Co-Ordination Officer confirmed Assistant Director of Therapies and Health Science and POCT Co-ordinator are currently reviewing the policy to bring it in line with the All Wales Policy.
035-17	Guidance on Non-Medical Prescribing in Wales - May 2017	12/07/2017	Action	Health Professional Letter	Update guidance provides information and advice to promote good practice for non-medical prescribing in Wales. It replaces "Non-Medical Prescribing in Wales Guidance 2015" and all previous guidance.	Director of Nursing, Quality & Patient Experience Director of Therapies & Health Science	N/A	Immediately	Green	N/A	The guidance has been incorporated into the Non-Medical prescribing Policy for the UHB.

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036-17	Guide to Consent for Examination or Treatment	24/07/2017	Information	Policy	Revised guidelines to take account of important developments in case law - the revised guidelines contain a broad overview of the legal requirements in relation to seeking consent	Medical Director/ Director of Nursing	01/09/2022	With immediate effect	Green	N/A	The Guidance attached to this WHC is an update of previous guidance (which the UHB is compliant with), with the main change being in relation to the Montgomery vs Lanarkshire Health Board Supreme Court judgment. In order to raise awareness of this judgment and support staff with its application in practice the UHB has: <ul style="list-style-type: none"> <li>Issued a summary of the judgment to clinical staff</li> <li>Provided mandatory consent training to all senior doctors across the UHB which included information about the Montgomery judgment and its impact on practice.</li> <li>Included information about Montgomery in the Junior Doctor consent training.</li> <li>Provided consent training (including Montgomery) to all Clinical Nurse Specialists, Advanced Nurse Practitioners and Emergency Nurse Practitioners.</li> <li>Included information about Montgomery in any other ad hoc consent training that is provided.</li> </ul> <p>The Health Board cannot update the Policy for Consent to Examination or Treatment or the consent forms in relation to Montgomery at this stage since both the policy and forms are being updated by the WG and will be issued under another WHC. As soon as they are they will be implemented within the UHB.</p>
037-17	NHS Wales Peer Review Framework	24/07/2017	Information	Policy	Framework guidance to be used by NHS Wales to ensure peer reviews are carried out consistently and pragmatically and produce measurable benefits	Director of Nursing, Quality & Patient Experience	01/09/2022	With immediate effect	Amber	Quality, Safety and Experience Assurance Committee	The UHB will be undertaking an exercise to review the Peer Review Framework and look at how to put in place a formal programme to enable peer review. Any costs will need to be calculated and agreed by the Board. As this is an All Wales framework the UHB is engaging in peer reviews as requested by national groups. Currently the Rapid Response to Acute Illness Learning Set (RRALLS) group is undertaking a peer review to which a self assessment has been submitted and visits to the UHB have taken place. <p>The UHB is actively engaging in peer review arrangements (as of April 2019 only Out Of Hours and Paediatric Diabetic service reviews undertaken). Process for peer review arrangements to be reviewed. A more structured process is required before this WHC can be closed.</p>
038-17	BCG Vaccine Supply and Ordering in Wales	27/07/2017	Action	Public Health	New arrangements for the BCG vaccination programme as the result of improved vaccine availability.	Director of Public Health	N/A	N/A	Green	N/A	The WHC was discussed in the last Imms & Vaccs group meeting on the 24/01/16, and pre-circulated to the Imms & Vaccs group members. WHC has been circulated as necessary to key stakeholders.
039-17	Introduction of the hexavalent ("6 in 1") vaccine including hepatitis B into the routine immunisation schedule for babies born on or after 1 August 2017	09/08/2017	Action	Public Health	Arrangements for the Introduction of the hexavalent ("6 in 1") vaccine including hepatitis B into the routine immunisation schedule for babies born on or after 1 August 2017	Director of Public Health	N/A	Not provided/Not provided	Green	N/A	All practice nurses and health visitors delivering the routine childhood imms are aware of this change to the schedule, as it was discussed at last summer / autumn (2017) annual immunisation update training sessions, and any previous training sessions would have used the same content. A&E nurses have also been sent the WHC.
040-17	National Dermatology Implementation Plan	11/09/2017	Action	Performance / Delivery / Policy	The National Planned Care Programme has developed an integrated national implementation plan for Dermatology	Director of Operations	01/09/2019	01/09/2017	Green	N/A	Meetings of the Welsh Dermatology Board continue with initial scoping of data as per the Implementation Plan having been completed by all Health Boards. <p>An integrating framework is still to be agreed acknowledging current reporting arrangements to Welsh Government. Internally to the UHB, a decision will be taken as to the need for a separate Dermatology Board or whether this will be picked up under the auspices of the Planned Care Programme Board. The national Dermatology Implementation Plan is a standing agenda item for the monthly Dermatology team meeting.</p>
041-17	Armed Forces Covenant - Healthcare Priority for Veterans	04/09/2017	Action	Policy	To raise awareness among health professionals and administration staff when making referrals for diagnosis or treatment, or arranging waiting lists, the Armed Forces Covenant regarding a commitment to provide priority treatment for veterans suffering from conditions directly related to their Service.	Director of Partnerships and Corporate Services	01/09/2020	N/A	Amber	Operational Quality, Safety and Experience Sub Committee	WHC-2017-041 Armed Forces Covenant - Healthcare Priority for Veterans has been circulated to key colleagues working within the UHB who are working with the armed forces and veterans. This has been enacted via the membership of our Armed Forces Forum, which is also joint with the Local Authority Covenant and includes a wide range of stakeholders including military organizations and third sector partners. <p>Considerable effort has been made toward implementing the priority policy for armed forces veterans, where the referral is for military attributable reasons. Numerous talks have been delivered to a range of key stakeholders. This includes the 3 county practice manager forum, veterans associations, partner organisations, regional and county armed forces groups, local conferences and numerous departments within the Health Board. In addition, some data analysis has been undertaken in respect of the level of registration of veterans within GP practices. The talks have revealed both opportunities and challenges. The opportunities include that we have the ability to reach many veterans who could benefit from the policy. Furthermore, the awareness raising from these is boosting the profile of the policy, both amongst veterans and a number of services that provide assistance to them. Indeed, the talks have directly lead to a number of veterans informing their GP they served in the armed forces, thereby being eligible for the policy. This is a positive development and is already leading to patient impact, for example a veteran has now been seen by the audiology department for hearing loss due to ear damage from an explosion in their military service. The veteran reports their life is now '1000 times better' due to the hearing aid provided. As regards challenges, data analysis suggests that only 10% of veterans are registered with GP practices. This number will now rise albeit it highlights a large 'hidden' population. In order to overcome this, efforts will now need to be made to increase the number of veterans recorded and Welsh Government have produced a poster as part of a national campaign. We now need to see this implemented within our footprint to ensure that the full benefit of the policy can be realised. Plans are currently being prepared to achieve this.</p>
042-17	Addressing the Impact of NHS Wales Medical and Dental Agency and Locum deployment in Wales	23/10/2017	Action	Workforce	Schedule of actions required <ul style="list-style-type: none"> <li>Provide a named lead</li> <li>Writing to all Agencies working in Wales</li> <li>Submit organisation's plan to introduce caps and achieve the targets set within the 12 months to 31 October 2018.</li> <li>Apply capped rates</li> </ul>	Director of Operations	31/03/2018	27/11/17 (with monthly reports to WG on 15/12/17)	Green	N/A	Everything that was required of the HB as set out in the Circular has been implemented. Annmarie Thomas, Programme Lead for Medical Workforce Utilisation, is currently drafting a report for WG which is due on 15th December 2017. This report will be presented at an In-Committee meeting of the next Board and W&OD Committee.
043-17	Managing Babies Born on the Threshold of Survival	20/09/2017	Action	Policy	The WHC sets out a clear position in respect of the management of premature babies on the threshold of survival.	Director of Operations	Until further notice	With immediate effect	Green	N/A	The HB follow the BAPM guidance and, as this has recently been reviewed and re-affirmed (as reflected in the WHC), our practice remains unchanged. Our local admission threshold for neonatal care is 32 wks / < 1500gms. Any anticipated deliveries < 32 wks / 1500 gms would be transferred in utero to a tertiary unit (usually Singleton). In the event of an unplanned / unanticipated (very premature) delivery where in utero transfer was not clinically appropriate / practical, joint discussion and management between the Obstetric & Neonatal teams would take place by routine and, in the event of a successful delivery, immediate liaison with the tertiary neonatal team. As per the circular (and as reflected in BAPM & Wales Neonatal Network) guidance, initiation of treatment for any very premature babies where there was doubt about maturity would take into consideration gestational weight, overall condition and advice from the tertiary neonatal team. <p>The circular was placed on our Directorate Q&amp;S agenda for 28th September 2018 (for formal acknowledgement within the Directorate) and copied to Neonatal, Obstetric &amp; Midwifery teams.</p>
044-17	Guidance for the care of children and young people with continence problems	15/09/2017	Action	Quality & Safety	Guidance for HBs in respect of the provision of continence containment products for children and young people.	Director of Nursing, Quality & Patient Experience	17/10/2018	01/10/2017	Red	Operational Quality, Safety and Experience Sub Committee	Scoping process in progress. Currently collating all information to identify current gaps in service delivery across the UHB. Meeting in January 2019 to complete action plan. Lead office identified to manage across the Health Board <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>
045-17	Integrated guidance on health clearance of healthcare workers and the management of healthcare workers infected with bloodborne viruses (hepatitis B, C)	20/11/2017	Action	Public Health	Health boards and NHS trusts should contact all HCWs who perform EPPs, including dentists in primary care, to remind them of their ongoing obligation to promptly seek professional advice about the need to be tested if they may have been exposed to a BBV. Letter templates are at Annex 2 and Annex 3.	Director of Nursing, Quality and OD, Workforces and OD	N/A	28/02/2018	Green	N/A	The WHC advice has been complied with across the relevant sectors of the workforce who undertake exposure prone procedures. The distribution of the advice contained in the WHC/2017/045 was undertaken by the area managers who have then confirmed to the Occupational Health Service that this action is completed.
046-17	Amendment to the Human Medicines Regulations 2012 – Supply and Use of Adrenaline Auto Injectors in Schools	02/10/2017	Action	Health Professional Letter	To inform us of the introduction of the exemption allowing schools to obtain, hold and use adrenaline auto-injectors in the emergency treatment of anaphylactic reactions.	Director of Health, Commissioning, Primary Care, Therapies	This Welsh Health remains in force until such time as it is replaced	04/10/2017	Green	N/A	The WHC has been shared with all Community Pharmacy's, GPs and Med management team for information (so they can advise when asked) that schools are exempt from the usual regs here and are able to hold adrenaline auto injections. The decision for schools to stock is at their discretion.
047-17	NHS Planning Framework 2018/21	12/10/2017	Action	Planning	produce the plans that are required to be produced in the attached NHS Planning Framework 2018/21. The submission of your final draft plans to Welsh Government is required by 31st January 2018	Director of Health, Commissioning, Performance & Commissioning	01/10/2018	Planning period 2018/19	Green	N/A	Update provided to Planning Sub Committee May 2018 meeting. The UHB formally informed Welsh Government on 19/01/18 that it was the intention to submit an Annual Plan for 2018/19 rather than a 3 Year Integrated Medium Term Plan. At the In-Committee Board meeting on the 29/03/18, the 2018/19 Annual Plan was approved as a draft 'interim' plan, reflecting the fact that it still does not satisfy our statutory duty for financial break even and therefore has the status of work-in-progress, and is subject to ongoing discussion with Welsh Government in accordance with the WHC the draft 'interim' plan was submitted to WG on the 29/03/18. <p>The circular is now being used as the basis for the current planning cycle pending issue of the NHS Planning Framework 2019/22. Update provided to Planning Sub Committee July 2018 meeting: WHC-2017-047 has been distributed and has been embedded within the Planning Team processes to ensure the UHB is fully compliant. The WHC will be reviewed and re-issued by Welsh Government in October 2018 to which the UHB will need to be responsive and compliant to any changes made.</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	N/A	No date given (however progress monitored thro	Amber	Immunisation and Vaccination group	<p>1. Reduce and ultimately prevent ongoing transmission of HCV within Wales : The Public Health Directorate and the UHB continue to work with partners and key stakeholders to develop a sustained and robust package of public health interventions. This involves progressing the actions identified within the Welsh Strategy 'Substance Misuse Delivery Plan 2016 – 2018'. Although this strategy has come to an end, there remain ongoing evidence based measures to reduce drug related harm which are coordinated and progressed through the Area Planning Board for Substance Misuse. Such measures ensure that sterile injecting equipment is available to drug users and also involve close working with relevant clinical specialities. Alongside this, community substance misuse services currently provide Dry Blood Spot Testing for all clients and link closely with the Health Board BBV team to access treatment.</p> <p>2. Identify individuals who are infected with HCV including those who have acquired HCV outside the UK and are now resident in Wales: Individuals already diagnosed with hepatitis but are not on an appropriate care pathway will be identified through the laboratory data system. Interventions for these individuals can then be established including further testing and treatment to minimise ongoing liver damage. Public Health Wales and the UHB are in the process of undertaking a national look back exercise and contacting patients who have previously been diagnosed with HCV to invite them to be retested and receive new treatments if they are still infected. This is being led by the local BBV CNS service in conjunction with GPs and the UHB Liver Disease Clinical Lead. A national group has been established to manage this project and liaison with key local practitioners in the UHB has taken place in order to identify and report back on project milestones.</p> <p>3. Test and treat individuals currently infected with HCV who are actively engaged in behaviours likely to lead to further transmission: In order to ensure that individuals currently infected with HCV are actively engaged in behaviours to reduce further transmission actions will be progressed through the Area Planning Board and through the direct input of the Blood Borne Virus Nursing team. Commissioned substance misuse services at Tier 2 and Tier 3 level in the Hywel Dda UHB area offer a range of harm reduction interventions to reduce hepatitis transmission rates. The effectiveness of these evidence based clinical interventions can be carefully monitored through the Viral Hepatitis Sub-Group of the Liver Disease Implementation Group with both the Hywel Dda BBV Nurse and Lead Gastroenterologist being active members of this Sub-Group. The BBV CNS service continue to encourage the use of community pharmacies for supervised consumption of Hepatitis C treatment running alongside clients substitute opiate prescribing.</p>
049-17	Nurse Staffing Levels (Wales) Act 2016 – Statutory guidance	02/11/2017	Compliance	Legislation	Enact the guidance	Director of Nursing, Quality & Patient Experience	N/A	01/04/2018	Green	N/A	<p>The documents mentioned in 049-17 and 013-18 are used as reference documents within the HB to support the HB's Nurse Staffing Levels (Wales) Act work stream. This includes:</p> <ul style="list-style-type: none"> <li>making reference to the documents in any relevant policies;</li> <li>Calculating the nurse staffing levels for the wards where Section 25B of the Act using the triangulated methodology referred to in both documents and the template in the operational guidance;</li> <li>Informing patients of the nurse staffing levels for each included ward as per paragraph 20-25 of the statutory guidance);</li> <li>Reporting to Board (and relevant committees and sub-committees) as stipulated;</li> <li>Analyzing data for the specified quality indicators (paragraph 43 of the statutory guidance);</li> <li>Using the Welsh Levels of Care documented mentioned in 013-18 as part of the acuity audits undertaken at minimum in January and June each year; and</li> <li>Using the acuity data to inform the calculation of the nurse staffing level (as per paragraph 40-42 of the statutory guidance).</li> </ul> <p>The Nurse Staffing Levels (Wales) Act's implementation plan is monitored as part of the Nurse Staffing Levels Implementation Group chaired by the Director of Nursing.</p>
050-17	Best practice guidance and opportunities for savings through efficiency improvements in the NHS Estate	15/11/2017	Action	Finance/ Estates	Taking opportunities for savings through efficiency improvements in the NHS Estate	Director of Operations	Under constant review	25/03/2018	Green	N/A	<p>All Wales Benchmarking group continue to meet to scrutinise the Estates, Facilities Performance Management system benchmarking data to review data quality and identify best practice opportunities across the Welsh NHS estate. The initial focus has been on Cleaning and Catering data information and the initial meetings has focused on data quality to ensure consistency and accuracy across Wales. The UHB continue to provide representation and are reporting progress via the Directors of Finance sub-group which has been established to look at Efficiency &amp; Value and develop an Efficiency Framework, via Assistant Director of Finance.</p> <p>A key part of the WHC is introducing best practice energy and carbon saving into capital schemes. A good example of this is the planned Integrated Care Centre in Aberaeron, where the UHB has introduced best practice energy and carbon best practice in line with the WHC. This resulted in a 'Very Good' rating under Building Research establishment Environmental Assessment Method (BREEAM), a minimum requirement on refurbishment projects that are funded by WG.</p>
051-17	Raising Awareness of Carbon Monoxide Poisoning and Action Required by Health Professionals	15/11/2017	Action	Health Professional Letter	Guidance for distribution	Medical Director / Director of Nursing, Quality & Patient Experience	N/A	Not provided	Green	N/A	WHC has been circulated to the emergency department leads and primary care.
052-17	Ordering flu vaccine for the 2018-19 season	29/11/2017	Action	Public Health	Advice on ordering supplies of influenza vaccine for the 2018-19 season	Director of Public Health	N/A	Not provided	Green	N/A	<p>This WHC guidance has been shared formally with all practice managers in GP surgeries across the Hywel Dda area. It was also summarised in the weekly influenza communication from the DPH to all GP Practices on publication before Christmas.</p> <ul style="list-style-type: none"> <li>A meeting between the DPH, UHB Primary Care representatives, Medicines Management Team and public health has taken place to ensure that the implications of the WHC guidance is fully understood within the Health Board and a clear position statement to contractors is in place.</li> <li>In addition to this, a note from the DPH has been sent to those practices that have requested any additional clarification on the UHB position in respect of ordering and reimbursement of influenza vaccine for 2018/19.</li> <li>The Immunisations and Vaccinations Coordinator for the UHB has been available and has responded to comments and questions from primary care colleagues on this issue promptly</li> <li>Discussions have taken place with the Occupational Health Service of the UHB to decide on vaccine ordering for the staff influenza campaign for 2018/9 based on the evidence presented within the WHC.</li> </ul>
053-17	2018-19 Health Board and Public Health Wales NHS Trust Allocations	21/12/2017	Compliance	Finance	The document details the Health Boards allocations for 2018-19.	Director of Finance	N/A	Immediate	Green	N/A	On the January 2018 Board agenda.
001-18	Guidance on safe clinical use of Magnetic Resonance Imaging (MRI)	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 Sciences	01/01/2019	01/04/2018	Red	Operational Quality, Safety and Experience Sub-Committee	<p>Risk assessments are undertaken prior to the introduction of new or modified MRI services by an expert who is brought into the 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.</p> <p>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>Update 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>
002-18	List of Welsh Health Circulars – 1 June 2017 – 31 December 2017	12/01/2018	Information	Information Governance	The list of Welsh Health Circulars covering the period 1 June 2017 to 31 December 2017. The	Board Secretary	N/A	N/A	Green	N/A	Completed.
003-18	Welsh Scientific Advisory Committee guidance on administration of intravenous contrast medium for renal impairment	05/04/2018	Action	Health Professional Letter	Guidance on Administration of Intravenous Contrast Medium to Patients with Renal Impairment- six recommendations for improving the administration of CM and ensuring patient safety.	Director of Therapies & Health Sciences	N/A	Not provided	Green	N/A	This WHC has been disseminated to site leads and the clinical director for appropriate action.
004-18	UK Policy Framework for Health and Social Care Research	01/02/2018	Compliance	Policy	The UHB is expected to have robust arrangements in place to meet the requirements of this policy, and ensure the WHC is shared with colleagues and that relevant action is taken.	Medical Director	As required	01/02/2018	Green	N/A	This WHC was discussed at the Research & Development Sub-Committee meeting in February 2018 and formal feedback requested from members by 12/03/18 (none received). The implementation of the UK Policy Framework for Health and Social Care Research will be a standing agenda item at all future R&D Sub-Committee for monitoring going forward. The UHB is compliant with the policy.
005-18	NHS Research and Development Finance Policy	20/03/2018	Action/Compliance	Policy	From 1 April 2018 all NHS organisations must be compliant with the NHS R&D Finance Policy and Local Support and Delivery funding will be released on this basis. Whilst 2017/18 has been an implementation period, further guidance will be on offer to the NHS on an ongoing basis. Compliance will be assessed through a financial audit of non-commercial and commercial research studies which will form part of annual R&D performance management meetings with R&D Division Welsh Government.	Medical Director	Under constant review	01/04/2018	Green	N/A	<p>The UHB has finalised its local NHS R&amp;D Finance Process document and this was approved in R&amp;D Sub Committee on 20th November 2017, this was then taken to the UPB on 6th February 2018. Monitoring will be carried out by the Health and Care Research Wales on behalf of WG from 01/04/18. The Finance Process document will form part of the forthcoming R&amp;D Governance Policy.</p> <p>Training on raising invoices etc for local teams has been conducted in the 2017-18 period and continues on an ad-hoc basis. The R&amp;D Manager and finance team are members of relevant groups within HCRW and remain up to date with relevant KPIs and performance monitoring requirements. The R&amp;D Manager and finance team are in the process of developing a robust system for tracking, recording and distributing income in order to improve R&amp;D oversight of research income.</p> <p>In order to have better oversight of investigator accounts, the R&amp;D office, on a six monthly basis now requests spending plans from research account holders which are then discussed/approved at the R&amp;D senior team meetings. The investigator account terms and conditions forms part of the approved Finance Process.</p> <p>These processes will be performance managed by the Welsh Government.</p>

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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	2020	Ongoing	Amber	Operational Quality, Safety and Experience Sub Committee	<p>The UHB 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>Skill mix/capacity demand reviews have commenced within the audiology service; detailed workforce plans will need to be developed following initial review taking into account Primary Care developments, links to Social Care and Third Sector, education, resource, etc.</p> <p>Continues to be monitored on a monthly basis.</p> <p>Assistant Practitioner posts are now in place.</p> <p>National education commissioning requirements scoped with all audiology services across Wales.</p> <p>Head of Service post out to advert.</p> <p>Active participation in planning for Audiology facilities within the developing Integrated Care Centres and Llanelli Wellness Village.</p> <p>Service specification has been submitted for the Cross Hands Community Hub.</p> <p>Service specification for Aberaeron Integrated Care Centre has been finalised with a workshop for all services to be held on 08/01/19.</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>
007-18	Ionising Radiation – Requirements for NHS organisations in Wales from February 2018	01/02/2018	Compliance	Science	NHS organisations in Wales must ensure compliance with the requirements of new Regulations relating to ionising Radiation.	Director of Therapies & Health Science	01/02/2023	01/02/2018	Green	N/A	<p>A number of the required actions identified in the WHC have already been addressed. Consultant Clinical Scientist is contributing to the development of the 'once for Wales' guidance related to 'carers and comforters' and 'risk benefit information for patients and will provide a local action plan to cover the remaining issues. Progress with all actions will be overseen by the Radiation Protection Committee (next due to meet on 25/04/18 in GGH).</p> <p>The appointed RPA has been working through the documentation since meeting in April 2018 and developing guidance as was discussed at the last All Wales Radiology Quality Forum.</p> <p>An additional Radiation Protection Committee will be held in late November 2018 to rally all changes to policies. It is not expected that compliance would have been immediate but that organisations are aware of the changes and are working towards implementing them.</p>
008-18	1 February 2018 Coming into Force of the Intimate Piercing Provisions Within the Public Health (Wales) Act 2017	01/02/2018	Information	Legislation	Awareness that the new law on intimate piercing in Wales comes into force on 1 February 2018	Director of Public Health	N/A	01/02/2018	Green	N/A	WHC for information only and sent out via global email April 2018.
009-18	Dental Services - Service Standards for Conscious Sedation in a Dental Care Setting	18/06/2018	Compliance	Quality & Safety	This WHC introduces new Service Standards for Conscious Sedation in a dental care setting. Health boards need to work with existing providers and agree a timetable for adoption of these new standards. Health boards and providers should aim to comply as soon as possible but in any event all providers must be compliant with the standards by 1 April 2020.	Director of Primary Care, Community and Long Term Care	01/05/2021	01/04/2020	Green	N/A	<p>The current action plan for this WHC is as follows:</p> <ol style="list-style-type: none"> <li>1. Distribute compliance plan from circular for completion by providers in respect of community based services such Powys UHB. (completed)</li> <li>2. Prepare a breakdown of HD CDS compliance for all the CDS clinics. (completed)</li> <li>3. Send pro forma to Parkway, Cambria and Haverfordwest for completion. (completed)</li> <li>4. Meet with ABM to ensure alignment of service and contractual arrangements. (completed)</li> <li>5. Parkway is not compliant - set up meeting to discuss service requirements going and assess impact on contractual and funding levels. (Work in Progress -WIP)</li> <li>6. Build the WHC requirements into any future SLAs or contracts we issue for the provision of conscious sedation.(WIP)</li> <li>7. Update GDS with the referral pathways for the compliant services and include in Directory of Services for e- referrals.(WIP)</li> <li>8. Prepare report for QSEAC on actions/risks and transitional arrangements for full implementation of circular.(WIP)</li> </ol> <p>A paper is going to the Operational Acute and Primary Care Quality and safety group on the 20/09/18 setting out the options to address the requirements of the WHC. A meeting is taking place with Parkway on the 04/09/18.</p> <p>14/12/18-The UHB are compliant with this WHC. The UHB served notice to the private provider to cease multi drug sedation from 01/09/18.</p>
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	Under constant review	Not provided	Amber	Business Planning & Performance Assurance Committee	<p>The majority of points highlighted in the guidance has already been implemented. The remainder are all in the process of being actioned. Anticipate completion of all actions by end of May 2019. Below is a summary of actions currently being implemented:</p> <ul style="list-style-type: none"> <li>o Car park management is to be set out in the UHB Sustainable Travel Plans - All sites have sustainable travel plans which highlight car park infrastructure and availability, as well as sustainable travel options such as park and ride services, bus routes and cycle paths. Awaiting completion of car park management procedures and car park management policy following completion of consultation process. Due for completion in February 2019. Will be referenced at this point in all travel plans.</li> <li>o Encourage people to only park on hospital sites for healthcare related reasons- Information leaflet has been developed in partnership with DPP, Carmarthenshire County Council and the Health Boards for circulation to patients with appoint letters. Leaflet highlights parking issues and potential alternatives for accessing all sites. Communication plan developed to complement implementation of the new car park management arrangements. Materials currently being finalised for distribution. Anticipate implementation of comms plan in February 2019.</li> <li>o Suggest number plate recognition technology- ANPR system implemented. Currently being used for monitoring traffic flow. To be utilised for enforcement purposes following soft launch period. Anticipate enforcement utilising ANPR to commence from April / May 2019.</li> <li>o Car park management schemes must be consulted upon with staff and patient groups- Car park consultation process concluded in December 2018 with sign off of final proposals also taking place in December. This action has not been completed.</li> <li>o Should have 'hospital permit holders only' areas- Completion of this action will be tied in with implementation of full enforcement by CP Plus. Anticipate commencement of this from April / May 2019.</li> </ul> <p>A significant amount of data was collected and scrutinised by the Editorial Board. A DRAFT Annual Quality Statement has been compiled in line with the Guidance and Template outlined in WHC (2018) 011 and will be presented to QSEAC in April 2018.</p> <p>Please note due to the timing of this meeting, some of the quantitative data is not for the full sample period of April 2017 – March 2018, in particular Timely Care and Individual Care. These figures will be updated following the meeting in readiness for publication. This year we wanted to involve our inpatient children in designing our front cover. Our play specialists Sandra Jones and Paul Harries, facilitated a competition for our inpatient children to draw pictures of what each of the themes means to them.</p> <p>This DRAFT Annual Quality Statement will be circulated to the Starad Iechyd Readers panel in April 2018. Comments from the Readers Panel and from QSEAC will be considered by the Editorial Board in readiness for the final publication.</p> <p>This year the UHB has attempted to make the Annual Quality Statement more interactive. A video of a service or patient experience portrays a powerful message to our patients and public. Therefore the Annual Quality Statement now has links contained within that will take readers who access the document electronically to video clips.</p>
011-18	Annual Quality Statement 2017/18 - Guidance	22/03/2018	Information	Quality & Safety	All NHS organisations are required to publish an Annual Quality Statement. This should form part of the organisation's annual reporting process. This WHC confirms the requirements for the 2017/18 statement.	Director of Nursing, Quality and Patient Experience	01/03/2019	31/07/2018	Green	N/A	<p>The UHB has undertaken a mapping exercise for the WHC and are still awaiting some information from Estates. The majority has been mapped to the UHB's policies/procedures/guidelines.</p>
012-18	Never Events List 2018 and Assurance Review Process	29/03/2018	Action	Quality & Safety	Confirms the revised list of reportable patient safety incidents to be classed as Never Events from 1 April 2018. This supersedes the previous list published in 2015 and applies to all NHS Wales' health boards and trusts.	Director of Nursing, Quality and Patient Experience	01/01/2020	01/04/2018	Green	N/A	<p>The UHB has undertaken a mapping exercise for the WHC and are still awaiting some information from Estates. The majority has been mapped to the UHB's policies/procedures/guidelines.</p>
013-18	Nurse Staffing Levels (Wales) Act - operational guidance and Welsh Levels of Care	27/03/2018	Compliance	Legislation	The non-statutory operational guidance will enable NHS organisations to consistently implement the specific duty to calculate and maintain nurse staffing levels on adult acute medical and surgical wards as set out in the Act. The Welsh Levels of Care is the evidence-based workforce tool to be used by all health boards as part of the calculation process from 6 April onwards.	Director of Nursing, Quality and Patient Experience	N/A	06/04/2018	Green	N/A	<p>The documents mentioned in 049-17 and 013-18 are used as reference documents within the HB to support the HB's Nurse Staffing Levels (Wales) Act work stream. This includes:</p> <ul style="list-style-type: none"> <li>• making reference to the documents in any relevant policies;</li> <li>• Calculating the nurse staffing levels for the wards where Section 25B of the Act using the triangulated methodology referred to in both documents and the template in the operational guidance;</li> <li>• Informing patients of the nurse staffing levels for each included ward as per paragraph 20-25 of the statutory guidance);</li> <li>• Reporting to Board (and relevant committees and sub-committees) as stipulated;</li> <li>• Analysing data for the specified quality indicators (paragraph 43 of the statutory guidance);</li> <li>• Using the Welsh Levels of Care documented mentioned in 013-18 as part of the acuity audits undertaken at minimum in January an June each year; and</li> <li>• Using the acuity data to inform the calculation of the nurse staffing level (as per paragraph 40-42 of the statutory guidance).</li> </ul> <p>The Nurse Staffing Levels (Wales) Act implementation plan is monitored as part of the Nurse Staffing Levels Implementation Group chaired by the Director of Nursing.</p>

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014-18	All Wales Communication Standards between Primary and Secondary care	03/05/2018	Action	Health Professional Letter	Health boards and Trusts must put in place arrangements to ensure these standards are fully adopted and include processes to receive, collate and respond to concerns expressed from their health community where these standards have not been upheld.	Director of Primary Care, Community and Long Term Care/ Medical Director	N/A	N/A	Amber	Operational Quality, Safety and Experience Sub Committee	<p>Director of Primary Care, Community and Long Term Care and the Medical Director are jointly supporting this WHC. Director of Primary Care, Community and Long Term Care sent the WHC out to GPS on 03/05/18 and it will be discussed in a range of meetings including OSEAC.</p> <p>The WHC is being distributed to all clinicians and service managers. In practical terms there has been an agreement from the Clinical Directors for Scheduled &amp; Unscheduled Care to conform with the requirements and the LMC are extremely supportive.</p> <p>The UHB have agreed:</p> <ul style="list-style-type: none"> <li>• Most A&amp;E &amp; MIU attendances are for relatively minor conditions – therefore a self certification for 5 days would address most situations.</li> <li>• Not appropriate at this stage for SHO's to provide sick notes in A&amp;E as this may lead to potential abuse by patients.</li> <li>• Consultants &amp; Middle Grades in A &amp; E can issue sick notes if the condition is likely to last more than 5 working days – this is most likely to occur in the significant soft tissue injury follow up clinics.</li> <li>• Fracture cases are best certificated by the fracture clinic team as they will have a better understanding of the likely recovery period.</li> <li>• Analysis of cases in the MIU indicated that the majority are minor so self certification is appropriate or they are major and end up being admitted in which case it is the in-patient team should provide the sick note. For minority of cases the GP/Middle grade may feel issuing a sick note is appropriate.</li> <li>• Supplies of self-certificates and doctors certificates are to be distributed to relevant areas (for those clinical areas that do not already have them).</li> </ul> <p>General agreement from consultants that their team should write sicknotes for discharge of inpatients.</p> <p>Associate Medical Director for Workforce and Primary Care receives and investigates any perceived problems with compliance with the WHC. Normally the issues are quickly rectified; on occasion the behaviour was entirely clinically appropriate and this is fed back. The majority of issues lie with secondary care creating unnecessary work in primary care. The AMD feeds back to the relevant GP, cluster and LMC and also to the relevant secondary care clinicians and teams.</p>
015-18	Ordering adjuvanted flu vaccine for the 2018-19 season	05/04/2018	Action	Public Health	Updated information on ordering and delivery arrangements for adjuvanted influenza vaccine for the 2018-19 season.	Director of Public Health	N/A	2018-19 season	Green	N/A	This WHC was circulated by email on 09/04/18 to all practice managers, practice nurses, relevant stakeholders in the Primary Care Team colleagues, and to relevant colleagues in the Public Health Team, including the Director of Public Health. It was an agenda item on the Executive Imms & Vaccs meeting scheduled for 26/04/18, which was unfortunately cancelled. Interim Acting Immunisation and Vaccination Coordinator was happy to rate this WHC as 'Green' as she is assured that all the GP practices have now ordered adjuvanted flu vaccine as per WHC.
016-18	Working together to reduce outdoor air pollution, risks and inequalities	25/04/2018	Action/Information	Estates/Planning/ Public Health	The guidance seeks to inform NHS policy and practice development by encouraging different ways of working and actions to reduce air pollution.	Director of Public Health	N/A	N/A	Green	N/A	<p>Air pollution is a significant environmental determinant of health. As a public body, the UHB can make a valuable contribution at the local level to promote collective efforts to assess and manage air pollution risks.</p> <p>This WHC guidance not only seeks to inform NHS policy development and practice by encouraging different ways of working to reduce air pollution through supporting its broader commitments to support the delivery of comprehensive multi-sector and disciplinary action that will link to the WG's national strategy, Prosperity for All and the Wellbeing of future generations Act.</p> <p>The Director of Public Health plays a key role in the successful implementation of this guidance however several members of the Executive Team also have important leadership roles and the guidance including reference to relevant objectives and specific actions has been shared.</p> <p>Partnership working will be key, particularly with our Local Authorities in terms of planning, housing and transport and across our Public Services Boards as the recommendations made can be aligned to many of the actions within our Wellbeing Plans.</p> <p>Much of the guidance is directed towards Directors of Public Health and their wider teams – this has been presented to The Public Health Directorate's Wider Leadership Team for discussion and dissemination and we continue to consider how best we mobilise ourselves, continue to work with our partners, including Public Health Wales to operationalise this guidance.</p> <p>Examples of ways we can take action to reduce outdoor air pollution, risks and inequalities include:</p> <ul style="list-style-type: none"> <li>• Provide support to scope and understand air pollution in the broader health context not only in terms of health/disease outcomes but also in relation to the wider determinants of health and opportunities to reduce inequalities</li> <li>• Identify areas of greatest risk and potential sources of exposure. This will enable better targeting of resources.</li> <li>• Continue to work with local partners to undertake research and generate evidence to inform local practice/interventions.</li> <li>• Continue to lead/support/recommend Health Impact Assessments and ensure these are incorporated into decision making and planning processes.</li> <li>• Engaging local decision makers to act locally to reduce air pollution and risks.</li> <li>• Reduce the environmental impact from NHS estates, facilities and services through introducing sustainable procurement, invest in technology to reduce non-essential travel, restrict engine idling on NHS sites, enforce NHS smoke free site policy.</li> <li>• Provide patients/public with information on health impacts of travel choices.</li> </ul>
017-18	2018/19 LHB & Trust Monthly Financial Monitoring Return Guidance	20/04/2018	Compliance	Finance	2018/19 LHB and Trust monthly financial monitoring return guidance and associated submission templates.	Director of Finance	N/A	#####	Green	N/A	The UHB is adhering to the WHC guidance- Complete.
018-18	Consolidation rules for managing cardiac referral to treatment waiting times	24/04/2018	Compliance	Performance/Delivery/ Information Technology	Final version of the updated rules	Director of Operations	N/A	Immediate action	Green	N/A	<p>Update in respect of WHC 2018-018 –</p> <ol style="list-style-type: none"> <li>1. Consolidated rules for Managing Cardiac Referral to Treatment Waiting Times</li> <li>2. RTT rules</li> </ol> <p>Both sections of this WHC are already being adhered to; WHC is an update to previous rules, that were already in place.</p> <p>The following actions have been put in place –</p> <ul style="list-style-type: none"> <li>• Patient Access – Elective Care policy has been updated in line with the consolidated rules and localised training has been undertaken;</li> <li>• Cardiac rules have been discussed (as they differ from above), with the relevant service lead &amp; support staff;</li> <li>• Once available on ESR (this is imminent), staff we be asked to undertake elements of the RTT Training program, that are relevant to their current position.</li> </ul>
019-18	Getting the Balance Right in Wales – Supporting quality and safety for dental registrants as part of an assurance process	27/06/2018	Compliance	Quality and Safety	This WHC sets out the model to adopt in Wales to give patients, the public, the dental profession, health boards and the GDC confidence that dental performance which causes concern can be identified promptly and dealt with proportionately to protect patients and support GDC registrants. The WHC describes a process for health boards to act promptly when concerns are raised and respond proportionately.	Director of Primary Care, Community and Long Term Care	01/04/2021	Immediate	Green	N/A	Director of Primary Care, Community and Long Term Care confirmed she is the lead. The UHB has adapted local Performance procedures to reflect this guidance.
020-18	AMR Improvement Goals & HCAI Reduction Expectations by March 2019: Primary & Secondary Care Antimicrobial Prescribing Goals: C. Difficile, S. Aureus Bacteraemias and Gram Negative Bacteraemias	04/05/2018	Action & Information	Quality and Safety	Health boards will be expected to mirror and feed into the national strategic leadership arrangements in place for HCAI and AMR in Wales, in particular working effectively across the NHS, hospital and communities to better understand the key drivers for infection in their patients and develop and implement a bespoke improvement plan that will deliver quantifiable change.	Medical Director & Director of Clinical Strategy / Director of Nursing, Quality & Patient Experience	01/03/2019	31/03/2019	Green	N/A	<p>Reporting process for AMR reduction target not yet agreed.</p> <ul style="list-style-type: none"> <li>• All Wales agreement to roll out Antimicrobial Prescription charts, currently in use in GGH</li> <li>• Review of co-amoxiclav usage across all HB Antibiotic Guidelines by January 2019</li> </ul> <p>Monitoring via Medical Management Sub Committee with report to Infection Prevention Sub Committee</p> <p>Reporting of HCAI Targets to IP Sub Committee for scrutiny reported against WG &amp; UHB SMART Targets</p> <p>Implementation of the HAI Improvement Plan 2018/19 – monitored through IP Sub Committee</p> <p>Attendance &amp; participation 1000 Lives HCAI Collaborative now in 2nd year</p> <ul style="list-style-type: none"> <li>• Prospective surveillance of E.coli cases for 2018/19 - Risk Profiling</li> <li>• Roll out of new Hand Hygiene audit tool incorporating Bare Below the Elbow with Link Nurses - Oct 2018</li> <li>• Scrutiny Meetings on all sites to review CAC and QIA scores</li> <li>• Roll out of ANTT - 40% by December 2018</li> <li>• Reduction in Catheter associated UTI - passports, STOP, ANTT</li> <li>• Promotion of Hydration Patients, Staff &amp; Public</li> </ul> <p>The UHB can no longer achieve the HCAI Reduction Targets set by WG</p> <p>AMR Reduction Targets may still be achieved.</p> <ul style="list-style-type: none"> <li>• Restrictive guidelines in place for Meropenem</li> <li>• Changes to antibiotic guidelines being discussed with Consultants</li> <li>• Review of high GP antibiotic users in progress</li> </ul>
021-18	Raising awareness of Lyme disease and ensuring prompt and consistent diagnosis and treatment	01/06/2018	Action	Public Health	Ensure that health professionals, particularly GPs and those working in A&E Departments are aware of this guidance, so they know how to remove a tick correctly, recognise possible symptoms, understand the arrangements for testing and report cases for nationwide surveillance.	Director of Operations/ Director of Primary Care, Community and Long Term Care	N/A	As soon as practicable	Green	N/A	Complete- WHC sent to Primary care through central processes at an all Wales level. WHC sent to BGH, GGH, PPH & WGH A&E staff.

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022-18	Sharing Patient information between healthcare professionals – a joint statement from the Royal College of Ophthalmologists and College of Optometrists	03/09/2018	Information	Governance	On 20/03/15 the Royal College of Ophthalmologists and the College of Optometrists issued a joint statement encouraging ophthalmologists to share clinical information with the referring optometrist, please see the joint statement below. Health boards should ensure hospital policies and procedures encourage this communication so that it becomes standard practice for planned and unplanned ophthalmology care in Wales.	Director of Operations	N/A	Immediate	Green	N/A	Communications with referring Optometrists are routine within the service. The Optometry details have been added to W-PAS to ensure that this is possible
023-18	The National Influenza Immunisation Programme 2018-19	06/06/2018	Action	Public Health	Implementation of the 2018-19 programme. The programme describes the eligible populations, changes to the programme and reminds professionals of the vaccines that offer the best protection for those at risk .	Director of Public Health	N/A	Not provided	Green	N/A	The Seasonal Influenza Plan 2018/19 went to Board on 27/09/18 and the campaign itself started on 01/10/18. The following points are to be noted: <ul style="list-style-type: none"> <li>• WHC _023 has been widely disseminated to key local stakeholders in primary and secondary care services.</li> <li>• A new structure has been developed to ensure streamlined communication for the key components of the campaign, namely Childhood Immunisation and Vaccination (Imms &amp; Vaccs) Group, Primary Care Imms &amp; Vaccs Group and Workforce Imms &amp; Vaccs Group all reporting to the Executive Imms &amp; Vaccs Group.</li> <li>• The priority focus for actions this season will be with 2-3 year olds and targeted at risk groups with chronic health conditions. These will be respiratory disease, cardiovascular disease and immune suppressed patients.</li> <li>• A bespoke communications plan has been developed to drive locally developed messages for the identified priority target groups for this season.</li> <li>• Additional support for vaccination programme delivery will be provided to GP and community pharmacy settings including data, resources and communications materials.</li> <li>• Closer engagement with colleagues in UHB secondary care settings is taking place to feed into winter pressures planning and will include the development of a pilot project on influenza surveillance involving the Vaccine Preventable Disease Programme team in PHW nationally.</li> </ul>
024-18	Implementation of All Wales Intrapartum Fetal Surveillance Standards for Maternity Services	28/11/2018	Compliance	standards	Health Boards will be expected to fully implement standards and report compliance at annual maternity performance boards providing assurance to Welsh Government, beginning in 2019.	Director of Nursing, Quality and Patient Experience	01/11/2020	That the standards be adopted immediately	Amber	Quality, Safety and Experience Assurance Committee	<b>Standard 1:</b> All low risk women should be recommended intermittent auscultation – Weekly Datix Review taking place. 'Intermittent Auscultation of the Fetal Heart During Labour' guidelines are currently being drafted and will be sent out for consultation. <b>Standard 2:</b> Cardiotography (CTG) interpretation is to be based on the Federation of Internal Gynaecology and Obstetrics classification system (FIGO)- Weekly Datix and CTG Case Review taking place. Monthly Training in place. New documentation stickers obtained for new standard. 'Continuous Intrapartum Electronic Fetal Monitoring Guidelines' currently being drafted and will be sent out for consultation. <b>Standard 3:</b> Training in intermittent auscultation, CTG or STAN (where used). Should be equitable for all clinicians practicing throughout Wales - Monthly audit undertaken by CPD Leads, monthly training for all clinicians. 'Intermittent Auscultation of the Fetal Heart During Labour' guidelines are currently being drafted and will be sent out for consultation. <b>Standard 4:</b> All professionals providing intrapartum care will attend an annual whole day (equivalent to 6 hours) teaching seminar on fetal physiology in labour, discussion of the principles underlying intermittent auscultation, CTG interpretation (and STAN) together with an understanding of the maternal and fetal risk factors- 2019 monthly PRACTical Obstetric Multi-Professional Training (PROMPT) Programme schedule in place. All PROMPT training will be held in Glangwili General Hospital with the scenario based drills being facilitated within the specific practice settings in Glangwili. Additional bespoke PROMPT training will be facilitated for Ceredigion staff at Bronlais General Hospital on an additional six occasions during 2019. Monthly review of Training database to ensure compliance and feedback at yearly WG performance Board. <b>Standard 5:</b> All obstetric units must provide a weekly clinical meeting for the multi-professional discussion of clinical cases involving CTG (or STAN) interpretation- monthly teaching programme in place. <b>Standard 6:</b> All women requiring continuous fetal monitoring must undergo regular assessment with additional fresh eyes and clear documentation of findings within a maximum period of 2 hours. Monitored by Labour ward Lead. 'Continuous Intrapartum Electronic Fetal Monitoring Guidelines' currently being drafted and will be sent out for consultation. <b>Standard 7:</b> Wherever possible intrapartum fetal surveillance training must be multi-professional. It should encourage the principles of assertive communication and include discussion about escalation and the use of multi-professional discussions including safety huddles and 'fresh eyes' approach - 2019 monthly PRACTical Obstetric Multi-Professional Training (PROMPT) Programme schedule in place. All PROMPT training will be held in Glangwili General Hospital with the scenario based drills being facilitated within the specific practice settings in Glangwili. Additional bespoke PROMPT training will be facilitated for Ceredigion staff at Bronlais General Hospital on an additional six occasions during 2019. Monthly review of Training database to ensure compliance and feedback at yearly WG performance Board.
025-18	Improving Value through Allocative & Technical Efficiency: A Financial Framework to Support Secondary Acute Services Shift to Community/ Primary Service Delivery	26/07/2018	Action/ Information	Finance/ Governance/ Performance/ Delivery	The financial framework to support secondary acute services shift to community/ primary service delivery. This framework seeks to provide a tool to support the shift to a 'whole system approach to health and social care', which is focussed on health and wellbeing, and on preventing illness. The expectation is that this tool will be used to support the implementation of future service change plans involving shifting services from acute hospital setting into the community and primary care setting.	Director of Finance	Ongoing	Ongoing	Green	N/A	The impact of the WHC has been incorporated into our financial strategy approach for 2019/20 and onwards. Developments and service changes where activity and cost shifts are identified will be managed in accordance with the circular and reflected in the UHB's plans going forward.
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 adapt 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	Ongoing	Ongoing	Amber	Operational Quality, Safety and Experience Sub Committee	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.
027-18	Early Medical Abortion - second medication (Mifeprostol) in a medical termination, to be self administered at home	29/06/2018	Action	Legislation/ Delivery	Welsh Ministers have granted approval for the second stage of early medical termination of pregnancy to be undertaken in the patient's home. Chief Executives of NHS Boards must ensure that this change is brought to the attention of all relevant staff. Plans for implementation by the UHB must be provided to WomensHealth@gov.wales by 31/07/18.	Director of Operations	Not provided	31/07/2018	Green	N/A	The response on how the UHB will implement the changes as set out in the WHC was sent to WomensHealth@gov.wales on 06/08/18. An Early Medical Abortion Implementation Group has been established which is chaired by the Pregnancy Advisory Service Lead. The group has drafted a local guideline incorporating the all Wales EMA recommendations and, in accordance with the clinical written control documents policies, there will now be a period of consultation with stakeholders. The consultation, and sign off of the procedures via the UHB governance framework, is anticipated to be completed in the Autumn 2018 period.
028-18	NHS Wales National Clinical Audit and Outcome Review Plan Annual Rolling Programme for 2018/19	01/07/2018	Information/Action	Health Professional Letter	Health boards and trusts in Wales are required to fully participate in all national clinical audits and outcome reviews listed in the annual National Clinical Audit & Outcome Review Annual Plan. This circular provides a copy of the National Clinical Audit and Outcome Review Plan for 2018/19, which shall also be available via the Welsh Government website.	Director of Nursing, Quality and Patient Experience	01/06/2019	N/A	Green	N/A	The UHB is not fully compliant with the Audit programme (approx. 70-80% compliant), and has not been for a number of years. The Clinical Audit Manager reports regularly to the Effective Clinical Practice sub committee and BPPAC on the UHB's compliance to the NHS Wales National Clinical Audit and Outcome Review Plan. Status as at 28.09.2018. <b>Key achievements in this quarter-</b> <ul style="list-style-type: none"> <li>• Uptake of the Inflammatory Bowel Disease (IBD) registry at GGH.</li> <li>• Workshop and future revision of Effective Clinical Practice Sub- Committee.</li> <li>• Decision made by Unscheduled Care on 3 of 4 sites to focus forward clinical audit programme on mandatory national clinical audit contributions (no current key concerns at 4th site with participation levels).</li> </ul> <b>Key risks to delivery of actions-</b> <ul style="list-style-type: none"> <li>• Service capacity at GGH for Trauma Audit &amp; Research Network (TARN) audit.</li> <li>• IT integration and equipment required for Ophthalmology audit.</li> <li>• Service capacity at BGH for Fracture Liaison Service Audit and Heart Failure Audit.</li> <li>• Service capacity at GGH and PPH for Myocardial Ischaemia National Audit Project (MINAP).</li> <li>• Service capacity at BGH and GGH IBD registry.</li> </ul> <b>Plans / mitigations to improve RAG status</b> <ul style="list-style-type: none"> <li>• Increased uptake for the above projects may not be possible given the capacity within the service areas for data collection. Services are being asked to complete a risk assessment if not participating in a mandatory project. These risks will be prioritised in line with other risks within the service area and detail plans for mitigation as well as evidence of other quality indicators that provide assurance of standards of care in lieu of participation in these projects.</li> <li>• Risk assessments will be fully scrutinised by the appropriate senior committee and will balance clinical risks against participation in the project given the limited resources available.</li> <li>• These concerns will be escalated to the Effective Clinical Practice Committee (with revised TOR) and the AMD for Clinical Effectiveness and AMD for Quality &amp; Safety.</li> </ul> 08/11/18- WHC changed to green, NHS Wales National Clinical Audits already being reported to BPPAC and ECP-SC by Ian Bebb.
029-18	Guidance on the Ionising Radiation (Medical Exposure) Regulations 2017 for employers and health professionals who carry out medical radiological procedures	16/08/2018	Information	Health Professional Letter	Guidance to be forwarded to colleagues and staff as appropriate	Director of Therapies & Health Science	Not provided	With immediate effect	Green	N/A	WHC has been distributed appropriately to staff by Head of Radiology.



WHC No	Name of WHC	Date Issued	Status	Category	Overarching Actions Required/ Objectives	Lead Executive	Date of Expiry / Review	Action required by	Status RAG (R - behind schedule / A - on schedule / G - completed)	Sub Committee for Monitoring	Update
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 Partnerships and Corporate Services	N/A	Immediately	Amber	Operational Quality, Safety and Experience Sub Committee	Director of Partnerships and Corporate Services is the Executive Lead for sensory loss, however this WHC relates to the operational implementation of standards in Primary Care. Update has been requested from primary care services.
031-18	Launch of the Reading Well Books on prescription for Dementia	18/09/2018	Information	Public Health	To inform HBs of the Reading Well Books on Prescription for Dementia, and to cascade to all GP practices.	Director of Therapies & Health Science	N/A	N/A	Green	N/A	The WHC is for information only and has been circulated to the West Wales Regional Dementia Steering Group members.
032-18	List of Welsh Health Circulars - 1 January 2018 – 31 July 2018	09/08/2018	Information	Information Governance	The list of Welsh Health Circulars covering the period 1 January 2018 to 31 July 2018	Board Secretary	Not provided	N/A	Green	N/A	Completed
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	01/07/2019	Not provided	Amber	Infection Prevention Sub Committee	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 Paper to Infection Prevention Sub-Committee Jan 2019 - to be changed to a status update Task and Finish Group to be set up April 2019
034-18	BCG Vaccine Supply and Ordering in Wales	31/07/2018	Action	Public Health	Important update on supply of UK-licensed BCG vaccine manufactured by AJ Vaccines (formerly the Statens Serum Institute (SSI)) for the national BCG programme	Director of Public Health	Not provided	Not provided	Green	N/A	WHC has been widely disseminated to Respiratory, Paediatric and Occupational Health leads in the UHB. All services have confirmed the WHC is implemented in their area.
035-18	Welsh Government policies for feeding in the first year of life - adoption of SACN recommendations	10/10/2018	Information	Public Health	This Welsh Health Circular is to inform you that following the publication of the Scientific Advisory Committee on Nutrition's (SACN) report on 'Feeding in the first year of life' on 17 July 2018 the Welsh Government has adopted their recommendations.	N/A	Not provided	N/A	Green	N/A	WHC for information only. Next steps: The Welsh Government and Public Health Wales (PHW) will update guidance as appropriate. Welsh Government is currently developing a breastfeeding action plan to support increasing breastfeeding initiation and sustain breastfeeding practice. WHC will be sent out via the global email at end of October/
036-18	Flu vaccination for residential care and nursing home staff in 2018-19	23/08/2018	Action	Public Health	In 2018-19, staff working in all adult residential care homes and nursing care homes will be offered free NHS flu vaccination. This WHC provides further detail on programme arrangements.	Director of Primary Care, Community and Long Term Care	Not provided	2018/19 Flu season	Green	N/A	25/08/18- Jill Paterson confirmed the WHC states clearly that Information packs will be sent directly to Care Homes by Public Health Wales and Care Home staff are invited to attend their local Pharmacy or GP Practice for their Flu jab. We (the UHB) can of course continue to make Care Homes aware , but there is no follow up required from this WHC. Ros Jervais added that this is also clearly referenced in the Influenza Plan - going to Board on 27/09/18 for approval.
037-18	Flu vaccinations and planning flu clinics in 2018-19 for people aged 65 years and over.	29/08/2018	Action	Public Health	Reminder of the clinical recommendations on the most effective flu vaccine for patients for the 2018-19 flu vaccination programme and to provide some key information about the adjuvanted trivalent influenza vaccine (aTIV) to help general practices and pharmacies to plan for the 2018-19 flu vaccination season.	Director of Public Health	Not provided	Not provided	Green	N/A	WHC has been shared with practice managers. The WHC will also be shared with practice nurses by email, and at the August PT4L annual immunisation training sessions.
038-18	Cancelled before issue										
039-18	The rescheduling of Cannabis for medicinal purposes	30/10/2018	Information	Health Professional Letter	The UK Government on 11/10/18 laid The Misuse of Drugs (Amendments) (Cannabis and License Fees) (England, Wales and Scotland) Regulations 2018 which amend the Misuse of Drugs Regulations 2001 to reschedule certain cannabis-based products for medicinal use. The 2018 amendment regulations will come into force on 1/11/18. This WHC provides guidance to clinicians working in the NHS and independent health sector in Wales, following the regulatory change.	Director of Primary Care, Community and Long Term Care/Medical Director	01/10/2019	Immediate action required	Amber	Medicines Management Sub Committee	Medical Director professionally informs of the appropriate prescribing by Medical doctors, but the Head of Medicines Management through Director of Primary Care, Community and Long Term Care, leads from a Pharmacy Medicines management perspective. Director of Primary Care, Community and Long Term Care will discuss with Head of Medicines Management if the Medicine Management matters are the primary issue here and then the UHB can take responsibility of responding to the WHC. On 20/11/18 a supplementary letter was provided further guidance to clinicians and organisations. The Medicines Management team are drafting a letter providing further guidance and recommendations for local delivery. Actions taken in response to the WHC relating to the access of cannabis include engagement with clinicians, a letter to GPs clarify the position and process for access for cannabis-based medicinal products have been produced and circulated along with patient information. The Medicines Management Sub Committee (MMS) agreed that the route for approval within the UHB would be through a similar process to IPFR utilising the expertise of this group. Work continues on the place of cannabis in therapeutic pathways (including pain guidelines) which are scheduled for completion in February 2019. Lead Clinical Development Pharmacist informed MMS on 30/01/19 that a national working group has been convened with representatives from WG, AWTTTC, Chief Pharmacists and Formulary Pharmacists to share information on the GW Pharma Early Access Schemes, patient information leaflets and communication with prescribers, UHB processes for approval and monitoring and information on available (unlicensed) products. UKMI have produced 2 Q&A's on the drug interactions of medicinal cannabis and the adverse drug reactions and interactions of CBD (cannabis) oil. It has been noted that some prescribers and patients are confused between medicinal cannabis and CBD oil. Lead Clinical Development Pharmacist to report on progress to the MMS March 2019 meeting with a view to closing the WHC.
040-18	NHS Planning Framework 2019/22	12/10/2018	Action	Health Professional Letter	local health boards are directed to produce Integrated Medium Terms Plans (IMTPs) as set out in the NHS Planning Framework. The guidance sets out the priorities for the 2019-22 cycle.	Director of Planning, Performance & Commissioning	01/10/2019	Planning period 2019/20	Amber	Planning sub committee	The WHC centres on the NHS Planning Framework 2019/22. In accordance with the Welsh Ministers' powers under section 175(2) of the National Health Service (Wales) Act 2006, local health boards are directed to produce Integrated Medium Terms Plans (IMTPs) as set out in the NHS Planning Framework. The requirements in section 175 of the 2006 Act do not extend to NHS trusts. However, in accordance with section 19(1) of the 2006 Act, the Welsh Ministers have directed NHS trusts to prepare plans as set out in the NHS Planning Framework for 2019/22 (the IMTPs) and to submit such plans to the Welsh Ministers for approval. The Framework aims to assist and offer further direction to ensure the continuing maturity of planning throughout NHS Wales. The guidance sets out the priorities for the 2019/22 cycle. In some cases priorities will need to be identified individually on an organisational basis and will be reflected in accountability letters at the time of approval and, where necessary, throughout the year. Other priorities related to pan-NHS Wales issues are reflected within the Framework. All plans should identify how these will be addressed. The WHC and The Planning Framework has been distributed to the UHB Planning Team and presented to the Planning Sub Committee meeting in January 2019. The UHB is compelled to use both the WHC and the Framework, however, it is critical to note that the WHC is relevant to an organisation undertaking an IMTP, not any other form of Plan. The decision on whether an IMTP can be submitted can only be taken at UHB CEO (on advice of the Board) to NHS Wales CEO level. If the UHB decides not to undertake an IMTP the UHB cannot be fully compliant with the WHC. 07/02/19- Following discussions with Welsh Government on 22/01/19 on the Hywel Dda 2019/20 Annual Plan (which was due to be submitted at the end of the month), it was agreed that, before formal submission, two further engagement meetings take place with WG on 1st and 8th February 2019 to go through the planning assumptions in greater detail. The current status of the 2019/20 Annual Plan (including the supporting plans) therefore remains draft work-in-progress.
041-18	Raising Awareness of Carbon Monoxide Poisoning and Action Required by Health	05/11/2018	Action	Health Professional Letter	Guidance for use in hospitals and primary care settings for suspected carbon monoxide poisoning	Director of Nursing, Quality and Patient Experience/Medical Director	N/A	Not provided	Green	N/A	The WHC has been shared with Doctors and HoNs across the UHB for information and consideration given that those working in community will need to be aware of the symptoms and management when attending patient homes.

WHC No	Name of WHC	Date Issued	Status	Category	Overarching Actions Required/ Objectives	Lead Executive	Date of Expiry / Review	Action required by	Status RAG (R - behind schedule / A - on track / G - Completed)	Sub Committee for Monitoring	Update
042-18	Validated core service user questions and updated Framework for Assuring Service User Experience	11/10/2018	Information	Quality & Safety	The WHC recommends a final set of eleven validated core service user experience questions, to be used in all NHS Wales organisations to obtain real time feedback. The Framework for Assuring Service User Experience has been updated to reflect the validated core questions. NHS organisations are expected to report annually on how they are gathering service user experience and using it to improve services through the patient experience measure in the NHS Wales Delivery Framework.	Director of Nursing, Quality and Patient Experience	N/A	Immediately	Green	N/A	Assurance officer requesting update from supporting officer on compliance with WHC and for reporting to the next improving Experience Sub Committee meeting in April  28/03/19- from Louise O'Connor- yes I can confirm that it has been implemented. We have received a response from WG for the previous submission to them, which clearly demonstrates that we are implementing this. We are also using the framework for our new patient experience charter, and delivery plan.  However, there is one element of risk that is subject to financial investment to develop systems to implement the delivery plan and commitments in the annual plan. But we can demonstrate the implementation
043-18	NHS Wales Infrastructure Investment Guidance	22/10/2018	Action	Estates	This guidance has been developed to support investment in delivering the priorities of the Welsh Government in respect of the NHS Estate. The guidance has been updated to reflect A Healthier Wales, our Plan for Health and Social Care which in turn is informed by both Prosperity for All and the Well-being of Future Generations Act. These are key strategies that will continue to influence investment decisions across Wales, not just within the NHS, but across all areas of Welsh Government.	Director of Planning, Performance & Commissioning	Not provided	Ongoing Business Case and Planning Submissions	Amber	Business Planning & Performance Assurance Committee	The UHB annually updates its Capital Infrastructure and Investment Plan as part of the annual Planning Cycle and IMTP/Annual Plan submissions to WG in compliance with the NHS Wales Planning Framework. The process of development and approval through the Capital, Estates and IM&T Sub Committee, BPPAC and the Board ensures compliance with the key improvement themes of the circular and guidance namely: <ul style="list-style-type: none"> <li>• Planning and prioritisation, including compliance with the WG investment criteria and links to the IMTP</li> <li>• Better business cases</li> <li>• Governance</li> <li>• Evaluation</li> </ul> The UHB also works closely with WG colleagues to ensure our capital developments are appropriately planned and delivered and comply with the guidance.
044-18	NHS Dentistry – Clinical Audit, Peer Review and Quality Improvement	14/12/2018	Compliance	Policy	The WHC describes a revised system for effective use of current Welsh Government funding to support clinical audit, peer review and quality improvement in general dental practice. Health boards are required to note the contents of this WHC: <ul style="list-style-type: none"> <li>- to promote understanding of quality improvement methodologies in general dental practice; and</li> <li>- to encourage local dental teams to use the national tools and systems.</li> </ul>	Director of Primary Care, Community and Long Term Care	01/12/2021	Immediate	Green	N/A	The requirement is for the UHB to note this WHC is complete. Any actions coming out of the WHC will be addressed through the dental team. This WHC: <ul style="list-style-type: none"> <li>• is an update to the current clinical audit process which is for HEIW to action and HBs to note;</li> <li>• Clinical Audit and Peer Review in GDS (CAPR) fund is being renamed to the Quality Improvement Fund;</li> <li>• The Quality Improvement Fund is now available to all members of the dental team not just dentists and the funding should flow accordingly;</li> <li>• HEIW are responsible for the fund and its monitoring.</li> </ul> The WHC is tabled for the next Local Dental Committee Liaison Meeting with the Health and will be discussed in the March GDS/HB engagement event in order to ensure that the HB's GDS providers are aware of the changes. From the AMD (Dental) perspective this WHC is complete.
045-18	Ordering flu vaccine for the 2019-20 season	06/11/2018	Action	Public Health	Advice on ordering supplies of influenza vaccine for the 2019-20 season, supported by advice from the Joint Committee on Vaccination and Immunisation (JCVI).	Director of Public Health	N/A	Not provided	Green	N/A	WHC guidance has been sent to all relevant stakeholders and understood by primary care and that clear advice on the implications of the circular has been provided by the DPH and I&V Coordinator to appropriate parties. No further actions that are required to be undertaken
046-18	Cancelled before issue										
047-18	Publication of Statement of Values and Principles for England / Wales NHS Cross Border Healthcare	06/11/2018	Compliance	Action/ Policy	That Local Health Boards in Wales adhere to the values and principles set out in the revised Statement and related appendices. There should be no impediment to English resident patients registered with Welsh border GP practices who are signed up to the RAS being referred for consultant led secondary services in England (as set out in the Statement). In particular, Local Health Boards and WHSSC must not withhold approval on the grounds of funding for referrals for English residents who choose their treatment with providers that are outside of existing healthcare agreements. Through the baseline allocation of funding from Welsh Government, LHBs and WHSSC are funded to meet these costs. Under the terms of the Statement, these patients are being treated in line with English NHS policy, not Welsh policy.	Director of Finance	Review three years after implementation	Not provided	Green	N/A	WHC closed- doesn't apply to UHB, as there is no border with England.
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	N/A	Not provided	Amber	Immunisation and Vaccination group	The WHC has been distributed to GP practices. The UHB has not yet decided whether to commission the National Enhanced Service (NES) for non-routine immunisations for adults and children at risk.
049-18	Cancelled before issue										
050-18	2019-20 Health Board and Public Health Wales NHS Trust Allocations	11/12/2018	Compliance	Finance	This allocation specifies the initial funding for the UHB for 2019-20 and should be used to develop plans to deliver against the priorities for 2019-20 set out in the NHS Planning Framework, and to make progress towards delivering the vision set out in A Healthier Wales.	Director of Finance	N/A	Immediate	Green	N/A	On the January 2019 Board agenda.
051-18	Welsh Health Circular on Revised Pressure Ulcer Reporting Including the Reporting of Serious Incidents	21/12/2018	Compliance/ Action	Quality & Safety	This circular provides guidance for health boards in respect of the reporting of serious incidents of pressure ulcers to Welsh Government. It also launches the revised pressure ulcer reporting and investigation guidance originally published in 2014.	Director of Nursing, Quality and Patient Experience	01/12/2019	Not provided	Green	N/A	Change status to green. Actioned and UHB reporting to WG under SUJ framework
001-19	Changes to the availability of gluten free (GF) foods for the treatment of coeliac disease on prescription in England – Implications for Wales	17/01/2019	Action	Health Professional Letter	To inform the UHB that, further to the changes to the availability of gluten free foods for the treatment of coeliac disease on prescription in England which came into force on 4 December, the current policy of prescribing gluten-free (GF) foods in Wales will remain the same until otherwise advised. The WHC is for onward circulation to: <ul style="list-style-type: none"> <li>-All Hospital Chief Pharmacists</li> <li>-All registered Community Pharmacists in Wales</li> <li>-Dispensing doctor practices</li> <li>-GPs</li> </ul>	Director of Primary Care, Community and Long Term Care	This Welsh Health Circular remains in force until such time as it is replaced.	24/01/2019	Green	N/A	WHC gets circulated automatically to Practices
002-19	Update on ordering influenza vaccines for the 2019-20 season	30/01/2019	Action	Public Health	Further update on ordering influenza vaccines for the 2019-20 season, following on from guidance provided in WHC-045-2018	Director of Public Health	N/A	Not provided	Green	N/A	WHC guidance has been sent to all relevant stakeholders and understood by primary care and that clear advice on the implications of the circular has been provided by the DPH and I&V Coordinator to appropriate parties. No further actions that are required to be undertaken
003-19	List of Welsh Health Circulars - 1 August 2018 – 31 January 2019	15/02/2019	Information	Information Governance	List of Welsh Health Circulars - 1 August 2018 – 31 January 2019	Board Secretary	N/A	Not provided	Green	N/A	Completed.

WHC No	Name of WHC	Date Issued	Status	Category	Overarching Actions Required/ Objectives	Lead Executive	Date of Expiry / Review	Action required by	Status RAG / R - behind schedule / A - on schedule / G - Completed	Sub Committee for Monitoring	Update
004-19	Statutory and Administrative Financial Duties of Health Education and Improvement Wales	06/03/2019	Action	Finance	The WHC sets out clarifications of the financial duties for Health Education and Improvement Wales (HEIW) applicable to its' first Annual Report and Accounts for the reporting period 05/10/17 to 31/03/19 and subsequent financial years. It sets out the two financial duties for HEIW: A statutory financial duty under section 172(1) of the National Health Service (Wales) Act 2006 to secure that its expenditure does not exceed the aggregate of funding allotted to it for a financial year. 'First Financial Duty' An administrative financial duty to prepare a plan in accordance with the NHS Wales Planning Framework, and for that plan to be submitted to and approved by the Welsh Ministers for 2019/20 onwards.	Director of Finance	01/03/2020	Financial Years 2018/19 and beyond	Green	N/A	Director of Finance confirmed no action needed but noted.
005-19	Maintaining continuity of supply of medicines in the event of leaving the European Union in a 'no deal' scenario	05/02/2019	Information	Health Professional Letter	To provide NHS bodies in Wales with detail of measures being taken to ensure the continuity of supply of medicines as part of the UK Government's contingency preparations for leaving the European Union (EU) in a 'no deal' scenario.	Director of Primary Care, Community and Long Term Care	remains in force until such time as it is replaced	05/02/19	Green	N/A	Director of Primary Care, Community and Long Term Care advised this automatically gets circulated at source to the groups set out on the circulation list. No further action required.
006-19	Not yet received										
007-19	Annual Quality Statement 2018 / 2019 Guidance	13/02/2019	Information	Quality & Safety	All NHS organisations are required to publish an Annual Quality Statement (AQS), as part of the organisation's annual reporting process. This Welsh Health Circular provides guidance on the content and structure of the statement for 2018-19.	Director of Nursing, Quality and Patient Experience	01/03/2020	31/05/2019	Amber	Quality, Safety and Experience Assurance Committee	The Annual Quality Statement is due for publication on the UHB website on 31/05/19. To ensure that this publication date is met, the following timetable is proposed:  Executive lead chapter review March 2019 Final information insert 1st – 5th April 2019 Edit and compression of information 1st – 5th April 2019 Review of DRAFT AQS at QSEAC 4th April 2019 Review by Readers Panel 8th – 19th April 2019 Edit follow Readers Panel and QSEAC comments 22nd – 26th April 2019 Final insert of any gaps in data 29th April – 3rd May 2019 AQS to be designed 6th May – 24th May 2019 AQS to go to Board 30th May 2019 AQS to be published on website 31st May 2019  Information has been sourced as follows:  • Information provided by service areas • The Health Board's Integrated Performance Assurance Reports • Health Board Social Media – Facebook and Twitter • Health Board Newsletters and Global Emails  Information from these data sources has been re-written to try and ensure it is free from jargon and medical terminology given that the Annual Quality Statement is a public facing document.  Chapters have been sent to Executive Leads for review and comment. It is anticipated that updated chapters will be sent to Executive Leads for review and comment in February and March 2019 in readiness for final publication by 31/05/19.
008-19	Changes to the shingles immunisation programme from 1 April 2019	14/02/2019	Action	Public Health	This Welsh Health Circular: -provides guidance on eligibility for the shingles vaccination programme from April 2019 and, -seeks support in actively promoting this vaccine to better protect older people by improving uptake in Wales.	Director of Public Health	N/A	Not provided	Amber	Quality, Safety and Experience Assurance Committee	Guidance on the shingles immunisation programme from April 2019 has been disseminated to all GP Practice managers and nurses.
009-19	Not yet received										
010-19	Not yet received										
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	N/A	30/06/2019	Amber	Quality, Safety and Experience Assurance Committee	The implementation of the WHC and the recommendations from the national review will be overseen by the Sexual Health Service Strategy Group led by Clinical Lead for Sexual Health, Service Delivery Manager for Sexual Health & Gynaecology and Public Health Wales Consultant.